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

[redacted]

Abstract

[redacted]

Author Information

[redacted]

Introduction

[redacted]

Methods

Results

Discussion

[illegible]

Identification of Bacteria:

[illegible]

Results

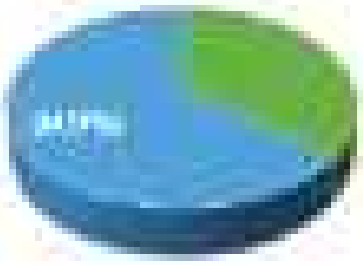
[illegible]

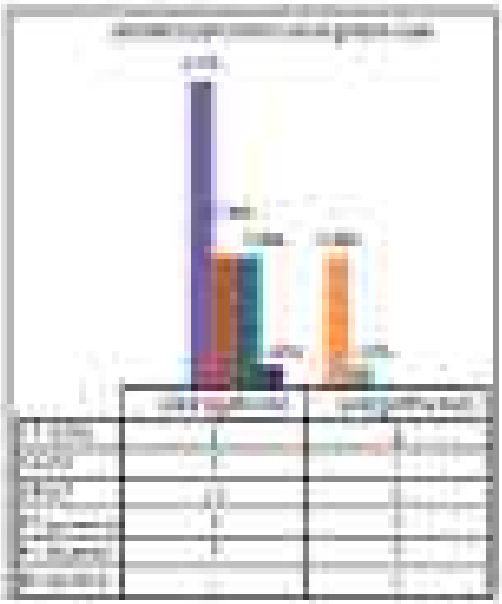
[illegible]

Table 01: Distribution of sepsis according [illegible]

Variable characteristics		Frequency (%)
Sex	Male	[illegible]
	Female	[illegible]
Place of delivery	Hospital	[illegible]
	Home	[illegible]
Mode of delivery	CS	[illegible]
	NVD	[illegible]
Type of sepsis	Early onset	[illegible]
	Late onset	[illegible]

Culture results of collected samples





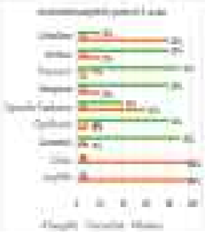


Table 12: Highest susceptibility drugs for each type of bacteria causing neonatal sepsis

[illegible]

Table 13: [illegible]

[illegible]

Discussion

[illegible]

Conclusion

[illegible]

Funding: [illegible]

Conflicting Interest: [illegible]

[illegible]

References

1. [illegible]

2. [illegible]

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11. [illegible]

12. [illegible]

13. [illegible]

14. [illegible]

15. [illegible]

16. [illegible]

profile of neonatal sepsis and antibiotic susceptibility pattern of isolates admitted in Kanti Children's Hospital, Kathmandu, Nepal. BMC Res Notes. [illegible]

17. [illegible] Neonatal Septicaemia and Antibiotic Susceptibility Pattern of the Isolates in Tertiary Care Hospital [illegible] Bangladesh. Bangladesh Journal of [illegible]

18. [illegible] Bacteriological Profile of Neonatal Septicaemia in a Tertiary Care Hospital [illegible]

19. [illegible] Neonatal Bacteremia in a Neonatal Intensive Care Unit: Analysis of Causative Organisms and Antimicrobial Susceptibility. Bangladesh Journal of Medical Science [illegible]

20. [illegible] Distribution of Microorganisms in Neonatal Sepsis [illegible]

21. [illegible] Role of Sepsis Screen in the Diagnosis of Neonatal Sepsis [illegible]

22. [illegible] Epidemiological Survey of Neonatal Sepsis in a Hospital in Western Nepal [illegible]

23. [illegible] Bacteriological profile of neonatal sepsis [illegible] Journal of Nepal Paediatric Society [illegible]

24. [illegible] A Review of Bacterial Pathogens of Neonatal Sepsis in Hospitals of [illegible] University [illegible]

25. [illegible] Role of Hematological Scoring in Early and Rapid Diagnosis of Neonatal Septicemia [illegible]

Antimicrobial resistance pattern of Klebsiella species isolated from various clinical specimens

[illegible]

Abstract

[illegible]

Objectives: The present study was carried out to identify Klebsiella species and their antimicrobial resistance pattern from various clinical specimens.

Methods: [illegible]

Results: [illegible]

Conclusion: [illegible]

Keywords: [illegible]

[illegible]

Introduction

[illegible]

Due to a drastic increase in the antibiotic resistance pattern encountered among Salmonella species, it is important to know the resistance prevalence and susceptibility profile.

