
Professionalism Summary

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1st Lecture: Overview of Professionalism & it's key elements

Definitions:

a. Professionalism & Profession:

it might vary depending on culture law, literature, published research papers and community needs.

- It is the measure that could be used to assess our performance by our patients, colleagues, and the profession.
- constituting those attitude and behaviors that serve to maintain patient interest above physician self-interest. American Board of internal medicine
- exhibited by one of the professional character, spirit, methods or the standing practice, or methods of a professional as distinguished from an amateur. American College Dictionary
- **Profession:** is an occupation whose core elements is work, based on the mastery of a complex body of knowledge and skills.
- **Profession: is the conduct, aims, or qualities that characterize a person in a work setting or profession**

The purpose of definitions is to realize the partnership between a patient and doctor.
It is based on mutual respect, individual responsibility and appropriate accountability.

- b. **MEDICINE** is a vocation in which a doctor's knowledge, clinical skills and judgment are put in the service of protecting and restoring human well-being.

Importance of Professionalism:

1. There is a great increase in interest in developing medical professionalism of the students.
2. The ethical demands upon medical profession have increased due to:
 - changes in the traditional modes of health care delivery.
 - Increased complexity in the methods of **reimbursement**.
 - Developing national trends toward managed care. (developing standards)
3. Most people desire to be treated by physicians who, in addition to being competent, care deeply about their patients.
4. Professionalism and humanism sometimes confused as being synonymous.
5. Professionalism is not only about being competent and skillful but also behaving in an ethical way.

Professionalism in Medicine:

Professionalism embodies **the relationship between medicine and society** as it forms the basis of patient physician trust. It attempts to make tangible certain attitudes, behaviors, and characteristics that are desirable among the medical profession.

Medical professionalism is the '**heart and soul of medicine.**' more than adherence to a set of medical ethics, it is the daily expression of what originally attracted them to the field "a desire to help people and to help society by providing quality health care".

Concepts of Professionalism:

Professionals have codes, guidelines, creeds, oaths, commitments statements, belief statement such as statement on ethics.

Professionals in many professions are licensed, certified and specific initial and advanced education, many require both initial and ongoing testing for admission and maintaining membership.

- ❖ Examples of professionals: medical doctors, engineers, pilots, etc...

Key Elements of professionalism:

Key Elements of professionalism: Excellence, humanism, respect, accountability, altruism & integrity.

They are the bases of professionalism as they make up the:

1. Ethical and Legal Boundaries.
2. Communication and Interpersonal Skills.
3. Continuous Learning and Self Development.
4. Clinical Competence (Knowledge and Skills).

We are now going to take each key element and talk about it in detail.

1. Excellence: a talent or quality that is unusually good and surpasses ordinary standards.

- ❖ It's made up of numerous points including: (If you match these points it means you are excellent)
 - Time management /Punctuality
 - Positive attitude (enjoy work).
 - Commitment to lifelong learning, to exceed ordinary expectations.
 - Confidentiality.
 - Consider the language and culture of work
 - Give the best of your talents and skills.

2. Humanism: is a way of **being**. It comprises a set of deep-seated personal conceptions about one's obligations to others especially others in need.

- ❖ It includes the following:
 - Empathy & Compassion.
 - Support & Encouragement.
 - Love and care.
 - Positive attitude.
 - Values and integrity.

3. Respect: Demonstration of good attitude and effective communication. It includes the following:

- Dignity & Respect for patients, patients' families, colleagues and other healthcare professionals.
- Respect all patients in the same way regardless to their social status.
- Respect for the feeling of others
- Respect for differences
- Respect for rules
- Self-respect.

4. Accountability: it is defined as Procedures and processes by which one party justifies and takes responsibility for its activities. it includes:

- Accepting responsibility.
- Always consider confidentiality.
- Work on resolving conflicts.
- Avoid the business of blaming others, circumstances or how much you are busy.
- Honoring the patient/physician relationship
- Addressing the health needs of the public
- It comprises responsibilities to patients.
- It comprises patient-physician relationship.
- It comprises responsibilities to colleagues.
- It comprises responsibilities to the profession.
- It comprises responsibilities to the society and public.

It also has 5 levels:

- Personal accountability
- Individual accountability
- Team accountability
- Organizational accountability
- Stakeholder accountability

Meanings of accountability:

- I. ***Responsibility:*** that means to become responsible (accountable) to patients, their families, society, and community. To become accountable for quality of care, resolving conflict, and upholding principles.
- II. ***Self-regulation in activities:*** This means that physicians' actions and behavior should reflect legal, good ethical conduct, and no financial conflict in their performance.
- III. ***Standard setting for current and future members of the profession:*** Accountability is about our willingness to maintain these professional standards in our day-to-day practices.
- IV. ***Ability to resolve conflict:*** Conflict might be financial, pharmaceutical. There is a need to disclose any conflict that could damage doctor's accountability.
- V. ***Free acceptance of duty to serve public:*** A doctor is accountable for improving the standards of the health care of their community, their country and worldwide.
- VI. ***Explain and give reasons for actions that could have caused harm to the patient, colleagues, and community:*** A doctor is accountable for actions that could cause harm.

Why do we need accountability?

- Accountability is the key for providing optimal health care services.
- Accountability enables continuing improvements in the health care system at its different levels.
- Accountability helps in protecting the rights of patients.
- Accountability is essential in resolving conflicts.
- Accountability is essential for building trust, and ensuring that the workplace environment is safe and healthy.
- Accountability reflects behavior and attitude of responsible people.

Social accountability of a medical doctor:

- Enhancing the community health through education (e.g., prevention and early detection of diseases) and other community related health care services.
- Contributing by research on community health problems and working with a research team conducting such studies.
- Committing self to volunteer work that help in improving health care and awareness about diseases in the community.

5. Altruism: *To go beyond the call duty to help meeting the needs of others. In other words, **to put the duty and patient care ahead of your own needs.** The sense of “giving” of oneself in patient care. The roots of the word “altruism” is from the Latin word alter, meaning “other”, meaning to look after others and help them.*

- Put the patient’s interest first.
- Avoid any conflict between your needs and the patients’ rights.
- Give full commitment to your patient.
- Avoid any financial or relationship biases that could have any negative impact on the patient doctor relationship.

What are the key elements in Altruism?

- Donate time to humanitarian causes such as Medicine Sans Frontiers (Doctors with no borders).
- Help or treat patients who are poor or cannot afford the costs of the service.
- Going beyond the call of duty to help patients.
- Show selfless behavior and the willingness to serve others, particularly those in need.
- Unselfish concern for the welfare of others.
- Subordinate your own interest to the interest of others.

6. Integrity: Integrity evolved from the Latin adjective “integer” meaning the inner sense of “wholeness” as represented by a number of values such as honesty, trustworthy, fairness, and no favoritism.

Integrity is not just about a set of great values that you know or talk about.

Integrity is about demonstrating that the values you hold you are applying in your day-to-day practice.

How can I have integrity?

- Be a principle-based person.
- Be honest, and stand by your words.
- Be fair.
- Do not abuse your position/authority.
- Do what you say.
- Behave in a good manner whether you are watched or not.
- Adhere to good work-place ethics.

Meanings of Integrity:

- Highest standards of behavior.
- Refusal to violate one's personal professional codes.
- Being fair, honest and truthful.
- Keeping one's word.
- Avoidance of relationships that allow personal gain to supersede the best interest of patients.
- Not working in the darkness or involved in any behavior that aims at harming others or taking their rights without their knowledge.

