

A Consensus On The Definition And Knowledge Base For

In 1977 Walter Laqueur predicted accurately that 'the disputes about a detailed, comprehensive definition of terrorism will continue for a long time, they will not result in a consensus and they will make no notable contribution towards the understanding of terrorism.' Attempts to incorporate all the many manifestations of terrorism within a single definition were doomed from the start. The term terrorism has been applied across the whole spectrum of political violence, and over the centuries of history. It has been applied to times of war and of peace; to the actions of states, groups and individuals; to actions against liberal states and to actions against repressive states and dictatorships. To treat terrorism as a general concept separates the action from its context, and consequently from its intention and its justification; it therefore divorces it from its meaning. This is a bad start to any definition, given that its purpose is to illuminate the meaning. Almost a quarter of a century after Laqueur's prophetic words, Omar Malik's paper charts a route out of the definitional log-jam. It provides the important first steps both to understanding terrorism and to formulating a proper response.

Systematic reviews have shown that family therapy is effective for a range of disorders (Carr, 2009a,b). However, there are many forms of family therapy and it is unclear which specific forms work best for which conditions. One problem is that reviewers have used inconsistent definitions of the field to guide the selection and exclusion of studies from reports. Furthermore, there seems to be little agreement about how to classify family

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therapies for comparison, leading to difficulties in establishing a clear evidence-base. The current thesis aimed to address these problems by using a Delphi survey (Linstone & Turoff, 1975), to see whether a panel of senior family therapists could agree on a definition and classification of family therapy by consensus opinion. Twenty-seven international experts on family therapy were initially recruited to complete three, iterative rounds of Delphi questionnaires. The process resulted in a consensus profile of essential, unique and proscribed elements of family therapy. There was agreement that family therapy should incorporate a set of essential (systemic) theories, practices and aspects of therapists' training. However, there was little consensus over the specific types of practices that should be excluded and only a few unique elements of family therapy were agreed. Two classifications of the field were agreed as useful based on 1) mechanisms of change and 2) the focus of therapy (specific disorders versus relationships). Overall, results suggest that it is possible to employ consensus-building techniques to inform a contemporary definition and classification of family therapy. The use of consensus definitions may produce more informative reviews that contribute to the evidence-base. Future work would need to address how some of the broad concepts, identified by the experts panel, could be operationalised for this purpose.

Towards Consensus on a Definition of LED?

Chronic Multisymptom Illness in Gulf War Veterans

Dictionary of Contracting and Acquisition Terms Related to the Pre-Award Phase of Contracting

Definition of Treatment-resistant Depression in the Medicare Population

Operational Definition of Hypotonia in Children

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The Role and Relevance of a Consensus-seeking Approach Moving Towards Definitional Consensus in Contemporary Family Ministry : a Delphi Study

The goal of this research effort was to develop consensus definitions for fifty-one (51) contracting-terms. This was accomplished by developing a synthesized definition for each term based on a review of the available published literature, subjecting the synthesized definitions to expert scrutiny via a survey distributed to recognized contracting professionals, and amending the literature-based definitions as indicated by the survey responses. Using this approach, consensus was achieved on all but one term. The consensus definitions developed in this way are recommended for inclusion in a comprehensive dictionary of contracting terminology, to be comprised of the results of this and other related theses. In addition, as indicated by the survey results, three terms are recommended for further study in a later thesis effort. More than 2 decades have passed since the 1990-1991 conflict in the Persian Gulf. During the intervening years,

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many Gulf War veterans have experienced various unexplained symptoms that many associate with service in the gulf region, but no specific exposure has been definitively associated with symptoms. Numerous researchers have described the pattern of signs and symptoms found in deployed Gulf War veterans and noted that they report unexplained symptoms at higher rates than nondeployed veterans or veterans deployed elsewhere during the same period. Gulf War veterans have consistently shown a higher level of morbidity than the nondeployed, in some cases with severe and debilitating consequences. However, efforts to define a unique illness or syndrome in Gulf War veterans have failed, as have attempts to develop a uniformly accepted case definition. Chronic Multisymptom Illness in Gulf War Veterans is a comprehensive review of the available scientific and medical literature regarding symptoms for chronic multisymptom illness (CMI) among the 1991 Gulf War Veterans. This report evaluates and summarizes the literature in an effort to identify

