

Review File

IMPORTANT STUFF:

1. DEFINITIONS
2. Examples
3. Principles
4. Enumerations (memorize at least 4 of each for SAQ but please do read the rest for MCQs)



	Definitions
Professionalism	attitudes and behaviors that serve to maintain others interest above physician Self-interest.
Accountability	being answerable to patients, society and profession.
UnProfessionalism	Not pertaining to the characteristic of a profession.
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.
Direct copying	Copying someone else's work using the exact words and putting it as your own.
Word switching	Putting someone else's writing as your own by changing words without showing that you are using someone else's ideas
Concealing sources	Hiding the sources of your work & not revealing them.
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.
Interprofessional Education (IPE)	Learners from two or more professions learn about, from, and with each other to enable effective collaboration. (WHO 2010)
Interprofessional Collaboration (IPC)	When multiple health workers from different professional backgrounds work together with patients, families, careers & communities to deliver the highest quality of care.
Culture	<ul style="list-style-type: none"> beliefs, customs, habits, & language shared by people living in particular time & place. Different ways of living exhibited by a particular group of people, that are transmitted from one generation to the next and which distinguish that group from others
Communication	<ul style="list-style-type: none"> The act by which information is shared. The process by which we relate and interact with other people. includes listening & understanding with passion & respect as well as expressing views, ideas & passing information to others in a clear manner.
Volunteering	any activity which involves spending time, unpaid, doing something which aims to benefit someone (individuals or groups) other than or in addition to close relatives, or to benefit the environment
Volunteer	<ul style="list-style-type: none"> Someone who does work without being paid for it because they want to do it Someone who offers to do a particular task or job without being forced to do it

	Definitions
Continuous Professional Development (CPD)	<ul style="list-style-type: none"> any activity, formal or informal, that helps you develop your skills and knowledge, and enhances your professional practice. a process of lifelong systematic learning for all individuals and teams which meets the needs of patients and delivers the health outcomes and healthcare priorities of the institute and which enables professionals to expand and fulfil their potential.
Competence	The ability to perform a specific task in a manner that yields desirable outcomes.
Reflection	Metacognitive process that creates greater understanding of both the self and the situation so that future actions can be informed by this understanding.
Metacognition	It is an awareness and understanding of one's own thought process.
Reflective practice	Practice-based professional learning in which students, trainees, and doctors learn from their own professional experience rather than just knowledge transfer.
Life Long Learning (LLL)	It's voluntary, rather than compulsory, and is completely self motivated – with the main goal being to improve personal or professional development.
Mentoring	<ul style="list-style-type: none"> Off-line help by one person to another in making significant transitions in knowledge work or thinking. To help and support people to manage their own learning in order to maximise their potential, develop their skills, improve their performance and become the person they want to be.
Leadership	<ul style="list-style-type: none"> 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.

Importance of!

Professionalism

- There is a great increase in interest in developing medical professionalism of the students.
- 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, and developing national trends toward managed care).
- Most patients desire to be treated by a competent and deeply careful physician.
- Professionalism denote the way of behaving in accordance to certain normative values.
- Professionalism is not about competent and skillful, it is about behaving in an ethical way.
- Professionalism provides effective management of relationships.

Accountability

- The key for providing optimal health care services.
- Enables continuing improvement in healthcare system.
- Helps in protecting the rights of patients.
- Essential in resolving conflicts.
- Essential for building trust and ensuring that workplace environment is safe & healthy.
- Reflects behavior and attitude of responsible people.
- Important for enhancing community health through education, contributing in research projects and committing to volunteer works.
- and awareness about diseases in community.

IPE/IPC

- **SATISFACTION** - Enhance job satisfaction and ease stress and create a more flexible workforce
- **CARE** - Increase access to care. Improves quality and safety of care
- **FRAGMENTATION** - Overcome fragmentation and cost. The burden exceeds the capacity of any one profession.
- **COMMUNICATION** - Remedy failures in trust, respect and communication between professions.