Comparisons & Notes:

Differences between professionalism and Humanism:

Professionalism is a way of acting while Humanism is a way of being.

Humanism manifests as altruism, duty, integrity, respect for others and compassion

While Professionalism includes these as well as humanism as its key elements.

Professionalism and Ethics:

Professionalism can be defined as the **skills**, competence and the conduct displayed by an individual or a certain profession.

Ethics are **guidelines** for individuals, which clearly state the dos and don'ts.

Professionalism	Ethics
Competence & Honesty	Morals
Compassion	Deliberation ¹ and explicit arguments to justify actions.
Respect for others	Principles governing ideal human character
Responsibility for the profession and society	Focus on reasons why an action is right or wrong.

¹ Long and careful discussion

2nd Lecture: Communication & Medicine

Definition of communication:

1. The act by which information is shared between humans.
2. The process by which we relate and interact with other people.

It includes listening & understanding with passion & respect as well as expressing views & ideas and passing information to others in a clear manner.

Based on 3 pillars, that contribute to the effectiveness of communication and they are the following:

- Accuracy
- Efficiency
- Supportiveness

Effective communication is the basis of mutual understanding and trust

Poor communication causes a lot of misunderstanding, hinders work & productivity.

Types of communication:

1. Verbal Communication: Represents 35% of communication. It includes the following:
 - a. Speaking to the person:
 - i. Look straight in the eye.
 - ii. Make eye contact.
 - iii. Show respect.
 - b. Clear Message:
 - i. Relevant.
 - ii. Uses Understandable language.
 - iii. Support by illustrations if needed.
 - c. Good Listener:
 - i. Allow others to understand the message and reply.
 - ii. Listen carefully.
 - iii. Make a dialogue and not one instruction.
2. Non-Verbal Communication: Represents 65% of communication & includes the following:
Facial expressions, Tone of voice, movement, appearance, eye contact, gestures & posture.

What is required from the doctors toward the patients?

- **Listen** to the patients and respond to their concerns and preferences.
- **Give information** to the patients in the way that they can understand.
- **Taking patient's views** into consideration when assessing their condition.
- **Respond** to patients' questions, keep them informed & share the information with them.
- Arrangement are made to meet patient's language and communication needs.
- Be considerate to relatives, careers and partners in providing information and support.

What is required from the doctors toward their colleagues?

- Communicate effectively with colleagues within and outside the team.
- Make sure your colleagues understand your role and responsibilities in the team and who is responsible for each aspect of patient care.
- You must treat your colleagues fairly and with respect.

What do the doctors need to practice good communication?

- Doctors need to learn essentials of good communication more than other professionals because patients are humans with sensitive needs.
- Doctors cannot practice medicine without effective communication skills.
- Poor communication causes a lot of medico-legal and ethical problems.

Applicability of communication skills: The medical interview is the usual communication encounter and is classified into 4 types:

1. History taking.
2. Consultations.
3. Obtaining informed consent
4. Breaking bad news

Effective communication and its principles:

- Ensures good working relationship.
- Increases patients' satisfaction.
- Increases patients understanding of illness & management.
- Improves patients' compliance with treatment.
- Reduces medico-legal problems.
- Reduces uncertainty.

Principles:

- Planning.
- Interaction rather than a direct transmission.
- Flexibility in relation to different individuals and contexts.
- Ability to handle emotional outbreaks.

Communication with peers is based on 3 principles:

1. Mutual trust & respect.
2. Exchange of information.
3. Asking your seniors.

Communication & Medical care:

- ❖ learning communication skills & evidence based practice become the corner stones of modern medicine.
- ❖ Good communication should be established between the patient, the family and the treating multidisciplinary team.
- ❖ Proper information to patient and family regarding services available and how they can utilize them.
- ❖ Patient & family should be encouraged to participate and verbalize in the ward round discussion about:
 - Offered medical care & treatment
 - Rehabilitation
 - Follow- up/re-admission plans
 - Doubts & worries.

Techniques of communication skills:

- **Practice** fluent dialogue with patient.
- **Use** silence effectively, allowing patient enough time to express thoughts or feelings.
- **Encourage** patients with your supportive words.
- **Utilize** non-verbal communication.

Barriers to effective communication:

- Personal attitudes
- Ignorance
- Human limitations (tiredness, stress)
- Language
- Poor time management
- Strenuous working environment

Listening Vs Hearing

Hearing: a passive activity with no effort.

Listening: requires the following:

- Attention.
- Active involvement.
- Full understanding.
- Takes time and effort.

Conclusion:

- Effective communication is the key to success in professional career.
- Good communication is essential for proper doctor-patient relationship and helps avoid problems of misunderstanding.

3rd Lecture: Unprofessional Behavior

Definition: *Not pertaining to the characteristic of a profession.*

Unprofessional behavior will lead to:

- **Increased** workplace difficulties.
- **Decreased** morale² in other staff.
- **Decline** in patient care.

“You do not have to wait until patient dies to determine that medical care suffered.”

Unprofessional behavior may fall into five categories:

1. **Illegal or criminal acts:** A physician may be disciplined and lose his medical license based solely on the fact that he was convicted for a crime or offense.
2. **Immoral acts:** Fall into limited category of sexual activity of with individuals that may be patients.
3. **Business related acts:** These acts are related to the operation of the business, not the quality of the care. For example: Obtain, maintain, or renew a license to practice medicine by bribery³, fraud or misrepresentation.
4. **Negligent⁴ practices:**
 - Failure to maintain records of patients, relating to diagnosis, treatment or care.
 - Altering medical records.
 - Failure to make medical records available for inspection.
 - **Medical errors:** is categorized into:
 - a) **Harmful medical errors:**
 - b) **Near miss medical error:** An event that under slightly different circumstances could have been an accident, either because the error was detected and corrected in time or because the patient was just lucky.

Actions to be taken:

- 1) Reporting it to the health care system.
- 2) Disclosing it to the patient involved.

What to report?

Report both types and label the near miss as “near miss ME⁵”

² Confidence.

⁴ Careless.

⁵ Medical Error.

³ رشوة.

Common types of medical errors:

(i) Surgery-related such as:

1. Ob/Gyn⁶
2. General surgery
3. Orthopedic
4. Cardiac
5. Plastic Surgery

(ii) Medication related such as:

1. Mismanagement and possibly incorrect medication.
2. Wrong prescription.
3. Wrong dosage.
4. Inadequate instructions to patient.

(iii) Body fluid related error such as:

1. Blood transfusion administered too quickly, which resulted in congestive heart failure and death.
2. Transfusion of contaminated blood.

(iv) Diagnostic errors such as:

1. Misdiagnosis leading to an incorrect choice of therapy.
2. Failure to order necessary diagnostic test.
3. Misinterpretation of test results
4. Failure to act on abnormal results.

(v) Equipment failure such as:

1. Defibrillators with dead batteries.
2. Intravenous pumps whose valves are easily dislodged bumped which cause increased doses of medication over too short a period.

Why do we need to disclose medical errors?

- Promote public trust.
- Prevent further harm to a patient and to other patients.
- Respect personal autonomy.
- Support principle of justice.
- Improve the safety of medical practice.
- Be able to trust the physicians and the system.

Non-disclosure of errors:

- Undermine efforts to improve the safety of medical practice.
- Block efforts to identify the faults and weaknesses in the health care processes and procedures.

