Development And Validation Of Risk Prediction Model For

Development and Validation of a Risk Model for Identification of Non-neutropenic, Critically Ill Adult Patients at High Risk of Invasive Candida Infection
Development and Validation of the Trauma Risk Adjustment Model (TRAM).
Development and validation of the academic risk scale for Filipino college students
Development and Validation of an Actuarial Risk Assessment Tool for Juveniles with a History of Sexual Offending
Development and Validation of a Musculoskeletal Risk Questionnaire
High Risk Driver Project
DESIGN CONTROLS, RISK MANAGEMENT & PROCESS VALIDATION FOR MEDICAL DEVICE PROFESSIONALS
Cultural Worldviews and Risk Perceptions
Development and Validation of the Screening Test for at Risk Individuals for Eating Disorders (STARVED)
Development and Validation of a Risk Score Predicting Substantial Weight Gain Over 5 Years in Middle-aged European Men and Women
The Development and Validation of a Domestic Abuse Risk Identification and Management Tool
The development and validation of a screening instrument to identify women and partners at risk post-miscarriage of developing morbidity and problems of adjustment
Development and Validation of Clinical Risk Assessment Instruments
Comparing the Predictive Validity of DUI Risk Screening Instruments: Development of Validation Standards
The Development and Validation of a Domestic Abuse Risk Identitifcation and Management Tool
The Development and Validation of a Computerised Expert System for Import Risk Analysis
Analytical Techniques in the Assessment of Credit Risk
Development and Validation of Physical Activity Tool for Diabetic at Risk People in Chiang Mai, Thailand
Development and Validation of Methods for Applying Pharmacokinetic Data in Risk Assessment
Development and Validation of a Constipation Risk Assessment Scale for Use in Clinical Practice
Children at Educational Risk
Development and Validation of a Bioassay for the Ecotoxicological Risk Assessment of Tropical Fresh Water Systems
Development and Validation of the Mechanical Restraint - Confounders, Risk, Alliance Score (MR - CRAS) Among Forensic Mental Health Clinicians
Development and Validation of Risk Stratification Indices for Cardiovascular Diseases: Addressing Racial Disparities in Mortality Rates Using Person-level Data from Four U.S. Cohorts
Detection of patients at high risk of medication errors : development and validation of an algorithm
Standard Guide for Science-Based and Risk-Based Cleaning Process Development and Validation
Development and Validation of a Postnatal Risk Score in Children with Prenatal Alcohol Exposure and Its Relation to Executive Function
Risk Prediction Modelling in Head and Neck Cancer
Development and Validation of a Measure to Assess Risk for Eating Disorders in Elite Women Athletes
Development and Validation of the Osteoporosis Risk Assessment Tool for Thai Women 50 Years of Age and Older Or with Menopause
Identification of Nutritional Risk in Children
Development and Validation of a Scale to Measure Concern about Cancer Risk
The Development and Validation of Risk Assessment Tools for Non-diabetic Hyperglycaemia Or Undiagnosed Diabetes
Development and Validation of Risk Stratification Models in a Cohort of Community-living Homebound Older Adults, Comparison of Three Methods
Development and Validation of a Smartphone-based Balance and Falls Risk Assessment Protocol
The Development and Validation of Models for Assessing Risk Impacts on Construction Cash Flow Forecast
Development and Validation of a Head and Neck Cancer Risk Calculator
Clinical Prediction Models

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Development and Validation of a Risk Model for Identification of Non-neutropenic, Critically Ill Adult Patients at High Risk of Invasive Candida Infection Development and Validation of Methods for Applying Pharmacokinetic Data in Risk AssessmentDevelopment and Validation of a Risk Score Predicting Substantial Weight Gain Over 5 Years in Middle-aged European Men and WomenDevelopment and Validation of a Smartphone-based Balance and Falls Risk Assessment ProtocolThe Development and Validation of Risk Assessment Tools for Non-diabetic Hyperglycaemia Or Undiagnosed DiabetesDevelopment and Validation of a Constipation Risk Assessment Scale for Use in Clinical PracticeDevelopment and Validation of a Musculoskeletal Risk QuestionnaireDevelopment and Validation of Clinical Risk Assessment InstrumentsDevelopment and Validation of a Bioassay for the Ecotoxicological Risk Assessment of Tropical Fresh Water SystemsDevelopment and Validation of a Neurotoxicological Test Battery for Neurotoxicity Risk AssessmentDevelopment and Validation of the Osteoporosis Risk Assessment Tool for Thai Women 50 Years of Age and Older Or with MenopauseDevelopment and Validation of a Scale to Measure Concern about Cancer RiskThe Development and Validation of a Computerised Expert System for Import Risk AnalysisDevelopment and Validation of Physical Activity Tool for Diabetic at Risk People in Chiang Mai, ThailandDevelopment and Validation of Risk Stratification Indices for Cardiovascular Diseases: Addressing Racial Disparities in Mortality Rates Using Person-level Data from Four U.S. CohortsDESIGN CONTROLS, RISK MANAGEMENT & PROCESS VALIDATION FOR MEDICAL DEVICE PROFESSIONALS

