

The FREDERIC TING Model in Health Professions Education

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Abstract: Teaching in the health professions has been increasingly challenging especially with the evolving educational landscape that has increased the workload of faculty. The aim of this paper is to introduce a framework that can help academic leaders create a conducive teaching-learning environment that is responsive to the demands of the times. The Functional Reforms in Education that Empowers to a Resilient, Innovative, Inclusive, and Culture-sensitive Model in TeachING Health Professions Education (FREDERIC TING) Model in Health Professions Education Conceptual Framework postulates that leadership thrust and support, together with staff upskilling through development programs are essential for functional reforms to take place. Central to these reforms is the organization's vision and mission which should first and foremost be well understood and is exemplified by all its members. Furthermore, the cycle of needs assessment – stakeholder consultation – direction setting – execution of strategic directions – and then back to needs assessment is suggested to be a vital part of the organization's management system to ensure the relevance and the sustainability of the reforms.

Keywords: health professions education; reforms; teaching; framework

1. Introduction

The past decade has been an interesting era of curricular reforms in medical education worldwide where active learning styles are being adapted in the teaching of basic and clinical sciences (Hanson et al., 2022; Irby & Wilkerson, 2003; Cooke et al., 2006). Specifically in the Philippines, the Commission of Higher Education (CHED) mandated the transformation and alignment of the medical curriculum to the principles of outcomes-based education (CHED, 2016). These curricular changes are one of the academe's responses to the needs of the global community that demand equity in health by producing graduates that values interprofessional collaboration and a health-systems approach to treat and prevent diseases (Frenk et al., 2010).

While these changes are very responsive to the needs of the students and the community, several studies have shown that it profoundly affects the faculty in several ways. First, the administrative requirements to faculty members who are also practicing clinicians have made teaching very challenging (Harden & Crosby, 2000). Second, the shift of focus from a science-based curriculum to one that is outcomes-based have made faculty members feel restricted in the way they teach their topics (Ten Cate et al., 2011). Third, these discomforts among faculty members may lead to personal disengagement that can potentially result in conflicts between the faculty and the curriculum reformists or the educational leaders (Venance et al., 2014). Lastly, although the ultimate goal of these curricular reforms is to eventually increase the clinical relevance and appreciation by the students of each subject from a health-systems perspective, some faculty members and even department chairs may feel displaced or given less importance if the allotted time for a particular subject is decreased (Drake, 2014). Thus, curricular reforms can indeed disturb faculty equilibrium resulting to decreased motivation and disengagement (Hanson et al., 2022).

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2. Theoretical Framework

The theoretical framework of this model is based on eco-leadership. It is a leadership style where leaders conceptualize organizations as ‘ecosystems within wider eco-systems.’ Their focus is on networks, connectivity and interdependence, breaking down silos and distributing leadership widely (Davies & Grobler, 2021). They make strong connections with external eco-systems, e.g. with stakeholders, customers, regulators, and the bigger society (Western, 2010).

Eco-leadership transcends individual leadership approaches, taking a meta-leadership position that addresses the disruptions, opportunities, and challenges of our digital age (Davies et al., 2023). It recognizes the diversity of leadership that is required in each specific context. Taking a meta-view ensures the right balance of different leadership approaches that work in harmony to create a dynamic whole.

Eco-leadership means renegotiating purpose: re-imagining what is valued and what success means which basically involves transforming into becoming open-systems where success is contingent on a healthy society and healthy environment (McKimm & McLean, 2020). Eco-leaders see organizations as interconnected living networks, with virtual and physical flows between humans, nature, and technologies. The task of eco-leaders is to think spatially, to see patterns and connections, and create a network of leaders distributed throughout the organization. Eco-leadership is to develop ‘webs of work’ and then connect these to the ‘webs of life’ which is center to any organization.

For the health professions education institutions in the Philippines, eco-leadership will be very essential as the organizations undergo transformation through the planned educational reforms.

