

Organised by:

**SMA  
CMEP**

Centre for  
Medical Ethics &  
Professionalism



# 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.

## 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

## 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

## 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](mailto: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: \_\_\_\_\_