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appropriate terminology to use in referring to CMI in Gulf War Veterans. While the report does not recommend one specific case definition over another, Chronic Multisymptom Illness in Gulf War Veterans does recommend the consideration of two case definitions on the basis of their concordance with the evidence and their ability to identify specific symptoms commonly reported by Gulf War veterans. This report recommends that the Department of Veterans Affairs use the term Gulf War illness rather than CMI. The report recommends that that the Department of Veterans Affairs, to the extent possible, systematically assess existing data to identify additional features of Gulf War illness, such as onset, duration, severity, frequency of symptoms, and exclusionary criteria to produce a more robust case definition.

Acute Renal Failure

State-to-the-art Clustering and Consensus Paths

What is Corporate Strategy, Really?

Large-scale Group Decision-making

Medical Family Therapy

Case Definitions Reexamined

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Application of Consensus Tools for the Definition and Evaluation of Future Scenarios of SMEs

It can be difficult to take each person's ideas into consideration when trying to make a decision. However, respecting different points of view is essential to coming to a consensus. The U.S. government governs by consensus, meaning that it takes into consideration all the relationships between each branch of the federal government as well as the federal government's relationship to each state government. On a smaller scale, students will understand how reaching a consensus can help reach a decision by making each person involved in a decision feel as though their point of view has value. Doctors, patients, investigators, administrators, and policymakers who assign diagnoses assume three elements: the name describes an entity with conceptual or evidentiary boundaries, the person setting the name has a high degree of certainty, and the name has a consensus definition. This book challenges this practice and offers an alternative to assigning diagnoses: quantitating diagnostic uncertainty in personal and public medical plans. This book offers the stakeholders' views participating in a workshop, sponsored by the Barbara Volcker Center/Hospital for Special Surgery, taking place in April 2020, about uncertain diagnoses. Chapters examine the circumstances in which diagnosis names are "unassignable", either because patients do not fit within diagnostic "boxes" or because health abnormalities evolve and change over time. In addition, the book deconstructs the processes of

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diagnosis and explores how different stakeholders used diagnosis names for various purposes. In examining pertinent questions, the book offers a roadmap to achieving consensus definitions or including measures of uncertainty in personal care, research, and policy. Diagnoses Without Names: Challenges for Medical Care, Research, and Policy is an essential resource for physicians and related professionals, residents, fellows, and graduate students in internal medicine, rheumatology, and clinical immunology as well as investigators, administrators, policymakers.

A Delphi Study

Towards a Consensus Definition and Evidence-based Treatment

A Proposition for U.S. Reaction to the ICRC's Interpretive Guidance and Formulation for a Practicable Definition

Spousal Consensus

Defining Contract Terms

Effective Software Project Management

Definition, Outcome Measures, Animal Models, Fluid Therapy and Information Technology Needs: the Second International Consensus Conference of the Acut

This first volume to analyze the science of meetings offers a unique perspective on an integral part of contemporary work life. More than just a tool for improving individual and organizational effectiveness and well-being, meetings provide a window into the very essence of organizations and employees' experiences with the organization. The average employee attends at least three meetings per week and managers spend the

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majority of their time in meetings. Meetings can raise individuals, teams, and organizations to tremendous levels of achievement. However, they can also undermine effectiveness and well-being. The Cambridge Handbook of Meeting Science assembles leading authors in industrial and organizational psychology, management, marketing, organizational behavior, anthropology, sociology, and communication to explore the meeting itself, including pre-meeting activities and post-meeting activities. It provides a comprehensive overview of research in the field and will serve as an invaluable starting point for scholars who seek to understand and improve meetings.