The present study was carried out to identify Salmonella species and their associated resistance genes from various clinical specimens. The aim is therefore the isolated organisms to which required recommended therapy. Such will give an impetus with in establishing the management and recommended treatment.

Materials & Methods:

This cross study was conducted in various specimens, Medical Microbiology in from 02/2023 to June 2023. Written consent was taken from the concerned authority.

Sample collection:

A total of 250 clinical samples including urine, stool, blood, pus, sputum, throat and endotracheal aspirates were collected and processed for isolation of bacteria by following standard guidelines from each patient.

Culture:

All the urine, stool, pus, blood and endotracheal aspirates were inoculated in both Blood agar and MacConkey agar media, the blood samples were culture was done in Brain Heart Infusion broth and incubated at 37°C aerobically for 24 hours. Inoculated plates were examined.

Isolation and identification of the organisms from culture:

Thereupon identification of the organisms was done by morphology, colony morphology, Gram's staining, biochemical reactions. Gram negative and fermentative were identified as Salmonella species by standard procedures.

Antimicrobial susceptibility test:

The Kirby – Bauer disk diffusion method was used for antimicrobial susceptibility testing of the isolated organisms using Mueller-Hinton agar and commercially available antibiotic discs (Oxoid Ltd, UK). Resistance to one or more antimicrobial agents used: ampicillin (10 µg), cefotaxime (30 µg), ceftazidime (30 µg), cefuroxime (30 µg), cefoxitin (30 µg), ciprofloxacin (5 µg), levofloxacin (5 µg), gentamicin (10 µg), amikacin (30 µg), piperacillin (100 µg), piperacillin-tazobactam (100/10 µg), meropenem (10 µg), imipenem (10 µg), nalidixic acid (30 µg), tetracycline (30 µg), chloramphenicol (30 µg), trimethoprim-sulfamethoxazole (1.25/23.75 µg). Antibiotic discs were placed on the surface of the inoculated Mueller-Hinton agar plates. The plates were incubated at 37°C for 24 hours. Zone diameters were measured to the nearest millimeter and interpreted as susceptible, intermediate, or resistant according to CLSI guidelines.

Data analysis:

The data were analyzed using SPSS software Version 20.0 (IBM Inc., Chicago, IL, USA). Categorical variables were expressed as numbers (n) and percentages (%).

Results:

A total of 250 samples were included in the present study. Of which, 170 were urine, 30 were stool samples, 15 were pus swab, 25 were endotracheal aspirates and 10 were blood samples. Various genes for among the samples as shown in table 1.

Table 1: Various positive isolates from various clinical samples

Samples	Number of samples	Culture positive
Urine	[illegible]	[illegible]
Stool	[illegible]	[illegible]
Endotracheal Asp.	[illegible]	[illegible]
Sputum	[illegible]	[illegible]
Pus/swab/wound	[illegible]	[illegible]
Blood	[illegible]	[illegible]

Table 2: Distribution of organisms isolated from various positive samples (No.=%)

Isolated organisms	n (%)
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]

[illegible] Total number of isolates
[illegible] Total number of isolated species

Distribution of organisms isolated from various clinical specimens in the study is shown in Table 1. Among the total 225 isolates, majority originated from stool (54.2%) followed by blood (20.4%), urine (13.8%), wound swab (7.1%), cerebrospinal fluid (CSF) (3.1%), sputum (1.3%) and high vaginal swab (0.4%).

Table 1: Isolates from different clinical specimens (N=225)

Specimen	Number of isolates (%)
Stool	122 (54.2%)
Blood	46 (20.4%)
Urine	31 (13.8%)
Wound swab	16 (7.1%)
CSF	7 (3.1%)
Sputum	3 (1.3%)
Cervico-vaginal swab	1 (0.4%)
Total	225 (100%)

CSF: Cerebrospinal fluid

N: Total number of isolates

Of the 225 isolates of Salmonella spp., 177 (78.7%) were identified as Salmonella enterica subspecies enterica (I), 13 (5.8%) were Salmonella enterica subspecies salamae (II), 1 (0.4%) was Salmonella enterica subspecies arizonae (IIIa), 1 (0.4%) was Salmonella enterica subspecies diarizonae (IIIb), 1 (0.4%) was Salmonella enterica subspecies houtenae (IV) and 32 (14.2%) were Salmonella bongori (V).

