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Most regions and countries in the world are experiencing increasingly diverse populations and labour markets. While the causes may

vary, the challenges businesses face due to a heightened awareness of this diversity are often similar. Internally, organisations promote diversity and manage increasingly heterogeneous workforces, accommodate and integrate employees with different value and belief systems, and combat a range of different forms of discrimination with organisational and also societal consequences. Externally, organisations have to manage demands from government, consumer, and lobbying sources for the implementation of anti-discrimination policies and laws. This has generated demand for appropriate higher level teaching programmes and for more diversity-focused research. Diversity in the Workplace responds to the increasing social and political debate and interest in diversity throughout Europe. The contributors discuss the concept of diversity in different social and legal contexts and from the perspectives of different academic disciplines including sociology, anthropology, psychology, philosophy and organizational theory. The book includes a European view and the makings of a conceptual framework to literature on diversity that hitherto has tended to be US orientated and overwhelmingly practice focused. It will stimulate fruitful exchanges of ideas about different approaches to the challenges faced by businesses and organisations of all kinds. With chapters by authors involved in research into diversity issues at leading

academic institutions across Europe, this book offers much that will interest academics, researchers and higher level students, as well as practitioners wanting to understand managing workforce diversity; affirmative action programmes; and anti-discriminatory policy and practice in a wider context. This book constitutes the refereed conference proceedings of the 22nd International Conference on Principles and Practice of Constraint Programming, CP 2016, held in Toulouse, France, in September 2016. The 63 revised regular papers presented together with 4 short papers and the abstracts of 4 invited talks were carefully reviewed and selected from 157 submissions. The scope of CP 2016 includes all aspects of computing with constraints, including theory, algorithms, environments, languages, models, systems, and applications such as decision making, resource allocation, scheduling, configuration, and planning. The papers are grouped into the following tracks: technical track; application track; computational sustainability track; CP and biology track; music track; preference, social choice, and optimization track; testing and verification track; and journal-first and sister conferences track. The guideline describes the critical decision points in the Management of Diabetes Mellitus (DM) and provides clear and comprehensive evidence based recommendations

incorporating current information and practices for practitioners throughout the DoD and VA Health Care systems. The guideline is intended to improve patient outcomes and local management of patients with diabetes mellitus. (This Clinical Practice Guideline is intended for use only as a tool to assist a clinician/healthcare professional and should not be used to replace clinical judgment.) Related items: Physician References & Medical Handbooks can be found here: <https://bookstore.gpo.gov/catalog/physician-references-medical-handbooks> Diabetes & Obesity publications can be found here: <https://bookstore.gpo.gov/catalog/diabetes-obesity> Other products produced by the U.S. Department of Veterans Affairs (VA) are available here: <https://bookstore.gpo.gov/agency/department-veterans-affairs-va> This book is a practical guide to IPv6 addressing Unix and network administrators with experience in TCP/IP(v4) but not necessarily any IPv6 knowledge. It focuses on reliable and efficient operation of IPv6 implementations available today rather than on protocol specifications. Consequently, it covers the essential concepts, using instructive and thoroughly tested examples, on how to configure, administrate, and debug IPv6 setups. These foundations are complemented by discussions of best practices and strategic considerations aimed at overall efficiency, reliability, maintainability, and

interoperation. Frustrated with exam guides that provide mainly content and only a few questions? Or the opposite, with just practice questions but with no content for support? Oxford Facts and Practice are here to help and they do just what they say on the cover: give facts and practice for A Level. · All that students need to know in 56 pages · Designed for the new A- and AS-Level specifications, each book starts with tips on exam technique and a description of the main specifications · The authors all work in a tutorial college and are very experienced in preparing students for examinations from all of the exam groups. · The books have been extensively trialled to ensure that they provide lucid explanations at the right level of detail Advances in medical, biomedical and health services research have reduced the level of uncertainty in clinical practice. Clinical practice guidelines (CPGs) complement this progress by establishing standards of care backed by strong scientific evidence. CPGs are statements that include recommendations intended to optimize patient care. These statements are informed by a systematic review of evidence and an assessment of the benefits and costs of alternative care options. Clinical Practice Guidelines We Can Trust examines the current state of clinical practice guidelines and how they can be improved to enhance healthcare quality and patient outcomes. Clinical practice guidelines now are ubiquitous in our healthcare