This theses effort is a continuance of research to determine, through a consensus of opinion among contracting professionals, a definition for current contracting terminology. This research was first initiated by LCDR Daniel L. Ryan, and was later accomplished by others at both the Naval Postgraduate School, Monterey, California, and at the Air Force Institute of Technology, Wright Patterson Air Force Base, Ohio. As with the previous efforts, this theses examined literary sources for the current definitions and usages of the chosen terms.

Thereafter a definition for each term was synthesized, incorporated in an open ended survey, and sent to contracting professionals (NCMA Fellows). Respondent comments are analyzed, and, where appropriate, incorporated in the final, proposed definitions.

Researcher effort to define additional terms should be continued in accordance with the recommendations presented in chapter V. Keywords: Acquisition and

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contracting term dictionary; Dictionary; Definitions; Theses.

A Definition of the Issues and a Search for a Consensus on Multiple Uses : a Symposium on the Occasion of the Inauguration of Robert A. Huttenback as Chancellor, University of California at Santa Barbara

A Consensus Opinion of Pediatric Physical and Occupational Therapists

The Meaning and Function of Consensus

To Gain Consensus on a Definition of Multicultural Children's Literature

Diagnoses Without Names

Conceptual Clarification and Consensus for an Emerging Profession

Proceedings of the International Colloquium

'Polyurethane in Medical Technics,' Organized by the Biomedical Branch of the Institute for Textile Technology and Chemical Engineering, Denkendorf, West Germany, January 27-29, 1983, in Fellbach, Near Stuttgart

This book explores clustering operations in the context of social networks and consensus-reaching paths that take into account non-cooperative behaviors. This book focuses on the two key issues in large-scale group decision-making: clustering and consensus building. Clustering aims to reduce the dimension of a large group. Consensus reaching requires that the divergent individual opinions of the decision makers converge to the group opinion. This book emphasizes the similarity of opinions and social relationships as important measurement attributes of clustering, which makes it different from traditional clustering methods with single

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attribute to divide the original large group without requiring a combination of the above two attributes. The proposed consensus models focus on the treatment of non-cooperative behaviors in the consensus-reaching process and explores the influence of trust loss on the consensus-reaching process. The logic behind is as follows: firstly, a clustering algorithm is adopted to reduce the dimension of decision-makers, and then, based on the clusters opinions obtained, a consensus-reaching process is carried out to obtain a decision result acceptable to the majority of decision-makers. Graduates and researchers in the fields of management science, computer science, information management, engineering technology, etc., who are interested in large-scale group decision-making and consensus building are potential audience of this book. It helps readers to have a deeper and more comprehensive understanding of clustering analysis and consensus building in large-scale group decision-making. .

OBJECTIVES: To inform future discussions and decisions about how to define treatment-resistant depression (TRD) and specify the important outcomes measured in research studies, and to clarify how trials or observational studies might best be designed and conducted to inform clinical practice and health policy.

DATA SOURCES: To provide a comprehensive understanding of how experts and investigators have defined and studied TRD, we first performed a narrative review of relevant literature. We considered consensus statements, practice guidelines, government materials, and other literature published from 1/1/1995 through

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8/18/2017, except for systematic reviews (limited to start 1/1/2005). Next, we performed a systematic review of published studies of TRD interventions (1/1/2005 through 8/18/2017) indexed in MEDLINE(r), EMBASE, PsycINFO, and Cochrane Library. REVIEW METHODS: Trained personnel dually reviewed all titles and abstracts for eligibility. Studies marked for possible inclusion by either reviewer and those with inadequate abstracts underwent dual full-text review. Disagreements were resolved by consensus discussion. One member of the research team abstracted data; a senior investigator reviewed abstractions for accuracy and completeness. RESULTS: Our narrative review indicated that no consensus definition existed for TRD. We identified four basic definitions for TRD (3 for major depressive disorder [MDD]; 1 for bipolar disorder). Based on frequency of reporting in the literature, the most common TRD definition for MDD required a minimum of two prior treatment failures and confirmation of prior adequate dose and duration. The most common TRD definition for bipolar disorder required one prior treatment failure. For all TRD definitions, no clear consensus emerged on defining adequacy of either dose or duration. Little agreement exists about the best approach to diagnose TRD or the preferred outcome measure, although the Hamilton Depression Rating Scale was the most used. We found general agreement about minimizing bias by using randomization; studies have not focused on minimizing placebo effects. Evidence about the risk factors (e.g., age, sex, number of prior failed treatments, and length