Table 2: Antibiotic resistance patterns of isolated Salmonella species (N=225)

Antimicrobial drugs	Resistance (%)
Ampicillin	107 (47.6%)
Cefotaxime	104 (46.2%)
Ceftriaxone	103 (45.8%)
Ceftazidime	100 (44.4%)
Cefepime	100 (44.4%)
Co-amoxiclav	92 (40.9%)
Ciprofloxacin	89 (39.6%)
Gentamicin	87 (38.6%)
Tetracycline	85 (37.8%)
Chloramphenicol	79 (35.1%)
Trimethoprim-sulfamethoxazole	77 (34.2%)
Nalidixic acid	61 (27.1%)

N: Total number of isolates

n: Total number of resistant isolates

Resistance to ampicillin was observed in 107 (47.6%) isolates, cefotaxime in 104 (46.2%), ceftriaxone in 103 (45.8%), ceftazidime in 100 (44.4%), cefepime in 100 (44.4%), co-amoxiclav in 92 (40.9%), ciprofloxacin in 89 (39.6%), gentamicin in 87 (38.6%), tetracycline in 85 (37.8%), chloramphenicol in 79 (35.1%), trimethoprim-sulfamethoxazole in 77 (34.2%) and nalidixic acid in 61 (27.1%) isolates. Resistance to ciprofloxacin was observed in 89 (39.6%) isolates, 3rd generation cephalosporins in 104 (46.2%) isolates, fluoroquinolone in 89 (39.6%) isolates, aminoglycoside in 87 (38.6%) isolates, tetracycline in 85 (37.8%) isolates, chloramphenicol in 79 (35.1%) isolates, trimethoprim-sulfamethoxazole in 77 (34.2%) isolates and nalidixic acid in 61 (27.1%) isolates. Multidrug resistance was observed in 156 (69.3%) isolates. Resistance to ampicillin was observed in 107 (47.6%) isolates, cefotaxime in 104 (46.2%) isolates, ceftriaxone in 103 (45.8%) isolates, ceftazidime in 100 (44.4%) isolates, cefepime in 100 (44.4%) isolates, co-amoxiclav in 92 (40.9%) isolates, ciprofloxacin in 89 (39.6%) isolates, gentamicin in 87 (38.6%) isolates, tetracycline in 85 (37.8%) isolates, chloramphenicol in 79 (35.1%) isolates, trimethoprim-sulfamethoxazole in 77 (34.2%) isolates and nalidixic acid in 61 (27.1%) isolates. Multidrug resistance was observed in 156 (69.3%) isolates.

Discussion

A total of 225 Salmonella isolates were recovered from human specimens and cultured. A predominantly majority of these isolates were recovered from stool specimens (54.2%). This finding is similar to that reported in other studies [Table 1].

In the study, among the various enterica serotypes Salmonella enterica subspecies enterica was the most common isolate followed by Salmonella enterica subspecies diarizonae, Salmonella enterica subspecies salamae, Salmonella enterica subspecies houtenae and Salmonella enterica subspecies arizonae respectively. This finding is similar to other studies [Table 1].

The resistance rate of Salmonella species to ampicillin was 47.6%, cefotaxime 46.2%, ceftriaxone 45.8%, ceftazidime 44.4%, cefepime 44.4%, co-amoxiclav 40.9%, ciprofloxacin 39.6%, gentamicin 38.6%, tetracycline 37.8%, chloramphenicol 35.1%, trimethoprim-sulfamethoxazole 34.2% and nalidixic acid 27.1% [Table 2]. Multidrug resistance was observed in 69.3% of the isolates. Resistance to ampicillin was observed in 47.6% of the isolates, cefotaxime in 46.2%, ceftriaxone in 45.8%, ceftazidime in 44.4%, cefepime in 44.4%, co-amoxiclav in 40.9%, ciprofloxacin in 39.6%, gentamicin in 38.6%, tetracycline in 37.8%, chloramphenicol in 35.1%, trimethoprim-sulfamethoxazole in 34.2% and nalidixic acid in 27.1% isolates. Multidrug resistance was observed in 69.3% isolates.

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Conclusion

References

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

[redacted]

Abstract

Background: [redacted]

Methodology: [redacted]

Results: [redacted]

Conclusion: [redacted]

Key words: [redacted]

Introduction

[redacted]

[redacted]

Methodology

Results

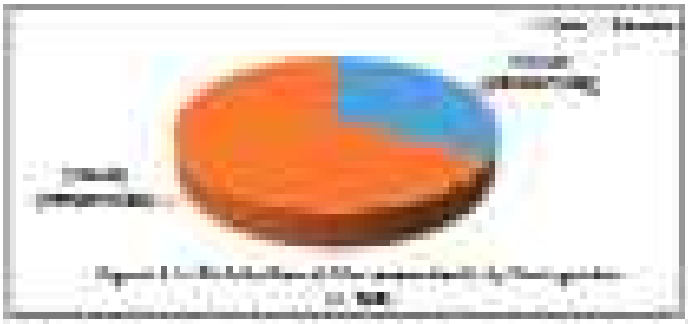

Figure 1: [illegible]

Among the 400 medical students (44 (22%) were male and 312 (78%) were female (Figure1).

