

# Summary of Professionalism Course (SAQs)



# Lecture 1: Professionalism

## Q1 : Define Professionalism?

-It is term which embodies numerous **qualities** of physicians as public **servants**.

-(ABIM definition): Constituting those **attitudes and behaviors** that **serve** to maintain others interest above physician Self-interest.

## Q2 : Enumerate six key elements that embodies the character of professional physician?

- **Altruism** (giving priority to patient rather than self interest ).
- **Accountability**.
- **Excellence** (perform beyond ordinary expectation).
- **Duty** (free acceptance of commitment to service).
- **Honor and integrity**.
- **Respect for other**.

## Q3 : Enumerate 3 meanings of accountability?

- Responsibility.
- Standard setting.
- Explain and give reason for actions.

## Q4 : What is the difference between professionalism and ethics?

**Professionalism**  
are **(skills, competence and conduct)** displayed by an individual at certain profession.

**Ethics**  
are **guides** for an individual which clearly states the dos and don't's.

## Q5 : How can the physician apply professionalism in his career?

- Appreciate his role ( as a doctor) within the health service.
- Personal Development.

# Lecture 2: Unprofessional behavior

## Q1 : Define Unprofessionalism?

-Not pertaining to the characteristic of a profession.

## Q2 : What are the possible consequences of unprofessional behavior?

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

## Q3 : Enumerate the signs and symptoms (characteristics) of the unprofessional behavior?

- Abuse of power.
- Arrogance.
- Greed.
- Conflicts in interests.
- Misrepresentation (Laying).
- Impairment (disability).
- Lack of conscientiousness.

## Q4 : Enumerate the main five categories for unprofessional acts?

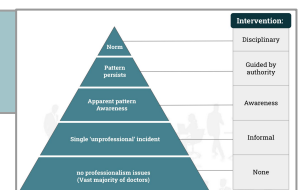
- Illegal or criminal acts.
- Business related acts.
- Plagiarism (unethical usage of others work).
- Immoral acts.
- Negligent practices.

## Q5 : What are the types of plagiarism?

- Direct copying.
- Working with others (on individual assignment).
- Buying assignments.
- Word switching.
- Concealing sources (Hiding the sources).
- Self plagiarism (Re-using part of an old assignment).

## Q6 : How to deal with the unprofessional behavior?

- Take a look at the disruptive behavior pyramid →



## Q7 : Formalizing a response to unprofessional behavior need ...

- Cost and time.

# Lecture 3: IPE & IPC

## Q1: Define interprofessional education (IPE)?

- Learners from two or more professions **learn** about, from, and with each other.

## Q2: Define interprofessional collaboration (IPC)?

- When multiple health workers from different professional **work** together.

## Q3: Enumerate and define the 4 domains (in order) of IPE and IPC competencies, and give examples on each domain?

1. **Values/Ethics:** Work with others to maintain a climate of mutual respect.  
ex: Act with honesty and integrity with others.
2. **Roles/Responsibilities:** Use the knowledge of one's own role and those of other professions for the best health service.  
ex: Recognize the roles and responsibilities of other care provider.
3. **Interprofessional Communication :** Communicate with others in the profession in a responsive and responsible manner.  
ex: Use understandable language and listen actively.
4. **Teams & Teamwork:** Apply relationship-building values to perform effectively in teams.  
ex : Integrate the knowledge and experience of others.

## Q4 : List the 4 Information Exchange Strategies in Interprofessional communication?

- **SBAR**, focusing in (Situation – Background – Assessment – Recommendation ) for effective communication.
- **Call-Out**, while communicating **important** information (ex: emergency).
- **Check-Back**, to **ensure** that message is received.
- **Handoffs**, to transfer information **during transitions** in care across the continuum.

## Q5 : Give some of tools/methods to implement IPE/IPC?

- Experiential Training Programs.
- Community-based related activities.

# Lecture 4: Cultural Context

## Q1 : List the three fundamental principles in medical professionalism, explain each one?

- **Patient welfare:** Physician should be (competent, characterized by caring attitude, extra ..) to achieve patients welfare.
- **Patient autonomy:** Physician should be ( honest, respect the confidentiality of the patient , extra.. ) to achieve patient autonomy.
- **Social justice:** Physician should (respect colleagues, Manage the conflict of interest) to achieve social justice.

## Q2 : Define culture?

- Culture has been defined as the beliefs, customs, habits, & language shared by people living in particular time & place.

## Q3 : list 3 influences in Cultural variation

- Religion.
- Social class.
- Region.

