## **Frameworks For Internal Medicine (2)**

### Marc Succi, Deepti Karhade, Andrew Cheung

**Frameworks for Internal Medicine** Andre Mansoor,2018-10-16 Publisher's Note: Products purchased from 3rd Party sellers are not guaranteed by the Publisher for quality, authenticity, or access to any online entitlements included with the product. Introducing an innovative, systematic approach to understanding differential diagnosis, Frameworks for Internal Medicine helps students learn to think like physicians and master the methodology behind diagnosing the most commonly encountered conditions in internal medicine.

<u>Approach to Internal Medicine</u> David Hui,2011-01-15 Feedback from users suggest this resource book is more comprehensive and more practical than many others in the market. One of its strengths is that it was written by trainees in internal medicine who understand the need for rapid access to accurate and concise clinical information, with a practical approach to clinical problem solving.

A Framework for Educating Health Professionals to Address the Social Determinants of Health National Academies of Sciences, Engineering, and Medicine, Institute of Medicine, Board on Global Health, Committee on Educating Health Professionals to Address the Social Determinants of Health, 2016-10-14 The World Health Organization defines the social determinants of health as the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies, development agendas, cultural and social norms, social policies, and political systems. In an era of pronounced human migration, changing demographics, and growing financial gaps between rich and poor, a fundamental understanding of how the conditions and circumstances in which individuals and populations exist affect mental and physical health is imperative. Educating health professionals about the social determinants of health generates awareness among those professionals about the potential root causes of ill health and the importance of addressing them in and with communities, contributing to more effective strategies for improving health and health care for underserved individuals, communities, and populations. Recently, the National Academies of Sciences, Engineering, and Medicine convened a workshop to develop a high-level framework for such health professional education. A Framework for Educating Health Professionals to Address the Social Determinants of Health also puts forth a conceptual model for the framework's use with the goal of helping stakeholder groups envision ways in which organizations, education, and communities can come together to address health inequalities.

Chalk Talks in Internal Medicine Somnath Mookherjee, Lauren A. Beste, Jared W. Klein, Jennifer Wright, 2020-09-30 This book provides teaching scripts for medical educators in internal medicine and coaches them in creating their own teaching scripts. Every year, thousands of attending internists are asked to train the next generation of physicians to master a growing body of knowledge. Formal teaching time has become increasingly limited due to rising clinical workload, medical documentation requirements, duty hour restrictions, and other time pressures. In addition, today's physicians-in-training expect teaching sessions that deliver focused, evidence-based content that is integrated into clinical workflow. In keeping with both time pressures and trainee expectations, academic internists must be prepared to effectively and efficiently teach important diagnostic and management concepts. A teaching script is a methodical and structured plan that aids in effective teaching. The teaching scripts in this book anticipate learners' misconceptions, highlight a limited number of teaching points, provide evidence to support the teaching points, use strategies to engage the learners, and provide a cognitive scaffold for teaching the topic that the teacher can refine over time. All divisions of internal medicine (e.g. cardiology, rheumatology, and gastroenterology) are covered and a section on undifferentiated symptom-based presentations (e.g. fatigue, fever, and unintentional weight loss) is included. This book provides well-constructed teaching scripts for commonly encountered clinical scenarios, is authored by experienced academic internists and allows the reader to either implement them directly or modify them for their own use. Each teaching script is designed to be taught in 10-15 minutes, but can be easily adjusted by the reader for longer or shorter talks. Teaching Scripts in Internal Medicine is an ideal tool for internal medicine attending physicians and trainees, as well as physician's assistants, nurse practitioners, and all others who teach and learn internal medicine.

