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Palliative Care for Chronic Cancer Patients in the Community
 Written Assessment in Medical Education
 Poison in Small Measure
 Systems Thinking for Global Health
 Family Practice in the Eastern Mediterranean Region WHO HB SPECIAL EDITION

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The new global cancer data suggests that the global burden has risen to 18.1 million new cases per year and 9.6 million cancer deaths per year. A number of factors appear to be driving this increase, in particular, a growing and aging global population and an increase of exposure to cancer risk factors linked to social and economic development. For rapidly-growing economies, the data suggests a shift from poverty- or infection-related cancers to those associated with lifestyles more typical in industrialized countries. There is still large geographical diversity in cancer occurrence and variations in the magnitude and profile of the disease between and within world regions. There are specific types of cancer that dominate globally: lung, female breast and colorectal cancer, and the regional variations in common cancer types signal the extent to which societal, economic and lifestyle changes interplay to differentially impact on the profile of this most complex group of diseases. Unfortunately, despite advances in cancer care, a significant proportion of patients at home, experience sub-optimal outcomes. Barriers to successful treatment outcomes include, but are not limited to: access to oncologists in the primary health centers, non-adherence, lack of experienced oncology and palliative care nurses in the community, inadequate monitoring and the lack of training of family and pediatric physicians. Telemedicine approaches, including telephone triage/education, telemonitoring, teleconsultation and status tracking through mobile applications, have shown promise in further improving outcomes, in particular for chronic cancer patients following their hospitalization. Lessons can be learned from existing hospices in North America, the United Kingdom, Australia, Centers of Excellence in African (Uganda) and modern community services in India (Kerala). An important goal of this book is to describe and encourage professionals to develop new community programs in palliative

care, which include training and empowering physicians and nurses in the community on the principles of palliative care. The Middle East Cancer Consortium (MECC) together with the American Society of Clinical Oncology (ASCO) and the American Oncology Nursing Society (ONS) have conducted multiple courses ranging from basic palliative care to more specialized training in palliative care for multiple nationalities in Europe, Asia and Africa. Our experience clearly indicates that, to promote such activities, one needs strong leadership and confirmed political will to support the endeavor. The new book will emphasize the importance of having a core of multiple stakeholders including community leaders, government, NGOs and media to be actively involved in advocating for the cause and generating public awareness. This text will provide the reader with a comprehensive understanding of the outside-of-the-hospital treatment of cancer patients by medical, paramedical and volunteer personnel. In doing so, this text will encourage the creation of new palliative care services improving upon the existing ones and stimulate further research in this field. Part 1 of the text will begin with an overview of the current state of affairs of services provided to cancer patients while being cared for by primary health centers. It will also review the current literature regarding medical and psychological-based therapy options in the community for cancer patients at different stages of their disease. Part 2 will address the unique role of the community nurse, within the framework of the multidisciplinary team treating the patient, in the attempt to provide optimal evaluation and care in very challenging situations (such as with terminal patients). Part 3 will provide insightful models of this new discipline and serve as a valuable resource for physicians, nurses, social workers and others involved in the care of cancer patients. The book will take a multidisciplinary approach, integrating clinical and environmental data for practical management to enhance the efficacy of treatment while relieving suffering. Part 4 will also discuss the application of modern technological approaches to track symptoms, quality of

life, diet, mobility, duration of sleep and medication use (including pain killers) in chronic cancer patients in the community. Part 5 of the book will also be devoted to modes of developing a collaborative program between governmental and non-governmental organization sectors. This includes volunteer workers in close collaboration with medical professionals for providing emotional and spiritual support, nursing care, nutritional support and empowering family caregivers. Such a model makes palliative care in the community a "people's movement", thus transferring part of the responsibility and ownership to the community.

Palliative Care for Chronic Cancer Patients in the Community Springer Nature

In 1917, in Khartoum, Dr. J.B.

Christopherson experimentally treated seventy bilharzia patients with injections of antimony tartrate, an early chemotherapy. His was the first successful treatment. Antimony had never been tried on bilharzia patients before, or so he believed. This biography examines the turbulent life of this medical pioneer, his fight for priority and his struggle for professional survival amid the politics of exclusion in General Wingate's Sudan. His was a career full of paradoxes: acclaimed for intercepting a smallpox outbreak, building a hospital and satellite clinics, he battled accusations and removal as director of the Medical Department. From the Boer War, two decades in Sudan, his capture and release in Serbia to his time in France in WW1, controversy seldom left him.

Written Assessment in Medical Education

Written Assessment in Medical Education This book is an indispensable yet simple reference for the daily use of a medical teacher. It addresses the needs of medical teachers interested in providing instruction and assessment in writing and written language, offering detailed guidance in simple and straightforward language. The book goes beyond mere description; it provides many practical examples, valuable materials that can be utilized in training workshops and medical educator professional development courses. The book will be of interest to novice and experienced teachers in medical schools, in addition to university

teachers in other health professions, such as dentistry, pharmacy, nursing, medical laboratory, physiotherapy, biomedical engineering and veterinary medicine.

Poison in Small Measure Springer Nature

How can systems-thinking contribute to solving key challenges in Global Health? Global Health is an evolving field operating within a complex interaction of political, environmental, economic, and socio-cultural factors. Any work on the subject needs to reflect current developments and be supported by a collaborative, interdisciplinary approach that retains a focus on the underpinning determinants of health. This book reflects the importance of applying a systems-thinking approach to Global Health challenges: one that examines both the individual elements within the system as well as the interrelationships between them and wider contextual patterns. Bringing together a global and multidisciplinary team of

experts, this volume outlines the core concepts of a systems-thinking approach and how they can be applied to current Global Health problems. It provides a comprehensive range of case studies, reflections, conceptual pieces, and methodological approaches. Readers are invited to engage with arguments and assumptions across global health interventions and to connect systems-thinking theory with lived experiences. Well-established topics such as infectious and non-communicable diseases, as well as lesser-discussed areas such as still birth, mental health, and war and conflict are united under a shared systems-thinking framework. Offering innovative perspectives on current health challenges, students, academics, practitioners, and policy makers will find this a significant resource to enhance their understanding and application of systems-thinking in Global Health.

Systems Thinking for Global Health

BRILL

This is the first book to analyze in depth the current causes of shortage of family physicians and the relative weakness of the family practice model in many countries in the Eastern Mediterranean Region. Focusing on engagement with the private health sector in scaling up family practice, the book explores why primary health care can make the difference and how it can be introduced and strengthened. Comparative experiences from around the world put the EMR in context, while the book also highlights where the EMR is special – in particular, the burden for health care of refugees and displaced persons, and the need of public-private partnerships.

Family Practice in the Eastern Mediterranean Region WHO HB SPECIAL EDITION Oxford University Press
Written Assessment in Medical Education Springer Nature

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