

## AUTO SUMMARY

of the PhD dissertation on:

### DESIGNING A MODEL FOR PROFESSIONAL DEVELOPMENT OF MEDICAL DOCTORS IN RELATION TO SOCIALIZATION SKILLS

by M.Sc. Risto Stefanovski

The concept of continuous medical education is mainly about expanding medical knowledge, skills and attitudes. Continuous professional development incorporates and transcends this concept by recognizing the wide range of competencies required to practice high quality medicine, including medical, managerial, ethical, social and personal skills. Based on a well-developed tradition of lifelong learning in the medical profession, continuous professional education integrates the ethical responsibility of every physician and increases job satisfaction.

There are several different definitions of continuous professional education: "Ongoing process, outside of formal undergraduate and postgraduate training, that enables individual medical doctors to maintain and improve the standards of medical practice through the development of knowledge, skills, attitudes and behaviour."; "Wide range of competencies outside of clinical updating, research and scientific writing, multidisciplinary patient care context, ethical practice, communication, management and behavioural skills, team building, information technology, revision and appropriate application of attitudes to ensure better outcomes and patient satisfaction."; "Great number of learning activities through which health professionals maintained and advance their practice in the course of their careers, in order to ensure that they are maintaining their capacity to practice safely, efficiently and legally as part of the development of their practicing scope."

The professional development of doctors enables continuous acquisition, enhancement and strengthening of their knowledge, development of skills and capabilities that are relevant to the success of work activities. It also provides an opportunity to acquire knowledge and skills that ensure quality and successful cooperation with their colleagues and management, and ensures the establishment of a quality relationship with patients. In addition to the above-mentioned benefits, it enables us to prepare for the acceptance of systemic changes, ensure their successful implementation and encourage active participation and initiative in the implementation of reforms.

In order to be able to follow the modern developments and to be prepared for the role that the development of medicine undoubtedly imposes on them, i.e. in order to be able to achieve certain competencies that are prevalent in a certain period, health professionals should be given continuous professional development organized and functional way. The continuous professional development of every health professional implies the attendance of trainings, different types of organized transfer of knowledge or exchange of professional experiences in the workplace.

The forms of professional development of the medical doctors are: participation in congresses, symposia and other forms of professional meetings, courses for continuous education, study visits, published papers in professional and scientific journals and publications, acquiring professional and scientific titles, applying for side effects of drugs and mentor and educator activities, continuous medical education in a previously accredited WEB form.

In a period of seven years, a medical doctor should gain 140 points through various forms of professional development determined by this rulebook. The medical doctor has to go through various forms of professional development check every seven years in order to renew his work license. The expertise of the medical doctor in a period of seven years is implemented by evaluating the professional development through scoring. To ensure continuity of professional development during the validity of the work license, the doctor should provide at least 20 points each year.

As an employee of a Health Institution for more than 10 years, and being surrounded with medical doctors in my private life, I realized that something was still missing in that continuous medical education, and that the missing part was those soft socializing skills that are not represented in any form at CME. This was only confirmed after reviewing the calendar of accredited activities on the website of the Medical Chamber of the Republic of Macedonia. In fact, there is evidence that in the previous 5 years there was not a single activity that would include training of doctors in terms of soft socio-emotional skills (in addition to the calendar of CME from 2014 to date). This gave rise to the idea behind this PhD dissertation that would design that model where those soft socializing skills would be inserted as a certain form in CME, in addition to the accredited forms of education on the specialist skills of medical doctors which they should possess without say.

Soft skills are personal attributes, personality traits, inherent social cues and communication skills needed for job success. Soft skills characterize how a person communicates in his or her relationships with others. Unlike the hard learned skills, soft skills are similar to emotions or insights that allow people to "read" others. These are much harder to learn, at least in a traditional classroom. They are also much more difficult to measure and evaluate. Soft socializing skills include adaptability, attitude, communication, creative thinking, work ethic, teamwork, networking, decision making, positivity, time management, motivation, flexibility, problem solving, critical thinking and conflict resolution.