CPD

Health system cannot deliver high quality patients' care without a well-trained health workforce of sufficient capacity & competencies/capabilities

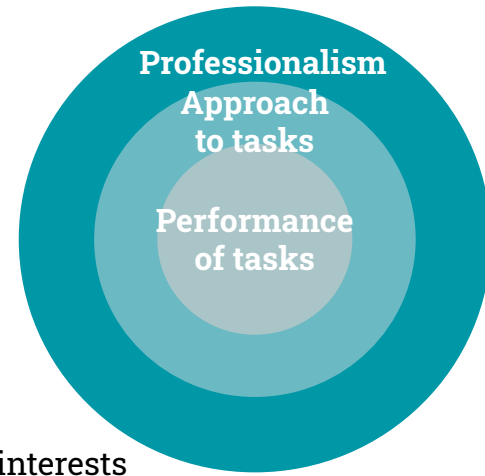
Reflection

Key to become a lifelong learner – if not most learning opportunities are lost

Professionalism

Characteristics of profession:

- Vocation or calling that implies "service to others"
- It has a distinctive knowledge base which is kept up to date
- It determines its own standards and sets its own examinations
- Has a special relationship with those whom it serves
- Has particular ethical principles



Very important!

Professionalism key elements:

1. **Altruism:** giving priority to patient interests rather than self-interests
2. **Excellence:** conscientious effort to perform beyond ordinary expectation & commitment to lifelong learning
3. **Accountability:** being answerable to patients, society & profession
4. **Duty:** free acceptance of commitment to service i.e. undergoing inconvenience to achieve a high standard of patient care
5. **Honor & integrity:** being fair, truthful, straightforward & keeping to one's work
6. **Respect for other**

Professionalism	Ethics
are skills, competence and conduct displayed by an individual at certain profession.	are guides for an individual which clearly states the dos and don'ts.

Very important!

Professionalism values:

1. **Honesty**
2. **Trust**
3. **Service**
4. **Commitment**
5. **Communication**
6. **Accountability**
7. **Lifelong learning**

Accountability:

- Responsibility
- Self regulation in activities
- Standard setting
- Ability to resolve conflicts
- Free acceptance of duties to serve public
- Explain and give reason for actionser

How can you implement professionalism as a student?

- Attending lectures
- Respect
- Excellence
- Teamwork
- Lifelong learning

How professionalism can be taught? By being a role model

Role of the doctor within the health service and community	Personal Development & Lifelong learning
<ul style="list-style-type: none"> • Understanding of the health care system • Understanding of clinical responsibilities • Appreciation of doctor as researcher • Appreciation of doctor as mentor or teacher • Appreciation of doctor as manager including quality control • Team working 	<ul style="list-style-type: none"> • Lifelong Learner • Self awareness • Self confidence • Self regulation (Self care, Self control, Personal time management) • Motivation (Achievement drive, Commitment, initiative) • Career choice

UnProfessionalism

Questions may come as scenarios so make sure to practice the scenarios (go back to slides)

Signs & symptoms of unprofessional behavior:

1. Abuse of power
2. Arrogance
3. Greed
4. Misrepresentation
5. Impairment
6. Lack of conscientiousness
7. Conflicts in interests

Results of unprofessionalism:

- Increased workplace difficulties
- Decreased morale in other staff
- Decline in patient care

Unprofessional behavior:

1. **Illegal or criminal acts**
2. **Immoral acts** (sexual activity with individuals that may be patients).
3. **Business related acts:** related to the operation of the business, not the quality of the care (Obtain, maintain, or renew a license to practice medicine by bribery, fraud or misrepresentation)
4. **Negligent practice**
 - a. Failure to maintain records of a patient, relating to diagnosis, treatment & care.
 - b. Altering medical records.
 - c. Failure to make medical records available for inspection.
5. **Plagiarism**

Types of plagiarism:

- **Direct copying** (most common)
- **Word switching**
- **Concealing sources**
 - Putting someone else's ideas on your words without referring to them.
 - Using a reference more than one time, but only pointing it out once.
- **Buying assignments** (worst type)
- **Self plagiarism**

Unprofessional physician:

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

Working with others

Acceptable

- Group assignments.
- Discussing your work and ideas with other students.
- Getting advice on sources of information from other students, lecturers or professionals.

Not acceptable

- Copying all or part of another student's writing.
- Sharing an assignment.
- Group work on individual assignment.
- Writing in Arabic and asking someone else to translate your work.

