Competitive Posture of Selected Medical School Deans

Harivelle Charmaine T. Hernando
College of Medicine, University of the Philippines Manila

Ligaya S. de Guzman
[†]Evangeline Zalamea
University of the Philippines Diliman

Abstract

The competitive posture of the Medical School Dean, as perceived by the Deans themselves, the faculty, and the students, was studied by determining the level of effectiveness in terms of three competencies (academic, administrative, and leadership) and seven key areas (student services, physical plant/resources, teaching-learning aspect, research, social relations, staff management, and student management). The strengths, weaknesses, opportunities, and threats on the Dean were also identified.

The systems model (input - process - output) was the framework for this descriptive study utilizing the mixed method (quantitative data - questionnaire; qualitative data - interviews, school records), with respondents consisting of 3 deans, 384 faculty, and 646 students from 3 selected medical schools in Metro Manila.

The level of effectiveness of the Dean ranged from good to excellent in terms of the three competencies and seven key areas, with several strengths and opportunities to build upon, upgrade, and develop oneself and the institution he/she represents.

Keywords: *competitive posture, level of effectiveness, strengths, opportunities, imperatives*

Please address all correspondence to: Harivelle Charmaine T. Hernando, MD, PhD, FPBA, UP College of Medicine, Department of Anatomy and/or Anesthesiology, 547 P. Gil Sr., Ermita, Manila.

Introduction

In the 1950's, there were only four medical schools in the Philippines. The number grew to seven during the 1960's. At present, there are 42 medical schools in the country, of which 18 are in Metro Manila and nearby provinces (Association of Philippine Medical Colleges [APMC] Directory, 2015).

According to the Higher Education Act (Republic Act [R.A.] 7722) and the Commission of Higher Education (CHED) Memorandum Order (M.O.) No. 10, s. 2006 (henceforth, CMO No. 10, s. 2006), the main purpose of basic medical education is to produce a physician who is a: 1) health care provider; 2) health educator-communicator; 3) decision-maker/researcher; 4) administrator/manager; and 5) social mobilizer. The medical school shall be under a Dean acting as its Chief Academic Officer and possessing the following qualifications: 1) must be a licensed Doctor of Medicine with a minimum teaching experience of five years in a College of Medicine and holds at least the rank of Assistant Professor (***academician***); 2) must have ***leadership***qualities; 3) must have experience in ***administrative*** positions; and 4) must possess professional standing commensurate with the position.

The role of Medical School Deans has changed dramatically in the past decades (Petersdorf, 1997). In the early 20th century, the Dean's official duties included: correspondence, record-keeping, registering, seating and cataloguing students, and issuing and distributing announcements and bulletins (Di Fronzo, 2002). At present, being critically important leaders with demanding roles, the Deans are at the nexus of medical education, research and health care delivery. Their breadth of responsibility spans hundreds of faculty and thousands of medical students, leading them in the pursuit of a compelling vision of the future (Keyes et al., 2010).

Given the level of responsibility and pressure that comes with the roles of these Deans, there is a great deal of interest in their competencies and effectiveness.

This paper focused on the level of effectiveness of the Medical School Dean, as perceived by the Deans themselves, the faculty, and the students. The specific questions were:

1) What is the level of effectiveness of the Dean as viewed by three groups (Deans themselves, the faculty, and the students) in terms of: academic, administrative, and leadership competence? Are there differences among the three groups of respondents?

2) What is the level of effectiveness of the Dean as viewed by the three groups in terms of the following key areas: student services, physical plant/resources, teaching-learning aspect, research, social relations and responsibilities, staff management, and student management? Are there differences among the three groups of respondents?

3) What are the strengths, weaknesses, opportunities, and threats on the Dean in terms of the 3 competencies?

Review of Related Literature

Medical schools of the 21st century should rediscover their original reason for existence. Watson (2005) believes that it is their mission to select and educate the next generation of physicians responsible for the care of the public. To promote this mission, the organizational structure should address it. The decisions of the Medical School Dean should then be mission-driven, the resources aligned with organizational goals, and the use of these resources based on accurate information. Bragg (2002) suggests six core knowledge areas essential for the Dean: 1) knowledge of the mission, philosophy and history of the institution; 2) learner-centered orientation; 3) instructional leadership; 4) information technology; 5) assessment and accountability; and 6) administrative preparation (Association of American Medical Colleges [AAMC], 2006).