#### 2 Minute Medicine's the Classics in Medicine Marc Succi, Deepti Karhade, Andrew Cheung, 2023-09-20

*Huppert's Notes: Pathophysiology and Clinical Pearls for Internal Medicine* Laura Huppert,2021-05-31 Bridge the gap between pathophysiology and clinical medicine in a succinct outline of core internal medicine topics! Originally created and road-tested by a resident and then updated by a team of resident authors, Huppert's Notes succinctly organizes the foundational science covered early in medical school and the clinical approaches encountered in clerkships and beyond. This marriage of pathophysiology and clinical medicine provides a framework for how to approach internal medicine concepts mechanistically, rather than through memorization. You'll find concise descriptions of common medical conditions with diagnostic and management pearls, as well as high-yield diagrams and tables to emphasize key concepts. Covering all internal medicine subspecialties, each Huppert's Notes chapter is organized in an intuitive and consistent outline format for rapid access: Anatomy & Physiology Diagnostics Approaches & Chief Complaints Diseases & Pathophysiology Key Medications & Interventions Key Clinical Trials & Publications Space for your personal notes

Improving Diagnosis in Health Care National Academies of Sciences, Engineering, and Medicine, Institute of

Medicine, Board on Health Care Services, Committee on Diagnostic Error in Health Care, 2015-12-29 Getting the right diagnosis is a key aspect of health care - it provides an explanation of a patient's health problem and informs subsequent health care decisions. The diagnostic process is a complex, collaborative activity that involves clinical reasoning and information gathering to determine a patient's health problem. According to Improving Diagnosis in Health Care, diagnostic errors-inaccurate or delayed diagnoses-persist throughout all settings of care and continue to harm an unacceptable number of patients. It is likely that most people will experience at least one diagnostic error in their lifetime, sometimes with devastating consequences. Diagnostic errors may cause harm to patients by preventing or delaying appropriate treatment, providing unnecessary or harmful treatment, or resulting in psychological or financial repercussions. The committee concluded that improving the diagnostic process is not only possible, but also represents a moral, professional, and public health imperative. Improving Diagnosis in Health Care, a continuation of the landmark Institute of Medicine reports To Err Is Human (2000) and Crossing the Quality Chasm (2001), finds that diagnosis-and, in particular, the occurrence of diagnostic errorsâ€has been largely unappreciated in efforts to improve the quality and safety of health care. Without a dedicated focus on improving diagnosis, diagnostic errors will likely worsen as the delivery of health care and the diagnostic process continue to increase in complexity. Just as the diagnostic process is a collaborative activity, improving diagnosis will require collaboration and a widespread commitment to change among health care professionals, health care organizations, patients and their families, researchers, and policy makers. The recommendations of Improving Diagnosis in Health Care contribute to the growing momentum for change in this crucial area of health care quality and safety.

<u>A Framework for K-12 Science Education</u> National Research Council, Division of Behavioral and Social Sciences and Education, Board on Science Education, Committee on a Conceptual Framework for New K-12 Science Education Standards, 2012-02-28 Science, engineering, and technology permeate nearly every facet of modern life and hold the key to solving many of humanity's most pressing current and future challenges. The United States' position in the global economy is declining, in part because U.S. workers lack fundamental knowledge in these fields. To address the critical issues of U.S. competitiveness and to better prepare the workforce, A Framework for K-12 Science Education proposes a new approach to K-12 science education that will capture students' interest and provide them with the necessary foundational knowledge in the field. A Framework for K-12 Science Education outlines a broad set of expectations for students in science and engineering in grades K-12. These expectations will inform the development of new standards for K-12 science education and, subsequently, revisions to curriculum, instruction, assessment, and professional development for educators. This book identifies three dimensions that convey the core ideas and practices around which science and engineering education in these grades should be built. These three dimensions are: crosscutting concepts that unify the study of science through their common application across science and engineering; scientific and engineering practices; and disciplinary core ideas in the

physical sciences, life sciences, and earth and space sciences and for engineering, technology, and the applications of science. The overarching goal is for all high school graduates to have sufficient knowledge of science and engineering to engage in public discussions on science-related issues, be careful consumers of scientific and technical information, and enter the careers of their choice. A Framework for K-12 Science Education is the first step in a process that can inform state-level decisions and achieve a research-grounded basis for improving science instruction and learning across the country. The book will guide standards developers, teachers, curriculum designers, assessment developers, state and district science administrators, and educators who teach science in informal environments.

