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Etiquette manuals are an important sources of information on ballrooms and social dance during the nineteenth-century. Sherwood's book is an exceptional source for etiquette as it was practiced in the late 1880s. Additionally, of the book's fifty-nine chapters, two are devoted to dancing and balls.

Medical residents in hospitals are often required to be on duty for long hours. In 2003 the organization overseeing graduate medical education adopted common program requirements to restrict resident workweeks, including limits to an average of 80 hours over 4 weeks and the longest consecutive period of work to 30 hours in order to protect patients and residents from unsafe conditions resulting from excessive fatigue. Resident Duty Hours provides a timely examination of how those requirements were implemented and their impact on safety, education, and the training institutions. An in-depth review of the evidence on sleep and human performance indicated a need to increase opportunities for sleep during residency training to prevent acute and chronic sleep deprivation and minimize the risk of fatigue-related errors. In

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addition to recommending opportunities for on-duty sleep during long duty periods and breaks for sleep of appropriate lengths between work periods, the committee also recommends enhancements of supervision, appropriate workload, and changes in the work environment to improve conditions for safety and learning. All residents, medical educators, those involved with academic training institutions, specialty societies, professional groups, and consumer/patient safety organizations will find this book useful to advocate for an improved culture of safety.

Deep disorder pervades medical practice. Disguised in euphemisms like "clinical judgment" and "evidence-based medicine," disorder exists because medical practice lacks a true system of care. The missing system has two core elements: standards of care for managing clinical information, and electronic information tools designed to implement those standards. Electronic information tools are now widely discussed, but the necessary standards of care are still widely ignored. Because these two elements are external to the physician's mind, they address a root cause of disorder: dependence on the internal capacities of autonomous physicians-their personal knowledge, intellect, habits and judgment. In this dependence on the limited, idiosyncratic capacities of individuals, medical practice lags centuries behind the domains of science and commerce. Breaking that dependence is the subject of this book. Going back 400 years to the philosophy of Francis Bacon, and examining parallel ideas from 20th Century thinkers, this book illuminates the origin of medicine's disorder. The analysis is more than theoretical. It grew out of decades of development and clinical experience in finding a new approach to medical practice. Designed to create order and transparency, this new approach involves not only standards and tools but also institutional changes essential to building a true system of care. In the current non-system, physicians bear impossible burdens of performance, other practitioners are barred from sharing those burdens, patients do not participate effectively in their own care, the U.S. spends \$2.5 trillion annually without clinical accounting standards, third parties manipulate the situation for their own advantage, and none of the stakeholders are accountable for their own behaviors. This book offers a clear blueprint for building a better system of care, a system that patients, practitioners and third parties could trust. A better system could make health care a source of hope for our economic future, rather than its greatest threat.

An authoritative survey of different contexts, methodologies, and theories of applied communication The field of Applied Communication Research (ACR) has made substantial progress over the past five decades in studying communication problems, and in making contributions to help solve them. Changes in society, human relationships, climate and the environment, and digital media have presented myriad contexts in which to apply communication theory. The Handbook of Applied Communication Research addresses a wide array of contemporary communication issues, their research implications in various contexts, and the challenges and opportunities for using communication to manage problems. This innovative work brings together the diverse perspectives of a team of notable international scholars from across disciplines. The Handbook of Applied Communication Research includes discussion and analysis spread across two comprehensive volumes. Volume one introduces ACR, explores what is possible in the field, and examines theoretical perspectives, organizational communication, risk and crisis communication, and media, data, design, and technology. The second volume focuses on real-world communication topics such as health

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and education communication, legal, ethical, and policy issues, and volunteerism, social justice, and communication activism. Each chapter addresses a specific issue or concern, and discusses the choices faced by participants in the communication process. This important contribution to communication research: Explores how various communication contexts are best approached Addresses balancing scientific findings with social and cultural issues Discusses how and to what extent media can mitigate the effects of adverse events Features original findings from ongoing research programs and original communication models and frameworks Presents the best available research and insights on where current research and best practices should move in the future A major addition to the body of knowledge in the field, The Handbook of Applied Communication Research is an invaluable work for advanced undergraduate students, graduate students, and scholars.

When you visit the doctor, information about you may be recorded in an office computer. Your tests may be sent to a laboratory or consulting physician. Relevant information may be transmitted to your health insurer or pharmacy. Your data may be collected by the state government or by an organization that accredits health care or studies medical costs. By making information more readily available to those who need it, greater use of computerized health information can help improve the quality of health care and reduce its costs. Yet health care organizations must find ways to ensure that electronic health information is not improperly divulged. Patient privacy has been an issue since the oath of Hippocrates first called on physicians to "keep silence" on patient matters, and with highly sensitive data--genetic information, HIV test results, psychiatric records--entering patient records, concerns over privacy and security are growing. For the Record responds to the health care industry's need for greater guidance in protecting health information that increasingly flows through the national information infrastructure--from patient to provider, payer, analyst, employer, government agency, medical product manufacturer, and beyond. This book makes practical detailed recommendations for technical and organizational solutions and national-level initiatives. For the Record describes two major types of privacy and security concerns that stem from the availability of health information in electronic form: the increased potential for inappropriate release of information held by individual organizations (whether by those with access to computerized records or those who break into them) and systemic concerns derived from open and widespread sharing of data among various parties. The committee reports on the technological and organizational aspects of security management, including basic principles of security; the effectiveness of technologies for user authentication, access control, and encryption; obstacles and incentives in the adoption of new technologies; and mechanisms for training, monitoring, and enforcement. For the Record reviews the growing interest in electronic medical records; the increasing value of health information to providers, payers, researchers, and administrators; and the current legal and regulatory environment for protecting health data. This information is of immediate interest to policymakers, health policy researchers, patient advocates, professionals in health data management, and other stakeholders.

Poems on Various Occasions is a collection of poems written by Lord Byron. Byron was an English poet and a leading figure in the Romantic movement. Among Byron's best-known works are the lengthy narrative poems Don Juan and Childe Harold's Pilgrimage and the short lyric She Walks in Beauty. Byron is regarded as one of the greatest British poets, and remains widely read and influential. He travelled widely across Europe, especially in Italy where he lived for seven years. Later in life, Byron joined the Greek War of Independence fighting the Ottoman Empire, for which many Greeks revere him as a national hero. He died one year later at age 36 from a fever contracted while in Messolonghi in Greece. Often described as the most

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flamboyant and notorious of the major Romantics, Byron was both celebrated and castigated in life for his aristocratic excesses, including huge debts, numerous love affairs with people of both sexes, rumours of a scandalous liaison with his half-sister, and self-imposed exile.

Most industries have plunged into data automation, but health care organizations have lagged in moving patients' medical records from paper to computers. In its first edition, this book presented a blueprint for introducing the computer-based patient record (CPR). The revised edition adds new information to the original book. One section describes recent developments, including the creation of a computer-based patient record institute. An international chapter highlights what is new in this still-emerging technology. An expert committee explores the potential of machine-readable CPRs to improve diagnostic and care decisions, provide a database for policymaking, and much more, addressing these key questions: Who uses patient records? What technology is available and what further research is necessary to meet users' needs? What should government, medical organizations, and others do to make the transition to CPRs? The volume also explores such issues as privacy and confidentiality, costs, the need for training, legal barriers to CPRs, and other key topics.

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