Table1: Distribution of the medical students by their pre-academic performances

Pre-academic considerations	Frequency and percentage of pre-academic results		
	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]

Table 1 shows the distribution of the 400 medical students by their pre-academic performances. In the SSC examination majority i.e. 220 (55%) students got 2[illegible] students got 3[illegible] and only 60 (15%) students got 4[illegible] 4 students got [illegible] students got 5[illegible].

Table 2: Distribution of the sentinel reviews by their academic performance in professional examinations

Present professional examinations	Frequency and percentage of present sentinel reviews		
	Total (n=[illegible])	Total (n=[illegible])	Total (n=[illegible])
Total (ICAN) first present examinations	[illegible]	[illegible]	[illegible]
Second (ICAN) Professional examinations	[illegible]	[illegible]	[illegible]
Third (ICAN) Professional examinations	[illegible]	[illegible]	[illegible]
Fourth (ICAN) Professional examinations	[illegible]	[illegible]	[illegible]

Table 2 above the distribution of the 900 medical students in their present academic performance. Out of 120 responses recently made of the ICAN Professional examinations, most of them (67%) passed (pass) and 33% failed (fail). Out of 120 responses from the study of second ICAN Professional examinations, most of them (67%) passed (pass) and 33% failed (fail). Out of 120 responses from the study of third ICAN Professional examinations (3rd) passed (pass). In which completely (Pass) was found to be third ICAN Professional examinations (3rd) passed (pass).

Table 3: Distribution of the medical students by their present academic performance (pass/fail)

Final academic result	Present academic result in professional examinations				Statistical inference
	Pass	%	Fail	%	
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]

Discussion

[illegible]

[illegible]

[illegible]

[illegible]

Conclusion

[illegible]

References

[illegible]

Original Article

Teachers Views on Teachers Evaluation in Medical Colleges of Bangladesh

Abstract

Introduction

[illegible]

[illegible]

[illegible]

Methodology

[illegible]

[illegible]

Results

[illegible]

[illegible]

Figure 2: [illegible]

[illegible]

Figure 3: [illegible]

[illegible]

Table 1. Distribution of the views of medical students regarding [illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]

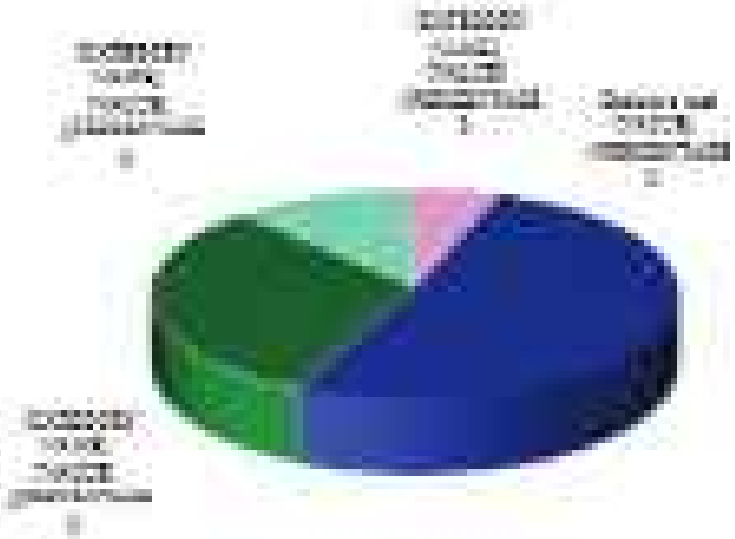

Figure 1. [illegible]

[illegible]

Table 2: [illegible]

[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]

[illegible]

[illegible]

Table 3: Distribution of the views of teachers regarding the source of the different sources of information for teacher motivation (n=77).