Competencies of a Medical School Dean

As an **academician**, the Dean: 1) recommends the appointment of the faculty for the school and hospital; 2) supervises the admission of students as recommended by the Committee on Admissions; 3) periodically reviews the curriculum and makes the necessary recommendations for its improvement;4) approves assignments of the faculty by their department heads; 5) promotes faculty and student development; 6) initiates and promotes research; 7) upgrades the library and its facilities; 8) establishes scholarships andgrants;and 9) ensuresa high standard of instruction (CMO No.10, s.2006).

As an **administrator**, the Dean: 1) recommends the annual budget of the school for consideration of the Board of Trustees; 2) plans the organizational structure; 3) recommends the appointment of the College Secretary and other assistants for the consideration of the Board of Trustees; 4) establishes an Office of Medical Education for the supervision and implementation of the curriculum; 5) ensures adequate physical plant/resources to support activities; and 6) implements issuances concerning Medical Education from the administration and accrediting bodies (CMO No. 10, s. 2006).

As a **leader**, the Dean must have the following traits: visioning, maximizing values, mentoring, building constituency, and making sense of experience and challenging it. The Liaison Committee for Medical Education (LCME) highlights the need for the Dean to be a leader and a manager (2007). According to Peter Drucker (1968, in Hoy and Miskel, 2008), "The Dean as a manager does things right; as a leader, he/she does the right thing."

Effectiveness of Medical School Deans in Key Areas

The Dean must be effective in seven key areas while performing his/her role (World Federation for Medical Education, 2010):

1.) Student Services

In meeting the requirements of accrediting bodies and agencies, the Dean must be able to orchestrate the faculty and staff in order to provide adequate services for their most important clientele -- the medical students. Their welfare and development should be prioritized and aligned with the vision, mission and goals of the medical school

2.) ***Physical Plant/Resources***

There should be sufficient autonomy for medical schools to direct resources, including remuneration of teaching staff, in order to achieve the overall objective of the school. Furthermore, the educational budget should depend on the budgetary practice in each institution and country.

3.) ***Teaching-Learning Aspect***

Competencies of physicians should be globally applicable, transferable, and readily accessible with transparent documentation of levels of quality and programs. The structure and process of medical knowledge should prepare doctors for the needs and expectations of society; cope with the explosion in medical scientific knowledge and technology; inculcate physician's ability for life-long learning; ensure training in the new information technology; and adjust medical education to the changing conditions in health care delivery in order to performinstitutional self-evaluation, peer review, recognition, and accreditation.

4) ***Research***

As medical schools evolved into complex academic medical centers, greater emphasis on research and clinical practice is now necessary. As a result of outside forces and available revenue streams that have fostered its growth (Bass and Bass, 2008), the Dean must be competent in research.

5) ***Social Responsibility and Relations***

The medical school must have a constructive interaction with health and related sectors of government and society. Being a dynamic institution, it must adapt its mission and objectives to the scientific, socio-economic, and cultural development of society. Its stakeholders should have access to results of the school's evaluation and their views should be considered to rectify documented deficiencies.

6) ***Staff Management***

The administrative staff and faculty must support the implementation of the medical program to ensure good management and deployment of its resources. Gould (in DiFronzo, 2002), notes a 30-year progression of the roles that shifted away from students toward the

faculty. As the size of faculty increased, participation in teaching decreased (Watson, 2005) since compensation is derived more from research and clinical practice. This explains the difficulty of finding faculty to lecture, lead small group discussions, teach at the bedside (preceptorials) and mentor students. Currently, the required ratio is 1MD : 2 students.

7) ***Student Management***

Walker (2000) emphasized that committees have prospered with increasing admissions to take care of the curricular and extra-curricular activities. Bass and Bass (2008) however, relate that the Dean is where students go in times of trouble or prosperity. Being a humanist, he/she is the person to learn about life, while others are empiricists.