Legal obligations:

⁶ Obstetrics/Gynecology

- Having an efficient system for disclosures of our own medical mistakes, and those of higher authorities.
- Having written policies and procedures that fully support patients and their rights.

What do we disclose to patients?

- Full disclosures of all the errors that result in harm
- What has happened and why.
- How the problem occurred.
- Implications.
- How to prevent it happening again.

How to disclose medical errors?

Using the (Practical Disclosure Approach) which is an approach to the practical prevention of errors.

Practical Disclosure Approach:

- Disclosure should be at the right time and setting, when the patient is medically stable enough to absorb the information.
- A physician should take the lead in disclosing errors to patients and their families
- They should avoid being defensive or evasive⁷, but rather explain what happened in an objective and narrative way
- Avoid reacting to the response that such disclosure might generate.
- A proper acknowledgement and empathy accompanied by apology may be appreciated by the patient. Thus, it may strengthen, rather than undermine, the physician-patient relationship.
- Support should be provided.

⁷ To avoid.

5. **Plagiarism:** Is an unethical, dishonest act whereby an individual uses the work of another, commit literacy theft, or present work as an original idea without crediting the source or stating that it is derived from an existing source.
- a. **Types of plagiarism:**
- i. **Direct copying:** Copying someone else's work using the exact words and putting it as your own. This is the most common type of plagiarism.
 - ii. **Word switching:** Putting someone else's writing as your own by changing words without showing that you are using someone else's ideas.
 - iii. **Working with others** and it includes:
 1. Copying all or part of another student's writing is plagiarism.
 2. Sharing an assignment is plagiarism.
 3. Group work on individual assignment is plagiarism.
 4. Writing in Arabic and asking some else to translate your work is plagiarism.
 - a. What is acceptable when working with others?
 - i. *Group assignments.*
 - ii. *Discussing your work and ideas with other students.*
 - iii. *Getting advice on sources of information from other students, lecturers or professionals.*
 - iv. **Concealing sources:** Hiding the sources of your work and not revealing them, this includes:
 1. Putting someone else's ideas on your words without referring to them.
 2. Using a reference more than one time, but only pointing it out once.
 - v. **Buying assignments:** Buying an assignment is the worst kind of plagiarism and may have grave ⁸consequences.
 - vi. **Self-Plagiarism:** Re-using all or part of an assignment or a project that you have used before without making it clear is considered as plagiarism.

⁸ Serious.

Unprofessional Physician has the following characteristics:

- Impaired
- Disruptive behavior
- Dishonest
- Greedy
- Abuses power
- Lacks interpersonal ⁹skills
- Conflict of interest
- Self-serving

Impairment: Impairment means more than making incorrect diagnosis.

- Avoidance of patients and their psychological needs.
- Dehumanized care.
- Inappropriate treatment.

Disruptive behavior includes repeated episodes of:

- Sexual harassment.
- Racial or ethnic slurs¹⁰.
- Intimidation and abusive language.
- Persistent lateness in responding to calls at work.

⁹ The ability to communicate or interact well with others.

¹⁰ Insults.

Early warning signs of unprofessionalism:

- Late or incomplete charting¹¹.
- Delayed or no responses to call or pagers.
- Abusive treatment of staff.
- Unkempt appearance and dress.
- Inability to accept criticism.
- Gender or Religious bias.

Complaints as indicators of unprofessional behavior:

- 20–25% apparently disappoint their patients
- More than 2/3 of physicians never or very rarely generate patient complaints (Hickson et al. 2002, 2007a,2007b).
- A total of 6% of doctors, however, received 25 or more complaints over a 6-year period
- Nurse surveys suggest that 4–5% of physicians display such behavior (Diaz & McMillin 1991; Rosenstein and O’Daniel 2005a)

The eyes and ears of patients, visitors and healthcare team members are considered to be the most effective surveillance tools for detecting unprofessional behavior.

How should we deal with such behavior?

- Dealing with unprofessional behavior.
- Surveillance.
- Registration.

Disruptive behavior¹²:

1. Majority of doctors that have no professionalism issues. —> No Intervention.
2. Single unprofessional incident. —> Informal Intervention.
3. Apparent pattern of unprofessional behavior. —> Aware the person of his behavior.
4. Persistent pattern of unprofessional behavior. —> Guidance by authority.
5. Unprofessional behavior is the norm for that person. —> Disciplinary intervention.

What does formalizing a response need?

- Cost
- Time

¹¹ Recording the case.

¹² This was a pyramid in the lecture.

4th Lecture: Stress Management

- **Stress:** is a condition or feeling experienced when a person perceives that **demands** exceed the personal and social **resources**.
- Health professionals face many stressors in their work environment Which might be:
 - Sleep deprivation.
 - Disruptions in social support.
 - Clinical vs. educational conflicts.
 - Caring for critically ill or dying patients.
 - Certification or licensing examinations.

Distress and eustress:

Distress: is a continuous experience of feeling **overwhelmed**, oppressed, and behind in our responsibilities. It is the all encompassing sense of being imposed upon by difficulties with no light at the end of the tunnel.

Examples of distress: include financial difficulties, conflicts in relationships, excessive obligations, managing a chronic illness, or experiencing a trauma.

Eustress: is the other form of stress that is positive and beneficial. We may feel challenged, but the sources of the stress are opportunities that are meaningful to us. Eustress helps provide us with energy and motivation to meet our responsibilities and achieve our goals.

Examples of eustress: include graduating from college, getting married, receiving a promotion, or changing jobs.

Stress as a response:

- It results in certain physiological changes Like: gastrointestinal, glandular and cardiovascular disorders, etc.
- It affects the entire body, not just a single part.
- Differences in response within and between individuals.

Stress and our health:

a. Stress and the immune system:

- Medical school examinations associated with decreases in cellular immunity and increases in pro-inflammatory and humoral immunity.
- increases in vulnerability to infectious disease as well as allergy.
- Life stress is associated with 2-fold increase in susceptibility to the common cold virus.
- Severe life stress is associated with a 4-fold increase in risk of HIV progression and 2.6-fold increase in mortality.

b. Stress and the cardiovascular system:

- Cardiovascular mortality is tripled in this group (15%) compared to non-depressed patients (5%).

Mechanisms of stress:

1. Fight-or-Flight (Cannon in 1932): caused by Adrenaline

- When an animal experiences a shock or perceives a threat, it quickly releases hormones (Adrenaline) that help it to survive, these hormones help us to run faster and fight harder.
- It gives us power but with little control. (Making it difficult to execute precise, controlled skills)¹³
- We find ourselves more accident-prone and less able to make good decisions.

2. The General Adaptation Syndrome and Burnout:

- Three stages of adaptation in stress:-
 1. **Alarm reaction:** when a person is exposed to an unadapted stimulus there is an initial shock (in which resistance is lowered) followed by a rebound reaction (counter shock phase) during which the organism's defense mechanisms become active.
 2. **Stage of resistance:** During this stage, the person's full adaptation may lead to successful return to equilibrium.
 3. **Stage of exhaustion:** in case of failure of adaptability the organism becomes exhausted.

How to avoid burnout? By solving the problems that cause it for example:-

- **Too much to do, too little time:**
 1. Use the job analysis tool to see if you can cut away low-yield work.
 2. Review your management of time.
 3. Check that you are using all of the resources available to you.
- **Avoiding Exhaustion:**
 1. Vacations is one of the best ways of avoiding burnout.
 2. Leave your laptop and mobile phone behind.
 3. Rest, and enjoy life.¹⁴
 4. Make sure you get enough sleep and rest.