Early warning signs:

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

Disruptive behavior & its intervention:

- No professionalism issues (vast majority of doctors) >>> none
- Single 'unprofessional' incident >>> informal
- Apparent pattern awareness >>> awareness
- Pattern persists >>> Guided by authority
- Norm >>> Disciplinary

What does formalizing a response need? Formalizing a response need cost and time

Interprofessional education (IPE)

IPE competencies domains	Definitions	Specific competencies Not all of them are mentioned please go back to slides
1.Values/Ethics	Work with individuals of other professions to maintain a climate of mutual respect and shared values	<ul style="list-style-type: none"> Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team based care. Embrace the cultural diversity Act with honesty and integrity Develop a trusting relationship with patients, families, and other team members.
2.Roles/Responsibilities	Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of the patients and populations served	<ul style="list-style-type: none"> Recognize one's limitations Communicate with team members to clarify each member's responsibility Engage diverse healthcare professionals who complement one's own professional expertise Engage in continuous professional and interprofessional development to enhance team performance
3.Interprofessional Communication	Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner	<ul style="list-style-type: none"> Listen actively Choose effective communication tools and techniques Give timely, sensitive, instructive feedback Use respectful language
4.Teams & Teamwork	apply relationship-building values and the principles of team dynamics to perform effectively in different teams roles.	<ul style="list-style-type: none"> Apply leadership practices that support collaborative practice and team effectiveness Engage other health professionals in shared patient-centered problem-solving Perform effectively on teams and in different team roles in various settings Describe the process of team development and the roles and practices of effective teams

Best Practices in Interprofessional Communication:

- The lifeline of care team
- Process by which information is exchanged between individuals, departments, or organizations
- Should be: Complete, Clear, Brief & Timely

Information Exchange Strategies

- SBAR** (Situation- Background - Assessment - Recommendation): to effectively communicate information to one another
- Call out:** to communicate important or critical information. Ex. During emergency, codes, etc
- Check-Back:** to ensure that message is received
- Handoffs:** to transfer information during transitions in care across the continuum

Interprofessional Communication Challenges/ Barriers:

- Language barrier
- Distractions & Conflict
- Physical proximity
- Personalities
- Varying communication styles
- Lack of information verification
- Shift change
- Workload

Benefits of IPE/IPC:

-Patients:

- Shorter wait times for care
- Improved patient care and safety
- Increased satisfaction with care provided
- Better health outcomes

-Health care organizations:

- Greater efficiency and capacity - ability to provide
- Decreased staff turnover with enhanced staff morale
- Improved recruitment and retention
- Increased patient safety and fewer treatment errors

-Health care providers:

- Greater job satisfaction
- Less stress and burnout
- opportunity to work within the full scope of practice
- improved professional environment that supports clinical practice

Interprofessional education (IPE)

Example of IPE Activities

Experiential training programs	Community-based related activities
<ul style="list-style-type: none">• Clinical Sessions during internship• Interprofessional clinical rounds• Interprofessional ambulatory clinics: Students team up and assigned a real patient from outpatient clinic• Case presentations, Case studies.• Journal clubs, Ethic cases	<ul style="list-style-type: none">• Service learning: Students teams up and identify a community partner (nursing home, Rehab center, etc) and conduct a community project• Health campaigns• Screening programs• Free- or Mobile clinic (e.g. in Hajj)• Extracurricular activities

Professionalism in Different Cultural Context

Medical Professionalism Three fundamental principles:

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

Special Cultural Issues In Professional Care In Different Parts Of The World:

- Uncovering of face for females
- eye contact
- History taking of female adults from parents or husbands
- Undressing of female patients
- Sharing of confidential information
- Giving information to patients in a way they can understand

Cultural competency refers to possessing knowledge, awareness, and respect for other cultures

Very important!

Why is it important to think about cultural differences at work? Culture is directly related to health promotion, disease prevention, early detection, access to health care, trust and compliance.

The Doctor-Patient Relationship:

- Doctor-patient relationship & communication is central to effective patient care.
- The clinical reality has been formulated in a way that puts the physician in a dominant role in this relationship.

A doctor should approach cultural differences with:

- Competency
- Humility
- Empathy
- Respect
- Sensitivity
- Curiosity
- Awareness of possible external influences

PEARLS concept:

Partnership: working with the patient to accomplish a shared outcome.

Empathy: Recognizing and comprehending another's feelings or experience.

Analogy: Willingness to acknowledge or express regret for contributing to the patient's discomfort or distress.

Respect: Non-judgmental acceptance of each patient as a unique individual.

Legitimization: Accepting Patients Feeling So Reactions Whether or not you agree with their perceptions.

Support: Expressing willingness to care and be helpful to the patient however you can.

Professionalism in Different Cultural Context

Very important!