## Q4 : list the four Models of Doctor-Patient Relationship , explain each one .



- **Paternalistic** (physician acts as the patient's guardian).
  - Physicians are in the best position to judge what is best for their patients (**no patient autonomy**).
  - Applicable in Chinese culture.
- **Informative** (physician acts as technician).
  - The physician informs the patient to fall the medical facts , and patient takes decisions (**total patient autonomy**).
  - applicable To certain sections of Western Culture.
- **Interpretive/ Collegial** (physician acts as the patient's friend/advisor ).
  - Physician's medical facts and patients personal values contribute medical decision.
  - Culturally popular in the West.
- **Deliberative** (physician acts as a mentor/teacher).
  - The physician mentor's grip on decision making is more relaxed than paternalistic model.
  - In Eastern countries.

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## Q5 : List 4 cultural Issues In Professional Care that may differ from culture to culture?

- Special Cultural Issues: (female related issues, eye contact).
- Research Related cultural issues.
- Accepting gifts or other inducements.
- Confidentiality.

Other question can be in form of :

- give examples of research related issues,
- when it is ok to accept gifts.

(Read the original slides for it)

## Q6 : Define cultural competency?

- Refers to possessing knowledge, awareness, and respect for other cultures.

## Q7 : How to maintain professionalism in different Cultural context?

### OR What is PEARLS concept?

- **P**artnership: Working with the patient.
- **E**mpathy: Recognizing another's feelings.
- **A**nalogy: willing to acknowledge or express regret for contributing to a patient's discomfort, distress.
- **R**espect: Non-judgmental acceptance of each patient.
- **L**egitimization: Accepting patient's feelings or reactions .
- **S**upport: Be helpful to the patient.

# Lecture 5: Communication Skills

## Q1 : Define communication?

- The act by which information is shared.

## Q2 : What is the communication theory?

### OR Enumerate the three pillars of communication?

- Communication is a learned skill based on 3 pillars:
  - Accuracy.
  - Efficiency.
  - Supportiveness.

## Q3 : What are the types of communication?

- Non-Verbal (ex: Hand gestures, Eye contact, facial expression).
- Verbal (ex: open or closed conversation).
- Written.

## Q4 : How to practice verbal communication effectively ?

- Make eye contact and Show respect while speaking.
- Clear message.
- Be a Good listener.

## Q5 : What is required from doctors towards: (Mention 2 in each )

1. Patients
2. Colleagues

- **Patients:**
  - Listen to patients.
  - Give patients information in way they can understand.
- **Colleagues:**
  - treat your colleagues fairly.
  - Make sure your colleagues understand your role and their roles.

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## Q6 : Why do the doctors need to practice good communication?

- Doctors cannot practice medicine without effective communication skills.
- Poor communication causes a lot of medico-legal and ethical problems.

## Q7 : Give 3 examples of people that doctors communicate with?

- Patients.
- Nurses.
- Colleagues.

## Q8 : The medical interview can be classified into 4 types, enumerate them?

- History taking.
- Consultations.
- Obtaining informed consent.
- Breaking bad news.

## Q9 : What are the principles of effective communication?

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

## Q10 : What is the difference between Listening and Hearing?

### Hearing

Passive activity; no effort.

### Listening

With Attention and Active involvement.

## Q11 : Enumerate 4 barriers to effective communication?

- Ignorance.
- Human failings (tiredness, stress).
- Language.
- Strenuous working environment.



# Lecture 6: Volunteering works

## Q1 : Define Volunteering?

- Any activity which involves spending time, unpaid, doing something which aims to benefit someone.

## Q2 : What is the difference between non-formal and informal education? (Or : define non-formal or informal education)

### Non-formal

Any **organized** educational activity that takes place outside the formal educational system.

### Informal

A process throughout life by which the person acquires the knowledge through **everyday experiences**.

## Q3 : What is the Expectancy Motivation Theory?

-Theory suggests that the behavior of volunteering is caused by a belief that it will **result in a desired reward or goal**.

## Q4 : What is the Altruistic Motivation Theory?

-theory suggests that the individual derives intrinsic satisfaction for volunteering **without** the conscious expectation of participating in an **exchange relationship**. (ALTRUISM)

## Q5 : What are the types of factors that favors volunteering, give 3 examples on each type?

- **Internal factors** , ex :(Self esteem , Generosity , Personal satisfaction).
- **External factors** ,ex : (Recognition from society , C.Vs differentiation , Holidays).

## Q6 : What difficulties/obstacles stop you becoming a volunteer?

- (You can't): **Lack of time, physical boundaries, lack of skill.**
- (Don't want): **Lack of benefits.**
- (Nobody asked): **Lack of opportunities.**

## Q7 : List 3 principles of volunteering?

- Independently chosen.
- Has a community or social benefit
- Offered to not-for-profit activities

# Lecture 7: Continuous Professional Development

## Q1 : Define Continuous Professional Development (CPD)?

- Lifelong systematic learning which meets the needs of patients.
- Or Refers to any activity that helps you develop your skills and knowledge to enhances your professional practice.