Effective leadership is learned and developed from experience and from the guidance of mentors. Achieving organizational goals especially when spearheading reforms take time since it is crucial for a thorough evaluation to be properly done to identify the most pressing issues that are most relevant to stakeholders. Furthermore, stakeholders’ evaluation and analysis is also important so that necessary reforms will be supported. One very effective way to solve organizational problems is through a systems approach. “Systemic” problems (problems that stem from systems-wide issues in the organization) would need a systems approach. It is the re-sponsibility of the organizational leadership to make the working environment a “safe space” where generative conversations are encouraged, relationships nurtured, and where every potential leader thrive.

3. The FREDERIC TING Model Leadership Manifesto

When the primary author first started his academic leadership career as Chair of Clinical Sciences at the University of St. La Salle College of Medicine, one of the main challenges he identified was the difficulty in providing a working environment for the faculty members to be fully engaged in the academe considering the educational reforms that are mandated by the University and national governing bodies, and balancing it with the demands of clinical practice, research, and family life. With the mentorship of the primary author’s faculty members (senior author included) in his doctorate degree in health professions education at the University of the Philippines – Manila National Teacher Training Center for the Health Professions, he was able to craft the Functional Reforms in Education that Empowers to a Resilient, Innovative, Inclusive, and Culture-sensitive Model in Teaching Health Professions Education (FREDERIC TING) Model. This model exemplifies the primary author’s leadership manifesto.

The root of the word manifesto is the Latin *manifestum*, which means “to be clear or to be made public.” All leaders need a personal manifesto – something that lets everyone know their views, their thoughts, and their beliefs and intentions. When leaders create their own manifestos, they instill a sense of transparency that draws respect and trust from the people they lead. Creating one’s own leadership manifesto involves dedicating time for deep reflection of his past experiences and learnings that have contributed to one’s current state. By internalizing these events and extracting the lessons learned, one can craft his or her own leadership manifesto. The author shares his own leadership manifesto that served as the basis of the FREDERIC TING Model:

Self
I commit to being an authentic person.

I commit to serve something bigger than myself.
 I commit to embracing resilience amidst constant change.
 Others
 I commit to investing in people first.
 I commit to respecting people and their choices.
 I commit to trusting that every person is an integral part of the organization.

Organization

I commit to creating an environment that provides a safe space for its stakeholders to foster trust, promote inclusivity, and maximize creativity in achieving its goals.

The FREDERIC TING Model envisions to elevate health professions education in the Philippines to the Standards of Asia, the Pacific, and the World. To achieve this vision, the model should be able to provide wholistic support to the faculty and staff that will enable them to maximize their potentials in delivering their mandate of molding future health professionals who will choose to serve the last, the lost, and the least. Secondly, the model should be able to create a management system that will facilitate sustainability of these educational reforms and ensure that the program remains relevant in the changing times. Lastly, the model should serve as a framework of teaching where resilience, innovation, inclusivity, and cultural diversity are highly valued in the organization.

Central to this model are the core values of committing to form role models, who live with faith in GOD and with deep respect to one’s self and others (Faith), nurturing volunteerism and service moved by genuine concern and love for the poor (Service), and creating a harmonious community that celebrates the values and gifts of every person (Communion in Mission).

4. Key Pedagogical Insights

To ensure a smooth transformation of the teaching – learning environment in health professions educational institutions, the academic leadership should utilize an approach that will be able to achieve these functional reforms that are responsive to the complexities and dynamics of a rapidly changing world. One approach that the author uses is the FREDERIC TING Model.