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of current depressive episode) associated with TRD and data to assess potential prognostic factors were limited. Only 17 percent of intervention studies enrolled study populations that met frequently specified criteria for TRD. Most studies (88%) were randomized controlled trials; all studies applied some exclusion criteria to limit potential confounders. Depressive outcomes and clinical global impressions were commonly measured; functional impairment and quality-of-life tools were rarely used. CONCLUSIONS: No agreed-upon definition of TRD exists; although experts may converge on two as the best number of prior treatment failures, they do not agree on definitions for adequacy of either dose or duration or outcomes measures. Critical to advancing TRD research are two key steps: (1) developing a consensus definition of TRD that addresses how best to specify the number of prior treatment failures and the adequacy of dose and duration; and (2) identifying a core package of outcome measures that can be applied in a standardized manner. Our recommendations about stronger approaches to designing and conducting TRD research will foster better evidence to translate into clearer guidelines for treating patients with this serious condition.

Surviving ISO 9001:2015

Building Consensus

Consensus in the Definition of the Psychiatric Patient Throughout the Patient Career

Challenges for Medical Care, Research, and Policy

Proceedings of a Consensus Conference of the European Society for Biomaterials, Chester, England, March 3-5,

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1986

A Proposed Definition of Aggression by Compromise and Consensus

Bruxism Defined and Graded: an International Consensus

Ever since the rapid rise of the Internet and the associated exponential growth of online business, the topic of remote teams has become inevitable, and with the onset of our global pandemic remote working both grew exponentially whilst also becoming "normalized". Remote working is one of numerous evidences of the spread of Globalization generally. Vendors produce increasingly advanced solutions for mobile and web communications, start-ups create virtual collaboration solutions that sometimes seem to border on science fiction, and journalists extol the exploits of organizations that achieve extraordinary results with teams distributed in the four corners of the world. Yet understanding of what a remote team actually is - let alone how to make it work optimally - seems to be as varied as the number of people discussing the matter. Is a remote team one that never meets face-to-face? Is it one in which the team leader has no line-manager control over the other team members? Or is it a team that only exists as an electronic entity on the web, and that disappears when the power is turned off? We can understand those through this book. Here are a few topics in the book: -What Is A Remote Team-Pros And Cons Of Remote Working-Looking From A Leadership Perspective-How To Manage Team Performance And so much more!!! All of the characteristics above, and more, are possible even if they are not necessarily represented in any one remote team. This may explain the difficulty of reaching a

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consensus about the definition of a remote team. Yet defining a remote team, or in fact defining team "virtuality" may be simpler than many people think. The definition is linked to the notion that remote teams exist because organizations want to access competence, and experience globally without restrictions such as immigration control. This can mean the bypassing of geographical barriers, but also the need to manage differences in culture, language and local hierarchy. In addition, remote teams may also include team members that are not employees of the same organization, a factor that immediately escalates the number of different combinations possible. Essentially, we are moving beyond the notion of whether a team is or is not remote, to one where we need to define the degree of virtuality - how virtual a remote team is. We can still apply measurements and make suggestions about how to identify particular levels of virtuality that make a remote team workable. However, we are no longer working with a dictionary definition of a remote or virtual team: we are working with a cursor, or rather several cursors that slide back and forth along different dimensions of virtuality. A first definition of a remote team is therefore, that it is a team that in some way operates outside the boundaries of the traditional, one-physical-location team. Whether one remote team can be said to be "more" or "less" remote than another team, then depends on whether the two teams have extended beyond the traditional limits in the same way. As we will see further on, a team whose members work in neighboring buildings, and who have different cultural backgrounds, may turn out to be no less remote than a team physically spread over the five continents, but whose members all originate from the same country or culture. Read this book to understand

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further about Remote Teams.BUY NOW!