Strengths, Weaknesses, Opportunities, and Threats on the Medical School Dean

Academic health centers have placed the pressure on Deans to develop new strategies in addressing employee morale, patient satisfaction, educational outcomes and research growth (Kirch et al, 2005). Petersdorf (1997) assessed the dramatic decrease in the tenure of Deans over 20 years since longer tenures come with complex organizational, financial, and environmental factors.

Considered *hard times* for Medical School Deans are: high turnover rates, fiscal distress, gaps between expectations of Deans and realities on the job, and the threat on academic missions of research. Bragg (2002) recommends the following: to view these difficulties as *opportunities,* to rethink the role of the Dean, and to re-examine the attributes and skills required of him/her. The Dean's qualities and attitudes, while less tangible, bear great influence in decision-making and implementation of programs.Indeed, there are complex, multi-factorial scenarios involved. The Dean must therefore be attuned to what is essential to ensure focus on what is required.

Methodology

The Systems Model Theory was used to show the relationships among input, process, and output leading to feedback. This descriptive study collected information for these components through a mixed method approach involving both qualitative and quantitative data.

Qualitative data were gathered from interviews with the Deans using open-ended questions about their accomplishments, challenges regarding the competencies and key areas previously identified, and strategies used to address them. Pertinent questions focused on the school and medical education.The researcher triangulated data from interviews using other documents (resume of Dean, profile of school, faculty, and students) and clarifications provided by relevant administrative personnel.

Quantitative data were collected using a validated questionnaire administered separately to the Deans, faculty, and students. The questionnaire asked about the profile of respondents and used Likert-scale type questions (with ratings of 1 - poor; 2 - fair; 3 - good; 4 - very good; and 5 - excellent) to assess the effectiveness of the Dean. From the results of both interviews and questionnaires, the strengths, weaknesses, opportunities, and threats on the Dean were also derived, noting the present medical school's setting.

In this study, the *input* referred to the competitive posture of theDean in terms of the three (3) competencies and the seven (7) areas. The *process* involved the transformation of the input into output through the evaluation, analysis, and interpretation of data gathered. The product of the assessment served as the *output.* It sought **imperatives** for the Deans and the research questionnaire - a **model** for assessing their level of effectiveness.

Population and Sample

The study involved three (3) medical schools in Metro Manila. Selection criteria included the following categories: School of Medicine A - considered a *center of excellence* by CHED, with more than 100 years of existence; School of Medicine B - considered a *performing school* by the Philippine Accrediting Association of Schools, Colleges, and Universities (PAASCU), with more than 50 years of existence; School of Medicine C - considered a *struggling school of medicine,* with more than 10 years of existence. The student population per school was more than 100. Sample size was estimated for faculty and students using a formula for one-sample population in a cross-sectional survey design with correction for finite population (http://www.surveysystem.com/sample-size-formula.htm). At 5% level of significance and 95% confidence level, the total sample size for the study consisted of randomly selected 384 faculty members and 646 medical students.

Data Analysis

Data retrieved from the questionnaires were tabulated and summarized in tables. The interpretations of the mean ratings were defined as follows: 4.21-5.00 = **Excellent**; 3.41-4.20 = **Very Good**; 2.61-3.40 = **Good**; 1.81-2.60 = **Fair**; and 1.00-1.80 = **Poor**. A mean rating of 2.61 and above was considered a *strength* and/or *opportunity*; while a mean rating of 2.60 and below constituted a *weakness* and/or *threat*. Adapted from a local study that also assessed the required competencies for academic deans (Silva, 2004), the mean rating scores served as a guide in describing and analyzing data from the questionnaires. The mean ratings were also used to identify the items where the Deans were perceived as effective and where improvement was necessary. The responses of the Dean, faculty, and students within the same school were described. To compare the responses of the faculty and students from the three different medical schools, One-way Analysis of Variance was used. To determine specific differences among the respondent groups, Bonferroni Multiple Comparison Test was utilized.