An increasing number of college students are faced with the problem of being in academic risk. However, it is not yet well-studied and there is no instrument which provides a measure of it. Such led to this pioneering study that aims to develop a reliable and valid Academic Risk Scale (ARS) for Filipino college students. In achieving this, steps in scale development were carried out in three major phases: test conceptualization, preliminary stage and final stage. The first phase covered the thorough literature review and survey that led to the conceptualization of the initial eleven academic risk factors and item generation. This was followed by the content validation of the scale done by experts in Psychology and Counseling. The second phase consisted of the administration of the ARS Preliminary Form to 442 academically at-risk college students for the purpose of item analysis, and to check on the scale's reliability and validity at its preliminary stage of development. Results show that after item analysis, 248 items were retained while 75 items were rejected (r=

Development and Validation of the Trauma Risk Adjustment Model (TRAM). Springer

This handbook provides the most up to date resource currently available for interpreting and understanding design controls. This handbook is the most exhaustive resource ever written about FDA & ISO 13485 design controls for medical devices with a collection of all applicable regulations and real-world examples. Four-hundred & forty, 8.5" X 11" pages provides an extensive evaluation of FDA 21 CFR 820 and is cross-referenced with ISO 13485 to provide readers with a broad and in-depth review of practical design control implementation techniques. This handbook also covers basic, intermediate and advanced design control topics and is an ideal resource for implementing new design control processes or upgrading an existing process into medical device quality systems. This critical resource also specifically outlines key topics which will allow quality managers and medical device developers to improve compliance quickly to pass internal and external audits and FDA inspections. The author breaks down the regulation line by line and provides a detailed interpretation by using supportive evidence from the FDA design control guidance and the quality systems preamble. Numerous examples, case studies, best practices, 70+ figures and 45+ tables provide practical implementation techniques which are based on the author's extensive experience launching numerous medical device products and by integrating industry consultant expertise. In addition, bonus chapters include: explanation of medical device classification, compliance to design controls, risk management, and the design control quality system preamble. 20-40 pages are dedicated to each of the major design control topics: Design and Development Planning, Design Input, Design Output, Design Transfer, Design Verification, Design Validation, Design Change and Design History File.

Development and validation of the academic risk scale for Filipino college students Springer

Risk stratification (RS) models make predictions of an outcome based on the observed information from predictor variables. Classification of a population into different groups based on their risk of an outcome provides the opportunity for delivering targeted services to each group based on their needs and priorities. Different RS tools have been developed for older adults, but there is a limited number of RS studies developed for use in community-living older adults. This dissertation aims to develop and validate risk stratification models in a cohort of community-living homebound older adults. The study population consisted of older homebound adults who received home-based medical services from the Visiting Physician Association (VPA), which is a part of the United States Medical Management (USMM) Corporation. USMM provides a range of services, including home-based primary care and medical visits, senior home care, palliative care, and hospice services. The cohort had several features indicative of high risk: the average age was 82 years, 50% had ≥ 5 comorbidities, and 45% had a severe disability (defined by a Karnofsky Performance Score KPS ≤40). The population had very high rates of mortality and hospice admission (1-year rates were 32% and 10%, respectively). Given the unique and high-risk nature of this population, a RS approach was developed to help to provide USMM patients with appropriate services aligned with their priorities, as guided by a recent conceptual framework for the care of older adults with multiple comorbidities (Table 1.2). We developed and validated prediction models for two outcomes (death and hospice admission) by using three alternate statistical approaches: logistic regression (LR), random forest (RF), and Cox regression. The performance of these models was compared using the discrimination ability measured by area under the receiver operating curve (AUC). When developing the LR model we applied different variable selection

