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Alan Christianson

The Essential Patient Handbook Alan B. Ettinger, MD, Deborah M. Weisbrot, 2004-08-01 The Essential Patient Handbook was written for the millions of Americans who are dissatisfied with their medical care, and are looking for a practical no-nonsense way to get the help they need from their doctors. It contains lessons learned by two doctors (husband and wife) who endured immense challenges on the patient side of the medical care system. Here are the secrets to: getting your doctor to listen preparing information your doctor needs to know understanding the reasoning behind your doctor's questions asking the essential questions about tests, diagnoses, medications, surgery, and second opinions checking for medication side effects and drug interactions dealing with confusing insurance and billing forms working with your doctor when considering alternative and complementary medicines handling difficult doctor-patient interactions dealing with a hospital stay The Essential Patient Handbook will walk readers through the entire medical evaluation process, from the first question to the last. It gives them a guide to thoroughly prepare medical information BEFORE seeing a doctor, and explains why each piece of information is crucial. The information prepared with the aid of this book are symptom-specific, and will help physicians to arrive at a differential diagnosis. Once a diagnosis is established, it will help readers prepare further information that your doctors needs to learn to remain on top of your medical condition.

The Essential Patient Handbook Alan B. Ettinger, 2011-01-23 The Essential Patient Handbook was written for the millions of Americans who are dissatisfied with their medical care, and are looking for a practical no-nonsense way to get the help they need from their doctors. It contains lessons learned by two doctors (husband and wife) who endured immense challenges on the patient side of the medical care system.

Hope and Destiny Allan F. Platt, Alan Sacerdote, Allen Platt, 2002 An up-to-date, informative, and personal discussion of sickle-cell anaemia, this guide provides information on medically proven methods of treatment along with patient vignettes. Written primarily for African Americans, who comprise the majority of the victims of sickle-cell anaemia, this handbook for patients and those who live or work with them examines the complex issues that surround this genetic disease. Advice on dealing with the physical suffering, inability to work, quality of life issues, and premature death that affect sickle-cell patients is offered in layman's terms to aid patients and caregivers in making informed decisions.

In-patient Mental Health Care from the Asylum System to the Present Day Andrew Colley, 2024-02-27 With a focus on the progression and dismantlement of the Asylum system, this book examines key issues around the policy and practice of in-patient mental health provision in the UK, making comparisons with similar services in other parts of the world. Part narrative history and critical analysis, part autoethnography, this unique volume critiques the ethics of early policy decisions which led to the closure of the old Victorian asylums and the advent of care in the community, identifying continuing issues of institutionalisation, containment, and segregation. Drawing parallels with the continuing dilemmas of 'inclusion' in other areas of public policy and provision, chapters discuss controversial issues such as the response to the Covid pandemic, the influence of 'anti-psychiatry', and the continuing use of electro convulsive therapy. Ultimately, the book makes a vital theoretical and practical contribution to the continuing debate around in-patient mental health care in the 21st century. The book will be of interest to academics, researchers and policy makers in the fields of healthcare policy and history of mental health provision more broadly. Psychiatrists interested in the history of the asylum system in the UK, as well as present day mental

health professionals will also find the book of use.

Psychiatric Home Care Alan Menikoff,1999-07-05 In this economic-clinical review of home care services, the reader finds a brief economic history of psychiatric services in this country, several models of psychiatric care, an illustration of the burdens borne by families when such services are unavailable, and strategies for developing managed care-friendly services programs. This book addresses real-world issues of designing services models that meet the clinical needs of an underserved population while also appealing to the economic imperatives of managed care. Economic models of home care in a managed care environment Standard clinical goals of home care Recommended guidelines for home care services Clinical vignettes Family burdens of home care New players in psychiatric home care Managed care-friendly payment models Use of paraprofessionals in home care Coordination of inpatient and home care services

<u>Operating Room Leadership and Management</u> Alan D. Kaye, Charles J. Fox, III, Richard D. Urman, 2012-10-04 Practical resource for all healthcare professionals involved in day-to-day management of operating rooms of all sizes and complexity.