Healthcare professionals who are in constant contact with other people, i.e. patients, should possess a multitude of the aforementioned soft socializing skills, especially since most of the patients they will be in contact with are in poor health and often scared, under stress and with mixed emotions, so the healthcare professional needs to know how to respond appropriately to the patient's needs, which is a key part of maintaining good health. In addition, health professionals are always in contact with other health professionals, so they should be treated appropriately, in order to work more successfully and provide better medical care. That is why it is very important for all health professionals to have soft socializing skills.

Soft socializing skills include: communication skills, leadership skills, emotional intelligence, ability to lead and work in a team, built awareness and readiness for professional development. The ability to communicate effectively with superiors, colleagues and staff is essential, regardless of the type of institution in which they are employed. Workers in the digital age need to know how to effectively transmit and receive messages in person, as well as over the phone, email and social media. The field of communication, especially business communication is very wide and covers many different forms of communication. In principle,

we distinguish two forms of communication: Verbal communication and Non-verbal communication. Verbal communication contains two forms of communication: Spoken communication and Written communication. The communication skills include assertive communication, presentation skills, holding meetings, as well as the research skills, which are all exceptionally important for a medical doctor.

Leadership skills include the ability to persuade and influence, that is, gain sympathy in order to change someone's opinion. Those who listen well are most convincing. In addition to the above-stated, you need to know that people need to be put in a position to say "yes" or accept your position or opinion themselves. Leadership skills include creativity. When it comes to creativity, one should know that without it the leader would not be a leader and others would not follow him, much less support him.

Emotional intelligence is a choice of non-cognitive skills, abilities and competencies that affect a person's ability to cope with the demands and pressures of the environment. Therefore, emotional intelligence, unlike other traditional concepts of intelligence, is not treated as purely cognitive, but refers to skills that help in dealing with work and the everyday life in the world. Emotional intelligence is that "something intangible in every person" that affects how a person manages their behaviour, how they overcome social complexity, how they make personal decisions that lead to success in life and work. There are four dimensions to emotional intelligence: Self-awareness (emotional self-awareness, precise self-assessment, and self-confidence); Self-management (self-control, trust, conscientiousness, adaptability, achievement orientation and initiative); Social awareness (empathy, organizational awareness and service orientation); Socializing skills (development of others, leadership, influence, communication, flexibility, conflict management, sense of responsibility, teamwork and collaboration).

In medicine, a large percentage of errors are due to communication problems and lack of effective teamwork. Although health professionals typically work in a patient care coordination and management team, they are not trained in skills such as communication, situational awareness, decision making, and teamwork. This can lead to patient safety incidents and medical errors. Effective teams are rewarded and have similar characteristics. Respect for other team members is essential to team effectiveness. Appreciating members' strengths and minimizing their weaknesses contributes to team cohesion. Teamwork requires trust, focus and belief in the ultimate goal, more research and less conflict. There are five key things about a productive team: positive interdependence, individual responsibility, promotional interaction, appropriate use of social skills and group work.

Conflicts are an integral part of people's lives and work. They appear as part of all interpersonal relationships, and even between individuals who mean something to each other: close relatives, friends, and co-workers. The general tendency of conflict is to be seen as a threat to good interpersonal relationships. The word conflict itself encourages some associations such as: intolerance, quarrel, hatred, misunderstanding, loss, anger, rage, pain, hopelessness, conflict, violence, doom, fear, mistrust, enmity, defeat, destruction, brawl, war, and so on. Conflicts are mutual oppositions of the different: needs, desires, interests, relationships and actions. The ability to resolve conflicts is essential for every manager and leader. Various authors offer different approaches, from a theoretical or practical point of view. Professor Dudley Weeks proposes eight essential steps to conflict resolution: create an effective atmosphere, clarify perceptions, focus on individual and shared needs, build shared

positive power, deal with the past, generate options, develop "do-ables", and make mutual-benefit agreements.