methods (stepwise, backward, forward, adaptive lasso, elastic net, and manual). We developed a prediction model using a RF algorithm and used Cox regression to model time-to-event for each outcome separately (using the same variable selection methods as used in Logistic regression). All three models were developed in a derivation dataset (consisting of a random 50% of the cohort) and validated by applying to the validation dataset. Because of the large amount of missing data among predictor variables we applied multiple imputation (MI) procedures and compared the performance of LR and RF models in the original data and imputed data. For the prediction of mortality, all of the variable selection methods used in the LR model showed similar predictive performance (AUC 0.762- 0.769). Random forest had the best discrimination ability (AUC=0.83), whereas the LR and Cox models had comparable AUCs (0.76 and 0.74 respectively). We determined that the higher AUC of the RF model was mainly due to its ability to include subjects with missing data because when the subjects with missing data were excluded from the RF cohort, the UAC of the model was similar to the LR model. Also when the RF model was applied to imputed data it has similar predictive performance as the LR model which indicated the basic assumption of multiple imputation (i.e., missing at random) was not met in this data. For hospice admission, all three models had a similar discriminative ability (AUC for RF, LR, and Cox, were 0.70, 0.73, and 0.72, respectively). The variables age, race, KPS, serum albumin, surprise question (SQ), and hyperlipidemia were consistently selected as the important predictors of both outcomes in all three approaches. WE concluded that the RF approach can significantly improve the predictive performance of the RS model but this advantage comes from its ability for the inclusion of observation with missing data. When data are missing not at random use of MI had a limited effect on improving the prediction of models because the basic assumption in MI procedure is missing at random. The quality of data from large electronic health record datasets remains a limitation of developing RS models.

Development and Validation of an Actuarial Risk Assessment Tool for Juveniles with a History of Sexual Offending Wasatch Consulting Resources LLC

This note is part of Quality testing.

Development and Validation of a Musculoskeletal Risk Questionnaire

Despite the well-documented teratogenic effects of prenatal alcohol exposure on executive functioning, the interaction of various risk factors on these effects has not been well studied. The current study aimed to address this issue by (1) developing a risk score model incorporating various risk factors known to exist among children with prenatal alcohol exposure in a development cohort and then validating this model in an independent validation cohort; (2) determining whether the risk score relates to performance on executive function measures. Subjects (N=661) aged 10-16 comprised two different samples: a development cohort (DC) and a validation cohort (VC). Within the DC, there were two groups of subjects: subjects with histories of heavy prenatal alcohol exposure (AE-DC, N=125) and a nonexposed comparison group (CON-DC, N=281). The VC also included exposed (AE-VC, N=74) and control (CON-VC, N=181) groups. In both cohorts, the non-exposed comparison groups consisted of non-exposed subjects with and without other behavioral conditions or concerns. Caregivers completed a questionnaire that provided developmental and familial history for each subject and the C-DISC-4.0. Measures were analyzed in the DC and validated in the VC using regression techniques to identify potential postnatal risk factors for prenatal alcohol exposure. In the VC, The BRIEF Parent Form, BRIEF Teacher Form, BRIEF Self-Rated Form, and performance on the D-KEFS were used in four different hierarchical regression analyses to determine if the relationship between risk score and executive function varied by group. A risk score model including postnatal risk factors was developed to accurately identify children with prenatal alcohol exposure. The subjects were divided into 3 subgroups based on their risk score (low-risk, intermediate-risk, high-risk) indicating the likelihood of prenatal alcohol exposure based on the risk factors. Higher risk scores related to poorer performance in executive function measures. If exposure is unknown, the risk scores derived from the current study could help identify children who are at a high-risk of being alcohol-exposed and therefore, referred for further evaluation and interventions. The current study provides a new approach in examining postnatal risk factors in this population, as well as how postnatal risk factors can impact areas of cognition.

High Risk Driver Project

This book provides a unique, focused introduction to the analytical skills, methods and techniques in the assessment of credit risk that are necessary to tackle and analyze complex credit problems. It employs models and techniques from operations research and management science to investigate more closely risk models for applications within the banking industry and in financial markets. Furthermore, the book presents the advances and trends in model development and validation for credit scoring/rating, the recent regulatory requirements and the current best practices. Using examples and fully worked case applications, the book is a valuable resource for advanced courses in financial risk management, but also helpful to researchers and professionals working in financial and business analytics, financial modeling, credit risk analysis, and decision science.