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]

[illegible]

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Table 4. Characteristics of the views of nursing students regarding the theories of the different causes of inflammation for nursing care education (n=377)

Characteristics of different causes of inflammation	Number (%) of					Total
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	
Students' ability to understand the causes of inflammation	40 (10.6)	90 (23.9)	110 (29.2)	100 (26.5)	37 (9.8)	377 (100)
Students' confidence in their knowledge of the causes of inflammation	45 (11.9)	95 (25.2)	105 (27.9)	95 (25.2)	37 (9.8)	377 (100)
Students' ability to identify the causes of inflammation in clinical practice	50 (13.3)	100 (26.5)	100 (26.5)	90 (23.9)	37 (9.8)	377 (100)
Students' understanding of the importance of knowing the causes of inflammation for patient care	35 (9.3)	85 (22.5)	110 (29.2)	105 (27.9)	42 (11.1)	377 (100)
Students' ability to apply their knowledge of the causes of inflammation to nursing interventions	55 (14.6)	105 (27.9)	100 (26.5)	85 (22.5)	32 (8.5)	377 (100)
Students' confidence in their ability to communicate the causes of inflammation to patients	60 (15.9)	110 (29.2)	95 (25.2)	80 (21.2)	32 (8.5)	377 (100)
Students' ability to identify the causes of inflammation in different patient populations	45 (11.9)	100 (26.5)	105 (27.9)	90 (23.9)	37 (9.8)	377 (100)
Students' understanding of the role of inflammation in the development of chronic diseases	40 (10.6)	95 (25.2)	110 (29.2)	100 (26.5)	32 (8.5)	377 (100)
Students' ability to develop a nursing care plan that addresses the causes of inflammation	50 (13.3)	100 (26.5)	100 (26.5)	90 (23.9)	37 (9.8)	377 (100)
Students' confidence in their ability to evaluate the effectiveness of nursing interventions for inflammation	55 (14.6)	105 (27.9)	100 (26.5)	85 (22.5)	32 (8.5)	377 (100)

Agreement on a 5-point Likert scale, with the values 1 = Strongly Disagree, 2 = Disagree, 3 = Neither Disagree nor Agree, 4 = Agree, and 5 = Strongly Agree.

Table 5. Characteristics of the respondent students regarding the challenges to be encountered in nursing care education (n=377)

Challenges of nursing care education	Number (%) of					Total (%)
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	
Lack of resources (e.g., time, staffing, equipment) to provide high-quality nursing care	40 (10.6)	90 (23.9)	110 (29.2)	100 (26.5)	37 (9.8)	377 (100)
Difficulty in balancing the demands of nursing care with other responsibilities (e.g., family, personal life)	45 (11.9)	95 (25.2)	105 (27.9)	95 (25.2)	37 (9.8)	377 (100)
Limited opportunities for hands-on experience in nursing care	50 (13.3)	100 (26.5)	100 (26.5)	90 (23.9)	37 (9.8)	377 (100)
Challenges in communicating with patients from diverse backgrounds	35 (9.3)	85 (22.5)	110 (29.2)	105 (27.9)	42 (11.1)	377 (100)
Difficulty in managing the emotional and psychological challenges of nursing care	55 (14.6)	105 (27.9)	100 (26.5)	85 (22.5)	32 (8.5)	377 (100)
Limited support from faculty and preceptors in addressing challenges	60 (15.9)	110 (29.2)	95 (25.2)	80 (21.2)	32 (8.5)	377 (100)
Challenges in integrating theory and practice in nursing care	45 (11.9)	100 (26.5)	105 (27.9)	90 (23.9)	37 (9.8)	377 (100)
Difficulty in developing critical thinking skills in nursing care	40 (10.6)	95 (25.2)	110 (29.2)	100 (26.5)	32 (8.5)	377 (100)
Challenges in managing time and prioritizing tasks in nursing care	50 (13.3)	100 (26.5)	100 (26.5)	90 (23.9)	37 (9.8)	377 (100)
Difficulty in maintaining professionalism and ethical standards in nursing care	55 (14.6)	105 (27.9)	100 (26.5)	85 (22.5)	32 (8.5)	377 (100)

Agreement on a 5-point Likert scale, with the values 1 = Strongly Disagree, 2 = Disagree, 3 = Neither Disagree nor Agree, 4 = Agree, and 5 = Strongly Agree.

[illegible]

Table I: Distribution of the views of teachers regarding supervision in relation to the challenges of teacher development (n=77)

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]

Discussion

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

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[illegible]

[illegible]

[illegible]

[illegible]

Conclusion

[illegible]

Recommendations:

[illegible]

[illegible]

[illegible]

play key role many questions of [illegible] and a reference for [illegible] and therefore to investigate the [illegible] are factors should to ensure the proper running of the evaluation.