The professional development of doctors includes formal, non-formal and informal education. Formal education is a systematic, organized educational model, structured and administered according to a certain set of laws and norms, presenting rather strict curricula in terms of objectives, content and methodology. It is characterized by a continuous educational process called "represented education", which necessarily involves the teacher, students and the institution. It corresponds to the educational process that is usually adopted by our schools and universities.

As we have seen, formal education has a well-defined set of characteristics. Whenever one or more of them are absent, we can say that the educational process has acquired non-formal features. Therefore, if a certain educational system is not present most of the time, we can say that it has non-formal educational characteristics. Also, the characteristics of non-formal education are found when the adopted strategy does not require the participation of students, reduces the contacts between the teacher and the student and most activities take place outside the institution - such as home reading and documenting. Educational processes covered by flexible curricula and methodology, able to adapt to the needs and interests of students, for which time is not a predetermined factor, but they rather depend on the student work pace, do not correspond to the formal education, but fall into the category of the so-called non-formal education.

Informal education is quite different from formal education, and especially non-formal education, although in some cases it maintains a close relationship with both. It does not correspond to an organized and systematic view of education; information education does not have to include the goals and subjects normally covered by traditional curricula. It is intended for students as well as for the general public and it does not impose any obligations regardless of their nature. Generally speaking, there is no control over the activities performed, it does not provide degrees or diplomas; it only complements formal and non-formal education. Informal education, for example, includes the following activities: (a) - visits to museums or to scientific and other fairs and exhibitions, etc .; (b) - listening to radio programmes or watching television programmes on educational or scientific topics; (c) - reading texts on science, education, technology, etc. in magazines; (d) - participation in scientific competitions, etc .; (e) attending lectures and conferences.

Organizational learning is a set of activities and processes through which the organization achieves the ideal Learning Organization. Primarily, this is a process of transformation in which everyone involved in the organization, individually and collectively contributes to their learning and advancing. Health organizations, as learning organizations, result from the process of organizational change aimed at organizational transformation. This requires cultural, structural, and organizational changes in the political environment. The nature of learning and its contribution to innovation and change is influenced by the organizational strategy, structure, communication and social context of the organization. In the health context, key transformations are needed. Since these types of organizations are part of a larger system, a systemic process that takes into account all stakeholders must be adopted, i.e. the learning of all members must be accommodated. Only a collective learning process can integrate all members of the system.

The PhD dissertation "Designing a model for professional development of medical doctors in terms of socializing skills" by the candidate M.Sc. Risto Stefanovski, contains all the technical characteristics of a doctoral dissertation, i.e. it is written on a personal computer

on a total of 212 pages, of which 172 pages are the body text and 40 pages are bibliography and articles. The paper is prepared in Times New Roman style with Macedonian font, A4 format, 12 font size and 1 line spacing.

Regarding the content of the text of the paper, in addition to the introduction, conclusion and appendices, there are three structural parts, i.e. chapters, which constitute an integral document: Chapter I: Theoretical approach to the research, Chapter II: Methodological approach to the research and Chapter III: Quantification of research results.

The theoretical part explains the basic concepts of human resource management, with a focus on strategic human resource management, as well as knowledge management with a special focus on knowledge management in health and its perspectives. This is followed by the importance of communication and leadership skills in health and the connection of emotional intelligence, leadership skills and teamwork of a medical doctor, as well as their readiness for professional development with the quality of the provided health care.

The methodology section gives the basic elements such as subject, problem, purpose of the research, hypothetical frameworks, research methods and techniques, instruments and sample of the research. This is followed by quantification of the results, i.e. quantitative and qualitative analysis of the results of the research and proof of the hypotheses. At the end is the conclusion, the reference literature and the appendixes.