Hope and Destiny Allan F. Platt, Alan Sacerdote, 2006 For anyone who has or is predisposed to sickle cell disease, this informative and compassionate guide provides all the facts patients, loved ones, and caregivers need to know in order to reduce symptoms, relieve pain, and help patients and their support circle better understand the cause and growth of the disease. Divided into different sections to address the changing complications posed by the disease at each stage of life, this book emphasizes the need for offering emotional and spiritual consolation to those who suffer from sickle cell disease or witness the suffering of a love one. Topics include the complex causes of sickle cell disease, the most current treatment options, facts on genetic counseling, pain assessment and

management resources, and strategies to lower the likelihood of pain crises.

The Patient Ferment of the Early Church Alan Kreider,2016-03-29 How and why did the early church grow in the first four hundred years despite disincentives, harassment, and occasional persecution? In this unique historical study, veteran scholar Alan Kreider delivers the fruit of a lifetime of study as he tells the amazing story of the spread of Christianity in the Roman Empire. Challenging traditional understandings, Kreider contends the church grew because the virtue of patience was of central importance in the life and witness of the early Christians. They wrote about patience, not evangelism, and reflected on prayer, catechesis, and worship, yet the church grew--not by specific strategies but by patient ferment.

Moderate and Deep Sedation in Clinical Practice Richard D. Urman, Alan David Kaye, 2017-10-12 Millions of procedures requiring sedation are performed each year, covering a large array of medical specialties in both inpatient and outpatient settings. This tremendous growth has led to sedation being administered by a wide range of healthcare providers, including non-anesthesiologist physicians, nurses and nurse practitioners. Moderate and Deep Sedation in Clinical Practice is a concise, practical handbook for all medical and surgical professionals who sedate patients. This upto-date, evidence-based 'how-to' manual instructs these professionals on how to evaluate patients, updates relevant pharmacology, and guides them on legal and quality assurance issues. It contains advice on sedation for specific populations, such as elderly, pediatric, ICU, emergency room, endoscopy, and reproductive technologies. Written and edited by experts in procedural sedation and sedation education, this book will help users develop safer techniques, policies, and procedures. It is essential reading for any healthcare provider administering moderate or deep sedation.

Transforming Leadership, Improving the Patient Experience Alan Belasen Phd, Barry

Eisenberg, Jill Borgos, 2024-02-27 This book focuses on the patient experience as a leadership strategy. It explores the relationships between coordinated care, expert leadership, provider-patient communications, and the patient experience. When clinical and nonclinical staff collaborate effectively, health care teams can improve patient outcomes, prevent medical errors, improve efficiency, and increase patient satisfaction. Surprisingly, however, healthcare leaders tend to prioritize specific metrics to improve hospital performance and patient satisfaction even though patient experience and provider-patient communications are intertwined. Determining the most effective strategy for achieving higher levels of service quality and patient satisfaction can prove elusive for providers. Consider the evidence: A survey in 2012 of more than 17,000 healthcare leaders in North America, for example, found that leaders' perceptions did not always match the data, and many hospital leaders overestimate the performance of their hospitals. Over 75% of the hospital leaders reported 'quality of care' was something their hospital did well while their patients, on average, rated them lower on perceived service quality. Ten years later, in 2022, only a few providers integrated best practices to achieve high patient satisfaction which severely impacted CMS' Hospital Star Rating. This has significant effects on profit margins since patients consider the Star Rating differentials in their choices of hospitals and are willing to pay upward 17% extra for treatments in 5-Star hospitals, a revenue-generating source of income at times when hospitals have seen falling revenues (down 4.8%) and rising labor (up 37%) from pre-COVID-19 pandemic levels. To reduce the gap between perception and reality, hospital leaders can consider the link between communication goals (e.g., responsiveness of hospital staff; pain management; communication about medicines) and outcomes (e.g., increased adherence and compliance; readmission; healthcare delivery costs; hospital overall ratings) as well as improve the patient experience. When intentions

and outcomes are aligned, they create a powerful medium by which healthcare leaders can evaluate the gaps that exist between patient care measures and best practices and mitigate organizational or technological factors relevant for improving the patient experience. When the alignment is optimal, care teams develop a better sense of shared purpose, become more committed and accountable, and work together to improve the patient experience. When accomplished, patients participate more fully and actively in the exchange and are discharged with an enhanced commitment to carry out care management requirements. Key topics in this practical guide include provider-patient communications; demonstrating the value of patient-focused care; how physician and nurse executives use synergy as a strategy; engaging board members in promoting quality and safety goals and in developing hospital-community partnerships; building bridges between physicians, administrators, trustees, and hospital staff; and developing a leadership pipeline.