Results and Discussion

Study population

School **A**, located in Manila, was established in 1905. Its hospital was founded in 1907 with a 3-fold function of service, training, and research. It has a total of 640 students. School **B** had its origins in 1956 while its hospital began its operations in 1957. It is a non-stock, non-profit institution with a Board of Trustees different from the University. Located in Quezon City, it has 1,290 students. The hospital of School **C** in Las Piñas opened its doors in 1975. To service the students of southern Metro Manila, its school of medicine started in 1996. Initially, it was an extension of the University in Biñan, Laguna. The following year, it received its autonomy from CHED (Resolution No. R95-97). It now has 245 students.

Profile of the Deans

The Deans' ages are 61, 64, and 74. Dean A is the 15th Dean of a 108 year- old school and has finished two terms (6 years); Dean B is on her 7th year as the 12th Dean of a 50 year- old school; Dean C is the founding Dean of a 16 year- old school. Dean A iscurrently the President of APMC; Dean B is the head of CHED's Medical Education Committee, while Dean C is preparing her school for accreditation visits. All three (3) deans had their pre-medical course at the University of the Philippines (UP) Diliman. Dean A and Dean C pursued their medical degree at the UP College of Medicine (UPCM), and obtained their residency training (both in surgical fields) at the UP-Philippine General Hospital (PGH) Medical Center. On the other hand, Dean B obtained her MD in the school she now heads, and opted to be an educator.

From the above profile, similarities can be seen in terms of excellence in their academic background and the pursuit of tracks which eventually enhanced their deanship. For Dean A and Dean C, training in a *surgical field* requires quick, definite, and well-studied decisions. On the other hand, the *education* background of Dean B strengthened her passion and dedication for the academe.

Profile of the Faculty

The mean age (50 years) of the faculty respondents of the three schools are very similar. The length of service ranges from 9-16 years. Their teaching experience ranges from 1-45 years. School B has the most dedicated professors (long years of teaching in the college) despite the difficulties faced by Dean B in selecting committed, full-time, and dedicated faculty.

There are more males in Schools A and C while females abound in School B. Majority of the faculty are married. Respondents in Schools B and C are mainly Assistant Professors, while there are more Associate Professors in School A. More than half have no administrative appointments (markedly evident in School B). During the interview, Dean B explained that the

faculty in her school are also the consultants in the hospital, preferring clinical practice over being full-time academicians, since being a clinician is more socially acceptable and financially rewarding. Dean B emphasized that in such a setting, academicians are viewed as second-class physicians. This aggravates her problem in recruiting faculty to be full-time educators. In School A, 48/167 (28%) have MA's and five (5) have PhD's in various fields, while 21 are still doing their MA's. In School B, 36/144 (25%) have MA's, four (4) have PhD's, and 30 are still working on their MA's. Nearly a third of the faculty respondents in School C (23/73) have MA's, two (2) have PhD's, and five (5) are still pursuing their MA's.

Profile of Students

More male respondents came from Schools A and C, while females numbered more in School B. The students were all single. The dominant pre-med course was Nursing.

Level of Effectiveness of the Dean in terms of the Three (3) Competencies

Table 1 shows ratings ranging from very good to excellent for all the three (3) Deans.

Table 1
Ratings of the Deans, faculty, and students of the 3 schools on the 3 competencies

	A			**B**			**C**		
Academic	Dean EXC	Faculty VG	Students VG	Dean VG	Faculty EXC	Students VG	Dean VG	Faculty VG	Students EXC
Administrative	EXC	VG	VG	EXC	VG	VG	EXC	VG	EXC
Leadership	EXC	EXC	EXC	EXC	VG	VG	VG	EXC	EXC

*EXC = excellent VG = very good

In terms of the **academic** aspect, Dean A is concerned with the faculty dividing their time between teaching and clinical practice. Dean B is focused on encouraging more faculty to pursue their MA's. Dean C exemplifies Gallup's (Rich et al., 2008) management framework factor of knowing oneself, claiming that her years at the UPCM as faculty have given her the academic foundation. For the **administrative** aspect, Dean A works on resource generating programs since School A receives subsidy from the government. Dean B is irritated by the many layers of protocol she has to contend within a private school. Being concerned with the succession plan of her faculty, the mentoring role in Dean B emphasizes the acceleration of highly talented individuals. Dean C's years of friendship with the school owners have built the trust and confidence needed in running the school, personifying charismatic leaders - highly motivated

with self-confidence and strong convictions, influencing their followers and increasing their trust in the leader's decisions (Bass and Bass, 2008).