The main objective of this project is to apply consensus tools in order to make the decision making process in SMEs easier. Therefore, you will find a wide section dedicated to research upon the field of group tasks, consensus and decision making. The reader will be put into context regarding the current situation of SMEs in the region of Catalonia, Spain. Conclusions obtained during the whole process of research will be later used to try and decide how can they be applied to help this companies solve some of the main issues that they are facing. A survey will be conducted in order to determine what kind of factors can be associated to determined profiles, which will later be useful for the final purpose of the project. A deep look will also be taken at the concept of collective intelligence (CI), which is defined by the global intelligence of a group of individuals who work together to carry out different tasks. An experiment will be set in order to, at least, identify some of the main features pointed out of conclusions of the research in the field of CI. As a final step, a tool will be designed in order to help these companies in the process of forming groups which will later have to take part in decision making and problem solving processes. In order to design this tool, the knowledge previously obtained in the rest of the project will be used.

Can a Classification of Family Therapy be Developed from Expert Consensus Opinion
Sieve Or Substance?

An Inductive Derivation of a Consensus Definition of the Term

Divergence in Healthcare Decision-making

The United Nations Consensus Definition of Aggression

Compulsive Exercise in Anorexia Nervosa

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What Went So Wrong with the World's Foremost Quality Management Standard and How to Implement It Anyway

To date, there is no consensus about the definition and diagnostic grading of bruxism. A written consensus discussion was held among an international group of bruxism experts as to formulate a definition of bruxism and to suggest a grading system for its operationalisation. The expert group defined bruxism as a repetitive jaw-muscle activity characterised by clenching or grinding of the teeth and/or by bracing or thrusting of the mandible. Bruxism has two distinct circadian manifestations: it can occur during sleep (indicated as sleep bruxism) or during wakefulness (indicated as awake bruxism). For the operationalisation of this definition, the expert group proposes a diagnostic grading system of 'possible', 'probable' and 'definite' sleep or awake bruxism. The proposed definition and grading system are suggested for clinical and research purposes in all relevant dental and medical domains.

Why another book on software project management? For some time, the fields of project management, computer science, and software development have been growing rapidly and concurrently. Effective support for the enterprise demands the merging of these efforts into a coordinated discipline, one that incorporates best practices from both systems development and project management life cycles. Robert K. Wysocki creates that discipline in this book--a ready reference for professionals and consultants as well as a textbook for students of computer information systems and project management. By their very nature, software projects defy a "one size fits all" approach. In these pages you will learn to apply best-practice principles while maintaining the flexibility that's essential for successful software development. Learn how to make the

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planning process fit the need * Understand how and why software development must be planned on a certainty-to-uncertainty continuum * Categorize your projects on a four-quadrant model * Learn when to use each of the five SDPM strategies--Linear, Incremental, Iterative, Adaptive, and Extreme * Explore the benefits of each strategic model and what types of projects it supports best * Recognize the activities that go into the Scoping, Planning, Launching, Monitoring/Controlling, and Closing phases of each strategy * Apply this knowledge to the specific projects you manage * Get a clear picture of where you are and how to get where you want to go

Definitions in Biomaterials

Enough of the Definition of Terrorism

Respecting Different Points of View

The Cambridge Handbook of Meeting Science

A Critical Analysis of Quality Improvement Strategies

Polyurethanes in Biomedical Engineering

Marine Sciences and Ocean Policy Symposium

The purpose of this study is to seek a consensus definition of family ministry, including the aspects of desired outcome, necessary activities, and perceived locus of responsibility. The three-round Delphi study utilized input from 13 expert panelists to describe items of consensus across in each of the above four categories. Results from the study describe four consensus definitional components: strong biblical foundation, clear equipping for biblical parenting and community, and addressing healthy interpersonal relationships. Four categories of desired outcomes included multigenerational faith formation, authentic

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biblical community, rigorously biblical programming, and the advancement of God's kingdom. Categories of essential practices were the equipping of households for evangelism and discipleship, missional family life and authentic and accountable leadership. The responsibility for the activities of family ministry lies with particular church leadership in partnership with the home, according to study participants.