Models of Doctor-Patient Relationship				
	Paternalistic	Informative	Interpretive	Deliberative
Physician obligation	Promoting patient's well-being independent of the patient's preference	Provide relevant facts & information to the patient and executes the patients wishes	Provides relevant facts and information to the patient while trying to understand the patient's values to help the patient choose the intervention that suits his/her values	Informs guides the patient to the intervention that is best suited for his clinical situation
Patient autonomy	Consents to the doctors choice	Patient controls the decision making	Patient understands him/herself better to help her in making the choice	Self-development
Physician role	A guardian, parent	A technical expert	Counselor or advisor	Mentor or teacher
Epidemiology	-in Chinese culture -partially in Far East & South Asian	-in Western -less in Eastern	-in West -increase acceptance in East	

The Concept of Communication Skills in Medicine

Communication Theory: (It is a learned skill based on 3 pillars)

1. Accuracy
2. Efficiency
3. Supportiveness

Types of communication:

1. **Verbal** (Most common): Sharing of information between individuals by using speech
2. **Non-Verbal:** Done by sending and receiving wordless clues
3. **Written:** Messages or information is exchanged or communicated within sender and receiver through written form
4. **Visualization:** Transmission of information and ideas using symbols and imagery

Verbal Communication	Non-Verbal Communication
<ul style="list-style-type: none"> • Open: <ul style="list-style-type: none"> ○ Broad - gives control to respondent, allows disclosure. ○ focused - gives control to respondent within a given area, encourages disclosure of feelings. • Closed: control is with interviewer, checks information. • Leading: control with the interviewer, suggests a desired response. 	<ul style="list-style-type: none"> • Facial expression • Posture • Hand Gestures • Touch • Listening (active & passive) • Eye contact • Silence

Why visual communication is important?

1. Complements verbal communication
2. Helps in maintaining interest and retaining information

Benefits of effective Communication:

1. Improve providers' interviewing skills
2. Facilitate information-gathering
3. Decrease malpractice claims

- ❑ Effective communication is the basis of mutual understanding & trust.
- ❑ Poor communication causes a lot of misunderstanding & hinders work & productivity.

The Concept of Communication Skills in Medicine

Good communication is needed to:

- Increase our knowledge.
- Makes our feelings and thoughts known.
- Find out about people.
- Find out information.
- Develop relationships.

Communication in Medicine

- Reduces the risk of complaint & litigation
- Higher levels of job satisfaction
- Increases patient satisfaction & health outcomes

WHAT IS REQUIRED FROM DOCTORS?

Toward patients

- Listen & respond to their concerns & preferences
- Give patients information in way they can understand
- Taking patient's views into consideration when assessing their condition
- Respond to patients questions, keep them informed & share information

Toward colleagues

- Effective communication
- Understanding the role & responsibilities in the team and each aspect of patient care.
- Respect

Why do the doctors need to practice good communication?

- Because patients are human with sensitive need.
- Doctors cannot practice medicine without effective communication skills.
- Poor communication cause a lot of medico-legal & ethical problems.

Communication: with whom?

- Patients & caregivers
- Nurses & auxiliary staff
- Colleagues
- Administrators
- Report research findings
- Talking to the media
- Public & legislature

Where to apply our Communication skills? In medical interview between the doctor and the patient, 4 types according to the purpose:

- History taking
- Consultation
- Obtaining Informed Consent
- Breaking Bad News

Principles of effective communication:

- Planning
- interaction rather than a direct transmission
- flexibility in relation to different individuals & context
- ability to handle emotional outbreaks

Benefits of effective communication in medicine:

- Ensures good work relationships
- Increases understanding of illness and management
- Reduce medico-legal problems
- Increases patients satisfaction
- Improve patients compliance with treatment
- Reduce uncertainty or doubt

Barriers to effective communication:

- Personal attitudes
- Ignorance
- Human failings (tiredness, stress)
- Cultural & language barriers
- Poor time management
- Strenuous working environment
- Physical, Environmental & Biological barriers

Communication skills techniques:

- PRACTICE- fluent dialogue with patient.
- ENCOURAGE- patients with your supportive words.
- USE- silence effectively, allowing patient enough time to express thoughts or feelings.
- UTILIZE -non-verbal communication.

Communication & Medical care: Good communication should be established between: the **patient**, the **family** and the **treating multidisciplinary team**.

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
- Proper information to patient and family regarding services available and how they can utilize them.

