SMA Training Workshop:
Core Concepts in Medical Professionalism

Date: 5 July 2014, Saturday
Time: 8.30 am to 5 pm
Venue: Furama Riverfront Singapore, Venus I (Level 3)
Number of CME Points: Pending approval from the Singapore Medical Council
To register, visit http://www.sma.org.sg/academy or fill in the form below.

Key objectives
- Acquire understanding of the core concepts of professionalism and their scope
- Acquire the skills of applying the core concepts of professionalism
- Appreciate the challenges of teaching professionalism
- Appreciate the challenges of evaluating professionalism in trainees

Who should attend?
- Residency programme directors and core faculty
- Medical school faculty involved in ethics and professionalism
- Leaders of professional organisations
- Members of ethics and complaints committees, and disciplinary inquiries

Topics to be covered
- Professionalism
- Collegiality
- Conflict of Interest
- Confidentiality & Privacy
- Consent
- Professional Accountability & Governance
- Doctor-Patient Relationship
- Ethical Case Analysis
- Evaluation of Professionalism in Trainees

Please return this slip for SMA Training Workshop: Core Concepts in Medical Professionalism to Denise Tan, Singapore Medical Association, 2 College Road, Level 2, Alumni Medical Centre, Singapore 169850. Tel: 6223 1264, fax: 6224 7827 or email: denisetan@sma.org.sg. A confirmation email will be issued to all applicants.

Name: ___________________________ MCR No.: ___________________________

Email: ___________________________ Profession/Specialty: ___________________________

Handphone No.: ___________________________ SMA Member: Yes / No

Registration fees (inclusive of GST):
☐ SMA member: $80
☐ Preferred partners (AMS, MLS, CFPS): $100
☐ Non-member: $180

Mode of Payment
☐ Credit Card
   VISA/MasterCard No.: ___________________________ - ___________________________ - ___________________________ - ___________________________
   Expiry Date: __________________ / __________________ CVV2/CVC2 No.: ___________________________

☐ Cheque (payable to Singapore Medical Association)
   Bank: ___________________________ Cheque No.: ___________________________

Signature: ___________________________ Date: ___________________________