## Q2 : Give 3 examples of CPD? (Or : How can we achieve CPD)

- Training courses.
- Studying for a qualification.
- Self-reflection. "Is the most favoured" (look at Q9)

## Q3 : Who is responsible for CPD?

- Personal (myself).
- Institution.

## Q4 : List 3 Features of effective CPD?

- Personalised (built on individual needs).
- Relevant to the profession.
- Sustained.

## Q5 : Define competence

- The ability to perform a specific task in a manner that yields desirable outcomes.

## Q6 : What are the levels competence in medical profession ?

<b>1-Medical student</b> (Novice)	<b>2-Intern</b> (Advanced beginner)	<b>3-Resident</b> (Competent)	<b>4-Registrar</b> (Proficient)	<b>5-Consultant</b> (Expert)
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## Q7 : What are the different Aspects of Competence?

- Knowledge.
- Skills.
- Abilities.

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## Q8 : How is competence acquired?

- By Continuous Professional Development:
  - Pre-service education.
  - In-service training.
  - Work experience.

## Q9 : What is the most favoured way to achieve CPD?

- Reflective Practice/Learning.

## Q10 : Define Reflection?

- Is a metacognitive process that creates greater understanding of both the self and the situation.

## Q11 : Define Metacognition?

- It is an awareness and understanding of one's own thought process. (Cognition about cognition)

## Q12 : Define Reflective Learning?

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

## Q13 : List the steps (components) of kolb's cycle?

- Concrete experience.
- Reflective Observation.
- Abstract conceptualisation.
- Active experimentation.



I think the question in that point will be in form of scenario, and ask you to apply kolb's cycle (or reflective log)

There is a scenario in the original slides (important)

## Q14 : Define lifelong learning?

- Voluntary, self-motivated Learning with the main goal to improve personal or professional development.

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## Q15 : Define mentoring?

- Help and support people to manage their own learning.

## Q16 : List 3 mentoring principals ?

- Engagement is on a voluntary basis for both the Mentor and the Mentee.
- The relationship is confidential.
- The Mentor empowers the Mentee to take responsibility.

## Q17 : List the steps (components) of mentoring cycle?

- **Rapport-building:** Developing mutual trust and comfort.
- **Contracting/Ground Rules:** Exploring each other's expectations of mentoring.
- **Direction-setting:** Agreeing initial goals for the relationship.
- **Progress making:** learning proceed rapidly.
- **Maturation:** mentee becomes increasingly self-reliant.
- **Closure:** Formal relationship ends, an informal one may continue.

## Q18 : Mention 3 skills required by mentors?

- Communication skills.
- Feedback skills.
- Questioning skills.

## Q19 : How Mentors Help Others Learn?

### OR List the three models of a mentor?

- The Guide:** Hands on guidance, explaining how and why; creating opportunities to learn.
- The Challenger:** Making Waves (challenging, stimulating, questioning ).
- The Role model:** The Mentee unconsciously adopts aspects of the mentor's thinking behaviours and/or style.

# Lecture 8: Leadership

## Q1 : Define Leadership?

- The ability to influence a group of people towards the achievement of goals.

## Q2 : List 3 differences between Leadership and management?

### Leadership

- Multi-directional influence relation.
- Vision-oriented.
- Develop power with people.

### Management

- Unidirectional **authority** relationship.
- Task-oriented.
- Exercise power over people.

## Q3 : Mention 2 leadership theories?

They might ask you about specific theory  
(There are many leadership theories in original slides)

- Great Man Theory : leaders are born to lead.
- Contingency Theory : Leadership style change according to the situation.

## Q4 : Enumerate 3 leader traits and 3 leadership skills?

- Traits (you can acquire it) : Cooperative, Decisive and Dependable.
- Skills (you born with) : Clever, Creative and Socially skilled.

## Q5 : How to approach to leadership?

- Trait Approach.
- Attitudinal Approach.

They might ask you to mention the trait approach  
Read the original slides for it

## Q6 : List 3 types/styles of leadership?

- Visionary Leader.
- Integration Leader.
- Charismatic Leader.

## Q7 : 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**.

**Q8 : What are the types of challenges to leadership, give 2 examples of each type?**

- External challenges:
  - Public criticism.
  - Crises.
- Internal challenges:
  - Insecurity.
  - Impatience.

**Q9 : How leaders cope with leadership challenges? (list 3)**

- Be proactive.
- Be creative.
- Face conflict squarely.



باستوفى

# Team leaders

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# Thank you!



Give us your feedback!