Regarding the **leadership** aspect, Dean A elaborates that a harmonious relationship with hospital officials is necessary for effective management (collaborative leadership). Dean B believes that maintaining open lines of communication is the key to threshing out problems (dialogical leadership). The influencing kind of leadership is seen in Dean C wherein organizational goals are achieved by increasing the productivity and satisfaction of the workforce. She does this by understanding the problems of her subordinates, helping them, and giving them the support they need (Bennett and Anderson, 2003).

Differences in the responses of the three (3) groups in terms of the three (3) competencies

Comparison of the ratings of the three (3) groups within the school and between schools shows that Dean A has rated himself higher than the faculty and students have, and when compared with the other deans. Since he heads a center of excellence, the pressure is tough; thus, he is always raising the bar. Dean C has rated herself lower than the other two deans, and when compared to the ratings of her faculty and students. The practice of Dean C shows an understanding and considerate leadership, which entails mutual trust and respect of ideas and feelings between leader and follower (Robbins and Coulter, 2001). Dean B's ratings are in the middle compared with the two deans; the faculty and students have rated her lower than she has. Dean B recollected how faculty had been demoralized during her first term, which she tried to overcome by instituting changes, evident of the white knight leadership, with the leader fixing the problem on hand (Bennett and Anderson, 2003).

In comparing the ratings of the faculty from the different medical schools, Table 2 showed no significant differences, implying that doctors view things objectively.

Table 2
Comparison of level of effectiveness of the Dean as assessed by faculty from 3 Medical Schools

Area	**Mean Ratings**			**F-value**[1]	**p-value**
	A	**B**	**C**		
Academic	4.10	4.23	4.09	1.86	0.157
Administrative	4.16	4.08	4.15	0.44	0.644
Leadership	4.22	4.05	4.23	2.84	0.060
Average	**4.16**	**4.12**	**4.15**		

[1] One-way analysis of variance used

However, there were significant differences in the student ratings (Table 3) with School C students rating Dean C higher. Since students always seek guidelines and support, the results show that Dean C is the epitome of a friendly, approachable, accommodating, and caring leader (Robbins and Coultier, 2001).

Table 3
Comparison of level of effectiveness of the Dean as assessed by students from the 3 Schools

Area	**Mean Ratings**			**F-value**[1]	**p-value**
	A	**B**	**C**		
Academic	4.20	4.12	4.26	3.12	**0.045**[2]
Administrative	4.14	4.06	4.29	6.15	**0.002**[3]
Leadership	4.24	4.07	4.36	10.73	**<0.001**[4]
Average	**4.19**	**4.08**	**4.30**		

[1] One-way analysis of variance used
[2] Bonferroni multiple comparisons test: A ≈ B (p = 0.326); A ≈ C (p = 0.954);B < C (p = 0.048)
[3] BMCT: A ≈ B (p = 0.482); A ≈ C (p = 0.073); B < C (p = 0.001)
[4] BMCT: A > B (p = 0.010); A ≈ C (p = 0.181); B < C (p < 0.001)

Level of Effectiveness of the Dean in terms of the Seven (7) Key Areas

Table 4 shows the ratings of the three (3) groups on the seven (7) key areas, ranging from good to excellent. Noticeable are the relatively low ratings on: physical plant/resources from the three schools, social relations and responsibility from Dean C, and research from the faculty of School A.

It is understandable that the physical plant/resources aspect is low for Schools A and B since they have old buildings; thus, there is a need for infrastructure development. Although School C is housed in a new building, it is still in the stage of acquiring facilities. In connection to the aspect of social relations and responsibility, it is worth noting that School C is owned by an Armed Forces of the Philippines (AFP) General and encourages all employees to participate in disaster support programs during calamities. While this may be an ideal set-up, Dean C views this as a requirement for the faculty and staff, and thus, the low rating on her part.

For research, Dean A has explained that with a culture of academic excellence in the college, there is an annual output of 300 articles, with 140 published locally and 60 internationally. Its medical journal is now The National Health Science Journal. Despite this, the faculty respondents have rated this aspect low since research is made a requirement for tenure.