Remembrance of Patients Past Geoffrey Reaume, 2000-01-01 'Oh that I had wings I would fly like a dove and be at rest I would fly out of this asylum' So wrote Ralph M., a patient at the Toronto Hospital for the Insane from 1889 until his death in 1911. Winston O., another inmate at the Toronto asylum, actually sought to build wings like Ralph so longed for. After crafting violins that he played and building from scratch an automobile he was allowed to drive on the hospital grounds, Winston was reported to be working on the construction of an 'aeroplane'. In Remembrance of Patients Past, historian Geoffrey Reaume chronicles seventy years of daily life at the institution known as 999, the Toronto Hospital for the Insane at 999 Queen Street West. His narrative stretches from 1870 to 1940 and examines such aspects as diagnosis and admission, daily routine and relationships, leisure, patients' labor, family and community responses, and discharge and death. Mental patients were at times abused, and they led lives of tedious monotony that could tend to 'flatten' personality, yet

many of these women and men worked hard at institutional jobs for years and decades on end, created their own entertainment, and formed meaningful relationships with other patients and staff. A moving chronicle, the book is also an important argument for flexibility in treatment for mental illnesses and a challenge to the view that traditional mental institutions were of little help to their patients.

Caring for the Renal Patient David Z. Levine,1997 Includes chapters on humane caring for the renal patient--addressing chronic illness, narrative ethics, advance directives, and terminal care-and on the role of nurses in caring for the renal patient. The 3rd edition provides additional relevant clinical examples through numerous case studies, but retains the boxes, tables, and bolding that make the book an excellent, concise and accessible reference resource.

Medical Education for the Future Alan Bleakley, John Bligh, Julie Browne, 2011-02-21 The purpose of medical education is to benefit patients by improving the work of doctors. Patient centeredness is a centuries old concept in medicine, but there is still a long way to go before medical education can truly be said to be patient centered. Ensuring the centrality of the patient is a particular challenge during medical education, when students are still forming an identity as trainee doctors, and conservative attitudes towards medicine and education are common amongst medical teachers, making it hard to bring about improvements. How can teachers, policy makers, researchers and doctors bring about lasting change that will restore the patient to the heart of medical education? The authors, experienced medical educators, explore the role of the patient in medical education in terms of identity, power and location. Using innovative political, philosophical, cultural and literary critical frameworks that have previously never been applied so consistently to the field, the authors provide a fundamental reconceptualisation of medical teaching and learning,

with an emphasis upon learning at the bedside and in the clinic. They offer a wealth of practical and conceptual insights into the three-way relationship between patients, students and teachers, setting out a radical and exciting approach to a medical education for the future. "The authors provide us with a masterful reconceptualization of medical education that challenges traditional notions about teaching and learning. The book critiques current practices and offers new approaches to medical education based upon sociocultural research and theory. This thought provoking narrative advances the case for reform and is a must read for anyone involved in medical education." - David M. Irby, PhD, Vice Dean for Education, University of California, San Francisco School of Medicine; and coauthor of Educating Physicians: A Call for Reform of Medical School and Residency This book is a truly visionary contribution to the Flexner centenary. It is compulsory reading for the medical educationalist with a serious concern for the future - and for the welfare of patients and learners in the here and now. Professor Tim Dornan, University of Manchester Medical School and Maastricht University Graduate School of Health Professions Education.