Stress management:-

a. Time management:

- ✓ Priority tasks, evaluate how you are budgeting your time.
- ✓ Set achievable goals keeping in mind your strengths and weakness.
- ✓ Make a realistic schedule and follow it through.

b. Motivation:

- ✓ Learn to appreciate your strengths.
- ✓ Learn from mistakes.
- ✓ Visualize success.

c. Maintain confidence:

- ✓ look at yourself without any judgment.
- ✓ Resist comparisons, don't compare yourself to other people. Compare yourself to the best you can do. In other words, compete within yourself.

¹³ This reduces our ability to work effectively with other people

¹⁴ It's not good to be a workaholic

d. Personal Management:

- ✓ Two Anti-Stress Approaches :
 1. 4-Steps to Interrupting Stress:
 - i. Stop: Before thoughts escalate into worst possible scenarios.
 - ii. Breathe
 - iii. Reflect: on the cause of stress
 - iv. Choose: how to deal with stress
 2. Relaxation Response & Muscle Relaxation

Stress management strategies:

1. **Strategy #1 :Avoid unnecessary stress:**
 - ✓ Learn how to say “no”
 - ✓ Avoid people who stress you out
 - ✓ Take control of your environment
 - ✓ Avoid hot-button topics
2. **Strategy #2: Alter the situation:**
 - ✓ Express your feelings instead of bottling them up.
 - ✓ Be willing to compromise¹⁵.
 - ✓ Be more assertive.
 - ✓ Manage your time better.
3. **Strategy #3: Adapt to the stressor:**
 - ✓ Reframe problems.
 - ✓ Look at the big picture.
 - ✓ Focus on the positive.
4. **Strategy #4: Accept the things you can't change:**
 - ✓ Don't try to control the uncontrollable.
 - ✓ Share your feelings.
 - ✓ Learn to forgive.
5. **Strategy #5: Make time for fun and relaxation:**
 - ✓ Set aside relaxation time
 - ✓ Connect with others
 - ✓ Do something you enjoy every day
 - ✓ Keep your sense of humor

¹⁵ An agreement. (تفاهم عن طريق التنازلات)

6. Strategy #6: Adopt a healthy lifestyle:

- ✓ Exercise regularly
- ✓ Eat a healthy diet
- ✓ Reduce caffeine and sugar
- ✓ Avoid alcohol, cigarettes, and drugs
- ✓ Get enough sleep

Stress management strategies for a doctor:¹⁶

• Stress due to

- Night calls
- Administration
- Contact with dying
- Dealing with relatives
- Lack of recognition
- 24 hr cover

• Solutions

- Time management
- Decrease interruptions
- Decrease paperwork
- Good staff relationship
- Delegation
- Exercise
- Relaxation
- Protected time

Stress Inoculation Training:

- Improves resilience through effective past experience with stressors.
- Deal with stressors in a gradual manner.
- Provides skills & opportunity to build tolerance to current & future stressors.
- Stress tolerance is enhanced via **changing individual's beliefs** about **their performance in stressful situations** and ability to deal with distress.
- Promotes hope, self-confidence, self-control, & personal responsibility!

Phases of Training:



1. Conceptualization Phase:

- ✓ Understand stress.
- ✓ Identify effects of stress in behavioral, emotional, physical, and psychological areas.
- ✓ Ascertain the specific effects of stress on individual performance and productivity.

2. Skills Phase:

- ✓ Develop & practice a variety of stress reduction skills.
- ✓ Skills include-learning how to relax, reducing stress through deep breathing and muscle relaxation.
- ✓ Practice skills in imagination and then in real life situations.
- ✓ Rehearse from **less to more difficult** stressful situations.
- ✓ **Develop confidence** to handle any situation!

¹⁶ Delegation: entrust a task or responsibility to another person.

3. Application Phase: Apply skills to specific stressful situations:-

- ✓ Plan, anticipate and prepare for potential and actual difficulties in personal training program.
- ✓ Coach yourself.
- ✓ Assess own progress.
- ✓ Follow – up plans.

Develop Plan to Cope:

- View the stressful situation as a chance to try new skills!
- Identify stress self-talk.
- Replace negative thoughts with positive thinking.
- Determine when you will use relaxation strategies.

Blueprint plan:

1. Learn relaxation skills
2. Identify specific stressors
3. Develop plan to respond differently
4. Write up Plan & Practice
5. Coach self through the situation
6. Positively assess own performance
7. Plan & execute improvements

5th Lecture: Islamic Values

Islamic Medical Ethics constitute:

- Main guiding principles for medical and health practice.
- Islamic & western Ethical concept and principles.
- Medical practice based on Islamic Ethics.
- Five main Islamic principle of medical and health ethics.
- The need for Islamic code of medical and health ethics.
- Examples of contemporary issues addressed by Islamic medical ethics.
- The International Islamic Charter for Medical and Health Ethics.
- Resources: General Presidency for Scientific Research and Issuing Fatwas.

Scientific Islamic medicine passed through three stages:

1. **Stage Translation of books:** translation of foreign sources into Arabic. It extended through the seventh and eighth centuries.
2. **Stage of excellence and genuine scientific contribution:** which the Islamic physicians were the leaders and the source of new chapters of medicine. This stage extended from the ninth to the thirteenth centuries.
3. **Stage of decline:** where medicine, as well as other branches of science, became stagnant and deteriorated. This stage started mainly after the thirteenth century.

Islamic Scholars:

Ibn al-Nafis was is mostly famous for being the first to describe the pulmonary circulation.

He was born in 1213 in Damascus. He attended the Medical College Hospital (Bimaristan Al-Noori) in Damascus.

Apart from medicine, Ibn al-Nafis learned jurisprudence, literature and theology. He became an expert on the Shafi'i school of jurisprudence and an expert physician.

In 1236, Al-Nafis moved to Egypt. He worked at the Al-Nassri Hospital, Al-Mansouri Hospital.

When he died in 1288, he donated his house, library and clinic to the Mansuriya Hospital.

Main guiding principles for medical and health practice, Concepts & Principles:

- As Western ethics are based on human reason and experience as the arbiter between right and wrong action.
- This shift from religious ethics to philosophical ethics does not apply in Islam.
- While Islamic ethics incorporate various philosophical traditions it still is based mainly from religious texts.

Definition is practicing medicine from an Islamic point of view:

- Islamic medical ethics are grounded in Islamic legal tradition.
- Many Muslims when asked as to what is the source of their ethical code and where they turn when facing ethical dilemmas, would direct the questioner towards Islamic Fiqh (jurisprudential understanding) and the Shari'ah (Islamic law).
- Ethicists in the Muslim world may refer to the Shari'ah when debating abortion, euthanasia, end-of-life care, and other biomedical issues.
- In Islam bioethical deliberation is inseparable from the religion itself, which emphasizes continuity between ethics and jurisprudence. Hence Islamic Medical Ethics is tied to Islamic Law (Shari'ah), as Islamic Law not only legislates but also assigns moral values.

Five Main Islamic principles for medical & health Ethics:

1. *The first principle is that Man is honored:*

❖ *"We have honored the children of Adam" (17:70)*

- ❖ Regardless of color, gender or belief. This honoring implies that he should be kept in full health and well-being.
- ❖ It also implies respect for his personality, his private affairs and secrets.
- ❖ his right to receive all the information relevant to any medical procedure he will be subjected to.
- ❖ His right to be the only person entitled to make any decision that concerns his health affairs, so long as that remains within the framework of these values.