Table 4
Ratings of the Deans, faculty, and students of the 3 medical schools on the 7 key areas

Medical School	**A**			**B**			**C**		
Key Areas	Dean	Faculty	Students	Dean	Faculty	Students	Dean	Faculty	Students
Student Services	EXC	VG	EXC	EXC	VG	VG	VG	VG	VG
Physical Plant/ Resources	EXC	VG	VG	VG	VG	VG	G	VG	VG
Teaching-Learning Aspect	EXC	VG	VG	EXC	VG	VG	EXC	VG	VG
Research	EXC	VG	VG	VG	VG	VG	G	VG	VG
Social Relations & Responsibility	EXC	VG	VG	VG	VG	VG	G	VG	VG
Staff Management	EXC	VG		EXC	VG		VG	VG	
Student Management	EXC		EXC	EXC		VG	EXC		VG

The low ratings on physical plant/resources and social relations and responsibility are understandable since the intellectual and cognitive preparation of students is primary for medical schools. Although research is also an academic factor, it is considered mainly an output. Dean A has rated research as excellent; whereas, Deans B and C have placed research low in the list. All three (3) Deans, however, have given similar excellent ratings for student management - evidence of similar perception on this key area.

The overall average self-rating is highest with Dean A, then Dean B, and lastly, Dean C. This is expected since Dean A leads a *center of excellence*, Dean B is head of a *performing medical school*, and Dean C has a *struggling medical school* to contend with. Rich et al. (2008) expound that Medical Deans now have a significant role in managing faculty tracks; thus, they are expected to be competent managers and missionary leaders within a complex environment of often competing mission of education, research, and clinical care.

Differences in the responses of the three (3) groups in terms of the seven (7) key areas

In comparing the responses within the 3 schools and between the respondents, the faculty and students of Schools A and B have lower ratings than their Deans on the 7 key areas; however, the faculty and students of school C have higher ratings than Dean C. The responses of Dean A are higher compared to the faculty and students of School A and the other deans, since Dean A has high expectations of himself while leading a premier institution. The ratings of the faculty and students of School C are higher than those of Dean C herself, depicting their trust and confidence in her.

Being a colorectal surgeon, Dean A leads his surgical team in battling pathologies of the colon; thus, he envisions his school to lead in all aspects. The pressure is tough, yet he tries to live up to the expectations ofall the stakeholders. In the words of Bragg (2002), the Dean needs to always be thinking ahead (future) while dealing with the present.

Dean C's practice (OB-Gyne) involves a mother giving birth to her child, which is a human scenario focused on the sacrifices of a mother bringing life to a healthy child for nine (9) months. To witness a life forming in her hands and presenting it later to the mother involves patience, understanding, and competence as she deals with two lives (mother and fetus). It is no wonder that she gives importance to her students and maintains good interpersonal relationships with her faculty to win their support. Katz and Kahn (in Hoy and Miskel, 2008) describe a follower-oriented management style as keen on interpersonal relations, taking interest in the needs of subordinates and treating each one on a personal basis.

On the other hand, Dean B teaches Pharmacology. It deals with the therapeutic indications of drugs and the principles of pharmacokinetics and pharmacodynamics. This may seem abstract, but since it is a basic science, its fundamental principles are needed in clinical rotation. Thus, Dean B focuses on leading her staff and students effectively as primary in attaining their institution's Mission, Vision, and Goals, exemplifying the influencing type of leadership (Bennett and Anderson, 2003) wherein the leader's purpose is to achieve organizational goals by increasing the productivity and satisfaction of the workforce.

It can be gleaned from the above findings that all three (3) Deans view the intellectual and cognitive preparation of students as a priority. They also reflect Dean A's competitive posture as addressing challenges with idealism, Dean B with pragmatism, and Dean C with naturalism. Indeed, one mellows with experience, having to face the same cycle of challenges every time a school year begins and ends. Or rather, humility broadens as one understands deeper what his/her quest is all about.