**The introduction** explains the concept of continuous professional development, especially in the medical profession, as well as its special importance for providing modern and quality health care. Despite the different definitions of continuous professional development, each definition shares a broad perspective, namely that it is: self-sustaining and individually tailored to the needs, a multidisciplinary context of patient care, a learning process that builds on initial education to ensure competitiveness in relation to current and future work tasks, includes legal aspects, promotes accountability and self-evaluation by the medical doctor.

The first chapter **Theoretical approach to research** contains eight sub-chapters. The first sub-chapter refers to **human resource management**, first by giving a brief historical overview and background of the management perspective and the different types of management, followed by the strategic human resource management, which is actually a process by which managers create the components of the system so that they are consistent with each other, the other elements of the organization and the organizational strategies and goals. The models for strategic human resource management are also explained, such as corporate strategy, internal environment, external environment, business strategy, human resource strategy, sectioning employees, HR information systems, efficiency management, compensation, labour relations, etc. The second sub-chapter deals with **knowledge management**, giving the framework, methods and techniques of knowledge management, with special reference to the health profession, as well as future perspectives of knowledge management in the health sector. The third sub-chapter, entitled **communication skills**, contains all types of communication, i.e. verbal, non-verbal, written, spoken, etc., as well as the most important in the health sector, communication with patients. Assertive communication is also explained as communication style, presentation skills, meeting skills, written communication skills, information communication skills, networking, electronic communication, research skills. The fourth sub-chapter deals with **leadership skills**, such as the ability to persuade and influence; integrity, medical ethics, and professional ethics, the Hippocratic Oath, creativity and innovation. The fifth sub-chapter is **emotional intelligence** which is actually how well an individual works in a team, their ability to lead, the capacity to

recognize their own feelings and the feelings of others, to motivate themselves to manage their emotions well and in relationships or interaction with other people. This sub-chapter explains the importance of emotional intelligence, not only personally but also professionally, i.e. that emotional intelligence is used for everyday interaction in the workplace. The importance of feelings, self-control, interpersonal relationships, self-confidence, the ability to control one's emotions, as well as the ability for non-verbal communication that is closely related to emotional intelligence are explained. The sixth sub-chapter deals with **leadership and teamwork skills**, which is especially important in the healthcare profession, where medical doctors work in teams. This sub-chapter gives the importance of teams, team roles and teamwork in the health sector, the ability to solve problems and make decisions, which are actually part of the daily work of medical doctors. The seventh sub-chapter is **readiness for professional development**, which elaborates on the types of education and engagement of medical doctors, the forms of professional development and specialisation that are used, such as congress, symposium, conference, seminar, plenary lecture, presentation, group work, exhibitions and business trips. In addition to formal and non-formal education, informal education is very important, i.e. self-education, especially for a medical doctor, as well as the ability to apply what you have learned.

The second chapter entitled **methodological approach to research** gives the elements of the research, i.e. the subject, problem, occurrence and purpose of the research, the hypothetical framework with the general hypothesis and the five specific hypotheses.

The subject of the research is: *Determining the need and importance of socializing skills in the professional training of medical doctors, in terms of improving health services through improved interpersonal relationships in health facilities and increasing patient satisfaction.*

The problem of the research is: *The main problem on which this research is based is the insufficiently developed awareness of doctors about the need for the so-called soft or socializing skills in improving health services and increasing patient satisfaction.*

The research phenomenon is: *A phenomenon or area of research in this doctoral dissertation will be the management of human resources or intellectual capital in health care institutions.*

The main purpose of this research arises from the need to design a model for professional development of medical doctors in terms of socializing (soft) skills in order to improve communication in health care facilities and improve the quality of health services.