2. *The second principle is that every human being has the right to live; his life is respected and protected.*

3. *The third principle is equity, which is regarded in religion as an essential value, being one of the purposes of messenger missions*

4. The fourth principle is doing well:

- ❖ The Arabic word “*ihsaan*”, translated here as doing well, has several denotations.
- ❖ First it denotes “**quality**,” as the root of the word that means “good.” A derivation of the same root is used in God’s promise to his servants “who listen to what is said and follow the **best** of it” (39:18). Such high quality is desired in everything, every single thing. The Prophet, blessing and peace be upon him, says, “*God has ordained the doing well of everything.*” This is the source of the concept of guaranteed quality in providing health care.
- ❖ The word “*ihsaan*”, however, also denotes **charity** and thus implies the *gentle, compassionate touch* which has been missing or almost missing in modern medical practice. It implies a giving nature, which makes a person wish for his brother what he wishes for himself and give priority to others over himself, even when he suffers a dire need.

5. The fifth principle is “no harm and no causing harm.”:

- ❖ This principle is the text of an inclusive, exclusive tradition of the Prophet^{Peace be upon him}, which means that it is unacceptable to bring harm on one’s self, or to cause harm to others or to society in any shape or form.
- ❖ The importance of this principle in the field of health is self-evident, particularly in prohibiting any physician or other health professional from exposing a patient to a diagnostic or therapeutic procedure that exposes him to harm or to any hazard.

6th Lecture: Interprofessional Education & Collaboration:

Define interprofessional education (IPE) and interprofessional collaboration (IPC).

- Definition of IPE:
Learners from two or more professions learn about, from and with each other to enable effective collaboration. (WHO 2010)
- Definition of IPC:
When multiple health workers from different professional backgrounds work tighter with patients, families, careers, and communities to deliver the highest quality of care.

Describe the basic competencies of IPE/C.

- Definition of IPE/C competencies:
Integrated enactment of knowledge, skills and values/attitudes that define working together across the professions with other healthcare workers, patients, families, and communities as appropriate to improve health outcomes in specific care contexts.

Competency Domains:

- 1. Values/Ethics for interprofessional practice.**
 - Work with individuals of other professions to maintain a climate of mutual respect and shared values.
 - Ex: ⁽¹⁷⁾
 - VE1. Place the interests of patients and populations at the center of interprofessional health care delivery.
 - VE2. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.
 - VE3. Embrace the cultural diversity and individual differences that characterize patients, populations, and the health care team.
- 2. Roles/Responsibilities.**
 - Use the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served.
 - Ex: ⁽¹⁷⁾
 - RR1. Communicate one's roles and responsibilities clearly to patients, families, and other professionals.
 - RR2. Recognize one's limitations in skills, knowledge, and abilities.
 - RR3. Explain the roles and responsibilities of other care providers and how the team works together to provide care.

3. Interprofessional Communication.

- Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner.
- Ex: ⁽¹⁷⁾
 - CC1. Listen actively, and encourage ideas and opinions of other team members.
 - CC2. Organize and communicate information with patients, families, and healthcare team members in a form that is understandable, avoiding discipline-specific terminology when possible.
 - CC8. Communicate consistently the importance of teamwork in patient-centered and community focused care.

4. Team and Teamwork.

- Apply relationship-building values and principles of team dynamics to preform effectively in different team roles.
- Ex: ⁽¹⁷⁾
 - TT1. Describe the process of team development and the roles and practices of effective teams.
 - TT2. Develop consensus on the ethical principles to guide all aspects of patient care and team work.
 - TT3. Engage other health professionals in shared patient-centered problem-solving.

Identify the methods and tools to implement IPE/C

METHODS	EX
1. Student-delivered lectures	Clinical anatomy course where nursing students will be taught by medical students
2. Simulation-based education	Patient-care scenarios using a high-fidelity patient simulator
3. Interprofessional training ward	Real-life clinical training in IPE training wards in hospitals under professional supervision
4. Student-delivered lectures	Pharmacy students deliver case-based lectures to health professional students
5. Health promotion activities	Students collaborate to develop and deliver healthy-living modules to school students
6. Health promotion activities	Students form an interprofessional and collaborative team for dissemination of nutrition/exercise knowledge

¹⁷ Examples are for your understanding MORE ARE IN THE ORIGINAL SLIDES

Identify the opportunities for using IPE/C to improve interprofessional collaboration. ⁽¹⁷⁾

- Service learning
- Health campaigns
- Free- or Mobile clinic (e.g. in Hajj)
- Case studies
- Journal clubs

Appreciate the importance of interprofessional collaboration for reducing harm to patients

In 2006, the Joint Commission on Accreditation of Health Care Organization reported that. 70% of medical errors were caused by lack of communication between team members.

Benefits of IPC: ⁽¹⁷⁾

- Increased efficiency
- Improve employee morale, increases inter-staff support
- Fosters creativity, ideas
- It Empowers Team Members

7th Lecture: Professionalism in Different Cultural Contexts

- Culture is directly related to health promotion, disease prevention, early detection, access to health care, trust and compliance.

Characteristics of Professionalism:

- Competency.
- Responsibility.
- Attitude.
- Conduct on the job.

Professionalism in Different Cultural Contexts:¹⁸

- Humility.¹⁹
- Empathy.²⁰
- Cultural Competency
- Assess
- Respect.
- Sensitivity/ Self Awareness
- Curiosity.
- Awareness of all outside influences including cultural on patients' health.

Focusing on Knowledge in Cultural Context:

1. It is important for a medical student or post graduate trainee to learn about the surrounding community in which he/she practices or trains.
e.g. Socioeconomic status, patterns of housing nutritional habits, healing practices and disease incidence and prevalence.
2. The knowledge taught has specific evidence based impact on health care delivery.
e.g. How Ramadan fasting affects Muslims who are diabetic.

Focusing On Skills In Cultural Context:

- It is crucial to understand health beliefs of those who come from different cultures or have different health care experiences.

Medical Professionalism: Three fundamental principles:-

1. Patient welfare.
2. Patient autonomy.
3. Social justice.

¹⁸ Attitudes central to medical professionalism in cultural context (is another title for these values)

Patient Welfare Including Autonomy:

1. Professional competence
2. Honesty with patients -- integrity
3. Patient confidentiality
4. Caring attitude
5. Scientific knowledge
6. Maintaining trust
7. Setting and maintaining professional standards.

Social Justice:

- A just distribution of resources.
- Managing conflict of interest.
- Improving quality and access to care.
- Respect for colleagues.

The Centrality Of Patient Physician Relationship To Medical Professionalism:

- Four possible consultation models dependent on community's social values and moral norms:
 1. Physician as parent, imam or priest (Paternalistic model)
 2. Physician as a mentor (Deliberative model)
 3. Physician as a technician or contractor (Informative engineering model)
 4. Physician as a friend or Counselor (Interpretive/ collegial model)

1. Paternalistic model (physician as a parent):

- ✓ Physicians are in the best position to judge what is best for their patients. In a strong form of this, physicians authoritatively order patients to assent ²¹(with coercion ²²if necessary).
- ✓ Culturally applicable in Chinese culture and partially in other Far East and South Asian cultures.

2. Deliberative model (physician as a mentor):

- ✓ Physician objectively knows and prioritizes patient's personal and medical values.
- ✓ The physician mentor's grip on decision making is more relaxed than the physician / parent model but autonomy-conscious patients find it unsatisfactory.
- ✓ Culturally this is an option for some of the patients in Eastern countries.