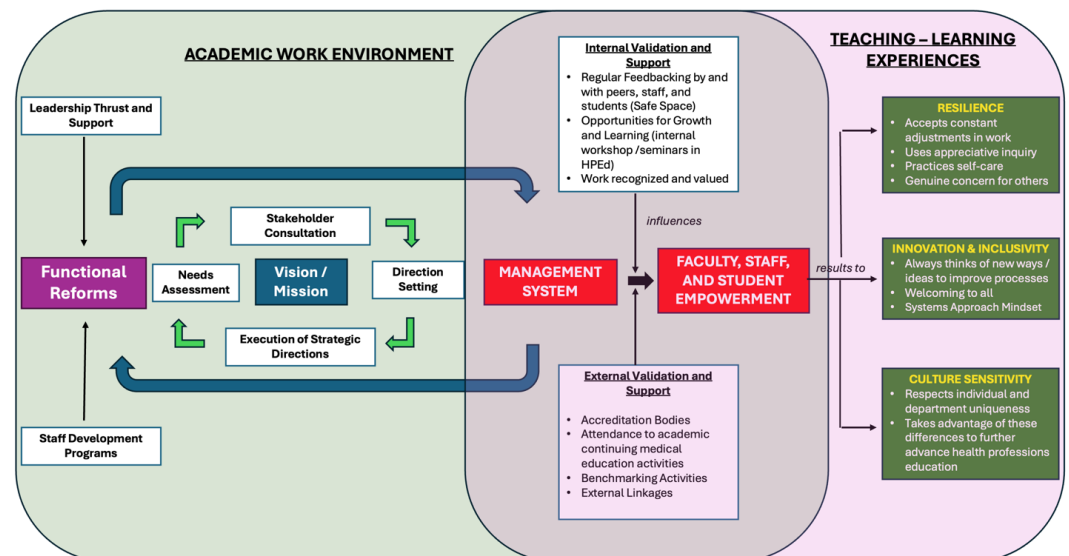


Figure 1. The FREDERIC TING Model in Health Professions Education Conceptual Framework.

Source: Author’s own development.

The conceptual framework of the FREDERIC TING Model in health professions education (Figure 1) shows that leadership thrust and support, together with staff upskilling through development programs are essential for functional reforms to take place. Central to these reforms is the organization’s vision and mission which should first and foremost be well

understood and is exemplified by all its members. Furthermore, the cycle of needs assessment – stakeholder consultation – direction setting – execution of strategic directions – and then back to needs assessment is suggested to be a vital part of the organization’s management system to ensure the relevance and the sustainability of the reforms.

5. Practical Implications

The FREDERIC TING Model is being proposed because of the universal need for functional reforms in health professions educational institutions. These reforms are mainly anchored in the tenets of Eco Leadership that is based on three main principles (Western, 2010).

First is Social Purpose or creating shared value. This aims to create shared value for the wider society beyond organizational growth. If the Faculty members know by heart the social purpose of their academic institution, then they would have ownership of the program and will be empowered to perform their work to the best of their abilities.

Second is Participative Organizations that unleash people’s leadership potentials. Distributing leadership across organizations and maximizing individual, team and organizational potentials. This approach facilitates moving away from top-down approaches to enable everybody to take leadership when appropriate, creating more adaptive, participative, and dynamic organizations.

The third is Eco-Mindsets. This refers to moving beyond silos and linear thinking to engage with marginalized voices and understand that any organization functions as an ecosystem within a wider ecosystem.

This model postulates that when the academic working environment is improved where the faculty members are supported and valued, this empowers them to become resilient and innovative to the changing demands and landscape of the times. These reforms should be inclusive in nature while at the same time respecting cultural diversities within the organization.

6. Conclusions

In response to the ever changing demands of the health professions educational landscape, academicians should be able to navigate their way through the different challenges to maximize the teaching learning experiences. The FREDERIC TING Model in health professions education postulates that leadership thrust and support, together with staff upskilling through development programs are essential for functional reforms to take place. The academic organization’s vision and mission should be central to these reforms and must be well understood and exemplified by all its members. Furthermore, the cycle of needs assessment, stakeholder consultation, direction setting, and execution of strategic directions forms the management system that ensures the relevance and sustainability of the reforms. Together with the different internal and external validation and support mechanisms, the faculty, staff and students are empowered to create teaching – learning experiences that inculcates resilience, innovation, inclusivity, and a culture of sensitivity. Anchored on the core values of faith, service, and communion in service, this model envisions to elevate health professions education in the Philippines to the Standards of Asia, the Pacific, and the World. The FREDERIC TING Model in health professions education is based on eco-leadership where academics conceptualize organizations as ‘ecosystems within wider eco-systems.’ Their focus is on networks, connectivity and interdependence, breaking down silos and distributing leadership widely thus making strong connections with external eco-systems, e.g. with stakeholders, customers, regulators, and the bigger society.

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