Internal Medicine Amer Sayed, E. Fatakhov, MDH. Alkhaimy, MDS. Graupner, 2015-06-05 This book will give you the information you need on the most common symptoms and their diagnosis while increasing your confidence during residency. As medicine can be detailed and sometimes complicated, it is challenging to apply years of medical education in just a few minutes. This guide is designed to make an Internal Medicine Resident successful, but will be an effective supplement for any of the following disciplines:-Family Medicine Residents-Third & Fourth Year Medical Students-Nurse Practitioners-Physician Assistants-Any Clinical Residency Internship Table of ContentsPrefaceForewordCardiopulmonary1. Chest pain2. Shortness of breath3. Congestive heart failure4. Coronary Artery Disease5. Cough6. Hypertension7. Arrhythmia8. Atrial Fibrillation9. Asthma & COPD10. Pneumonia11. Medical Intensive Care Unit/Hypotension/Cardiac Arrest12. Acute respiratory failure & basics for oxygen therapy13. Cardiology diagnostics & interventions14. HemoptysisGastroenterology15. Abdominal Pain16. Nausea & vomiting17. GI bleed18. Diarrhea19. ConstipationInfectious Disease20. Antibiotics21. Fever22. White blood count23. Immune status24. Cellulitis & Osteomyelitis25. Infective endocarditis26. Clostridium difficile infection27. Methicillin-Resistant Staphylococcus AureusNephrology28. Acute kidney injury/Chronic Kidney Disease/End stage Renal Disease29. Urinary tract infection30. Volume Overload31. Volume Depletion32. Electrolyte imbalancesNeurology33. Falls, syncope, & loss of consciousness34. Altered Mental Status 35. Headaches36. PainGeriatric37. Geriatric medicine38. Palliative/supportive care & hospice careMiscellaneous39. Diabetes mellitus40. Anticoagulation41. Anemia42. Night float43. Alarming findings44. IV lines, IV fluids, Foley catheters & contrast material45. Medicine facts (side effects, onset of side effects, & off-label therapeutic uses)46. Medical vs. Surgical Management47. Home vs. floor vs. MICU triage48. Outpatient Medicine49. Diet & Physical/Occupational Therapy50. Diseases and diagnosis need high suspicion51. Cost-effective medicine52. Refer to specialist & inpatient consultation53. Common unclear diagnoses54. Different approaches for common problems55. Social support & social history56. Incidental findings & mildly abnormal tests57. Medical futility58. Cascade of actions for common problemsAbbreviationsList of medications commonly usedReferences

**Framework for Equitable Allocation of COVID-19 Vaccine** National Academies of Sciences, Engineering, and Medicine,Health and Medicine Division,Board on Population Health and Public Health Practice,Board on Health Sciences

Policy,Committee on Equitable Allocation of Vaccine for the Novel Coronavirus,2020-11-30 In response to the coronavirus disease 2019 (COVID-19) pandemic and the societal disruption it has brought, national governments and the international community have invested billions of dollars and immense amounts of human resources to develop a safe and effective vaccine in an unprecedented time frame. Vaccination against this novel coronavirus, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), offers the possibility of significantly reducing severe morbidity and mortality and transmission when deployed alongside other public health strategies and improved therapies. Health equity is intertwined with the impact of COVID-19 and there are certain populations that are at increased risk of severe illness or death from COVID-19. In the United States and worldwide, the pandemic is having a disproportionate impact on people who are already disadvantaged by virtue of their race and ethnicity, age, health status, residence, occupation, socioeconomic condition, or other contributing factors. Framework for Equitable Allocation of COVID-19 Vaccine offers an overarching framework for vaccine allocation to assist policy makers in the domestic and global health communities. Built on widely accepted foundational principles and recognizing the distinctive characteristics of COVID-19, this report's recommendations address the commitments needed to implement equitable allocation policies for COVID-19 vaccine.

Finding What Works in Health Care Institute of Medicine, Board on Health Care Services, Committee on Standards for Systematic Reviews of Comparative Effectiveness Research, 2011-07-20 Healthcare decision makers in search of reliable information that compares health interventions increasingly turn to systematic reviews for the best summary of the evidence. Systematic reviews identify, select, assess, and synthesize the findings of similar but separate studies, and can help clarify what is known and not known about the potential benefits and harms of drugs, devices, and other healthcare services. Systematic reviews can be helpful for clinicians who want to integrate research findings into their daily practices, for patients to make well-informed choices about their own care, for professional medical societies and other organizations that develop clinical practice guidelines. Too often systematic reviews are of uncertain or poor guality. There are no universally accepted standards for developing systematic reviews leading to variability in how conflicts of interest and biases are handled, how evidence is appraised, and the overall scientific rigor of the process. In Finding What Works in Health Care the Institute of Medicine (IOM) recommends 21 standards for developing high-quality systematic reviews of comparative effectiveness research. The standards address the entire systematic review process from the initial steps of formulating the topic and building the review team to producing a detailed final report that synthesizes what the evidence shows and where knowledge gaps remain. Finding What Works in Health Care also proposes a framework for improving the quality of the science underpinning systematic reviews. This book will serve as a vital resource for both sponsors and producers of systematic reviews of comparative effectiveness research.