3. Informative engineering model (physicians as technicians)

- ✓ Physicians only provide value neutral medical information and leaving patients to make decisions independently based on personal values (total patient autonomy).
- ✓ Physicians treat diseases rather than patients and sick persons are "Consumers".
- ✓ Culturally applicable to certain sections of Western and relatively less eastern population.

²¹ To agree.

²² To Persuade someone by using force.

4. Interpretive/ collegial model (physicians as friends or counsellors):

- ✓ Physician's medical facts and patients' personal values contribute to balanced medical decision-making.
- ✓ Upholds patient autonomy without undermining the physician's duty of beneficence.
- ✓ Shared decision making
- ✓ Culturally popular in the West
- ✓ Increasingly accepted in the East.
- **While providing professional care physician must not impose his / her view on a patient's:**
 - ✓ Life style, culture, beliefs, race.
 - ✓ Sex, age / sexuality.
 - ✓ Social status / economic worth.
- **Physicians must be prepared to explain and justify his / her actions and decisions.**
- **Physicians must not exploit ²³patient's vulnerability or lack of medical knowledge.**

Confidentiality:

- Confidentiality concept may not be the same in the East as in the West.
- However, its principles are applicable in most settings.

Accepting gifts or other inducements:

- You should not ask for or accept any material rewards, except those of insignificant value from representatives of pharmaceutical companies.
- Help with conferences and educational activities may be acceptable.

Research:

- Research should not be contrary to the patient's interest
e.g. exploitation of developing countries patients.
- Research protocol should be approved by a research ethics committee.
- Your conduct in the research must not be influenced by payments or gifts.
- Record your research results truthfully.

Cultural Context in Under-Graduate Medical Education Curriculum:

- The goal of the curriculum should be to prepare students to care for patients from diverse social and cultural backgrounds including racial, ethnic and gender biases.

²³ Take advantage of.

Definitions: Pneumonic: PEARLS

- **Partnership:** Working with the patient to accomplish a shared outcome.
- **Empathy:** Recognizing and comprehending another's feelings or experience.
- **Analogy:** Being willing to acknowledge or express regret for contributing to a patient's discomfort, distress, or ill feelings.
- **Respect:** Non-judgmental acceptance of each patient as a unique individual; treating others as you would have them treat you.
- **Legitimization:** Accepting patient's feelings or reactions regardless of whether or not you agree with those perceptions.
- **Support:** Expressing willingness to care and be helpful to the patient however you can.

CONCLUSION

- Patients are entitled to good standards of professional practice and care in all cultural settings.
- The essential elements of this medical professionalism are:
 1. Professional competence.
 2. Good relationship with patients and colleagues.
 3. Observance of professional ethical obligations.
- Medical teachers should be a role model in application of these essentials

8th Lecture: Volunteering

What is volunteering?

- Volunteerism generally has been defined as time and effort devoted to helping others without regard for compensation for charitable, educational, social, or other worthwhile purposes.
- The commitment of time and energy for the benefit of society and the community, the environment or individuals outside (or in addition to) one's immediate family. It is unpaid and undertaken freely and by choice.
- Volunteering is any **activity** that involves spending **time**, **unpaid**, doing something that aims to **benefit** the **environment** or **someone** (individuals or groups)
- Giving your **time** and **skills** to help **others** and to progress **yourself**.

What is Community service?

- Work done by a person or group of people that benefits others.
- Community service is voluntary work intended to help people in a particular area.
- It is often done near the area where you live, so **your own community** reaps the benefits of your work.
- You do not get paid to perform community service, but volunteer your time.
- Community service can help many different groups of people:
 - Children.
 - Senior citizens.
 - Animals and the environment.
 - People with disabilities.

Community service Vs volunteering:²⁴

Community service	Volunteering
A requirement imposed on a person by a school, their parents, the court system or other persons of authority.	You are doing so of your own choosing without any worry of punishments or rewards.
Technically isn't volunteering because you would not be doing it if you were not being required to.	You feel strongly about something and want to offer your time or services to help.

²⁴ Formal volunteering vs Informal volunteering

Spectrum of community services:

- Use Your Knowledge.
- Send cards to soldiers serving at the borders.
- Hold a bake sale for your favorite charity
- Collect unused makeup and perfume to donate to a center for abused women.
- Helping Children
- Helping Senior Citizens
- Peer mentoring
- Career counselling
- Promoting Community Enhancement: Fundraising hours for nonprofit organizations
- Emergency Preparedness Activities
- Hospitals /Hospice Nursing Homes
- Ambulance Service
- Making a difference to others
- Helping the Environment
- Promoting Safety: Preventative Drug, Alcohol, Violence, Abuse Programs
- Helping the Hungry and/or Homeless
- Volunteer for an event.
- Do Your Own Thing
- Make a Commitment.

Why do people Volunteer?

- Learn or develop a new skill
- Be part of your community
- Sense of achievement
- Boost your career options
- Give something back
- New interests and hobbies
- New experiences
- Meeting a diverse range of people
- Send a signal to your future employer
- Impress your friends and family...
- Have fun

Steps to prepare a volunteer?

Predictors of volunteering: level of education

Areas of volunteer involvement:

- Hospital or university committees; local, state, or regional public health committees
- Teaching in the community
- Serving on an advisory board for a local health agency; serving on a board of directors for a nonprofit health organization
- Providing care at a free clinic
- Providing guidance to students
- Assisting in the design and implementation of research projects
- Mentoring
- Working to promote better state and local health care services
- Providing expertise for the development of a new school-based clinic

The challenge: making the commitment

Volunteer have the right to:

Have healthy and safe environment.	Receive orientation or induction session.
Provided with the organization's policies and procedures.	Sign volunteer agreement with the expected tasks and working hours.
Provided with sufficient training and supervision.	Reimbursed for necessary out of pocket expenses.
Protected by appropriate insurance.	Have his personal information dealt with in a confidential manner.
Take holidays.	Say 'no' if he is uncomfortable or feel he is being exploited.
Be informed and consulted on matters which affect him and his work.	Receive feedback on his work.
Receive recognition for his contribution	

volunteers are expected to:

Be punctual and reliable.	Respect confidentiality.
Carry out the duties listed in his volunteer position description.	Be accountable.
Give notice if his availability changes or he is leaving the organization.	Report any injuries or hazards that he notice in the workplace.
Adhere to the organization's policies and procedures.	Deal with complaints in the appropriate manner.
Undertake training as requested.	Ask for support when needed.
Support other team members.	

Acting along social, public and community responsibilities as a professional:

- **Social Impact**
- Volunteering plays a key role in strengthening the society by acting as a bridge between socioeconomic divides.
- On a community level, provides services that help build a strong united society.
- Home Visiting
- Assisting Teachers—for adult
- Homework Club—for children
- Roles for Volunteers to Support Administration
- Fundraising, policy and procedures
- Clerical support
- Recruitment: As active members in community, volunteers can be very effective in recruiting other families and volunteers
- Marketing and public relations
- As community leaders, we have the ability to inspire other people to be involved in supporting worthy causes and to truly make a positive difference in the community.