Identification of Strengths, Weaknesses, Opportunities, and Threats on the Medical School Dean in terms of the Three (3) Competencies

All three (3) Deans have ratings ranging from 3.0-5.0, which is considered *good* to *excellent*. With similar high and low rated items, the items under ***academic competence*** are reflective of *strengths* and/or *opportunities*. Since there are no items rated below 2.60, no *weaknesses* and/or *threats* on the Medical Dean have been considered. These findings support Birnbaum and Mintzberg's (1992) assertion that academic leaders are alike and genderless (www.ericfacility.net/ericdigests/ed410846.html). The professional training of a Medical Dean confers a deep knowledge of the art and science of medicine, accompanied by highly focused content expertise in research and education (Magrane, in Rich et al., 2008). Combined with the Dean's role as the leader of a school, it makes knowledge a natural, essential attribute. In view of the growing financial and organizational complexity of the academe, knowledge of fiscal management is also essential in the policy-making milieu. All three (3) Deans have shown the requisite knowledge base needed for them to head their institutions, which was adequately ascertained in the questionnaire results.

In terms of ***administrative competence***, the ratings of the three deans range from 3.8-5.0 for Deans A and B and 3.0-5.0 for Dean C, which fall within *good* to *excellent* (*strengths/opportunities*). There are no items rated below 2.60, *weaknesses* and/or *threats* have failed to occur. Management skills described in the literature enable the Dean to assess the institutional environment and seek support for initiatives from institutional leaders, stakeholders, faculty, and the medical community. Without this support, the Dean may not secure the necessary resources and authority to develop the school. Dean C takes pride in being able to get the support and confidence of the owners and subordinates, which is the reason for her ability to hold her post for 16 years. Skills in negotiation, conflict management, and change management are critical for Dean A since his school submits an annual budget to the Senate. Communication skills are vital inaddressing a wide audience of students, faculty, administrators, and members of the community. Skills in financial stewardship and strategic planning are essential for the growing financial needs of the medical school (Kirch et al., 2005). The ability to recruit the right individuals to key positions, as emphasized by Dean B, facilitates the workload of the Dean.

The mean ratings of the three Deans in the aspect of ***leadership*** range from 3.0-5.0 (*good* to *excellent*). With similarities in the highly rated items and low-rated items, the aspect of leadership can be regarded as a *strength*/*opportunity*. With no items rated below 2.60, the *weaknesses* and/or *threats* on the Dean have not occurred. The distinguishing mark of a ***leader*** which is present in all the three deans is the ability to develop and communicate the organizational vision. All three deans have been consistent and genuine in their behaviors and dealings. Their lack of pretense enables them to be effective among their workers. They challenge their constituents to achieve significant work goals, holding people accountable, acting decisively when needed, taking risks themselves, and encouraging bold actions from others (Rich et al., 2008).

Based on the analysis of the data gathered from the three schools and the insights shared by their Deans, **imperatives** for the Medical School Dean could be derived, such as: 1) The Dean must possess the desired educational qualifications as required by CMO No. 10, s. 2006; 2) A sustainable faculty development program should be in place per school; 3) The implementation of the curriculum should be in accordance with the set standards of CHED, Professional Regulation Commission (PRC), APMC, etc; 4) The strengths and opportunities derived should be translated into positive activities, and weaknesses and threats be transformed into opportunities for growth. Efforts should be redirected at improving attitudes, values, and outlook in the workplace; 5) Growth and development of the Dean should be evaluated using tangible and intangible factors. Research, being a vital aspect, should be part of growth changes; 6) All stakeholders should be treated as partners of the Dean; 7) All Deans must think and act positively, believing in their capabilities.

After careful analysis of all data gathered, it can be generalized that the mean ratings of all respondents from the three (3) schools ranged from *good* to *excellent* (2.61-5.0). Since there are no items rated below 2.60, no item corresponds to a *weakness or threat.* Both *strengths and opportunities* are positive factors that can motivate the Dean; the first being reinforced by internal capabilities/resources and the latter reinforced from external capabilities/resources. The research questionnaire then could be a **model** for assessing the level of effectiveness of the Dean.