Model Rules of Professional Conduct American Bar Association. House of Delegates, Center for Professional

Responsibility (American Bar Association),2007 The Model Rules of Professional Conduct provides an up-to-date resource for information on legal ethics. Federal, state and local courts in all jurisdictions look to the Rules for guidance in solving lawyer malpractice cases, disciplinary actions, disqualification issues, sanctions questions and much more. In this volume, black-letter Rules of Professional Conduct are followed by numbered Comments that explain each Rule's purpose and provide suggestions for its practical application. The Rules will help you identify proper conduct in a variety of given situations, review those instances where discretionary action is possible, and define the nature of the relationship between you and your clients, colleagues and the courts.

Pocket Medicine Marc S Sabatine, 2013-10-07 Prepared by residents and attending physicians at Massachusetts General Hospital, this pocket-sized looseleaf is one of the best-selling references for medical students, interns, and residents on the wards and candidates reviewing for internal medicine board exams. In bulleted lists, tables, and algorithms, Pocket Medicine provides key clinical information about common problems in internal medicine, cardiology, pulmonary medicine, gastroenterology, nephrology, hematology-oncology, infectious diseases, endocrinology, and rheumatology. This Fifth Edition is fully updated and includes a sixteen-page color insert with key and classic abnormal images. If you purchased a copy of Sabatine: Pocket Medicine 5e, ISBN 978-1-4511-8237-8, please make note of the following important correction on page 1-36: Oral anticoagulation (Chest 2012;141:e531S; EHJ 2012;33:2719; Circ 2013;127:1916) · All valvular AF as stroke risk very high  $\cdot$  Nonvalv. AF: stroke risk ~4.5%/y; anticoag  $\otimes$  68% <sup>-</sup> stroke; use a risk score to guide Rx: CHADS2: CHF (1 point), HTN (1), Age =75 y (1), DM (1), prior Stroke/TIA (2) CHA2DS2-VASc: adds 65-74 y (1) =75 y (2), vasc dis. [MI, Ao plaque, or PAD (1)]; ? (1) score <sup>3</sup>2 ® anticoag; score 1 ® consider anticoag or ASA (? latter reasonable if risk factor age 65-74 y, vasc dis. or ?); antithrombotic Rx even if rhythm control [SCORE CORRECTED] · Rx options: factor Xa or direct thrombin inhib (non-valv only; no monitoring required) or warfarin (INR 2-3; w/ UFH bridge if high risk of stroke); if Pt refuses anticoag, consider ASA + clopi or, even less effective, ASA alone (NEJM 2009;360:2066) Please make note of this correction in your copy of Sabatine: Pocket Medicine 5e immediately and contact LWW's Customer Service Department at 1.800.638.3030 or 1.301.223.2300 so that you may be issued a corrected page 1-36. You may also download a PDF of page 1-36 by clicking HERE. All copies of Pocket Medicine, 5e with the ISBN: 978-1-4511-9378-7 include this correction.

**Printmaking as Therapy** Lucy Mueller White,2002-04-17 The author explores the therapeutic advantages of printmaking. She also describes its roots outside art therapy. Relief printing, intaglio, planographic or surface processes, and stencilling are all covered in detail, with many ideas for incorporating them into art therapy sessions.