Social Integration theory:

- An individual's social connections, typically measured by the number of social roles that an individual has, provides meaning and purpose to his or her life, while protecting him or her from isolation in difficult periods.
- A study of adults aged 65 and older found that the positive effect of volunteering on physical and mental health is due to the personal sense of accomplishment that an individual gains from his or her volunteer activities.²⁵

Benefits of volunteering:

- Help in managing chronic illness
- Improvement in health
- Improvement in mood
- Make the community a better place
- Sense of purpose in life
- Lower stress
- Have control on health.

Opportunities in volunteering:

- Personal growth
- New skills
- Learn more about self and others
- Overcome challenges
- Enhance self-esteem and confidence.
- Experience in a safe environment.

Theories of volunteering are based on:

- the characteristics of the individual
- the properties of the relationships in which that individual is involved

²⁵ What's important to note here is that volunteering has a positive effect on older people in terms of overall health, than younger people.

The community context opportunities:

National and International Opportunities:

Local Opportunities

- At the hospital
- At hospice
- As a mentor
- At school

Ethics:

- Before working in any volunteer capacity, you should first consider the issues of dignity and dependence.
- Volunteering with good intentions without aiming for personal gains
- Choosing the right program that does not cause any harm onto the community it operates in and maintains the dignity of every person in the community
- Is the organization responding to the community's specific and communicated needs (not perceived needs)

Practicing as a volunteer:

Practical Realities of Doing Volunteer Medical Work:

- Professional issues: stepping outside one's professional comfort zone
- Unfamiliar medications.
- Equipment availability.
- Health care system limitations
- patient communication. Language will invariably be a barrier.

Personal issues:

- Availability and costs.
- Living arrangements.

Benefits of international work:

- Adventure of working in an unfamiliar and remote area
- Possibility of tourism during time off
- Opportunity for true cultural immersion

9th Lecture: Leadership & management skills

Leadership:

- A function of knowing yourself, having a vision that is well communicated, building trust among colleagues, and taking effective action to realize your own leadership potential.
- Often considered as the ability to influence a group of people towards the achievement of goals.

Leadership Vs Management:

- Both leadership and management involve influence, working with people, and working to achieve common goals. However, there are some differences:

Leadership	Management
Multi-directional influence relation	Unidirectional authority relationship
Focus on people motivation and inspiration	Focus on system and structure; Processes, policy, procedures
Long-term view and goals	Short-range perspectives
Create trust among people	Relies on control of people
Leaders does right things	Managers does things right
Vision-oriented	Task-oriented
Relies on envision and innovation	Administration
Role-models/do right things	Model roles/Do things right
Develop power with people	Exercise power over people
Empowers and inspires people	Ensures that rules are followed

Leadership Theories:

- **Great Man Theory:** Leaders are exceptional people, born with innate qualities, destined to lead.
- **Trait Theory:** Qualities associated with leadership e.g. Honesty.
- **Functional Theory:** Interaction of task, team, and individuals.
- **Behaviourist Theory:** Leaders behavior and actions, rather than their traits and skills, e.g. Persuasive, consultative, democratic.
- **Situational/Contingency Theory:** Leadership style changes according to the 'situation' and in response to the individuals being managed – according to their competency and motivation.
- **Transformational Theory:** Leaders inspire individuals, develop trust, and encourage creativity and personal growth. Individuals develop a sense of purpose to benefit the group, organization or society. This goes beyond their own self-interests and an exchange of rewards or recognition for effort or loyalty.

Leadership Traits and Skills:

Traits

- Adaptable to situations
- Alert to social environment
- Ambitious and achievement orientated
- Assertive
- Cooperative
- Decisive
- Dependable
- Dominant (desire to influence others)
- Energetic (high activity level)
- Persistent
- Self-confident
- Tolerant of stress
- Willing to assume responsibility

Skills

- Clever (intelligent)
- Conceptually skilled
- Creative
- Diplomatic and tactful
- Fluent in speaking
- Knowledgeable about group task
- Organised (administrative ability)
- Persuasive
- Socially skilled

Stogdill, 1974

Approaches to Leadership:

- **The Trait Approach:**
 - ✓ Links a number of qualities to effective leadership.
 - ✓ The ability to build effective learning.
 - ✓ The ability to listen.
 - ✓ The capability to make own decision.
 - ✓ The ability to retain good people.
 - ✓ The ability to be surrounded and supported by good people.
- **Attitudinal Approach:**
 - ✓ Consideration, showing concern for members of the group.
E.G. Giving recognition, nurturing self-esteem, developing mutual trust, inviting participation, etc.
- **Initiation of structure:**
 - ✓ Is a behavior that organizes the group to define relationship, specify task and how it is to be done, emphasize the need to hit deadlines and maintaining qualities, define lines of responsibilities and clarify roles.

Types/styles of leadership:

- **Visionary Leader:** Has a long-term perspective form: mission statements, vision and value.
- **Integration Leader:** Has medium term perspective. Focus on own organization.
- **Fulfillment Leader:** Has short-term perspective.
- **Transactional Leader:** Sets clear goals, understand needs of employees, motivates and rewards.
- **Transformational Leader:** Involves mutual trust and relationship, shared values and shared vision
- **Charismatic Leader:** Attractive character(s) that he/she is distinguished with! e.g. Attractive when he/she talks
- **Is there a best style of leadership?**
- Answer: Those who are able to adapt their style to fit the requirement of situations encountered are best leaders.

Challenges of Leadership

When are the challenges of leadership most obvious?

- When something new is about to start.
- When something is about to end.
- When times are tough.
- During transitions.

External challenges to leadership:

- Public criticism.
- Flare-ups of others' interpersonal issues.
- Crises.
- Opposition and/or hostility from powerful forces.
- A financial or political windfall.
- Collaboration failures.

Internal challenges to leadership:

- Insecurity.
- Defensiveness.
- Lack of decisiveness.
- Inability to be direct when there's a problem.
- Inability to be objective.
- Impatience - with others and with situations.

How can leaders cope with these challenges?

- Be proactive
- Be creative
- Face conflict squarely
- Always look for common ground
- Retain your objectivity
- Look for opportunities to collaborate
- Listen
- Ask for 360-degree feedback and use it
- Look at what's going on around you?
- Reach out for help in facing internal challenges.
- Create mechanisms to revisit your vision.
- Share the burden.
- Find an individual or group with whom you can discuss the realities of leadership.
- Make sure you have personal time.