Conclusions

The following conclusions were made based on the results of the study. 1) All three (3) Deans were considered effective in terms of the 3 competencies; 2) The differences in the self-ratings of the Deans on their competencies were reflective of the status of the school they head. There were no differences in the perception of the faculty because as physicians, they view things objectively. The differences in the ratings of the students mirror their perception of how they regard their Dean; 3) All three (3) Deans were considered effective in terms of the seven (7) key areas; 4) The differences in the ratings in the effectiveness of the Dean on the seven (7) key areas reflect the differences in the school categories; and 5) The three (3) Deans personify the effective head, in view of their ratings being categorized as strengths/opportunities.

Recommendations

The researcher recommends these courses of action: 1) The Medical School Deans should continuously strengthen their academic, administrative, and leadership competencies and intensify further their dedication and commitments to attain the Vision, Mission, and Goals of their schools; 2) The Dean should further reinforce the working relationships with the hospital;

3) Efforts should be maintained by the Dean to enhance the seven (7) key areas through continuous monitoring of the Dean using the questionnaire as the assessment model; 4) Being rated low, there is a need to develop the areas of physical plant/resources and social relations and responsibility. The improvement of these areas can optimize the learning environment; 5) Although there were no weaknesses and threats that came out from the findings, the Dean should be sensitive to their occurrences, taking advantage of the strengths and opportunities in formulating appropriate strategies geared towards attaining the Vision, Mission, and Goals of the school; and 6) Further research on the three (3) competencies and effectiveness on the seven (7) key areas of the Dean be undertaken in other medical schools to reinforce the administrative theory and practice in the context of the medical educational system.

References

Association of American Medical Colleges (AAMC) Data Warehouse. Accessed October 31, 2006 from http://www.aamc.org.

Association of Philippine Medical Colleges (APMC) Directory (2015)

Bass, B.M. and Bass, R. (2008). *The Bass Handbook of Leadership: Theory, Research and Managerial Applications*. 4th Ed. New York: The Free Press.

Bennett, N. I. and Anderson, L. E. (2003*). Rethinking Educational Leadership*. London, SAGE Publication, Ltd.

Birnbaum and Mintzberg (1992).

Bragg, D.D. (2002, Spring). *Preparingcommunity college deans to lead change*. In Robillard, D. (Ed.), New Directions for Community Colleges, 109, 75-85. CA: Jossey- Bass

Commission on Higher Education (CHED). (2006): Memorandum Order No. 10 Series 2006

DiFronzo, N.C. (2002). The academic dean.*www.aacte.org*

Hoy, W.K. and Miskel, C.G. (2008). *Educational Administration: Theory, Research and Practice*. Boston: McGraw Hill.

Keyes, J.A., Alexander, H., Jarawan, H., Mallon, W., Kirch, D. (2010). A 50 year analysis of medical school deans' tenure. *Academic Medicine*. 85:12, pp.1845-49 (December).

Kirch D.G., Grigsby R.K., Zolko WW, et al. (2005). Reinventing the academic health center. *AcademicMedicine*, 80:980-989.

Liaison Committee on Medical Education (LCME). (2007). *Standards for Accreditation of Medical Education Programs Leading to the M.D. Degree*. Washington DC and Chicago, Ill:LCME.

Petersdorf, R. G.(1997).Deans and deaning in a changing world. *Academic Medicine*. 72:953-958

Rich, E.C., Magrane, D., Kirch, D.G. (2008, May). *Qualities of the Medical School Dean*. Academic Medicine, 83:5, 483-87.

Robbins, S.P. and Coulter, M. R. (2001) *Management*. New Jersey: Prentice Hall.

Silva, Bjulah (2004). *Required competencies for the academic deans: basis for performance appraisal*. Unpublished doctoral dissertation. University of Perpetual Help System DALTA, LasPinasCity.

UERMMMC Brochure (2010).

UP College of Medicine Brochure (2011).

UPHR-JFSM Manual (2011).

Walker, K.L. (2000). Facing challenges: Identifying the role of the community college dean. Retrieved from http://www.ed.gov/databases/ERICDigests/ed441551.html

Watson, R.T. (2005). Rediscovering the medical school. *Academic Medicine*, 80:996-999.

World Federation for Medical Education (2010). *International Association of Medical Colleges*. Retrieved from http://www.iaomc.org/wtme.htm