There is no consensus definition of acute renal failure (ARF) in critically ill patients. More than 30 different definitions have been used in the literature, creating much confusion and making comparisons difficult. Similarly, strong debate exists on the validity and clinical relevance of animal models of ARF; on choices of fluid management and of end-points for trials of new interventions in this field; and on how information technology can be used to assist this process. Accordingly, we sought to review the available evidence, make recommendations and delineate key questions for future studies. We undertook a systematic review of the literature using Medline and PubMed searches. We determined a list of key questions and convened a 2-day consensus conference to develop summary statements via a series of alternating breakout and plenary sessions. In these sessions, we identified supporting evidence and generated recommendations and/or directions for future research. We found sufficient consensus on 47 questions to allow the development of

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recommendations. Importantly, we were able to develop a consensus definition for ARF. In some cases it was also possible to issue useful consensus recommendations for future investigations. We present a summary of the findings. Despite limited data, broad areas of consensus exist for the physiological and clinical principles needed to guide the development of consensus recommendations for defining ARF, selection of animal models, methods of monitoring fluid therapy, choice of physiological and clinical end-points for trials, and the possible role of information technology. Proceeds from the sale of this book go to the support of an elderly disabled person. Seeking a Consensus on the Meaning and Application of Best Interests

Requirements Definition Using Knowledge Base Rule Development and Consensus Techniques

Understanding and Managing a Remote Team

Consensus about the Definition of Leisure Education

Among Selected Experts and Professional Educators in Parks and Recreation

Arriving at the Definition of Chalcedon

Goal Definition and Goal Consensus in Runaway Services

A Delphi Determination of Levels of Consensus on Selected Definitions of Leisure Counseling

The term Medical Family Therapy (MedFT) was coined in the early 1990s (McDaniel, Hepworth, & Doherty, 1992a)

by a team of family therapists and a family psychologist. Since then there has been growing interest in MedFT, including the expansion of training programs and an increasing prevalence in the academic literature. While this growth is exciting, if MedFT is going to continue to move forward and gain credibility in the healthcare system, its practitioners, researchers, and scholars must first establish a common lexicon, that can thereby ground the MedFT's professional identity, regulatory oversight, and scientist-practitioner models. The first article presented in this dissertation highlights the available literature on MedFT and identifies ways to further MedFT research initiatives and possibilities. The second article is based upon based on responses from an expert panel of MedFTs and includes an analysis of their perspectives on how MedFT should be defined, practiced, and taught. The first article is a non-systemic literature review that illustrates the state of MedFT as well as reports on the similarities and differences present in its myriad of available definitions. Additionally, the article presents the

theoretical foundation and skill set of MedFTs as found in the applied clinical literature and foundational research. Researchers who have studied MedFT interventions or incorporated MedFTs as interventionists in models of clinical care are also reviewed. Overall, 65 articles were reviewed and three distinct themes emerged from the process: 1) the inception of MedFT, 2) MedFT skills and applications, and 3) MedFT Effectiveness and Efficacy Research. During the review of these articles, variations in the definition of MedFT included or excluded concepts such as: collaboration, family systems, or the biopsychosocial perspective. These variations appeared to reflect the qualifications and educational background of the practitioners, the focus and generalizability of the research. Additionally, these variations will affect the future of MedFT as either an orientation to be practiced by a wide variety of professions or a profession to be licensed independently. Upon reviewing the literature and articulating the existing gaps, it is clear that the most salient need for future research is

a cohesive definition of MedFT, quality science that demonstrates its effectiveness, and educational guidelines for those desiring to be MedFT practitioners. Therefore, three recommendations are made: 1) those with expertise in MedFT must reach a consensus on a definition from which practice, training, and research can grow, 2) the MedFT intervention framework must be strengthened through research, and 3) agreement must also be reached on a MedFT curriculum with which to train future practitioners and scholars. The second article is the results of a research study conducted to address two of the recommendations suggested in the literature review. A modified Delphi (Dalkey, 1972; Linstone & Turoff, 1975) study was conducted bringing together 37 panelists with MedFT expertise to identify the current definition of MedFT, its scope of practice, and educational competencies believed to be essential to those who practice it. After analyzing these data, we discovered that several of the foundational elements of MedFT discussed in McDaniel et al. (1992a) still