10th Lecture: Continuing professional development & Continuing medical education

CPD & CME		
Continuing professional development & Continuing medical education		
	CPD	CME
Definition	<p>-Involves maintaining and enhancing the knowledge, skills and experience related to your professional activities following completion of your formal training. Just as importantly, it involves the development of those personal qualities that are required for carrying out professional and technical duties during a professional's life. Both technical and non-technical skills need to be developed.</p> <p>-CPD should be a lifelong, systematic and planned process to maintain and develop professional competence, creativity and innovation. The outcome has value for both the individual and their profession.</p> <p>-What makes CPD different is the way in which it focuses on a proactive and conscious approach to personal development, rather than the more typical passive and reactive approach.</p> <p>-There are a variety of different learning methodologies incorporated in CPD, which include e-learning programmes, classroom-based study, conferences, workshops and private research.</p> <p>An effective CPD scheme should have three quality components:</p> <ul style="list-style-type: none"> ✓ Professional improvement that ensures personal learning related to the populations' changing needs and developing healthcare service. ✓ Effective learning interventions should be designed upon clear, attainable, and measurable learning outcomes and offer relevant and evidence-based content to the physician's clinical practice. ✓ It must be accountable, transparent, amenable to regulation, and useful for assuring quality in the process of re-licensure. 	<p>-Refers to expanding medical knowledge, skills and attitudes.</p> <p>-another definition: a lifelong learning process pursued by doctors from medical school until retirement, and has traditionally been viewed in term of knowledge updating.</p> <p>-Usually only including medical knowledge and skills.</p> <p>-CME levels of evaluation that should match teaching strategies and learning outcomes:</p> <ol style="list-style-type: none"> 1- Perception and satisfaction 2- Competencies 3- Professional performance 4- Healthcare outcome <p>they later added new 2 levels:</p> <ol style="list-style-type: none"> 1- Participation related to an education event's attendance. 2- Return of investment related to cost-effectiveness.
Differences	<ol style="list-style-type: none"> 1. Lifelong based on ongoing self-assessments designed to address the educational needs of individuals. 2. Generally, learner centered/driven. 3. Comprehensive in scope. encompasses the clinical domain as well as practice management, leadership, administration, education, and an entire spectrum of professional activities. 4. A variety of learning formats and delivery methods (active learning). 5. Conducted in a variety of a different venues including locations other than lecture halls and conference rooms. 	<ol style="list-style-type: none"> 1. Episodic interventions designed to address the education needs of groups of learners. 2. Generally teacher centered/driven. 3. Principally encompasses the clinical domain. 4. Lecture based format (passive learning). 5. Most often conducted in formal setting such as lecture halls or conference rooms.

lifelong learning

Definition

Lifelong learning is the process of continuous, voluntary and self-motivated learning for either personal or professional reasons throughout lifetime.

Those who want to learn are:

1. Open to new experiences.
2. Actively seeking out ways to learn and develop.
3. They always want to know how to improve.

Time management.

Skills/competencies needed for lifelong learning

1. Basic computer skills.
2. Speed reading.
3. Effective study skills.
4. Searching the web.
5. Negotiation skills.
6. Financial management skills.

Self-directed learning


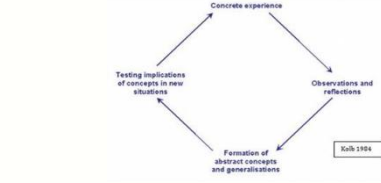
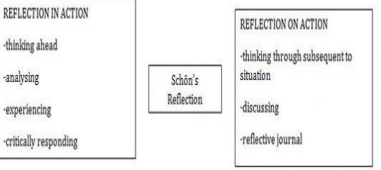
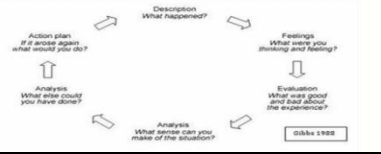
Definition

A long-standing concept in the education literature, relatively new to medical education journals.

Teach individual self-directed learning competencies, the following are important:

1. Situate learners to experience "real" problems.
2. Encourage learners to reflect on their own performance.
3. Create an educational atmosphere in clinical training situations.

Mentoring		
Concept of mentoring	<p>Mentoring is to support and encourage people to manage their own learning in order that they may maximize their potential, develop their skills, improve their performance and become the person they want to be.</p> <p>Mentoring is a powerful personal development and empowerment tool. It is an effective way of helping people to progress in their careers and is becoming increasingly popular as its potential is realized. It is a partnership between two people (mentor and mentee) normally working in a similar field or sharing similar experiences. It is a helpful relationship based upon mutual trust and respect.</p> <p>Many organization worldwide acquire mentorship for the core interest of professional development in the field of clinical practice in health care, mentoring has been used for teaching student and novice nurses about clinical practice.</p>	
Mentoring Involves	Mentor	Mentee
Definition	Is a person or friend who guides a less experienced person.	Is the student who needs to absorb the mentor's knowledge and have the ambition and desire to know what to do with this knowledge.
Roles	<ol style="list-style-type: none"> 1. Have a clear understanding of why you want to be a mentor. 2. Have a clear understanding of your expectations for your mentee. 3. Develop mutual trust and respect. 4. Provide guidance, motivation, emotional support. 5. Help the mentee solve his or her own problem, rather than give direction. 6. Recognize your mentee's weaknesses and build on his/her strengths. 7. Be realistic about setting timelines. 8. Stay flexible in changing expectations or plans. 9. Offer feedback. 10. After mentoring is completed, follow up on successes. 	<ol style="list-style-type: none"> 1. Have a clear understanding of why you want to be mentored. 2. Select a Mentor based on criteria relevant to your goals. 3. Inform your mentor about your preferred learning style. 4. Allow your mentor to take the lead in the relationship. 5. Use active listening skills during discussions with your mentor. 6. Demonstrate that you are open to hear new ideas and suggestions to bring out your best and overcome any blind spots. 7. Respect your mentor's time. 8. Ask for feedback. 9. Follow up with your mentor after termination to keep in touch, to share your progress.
Benefits of mentoring		
For mentor	For mentee	
<ul style="list-style-type: none"> ✓ Strengthens the mentor's active listening. ✓ Encourages the mentor to share knowledge, which helps increase the mentor's sense of self-worth. ✓ Strengthens the mentor's interpersonal relationship skills. ✓ Teaches the mentor about other departments within the organization. ✓ Helps re-energize the mentor's career. ✓ Provides personal and job satisfaction. ✓ Develops professional relationships. ✓ Provides a sense of responsibility. 	<ul style="list-style-type: none"> ✓ Improves self-confidence. ✓ Educates the mentee on how to accept feedback. ✓ Develop critical thinking. ✓ Improves the mentee's interpersonal relationship skills. ✓ Assists with problem solving. ✓ Helps the mentee better understand the organization's culture and unspoken rules, which can be critical for success. ✓ Offers professional development. ✓ Provides encouragement. ✓ Improves communication skills. 	

Reflection and reflective practice			
Definition	Reflection	Reflect on	Reflective practice
	The image of something in a mirror or on any reflective surface.	To influence people's opinion of a person, group, or organization.	Is practice based professional learning in which people learn from their own professional experience rather than just knowledge transfer.
Models of reflection	Reflective practice		Reflective meditation
	Was used in meditation teachings.		Involves repeatedly turning your attention to a theme but being open to whatever arises from the experience .
Models that apply the reflective practice in proper way	1-Borton model (learning cycle)	Model consists of three questions like: (what? So, what? What next?). These questions would be generated in the mind of learner at the end of teaching encounter.	
	2- Kolb model (experiential learning)	Experience about action is a sequence of events which starts with proper observations, reflections followed by formation of abstract concepts and testing them.	
	3- Argyris model	suggested two ways of reflective practice: 1- Reflection in action 2- Reflection on action.	
	4- Gibb's reflective model (Gibb's reflective cycle)	Gibbs described a structured model to facilitate Kolb's model. Model is known as Gibb's reflective cycle is useful for the students who are new to reflecting.	

How to Approach to your Needs assessment:

A needs assessment is a process for determining and addressing needs, or gaps between current condition and desired condition.

Why do we do needs assessment?

1. Experts stated that learning is more likely to lead to change in practice when needs assessment has been conducted.
2. Needs assessment can be done for many reasons, so its purpose should be defined and should determine the method used.

4 steps to conducting a needs assessment:

- 1- Perform a "Gap" Analysis:
there are two parts to this: Current situation / desired or necessary situation
The "gap" between the current and the necessary will identify our needs, purposes and objectives.
- 2- Identify Priorities and Importance.
- 3- Identify Causes of Performance Problems and/or Opportunities.
- 4- Identify Possible Solutions and Growth Opportunities.