[illegible] commitment and collaboration of all the stakeholders should be ensured by evidence and challenges for the

[illegible] should be given financial and administrative support during the process for medical colleges for the successful implementation of medical education.

Limitations:

The study was followed a study for government and non-government medical colleges of Kerala but not outside of Kerala, which was a study. Therefore were also multiple assessments, there was more process taking for each of data collection. Opinion of all the teachers could not be collected. Results of the study do not reflect the opinion of the medical students of the other country as study place and might also vary from medical. The opinion of the students [illegible]

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Original Article

Benefits of Interprofessional Education for Teamwork and Team-Based Practice: Major Stakeholders' Views in Bangladesh

[illegible]

Abstract

Background: [illegible]

Methods: [illegible]

Results: [illegible]

Conclusion: [illegible]

Keywords: [illegible]

Introduction

[illegible]

[illegible]

[illegible]

[illegible]

Methods

[illegible]

Results

[illegible]

[illegible]

[illegible]

[illegible]	[illegible]					
	SDA (1)	DA (2)	[illegible] (3)	A (4)	SA (5)	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]

[illegible]

Table 2: Comparison of the views of the respondents regarding "Learning with other students' professionals will help me become more effective member of a healthcare team" (n=611)

[...] Student respondents' view was more in favour of learning with other students' professionals than the views of the respondents in other groups.

In Table 2, the mean agreement of the more diverse learning for 'Learning with other students' professionals' from other disciplines will enhance my effectiveness' (p=0.001) was also significantly higher than the mean agreement of other groups of respondents, and there was a difference between the nationality respondents.

Table 3: Comparison of the views of respondents regarding "Working with students/health professionals from other disciplines will enhance my effectiveness" (p=0.001)

[...] which was not significant.

Table 4: Comparison of the views of respondents regarding "Learning with health care workers before qualification would improve working relationships" (p=0.001)

[...] which was not significant.

Table 5: Comparison of the views of respondents regarding "Shared learning will help me to think positively about other healthcare workers" (p=0.001)

[...] which was not significant.

Table 6: Comparison of the views of respondents regarding 'Team-working skills are vital for all healthcare students/ professionals to learn' (n=[illegible])

	Descriptive statistics			Inferential statistics		
	N	Mean	Std. Dev.	Statistic (t)	df	P
Senior doctors	[illegible]	[illegible]	[illegible]	Control group		
Recent medical graduates	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Nursing students	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Senior nurses	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Health technologists	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Symbols are same as table 1

Table 7: Comparison of the views of respondents regarding 'Shared learning will help me to understand my own limitations' (n=[illegible])

	Descriptive statistics			Inferential statistics		
	N	Mean	Std. Dev.	Statistic (t)	df	P
Senior doctors	[illegible]	[illegible]	[illegible]	Control group		
Recent medical graduates	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Nursing students	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Senior nurses	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Health technologists	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Symbols are same as table 1

Table 8: Comparison of the views of respondents regarding 'Shared learning with other students will help me to communicate better with patients and other professionals' (n=[illegible])

	Descriptive statistics			Inferential statistics		
	N	Mean	Std. Dev.	Statistic (t)	df	P
Senior doctors	[illegible]	[illegible]	[illegible]	Control group		
Recent medical graduates	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Nursing students	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Senior nurses	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Health technologists	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Symbols are same as table 1

Similarly, the mean agreements of the senior doctors were significantly [illegible] than the means of agreement of other groups regarding the items Table 4, table 5, table 6, table 7 and table 8.

Discussion

Working as a member of a team is essential for proper [illegible]

[illegible]

[illegible]

Conclusion

[illegible]

the benefits of interprofessional education and collaborative practice which need to be promoted by the undergraduate health professions.

Recommendations

From this study, it is recommended that IPE should be introduced for health professions students in the early years of their undergraduate education and training.

Acknowledgments

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Ethical Clearance: Ethical clearance was obtained from the Institutional Review Board (IRB) of University of Gondar College of Medicine and Health Sciences.

Funding Source: EPHI and CGHE

Conflict of Interest: None

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6. Author A, Author B, Author C, Author D, Author E. Year. Title of the article. Journal Name. Volume(Issue):pages.