DESIGN CONTROLS, RISK MANAGEMENT & PROCESS VALIDATION FOR MEDICAL DEVICE PROFESSIONALS

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Person-level Data from Four U.S. CohortsDESIGN CONTROLS, RISK MANAGEMENT & PROCESS VALIDATION FOR MEDICAL DEVICE PROFESSIONALSWasatch Consulting Resources LLC

Cultural Worldviews and Risk Perceptions

The second edition of this volume provides insight and practical illustrations on how modern statistical concepts and regression methods can be applied in medical prediction problems, including diagnostic and prognostic outcomes. Many advances have been made in statistical approaches towards outcome prediction, but a sensible strategy is needed for model development, validation, and updating, such that prediction models can better support medical practice. There is an increasing need for personalized evidence-based medicine that uses an individualized approach to medical decision-making. In this Big Data era, there is expanded access to large volumes of routinely collected data and an increased number of applications for prediction models, such as targeted early detection of disease and individualized approaches to diagnostic testing and treatment. Clinical Prediction Models presents a practical checklist that needs to be considered for development of a valid prediction model. Steps include preliminary considerations such as dealing with missing values; coding of predictors; selection of main effects and interactions for a multivariable model; estimation of model parameters with shrinkage methods and incorporation of external data; evaluation of performance and usefulness; internal validation; and presentation formatting. The text also addresses common issues that make prediction models suboptimal, such as small sample sizes, exaggerated claims, and poor generalizability. The text is primarily intended for clinical epidemiologists and biostatisticians. Including many case studies and publicly available R code and data sets, the book is also appropriate as a textbook for a graduate course on predictive modeling in diagnosis and prognosis. While practical in nature, the book also provides a philosophical perspective on data analysis in medicine that goes beyond predictive modeling. Updates to this new and expanded edition include: • A discussion of Big Data and its implications for the design of prediction models • Machine learning issues • More simulations with missing ‘y’ values • Extended discussion on between-cohort heterogeneity • Description of ShinyApp • Updated LASSO illustration • New case studies

Development and Validation of the Screening Test for at Risk Individuals for Eating Disorders (STARVED)

... current project thus examined current practice and policy in the assessment, treatment, and management of juveniles with a history of sexual offending across multiple jurisdictioins (Florida, New York, Oregon, Pennsylvania, and Virginia) and developed a prototype assessment tool, state-specific risk assessment models, and practical guidance for building a risk assessment for sexual recidivism in juvenile justice settings.

Development and Validation of a Risk Score Predicting Substantial Weight Gain Over 5 Years in Middle-aged European Men and Women

[Truncated abstract] The overall aim of the research reported in this thesis was to develop and validate an instrument that would identify young children at educational risk. To achieve this, four separate but interrelated studies were conducted. Study One sought to explore the construct of young children at educational risk from the perspective of school psychologists and teachers through a series of open ended interviews. To this end, four school psychologists in charge of centres for severely disruptive children, and seven psychologists and three teachers involved in alternative education programs for alienated youth were interviewed. The findings of Study One revealed a broad range of factors and issues that contribute to a child being placed at educational risk. Interviewees specifically highlighted the significance of behavioural, learning, social, psychological and family factors which contributed to children's at educational risk status. The findings of Study One were incorporated into Study Two, the overall aim of which was to develop and validate a new instrument for the early identification of children at educational risk. Initially, 152 items were generated from the literature critically reviewed in Chapter Two, existing instrumentation and the Study One interview findings. ... In Study Four the construct validity of the CaERI was investigated by examining whether scores on the instrument differentiated between at educational risk groups of children and a group of not at educational risk children. The total data were first investigated for normality of distribution and returned a Shapiro-Wilk statistic of .99 and a significance level of .069 indicating that the combined data set were normally distributed. The individual CaERI scores for the three individual domains were then investigated and Shapiro-Wilk scores ranging from .96 to .99 and significance levels of .13 to .84, supported the assumption that the data are normally distributed. Significant between groups differences were found on the Behaviour Domain, where LDC children scored significantly lower than the regular class at educational risk and SPER-C children. The regular class at educational risk children also scored significantly lower than the SPER-C children which suggest that in the Behaviour Domain the instrument is sensitive enough to differentiate between the three groups. Significant between group differences were also evident between the LDC and regular class at educational risk and the SPER-C groups, with the LDC children scoring lower than the other two groups in the Social and Psychological Domains. Although the SPER-C group children scored higher than the regular class at educational risk group the difference was not significant. Similarly, a gender comparison of the at educational risk groups showed significant differences between males and females on the Behaviour Domain, however, the differences were not significant on the Social or Psychological Domains. A comparison of 20 not at educational risk students with a matched sample of 20 regular class at educational risk students found significant differences between the v groups on all domains. All findings are discussed and interpreted in line with the current research literature and are used to make suggestions for further research.

The Development and Validation of a Domestic Abuse Risk Identification and Management Tool

The development and validation of a screening instrument to identify women and partners at risk post-miscarriage of developing morbidity and problems of adjustment

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