system. The Guidelines International Network (GIN) database currently lists more than 3,700 guidelines from 39 countries. Developing guidelines presents a number of challenges including lack of transparent methodological practices, difficulty reconciling conflicting guidelines, and conflicts of interest. Clinical Practice Guidelines We Can Trust explores questions surrounding the quality of CPG development processes and the establishment of standards. It proposes eight standards for developing trustworthy clinical practice guidelines emphasizing transparency; management of conflict of interest ; systematic review--guideline development intersection; establishing evidence foundations for and rating strength of guideline recommendations; articulation of recommendations; external review; and updating. Clinical Practice Guidelines We Can Trust shows how clinical practice guidelines can enhance clinician and patient decision-making by translating complex scientific research findings into recommendations for clinical practice that are relevant to the individual patient encounter, instead of implementing a one size fits all approach to patient care. This book contains information directly related to the work of the Agency for Healthcare Research and Quality (AHRQ), as well as various Congressional staff and policymakers. It is a vital resource for medical specialty societies, disease advocacy groups, health professionals,

private and international organizations that develop or use clinical practice guidelines, consumers, clinicians, and payers. Abstract title Knowledge, Attitude & Practice on Tuberculosis among Diabetic Patients in a Tertiary Care Hospital Background Tuberculosis (TB) is recognized as an important risk factor for diabetes (DM). The association between DM and TB and their synergistic role in causing disease has been recognized for a long time. In recent decades with the increasing prevalence of both TB and DM, this relationship is re-emerging as a significant public health concerns. Bangladesh is one of the countries with high TB burden ranking 6th among 22 countries. Awareness among mass population is a major determinant for the prevention of TB and DM and their complications. Knowledge and attitude are the principal markers of awareness and those need to be studied in various population groups under specific racial and cultural context. Aim The study aimed to explore the knowledge, attitude and practice on tuberculosis among diabetic patients of Bangladesh. Method A cross-sectional study was conducted from the Out Patient Department of BIRDEM, a Tertiary Care Hospital of Bangladesh. A group of 403 adults (age 18 years and above) were selected randomly. A structured administered questionnaire was used to collect patientu2019s information. Monthly family

income was categorized as low income group (BDT u22647000), lower-middle-income group (BDT 7001-25000) and upper-middle-income group (BDT 25001-75000). Knowledgeu2019 and practice were measured by pre-defined scores. During analysis, each correct and incorrect response of knowledge and practice part of the questionnaire was assigned a score of u20181u2019, and u20180u2019 respectively. A three point u2018Likert Scaleu2019 was used to measure attitude. Total 10 questions evaluating attitude regarding tuberculosis were associated with the categorical response u2018agreeu2019, u2018neither agree nor disagreeu2019 and u2018disagreeu2019 by asking. Three categories were defined on the basis of the score obtained by each participant: u2018Poor knowledge, attitude and practice corresponded to a score of (Mean u2013 1 SD); average knowledge, attitude and practice corresponded to a score between (Mean u00b1 1 SD); good knowledge, attitude and practice corresponded to a score of (Mean + 1 SD). Data were analyzed by appropriate analysis. Results Out of 403 subjects investigated 204 (51%) were male and 199 (49%) were female (mean u00b1SD, age 51u00b112 years). Among the respondent 79 (20%) had primary to 8th grade education, while 99 (25%) of them had secondary and higher secondary education. This was followed by those who never attended

school 180 (45%) and those having the level of graduate 42 (10%). Among the subjects 128 (32%) had positive history and 50 (13%) had positive family history of Tuberculosis. More than half 290 (72%) of the respondents belonged to the low-income group, 81 (20%) belonged to the lower-middle-income, and 32 (8) % belonged to the upper-middle income group. Higher proportion of the subject 290(72%) lived in nuclear family. Types of dwelling of the respondents, 246(61%) had in Pakka building, while 53 (13%) had in Kacha. Among them 264 (65%) were sharing same bed room with 2 person while, 76 (19%) were sharing same bed room with 3 persons or more. Among the respondents 253 (63%), 120 (30%) and 30 (7%) were use Gas, firewood and others (electricity, kerosin, dried cowdung etc) for cooking respectively, while 28 (7%) cooked in the same bed room. Twenty eight (5%) had history of TB in friends, neighbors. Positive history of smoking was 27 (6%).The proportion of poor, average and good knowledge score among DM subjects were 20%, 69% and 11% respectively. Most of the respondents answered correctly regarding u2018risk factors of TBu2019 (56%), u2018is TB transmitted?u2019 (70%) and u2018is TB curable?u2019 (65%). The proportion of poor, average and good attitude score among DM subjects were 8%, 32% and 60% respectively. The proportion of poor, average and good practice score among DM subjects were 11%, 82%

and 7% respectively. DiscussionThe overall level of knowledge, attitude and practice regarding tuberculosis was average in Bangladeshi population, but the overall level of attitude was good. Coordinated educational campaign, with prioritized focus for poorer and less educated people needs to be urgently taken for preventing tuberculosis and its complications. Conflict of InterestI have no potential conflict of interest to disclose.

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