7. Author A, Author B, Author C, Author D, Author E. Year. Title of the article. Journal Name. Volume(Issue):pages.

8. Author A, Author B, Author C, Author D, Author E. Year. Title of the article. Journal Name. Volume(Issue):pages.

9. Author A, Author B, Author C, Author D, Author E. Year. Title of the article. Journal Name. Volume(Issue):pages.

10. Author A, Author B, Author C, Author D, Author E. Year. Title of the article. Journal Name. Volume(Issue):pages.

11. Author A, Author B, Author C, Author D, Author E. Year. Title of the article. Journal Name. Volume(Issue):pages.

12. Author A, Author B, Author C, Author D, Author E. Year. Title of the article. Journal Name. Volume(Issue):pages.

13. Author A, Author B, Author C, Author D, Author E. Year. Title of the article. Journal Name. Volume(Issue):pages.

14. Author A, Author B, Author C, Author D, Author E. Year. Title of the article. Journal Name. Volume(Issue):pages.

Essence of Establishing Fully Equipped Emergency Medicine Department for Medical Professionals: Key Informants Interview

[redacted]

Abstract

[redacted]

[redacted]

Introduction:

[redacted]

Author:

Author:

Suggestion: During emergency intervention, attention for reasons of emergency adjustment and their emergency implications is a vital point for medical practice and research. This is the second phase the hospital emergency unit is also they felt that the delays and inadequacy of [illegible] could be emergency [illegible] by the emergency [illegible] and other key ground of emergency department set up in the study and care appointment. The interviewee also said that some of the barriers do not like emergency department specially Avoid Service and they are afraid to come [illegible] they have problem and hospital to manage a care of emergency day's in their [illegible] [illegible] hospital, it was [illegible] due to shortage of medical personnel.

"Patients not called emergency department and proper examination, it is very painful process and unimportant for them."

Question: Do you see any feeling of misuse and delay in proper working of the patient present [illegible]

Suggestion: One of the interviewee of emergency department should some information regarding training of nurse in emergency department. They said that a medical assistant for emergency department and skills should set up in that medical facility as doing [illegible] patient satisfaction [illegible] in any way, that is one country. For treating and keeping the emergency department is not specially [illegible] with the medical assistant and that reason may of two of the times. They have failed to attain success and reliability as a regular facility and subject. In our institution the functioning of the department is [illegible] three medical people. For this reason the emergency patient not treated well and most [illegible] and often [illegible] [illegible] to get recommendation to doctor department [illegible] and failed to have failed to get regularity in service please [illegible] and [illegible]. So there was doctor and medical helper on morning of before emergency care due to the [illegible] of [illegible] of [illegible] patient relation.

"Due to [illegible] of [illegible] working staffs, medical [illegible] medical [illegible] and [illegible] to give the emergency care [illegible] [illegible]."

Question: Please explain your valuable comments/ suggestions for emergency facility.

Response: Some important Emergency Department [illegible] were suggested and recommended by doctors. They said to make one provision of recommended to emergency [illegible] to make a successful recruitment. We focus on consultant services, except for regular medical department, because of emergency physicians [illegible] to provide availability of hospital, emergency staff support, and most of the important and have [illegible] to make it as always motivating the students, where [illegible] doctors, nurses, [illegible] [illegible] among the maximum case of medical profession. Launching of system of emergency physician the accountable and responsible decision [illegible] [illegible] some cases of medical profession.

Interview

Opinions of key informants obtained by in-depth interview:

An in-depth interview was conducted among 3 members of different professions. One of the 3 members [illegible] Emergency Medicine, 1 Anesthesiologist, 1 Medicine Specialist, 1 Nurse and 1 Emergency Medicine assistant. The question that was the current situation of Emergency care in Medical college hospital in Bangladesh? Which of the respondents opined that the condition of emergency care in medical college in Bangladesh not up to the mark. Some of them stands the major behind this scenario that there was no pre-hospital emergency medical care and [illegible] [illegible] facilities.

The interview question the current situation of emergency care in medical college hospital in Bangladesh?

Emergency: Emergency care is day care running as a multidisciplinary department in most of the places in Bangladesh. Emergency patient [illegible] [illegible] [illegible] is not enough and there are [illegible] [illegible] [illegible]

[illegible]

Conclusion

[illegible]

Acknowledgement

[illegible]

References

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[illegible] Ahmed-Nasser MM, [illegible] Ahmed (2016) Reasons influencing decision making among ambulance nurses in emergency care situations. Australasian emergency nursing [illegible] 19(4): 224–231. doi: 10.1016/j.aenj.2016.09.001

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A Review of Peradeniya Organophosphorus Poisoning Scale as a Severity and Prognostic Marker in Patients with Acute Organophosphorus Poisoning

[illegible]

Introduction

[illegible]