Listening

Attention, Active involvement, Full understanding, Takes time & effort

Hearing

Passive activity; no effort.

Volunteering works & the role of medical professionals in serving the community

Volunteering as an education activity:

1. **Non-formal Education (NFE):** is any organized educational activity that takes place outside the formal educational system. Usually it is flexible, learner-centered, contextualized and uses a participatory approach. There is no specific target group for NFE; it could be kids, youth or adults.
2. **Informal Education:** □□ a process throughout life, by which every person acquires and accumulates knowledge, abilities, attitudes □□ through everyday experiences, at work or during leisure activities.
3. **Formal Education:** In some universities & colleges, volunteer activities are part of the curriculum. These activities are often organized like other curricular programs; students are given a set number of hours □ work to complete, followed by assessments.

Volunteer motivation:

- A. **Expectancy Motivation Theory:** this theory suggests that behavior is caused by a belief that it will **result in a desired reward or goal**. Three factors affect behavior:
- The need for **achievement**, which is defined as the capacity for taking pride in accomplishment.
 - The need for **affiliation**, defined as the concern for one's relationships with others.
 - The need for **power**, or wanting to have an influence or impact on others.
- B. **Altruistic Motivation:** altruism is an aspect of human motivation that is present to the degree that the individual derives **intrinsic** satisfaction or psychic rewards for attempting to **optimize the intrinsic satisfaction** of one or more other persons without the conscious **expectation of participating in an exchange relationship**.

Factors favor volunteering:

Internal:

1. Self esteem
2. Generosity
3. Social responsibility
4. Personal satisfaction
5. Social status
6. Family traditions
7. Identification with organization/college
8. Personal obligation

External:

1. Professional image
2. Recognition from society
3. Organizational/college image
4. Organizational/college reputation
5. Holidays
6. Natural disasters
7. Being invited
8. C.Vs differentiation
9. Identification with other volunteers (friend/family)

Principles of Volunteering:

- Mutually beneficial To individual & organisation
- Independently chosen & freely given
- Enabling & flexible wherever possible
- Has a community or social benefit
- Offered to not-for-profit activities

Ethics of volunteering

- Trust worthiness
- Respect
- Justice & fairness
- Compassion & generosity
- Responsibility

Why do you want to be a volunteer (benefits)?

- Volunteers live longer & healthier
- Volunteering establishes strong relationships
- Volunteering is good for your career
- Volunteering is good for society
- Volunteering gives you a sense of purpose

What difficulties/obstacles stop you becoming a volunteer?

- Limited experience
- History of being ignored
- Resistant leaders
- Sense of powerlessness
- Lack of transportation
- Lack of child care

The Precede-Proceed Model (Awareness Campaign):

- ❖ The model involves nine phases is based on the premise that a thorough **assessment (Precede)** should be made **before planning** a health promotion intervention, and evaluation (**Proceed**) is built in to the process to **enable measurement** of the effectiveness of each interventions.
- ❖ Priority **targets** for intervention are established through each phase of the assessment process (**phases 1–5**) on the basis of causal importance in the chain of health determinants, their prevalence and their changeability.
- ❖ The **results** of this assessment process **guide** the **development** of the intervention (**phase 6**)
- ❖ The evaluation (**phases 7–9**) then **tracks the impact** of the intervention on factors identified as important targets in the assessment process.

□ The best way to volunteer is to match your personality and interests

CPD, LLL & professionalism through mentoring

Examples of CPD:

- Training courses & workshops
- Studying for a qualification or accreditation
- Online courses/webinars/podcasts
- Self-reflection, personal reading or research
- Mentoring

Who is responsible for CPD?:

- personal: Responsibility to keep up to date
- institute: Has a responsibility to ensure that our team keeps up to date

Features of effective CPD:

- **Personalised** – i.e. built on individual identified needs and requirements.
- **Collaborative** – with your fellow teachers and colleagues.
- **Relevant** – relates to your teaching theory and/ or subject specialism and the needs of learners.
- **Supported** – by coaching or mentoring from experienced colleagues.
- **Sustained** – New skills and ideas need time to take hold; experimentation and refinement is the best way to embed new ideas into your classroom practice.

Different Aspects of Competence:

- Knowledge
- Skills
- Abilities

How is competence acquired:

- pre-service education
- in-service training
- work experience

How can we achieve CPD?