hold true, including the importance of collaboration, the connection to marriage and family therapy as a parent discipline, and the overarching goals of agency and communion. The biopsychosocial (BPS) model (Engel 1977; 1980) also a foundational element of MedFT (McDaniel et al., 1992a), remained fundamental; however, the expert panel also argued for the inclusion of the spiritual dimension of health to be addressed. Panelists endorsed MedFT as primarily an orientation, a way of thinking; leaving it open to be practiced in a wide array of settings with a variety of conditions. However, some panelists also believed MedFT to be a developing profession. Also discovered was a general consensus for what a core MedFT curriculum would include. MedFT students should have a strong theoretical base and clinical skill set in family systems theory and the BPS framework, as well as comfort and skill working within medical settings and collaborating with medical professionals. MedFTs should be familiar with a variety of diseases, illnesses, disorders, and disabilities, as well as have taken

courses in areas such as psychopharmacology, MedFT theory, medical culture and collaboration, and families and illness. Panelists called for MedFTs to be involved in the creation of healthcare policy, but also provide psychosocial support to medical professionals in an effort to help them to avoid caregiver burnout, compassion fatigue, and improve patient care. Recommendations for future research, clinical practice, and education in MedFT are offered.

"In May 2009, the International Committee of the Red Cross published its Interpretive Guidance on the Notion of Direct Participation in Hostilities under International Humanitarian Law on the meaning of the term "direct participation in hostilities" (DPH) and the hotly-debated status of combatants and civilians in armed conflicts. Even though the recent conflicts in Iraq and Afghanistan have increased the concern over the DPH issues, a consensus on a definition and its application has evaded international legal and military experts. In reaction to the ICRC guidance and the international community's non-

***consensus, Jeremy Marsh and Scott L. Glabe recently opined that the United States must officially respond to the ICRC and provide a definition of DPH. However, as this paper argues, a premature U.S. stance on DPH may produce unintended consequences in future use-of-force scenarios. The current state of international indecision concerning what constitutes DPH in unconventional armed conflicts signals that today is not the day to establish a U.S. standard for the future battlefield. However, in the future, a DPH interpretation that guides strategic policymakers and operational commanders in conducting warfare is in the best interests of the United States. This paper concludes with a proposed conceptual framework from which the U.S. should structure a DPH definition that is both practical to the fluid environment in armed conflicts and not contradictory to the tenets of international humanitarian law"--Leaf v. Closing the Quality Gap
Its Relationship to Perceptions and Definitions of Shared Activities and Exchanges Among Husband-wife Couples***

***How to Become an Effective Leader of a
Remote Team***

Direct Participation in Hostilities

***Direct Measurement of Three Stylistic
Dimensions of National Institutes of
Health Consensus Statements***

Towards Consensus on a Definition of
LED?Consensus about the Definition of Leisure
Education Among Selected Experts and Professional
Educators in Parks and RecreationWhat is Corporate
Strategy, Really?An Inductive Derivation of a
Consensus Definition of the TermConsensus in the
Definition of the Psychiatric Patient Throughout the
Patient CareerDefinitions in BiomaterialsProceedings
of a Consensus Conference of the European Society for
Biomaterials, Chester, England, March 3-5,
1986Elsevier Science LimitedA Proposed Definition of
Aggression by Compromise and ConsensusTo Gain
Consensus on a Definition of Multicultural Children's
LiteratureA Delphi StudyArriving at the Definition of
ChalcedonThe Role and Relevance of a Consensus-
seeking ApproachAcute Renal FailureDefinition,
Outcome Measures, Animal Models, Fluid Therapy
and Information Technology Needs: the Second
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