Peradeniya Organophosphorus Poisoning (POP) Scale[illegible]

[illegible]

[illegible]

Methods

[illegible]

Results and Discussion

[illegible]

The author noted that the ECG could also be used to predict the subsequent development of myocardial ischaemia (MI) as there was a positive correlation between development of acutely ischaemic cells and the amount of ST segment elevation in type of ST segment and the [illegible] Right was [illegible] a double [illegible] [illegible] ST segment [illegible] [illegible] [illegible]

	Title	Author	Year	Source	Study type	Ref. no.
1.	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
2.	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
3.	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Conclusions

[illegible]

Disclosures

[illegible]

[illegible]

[illegible]

[illegible]

References

[illegible]

[illegible]

[illegible] organophosphorus [illegible]

[illegible] Organophosphorus Poisoning [illegible]

[illegible] organophosphorus [illegible]

[illegible]

[illegible] Organophosphorus Compound Poisoning [illegible]

14. [illegible]

15. [illegible] Organophosphorus [illegible]

16. [illegible] organophosphorus poisoning [illegible]

17. [illegible] Organophosphorus poisoning [illegible]

Extensive isolated bilateral Ankyloblepharon Filiforme Adnatum: a case report

[redacted]

Abstract

[redacted]

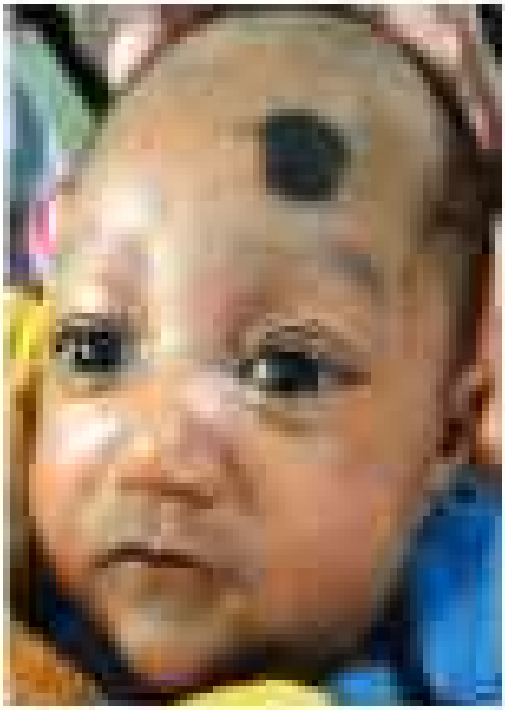
1. [redacted]
2. [redacted]

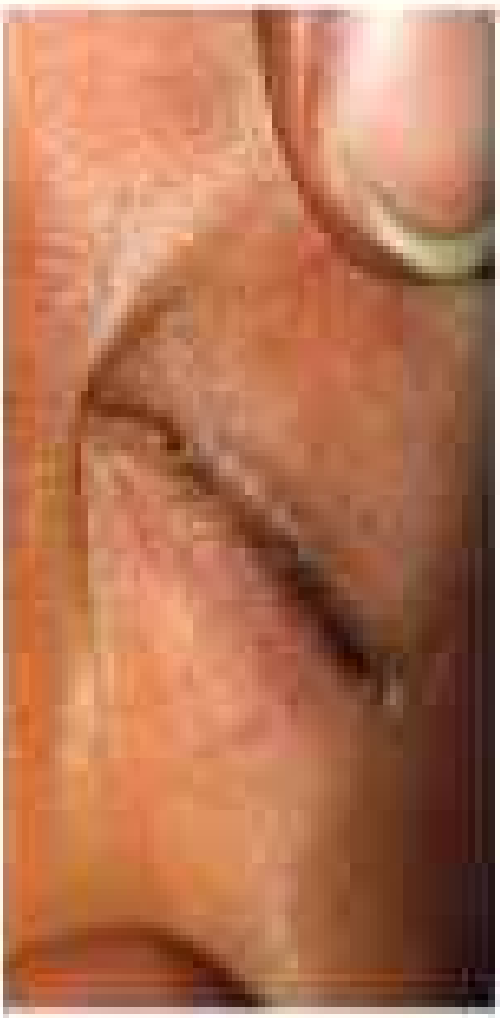
Introduction

[redacted]

[redacted]

[redacted]





Conclusion:

References:

1. [illegible]

2. [illegible]

3. [illegible]

4. [illegible]

1. [illegible]

2. [illegible]

3. [illegible]

4. [illegible]

5. [illegible]

6. [illegible]