- Reflective Practice/Learning (most favoured)
- Lecture programs
- Conferences
- Workshops

Levels of competence:

- Novice
- Advanced beginner
- Competent
- Proficient
- Expert

Reflection stages:

1. An awareness of uncomfortable feelings
2. Examination of situation
3. Exploration of alternative actions
4. Reflective thoughts results in action

Competence develops over time and is nurtured by reflection on experience

Reflective Learning:

1. Systematic revisiting of a learning experience with a view to learning from it

Reflective practice:

1. Reflection in action
2. Reflection on action

Tips of Lifelong Learning (LLL):

1. Utilise technology
2. Ask your employer – for personal development planning
3. Stay motivated
4. Add some structure
5. Take every opportunity
6. Don't make excuses

Experiential Learning: Experience > Reflect > Make sense > Plan for action

Examples of LLL:

- Internships
- Professional courses
- Teaching yourself a new language
- Studying a new subject

Benefits of LLL:

- Gain a new qualification
- Fill a skills gap
- Mental stimulation
- Earn more money

Mentoring Principles:

- Engagement is on a voluntary basis for both the Mentor and the Mentee.
- The Mentoring relationship is confidential.
- Mentoring is non-directive in its approach.
- It is a relationship built upon trust and mutual respect.
- The Mentor empowers the Mentee to take responsibility for their own learning & career development.
- The relationship places no obligation on either party beyond its developmental intent.

The Mentoring Cycle:

1. Rapport-building
2. Contracting/Ground Rules
3. Direction-setting
4. Progress making
5. Maturation
6. Closure

Skills Required By Mentors:

1. Ability to build rapport with the mentee
2. Feedback skills
3. Listening skills
4. Communication skills
5. Questioning skills
6. Interpersonal skills

Mentoring RATIONALE:
"To support the professional growth of the individual who is in the early stage of their career and to promote excellence in teaching & learning, research and academic leadership".

How Mentors Help Others Learn?

- □**The Guide**□: Hands on guidance, explaining how and why; creating opportunities to learn.
- □**The challenger**□: Making Waves'; challenging, stimulating, questioning, probing.
- □**The role model**□: Unseen, largely unfelt. The Mentee unconsciously adopts aspects of the mentor's thinking behaviours and/or style.

Leadership & management skills

Leadership

- Multi-directional influence relation
- Focus on people motivation & inspiration
- Long-term view & goals
- Create trust among people
- Leaders does right things
- Vision-oriented
- Relies on envision and innovation
- Role-models/do right things
- Develop power with people
- Empowers and inspires people

Management

- Unidirectional authority relationship
- Focus on system & structure; Processes, policy, procedures
- Short-range perspectives
- Relies on control of people
- Managers does things right
- Task-oriented
- Administration
- Model roles / Do things right
- Exercise power over people
- Ensures that rules are followed

Leadership theories:

1. **Great Man Theory:** Leaders are exceptional people, born with innate qualities, destined to lead.
2. **Functional Theory:** Interaction of task, team, and individuals
3. **Situational/ Contingency Theory:** Leadership style changes according to the □ situation □ and in response to the individuals being managed - according to their competency and motivation.
4. **Trait Theory:** Qualities associated with leadership e.g. Honesty
5. **Behaviorist Theory:** Leaders behavior and actions, rather than their traits and skills , e.g. Persuasive, consultative, democratic.
6. **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.

Approaches to leadership:

1. The Trait Approach:

- a. Links a number of qualities to effective leadership
- b. The ability to be surrounded & supported by good people
- c. The ability to build effective learning
- d. The ability to retain good people
- e. The capability to make own decision
- f. The ability to listen

2. 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:

1. **Visionary Leader.** Has a long-term perspective form: mission statements, vision and value.
2. **Integration Leader.** Has medium term perspective. Focus on own organization.
3. **Fulfillment Leader.** Has short-term perspective.
4. **Transactional Leader.** Sets clear goals, understand needs of employees, motivates and rewards.
5. **Transformational Leader.** Involves mutual trust and relationship, shared values and shared vision
6. **Charismatic Leader.** Attractive character(s) that he/she is distinguished with! e.g. Attractive when he/she talks

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 & 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

Is there a best style of leadership? Those who are able to adapt their style to fit the requirement of situations encountered are best leaders.

Team leaders

Abdulrahman Bedaiwi
Amirah Al-Zahrani



Done by

Amirah Al-Zahrani

Thank you!



Give us your feedback!