The methods and techniques of research for the theoretical part employ the standard methods of secondary research sources, by collecting scientific and theoretical knowledge, and information about the current development in these areas. In the empirical part, a survey questionnaire was used which examined the current situation, familiarity with the topic and the readiness for improvement and change. The methods of analysis, abstraction, deduction, concretization, inductive-deductive method and generalization were used during the research. The sample and the instrument of the research are described, i.e. the questionnaire and general and specialist medical practitioners employed in state and private health institutions, considered in terms of several aspects. With the survey questionnaire we get a picture of the current situation regarding the level of representation of soft socializing skills among medical doctors. The instrument consists of 35 questions that arise from the very topic that is given and researched in this doctoral dissertation, following in detail the recommendations from the theoretical part and the latest research in the field of Human Resource Management.

In the third chapter, entitled **quantification of the research results**, i.e. the sub-chapter quantitative analysis of the results, the structure of the respondents shows the structure of respondents, i.e.: out of 232 respondents, 83 are general practitioners medical doctors, and 149 are specialists. In terms of gender, 117 are male and 115 female. According to the age group, they are divided into 3 groups, of which, 38 are up to 35 years, 108 from 35 to 50 years and 86 over 50 years. Regarding the work experience, 69 of the respondents have a work experience of up to 10 years, 60 have a work experience of 10 to 20 years, 36 have a work experience of 20 to 30 years and 68 have a work experience of over 30 years. An analysis of the survey questionnaire was made, with a separate analysis of each of the survey questions.

In the sub-chapter **qualitative analysis and proof of research hypotheses**, a qualitative analysis of each particular hypothesis was conducted:

Special Hypothesis 1: If medical doctors possess the necessary communication skills, assuming they possess the necessary professional skills, then the quality of health services and patient satisfaction will improve.

Specific Hypothesis 2: If medical doctors possess the necessary leadership skills, assuming they possess the necessary professional skills, then the quality of health services and the satisfaction of other staff will improve.

Special Hypothesis 3: If medical doctors possess a high degree of emotional intelligence, assuming they possess the necessary professional skills, then the quality of health services will improve.

Special Hypothesis 4: If medical doctors have the ability to lead and work in a team, assuming they possess the necessary professional skills, then the quality of health services and the satisfaction of the teams themselves will improve.

Special Hypothesis 5: If medical doctors have a built-in awareness and readiness for professional development, assuming they have the necessary professional skills, then the quality of health services will improve.

All the hypotheses in this research were proven, which proved the general hypothesis: **If a model is designed for professional development of medical doctors in terms of socializing skills, assuming that they will be trained in terms of their socializing skills, and if they possess the necessary professional skills, then the quality of health care will improve.**

Based on the above research in this doctoral dissertation, and seeing the answers received to the questionnaire, and all this complemented by my personal experience as a long-time employee in a health institution, I would like to present a model for professional development of medical doctors in terms of soft socializing skills that could respectively, and without any major problems, be integrated into the existing way of training medical doctors. The model covers relevant management topics that would introduce the medical doctors to these skills, and under the assumption that they already possess the basic professional skills, they would advance as professionals and thus improve the doctor-doctor communication, and above all a doctor-patient communication, which would lead to the improvement of the health services and of course the advancement of both the staff and the health institutions, and that would to some extent lead to a better health system.

The conclusion summarizes the findings of the research:

- Healthcare professionals who are in constant contact with other people, i.e. patients, should possess a multitude of the aforementioned soft socializing skills, especially since most of the patients they will be in contact with are in poor health and often scared, under stress and with mixed emotions, so the healthcare professional needs

to know how to respond appropriately to the patient's needs, which is a key part of maintaining good health.

- In the period from 2014 to 2019, topics from soft socializing skills have not been envisaged: social skills, communication skills, emotional intelligence, leadership skills, managing skills and teamwork.
- respondents show interests in topics through which they will acquire soft socializing skills, which will improve the understanding of colleagues and patients, reduce conflicts and increase job satisfaction and their engagement.

This doctoral dissertation proposes the following measure: Trainings and lectures for the soft socializing skills: social skills, communication skills, emotional intelligence, leadership skills, management skills and teamwork need to be included in the trainings and other forms of professional development.

M.Sc. Risto Stefanovski