National Library of Medicine Current Catalog National Library of Medicine (U.S.),1983 Changing Health Care Systems and Rheumatic Disease Committee on Changing Health Care Systems and Rheumatic Disease,Institute of Medicine,1997-01-23 Market forces are driving a radical restructuring of health care delivery in the United States. At the same time, more and more people are living comparatively long lives with a variety of severe chronic health conditions. Many such people are concerned about the trend toward the creation of managed care systems because their need for frequent, often complex, medical services conflicts with managed care's desires to contain costs. The fear is that people with serious chronic disorders will be excluded from or underserved by the integrated health care delivery networks now emerging. Responding to a request from the

National Institute of Arthritis and Musculoskeletal and Skin Diseases, this book reflects the results of a workshop that focused on the following questions: Does the model of managed care or an integrated delivery system influence the types of interventions provided to patients with chronic conditions and the clinical and health status outcomes resulting from those interventions? If so, are these effects quantitatively and clinically significant, as compared to the effects that other variables (e.g., income, education, ethnicity) have on patient outcomes? If the type of health care delivery system appears to be related to patient care and outcomes, can specific organizational, financial, or other variables be identified that account for the relationships? If not, what type of research should be pursued to provide the information needed about the relationship between types of health care systems and the processes and outcomes of care provided to people with serious chronic conditions?

Selling Sickness Ray Moynihan, Alan Cassels, 2008-09-01 In this hard-hitting indictment of the pharmaceutical industry, Ray Moynihan and Allan Cassels show how drug companies are systematically using their dominating influence in the world of medical science, drug companies are working to widen the very boundaries that define illness. Mild problems are redefined as serious illness, and common complaints are labeled as medical conditions requiring drug treatments. Runny noses are now allergic rhinitis, PMS has become a psychiatric disorder, and hyperactive children have ADD. Selling Sickness reveals how expanding the boundaries of illness and lowering the threshold for treatments is creating millions of new patients and billions in new profits, in turn threatening to bankrupt national healthcare systems all over the world. This Canadian edition includes an introduction placing the issue in a Canadian context and describing why Canadians should be concerned about the problem.

Unequal Treatment Institute of Medicine, Board on Health Sciences Policy, Committee on

Understanding and Eliminating Racial and Ethnic Disparities in Health Care, 2009-03-06 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.

Healthcare in transition Cribb, Alan,2017-10-11 Health policy thinking must change. This book explores the fundamental currents and tensions that lie behind recent trends such as shared decision-making, co-production, and personalisation. These are often discussed in relation to an epidemiological transition but this text argues that they embody a philosophical transition – a change in our conceptions of healthcare and of appropriate forms of knowledge and analysis. As clinical concerns are increasingly nested within social concerns then policy analysis must engage

with the multiple philosophical tensions that are now centre stage. This focus on key underlying ideas and tensions in healthcare couldn't have come at a better time. With international relevance, the book's arguments help fuel a shift away from a 'delivery' model towards a more deliberative model of healthcare.

Healing Hashimoto's Alan Christianson,2013 An overview of Hashimoto's disease, a thyroid disease, including effective treatment of the disease.

Selling Sickness Ray Moynihan, Alan Cassels, 2005-06-01 read this book and rage.' Clive Hamilton This remarkable investigation of the Sickness Industry is by two accomplished writers with an incredible story to tell.' Robyn Williams Three decades ago, the head of one of the world's leading drug companies made some remarkably candid comments. Wishing his company was more like the chewing gum maker Wrigley's, the chief executive of Merck said it had long been his dream to make drugs for healthy people, and sell to everyone'. That dream now drives the marketing machinery of one of the most profitable industries on the planet. Using their dominating influence in medical science, drug companies are marketing fear in order to re-define human illness. In alliance with company-friendly doctors and sponsored patient groups, the all-powerful pharmaceutical industry is helping to widen the very definitions of disease, in order to expand markets for its drugs. With compelling clarity, Selling Sickness reveals how the ups and downs of daily life are becoming mental disorders, and common complaints are being transformed into frightening conditions. Shyness is Social Anxiety Disorder, PMS is a psychiatric illness called PMDD, and active children now have ADHD. As more and more ordinary people are turned into patients, drug companies move ever closer to that dream of selling to everyone.

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