**Unequal Treatment** Institute of Medicine, Board on Health Sciences Policy, Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care, 2009-02-06 Racial and ethnic disparities in health care are known to reflect access to care and other issues that arise from differing socioeconomic conditions. There is, however, increasing

evidence that even after such differences are accounted for, race and ethnicity remain significant predictors of the quality of health care received. In Unequal Treatment, a panel of experts documents this evidence and explores how persons of color experience the health care environment. The book examines how disparities in treatment may arise in health care systems and looks at aspects of the clinical encounter that may contribute to such disparities. Patients' and providers' attitudes, expectations, and behavior are analyzed. How to intervene? Unequal Treatment offers recommendations for improvements in medical care financing, allocation of care, availability of language translation, community-based care, and other arenas. The committee highlights the potential of cross-cultural education to improve provider-patient communication and offers a detailed look at how to integrate cross-cultural learning within the health professions. The book concludes with recommendations for data collection and research initiatives. Unequal Treatment will be vitally important to health care policymakers, administrators, providers, educators, and students as well as advocates for people of color.

Conrad Fischer's Internal Medicine Question Conrad Fischer, Caterina Oneto, 2005-07-01

**High-yield Internal Medicine** Raminder Nirula,2007 As part of the popular High-Yield<sup>™</sup> Series, this updated Third Edition provides a concise review of internal medicine for students during their rotation and while preparing for the USMLE Step 2. High-Yield<sup>™</sup> Internal Medicine, Third Edition is presented in a concise, uncluttered outline format with ample illustrations and tables. The book enables students to get the maximum relevance and performance from intensely focused study.

<u>Users' Guides to the Medical Literature</u> Gordon Guyatt,Drummond Rennie,Maureen O. Meade,Deborah J. Cook,2008-03-01 The "essential" companion to the landmark Users' Guides to the Medical Literature - completely revised and updated! 5 STAR DOODY'S REVIEW! This second edition is even better than the original. Information is easier to find and the additional resources that will be available at www.JAMAevidence.com will provide readers with a one-stop source for evidence-based medicine.--Doody's Review Service Evidence-based medicine involves the careful interpretation of medical studies and its clinical application. And no resource helps you do it better-and faster-than Users' Guides to the Medical Literature: Essentials of Evidence-Based Clinical Practice. This streamlined reference distills the most clinically-relevant coverage from the parent Users' Guide Manual into one highly-focused, portable resource. Praised for its clear explanations of detailed statistical and mathematical principles, The Essentials concisely covers all the basic concepts of evidence-based medicine--everything you need to deliver optimal patient care. It's a perfect at-a-glance source for busy clinicians and students, helping you distinguish between solid medical evidence and poor medical evidence, tailor evidence-based medicine for each patient, and much more. Now in its second edition, this carry-along quick reference is more clinically relevant--and more essential--than ever! FEATURES Completely revised and updated with all new coverage of the basic issues in evidencebased medicine in patient care Abundant real-world examples drawn from the medical literature are woven throughout, and include important related principles and pitfalls in using clinical research in patient care decisions Edited by over 60 internationally recognized editors and contributors from around the globe Also look for JAMAevidence.com, a new interactive database for the best practice of evidence based medicine.

**DeGowin's Diagnostic Examination, 11th Edition** Richard F. LeBlond,Donald D. Brown,Manish Suneja,2020-07-10 The classic guide to the undifferentiated patient-enhanced by new cases A Doody's Core Title for 2023! Technological advances have taken testing and imaging to remarkable new places—yet establishing patient history and performing physical examinations are more important now than ever. This classic guide has been showing students and clinicians how to approach the diagnostic process thoughtfully and systematically for decades—and this revised edition brings you completely up to date. Part physical examination primer, part differential diagnosis tool, DeGowin's Diagnostic Examination provides the information and insights you need to make accurate, evidence-based diagnostic hypotheses. Covering all physical exam techniques and procedures, this updated edition shows how to collect clinical findings gleaned from the physical examination and synthesize them into a differential diagnosis. • Covers the latest developments in evidence-based physical examinations • Explains how to obtain a complete patient history and perform a thorough physical exam • Organized by signs, symptoms, and syndromes to make finding what you need quick and easy • Connects symptoms and signs with disease pathophysiology • Facilitates efficient, cost-effective diagnostic testing using focused differential diagnoses This classic guide continues to effectively combine current diagnostic practices with the unchanging aspects of clinical medicine.

*Harrison's Principles of Internal Medicine (2 Vol Set)* Anthony Fauci, Eugene Braunwald, Dennis Kasper, Stephen Hauser, Dan Longo, J. Jameson, Joseph Loscalzo, 2008-02-29

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