

## The Development of Academic Administration Model of the University of Health Sciences

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### Abstract

This research aims to 1) study the state of academic administration, teaching, and learning management; 2) develop the academic administration model; and 3) evaluate the academic administration model of the University of Health Sciences as a quantitative and qualitative study using a population sample of 338 people who is an administrator and academic, the instrument is a questionnaire with a value of 5 levels, with a confidence value of 0.89, and an interview, a group discussion, and a research evaluation divided into 4 phases. The data analysis is done using a computer program by finding the average value, standard deviation, and percentage value. The results of the study found that the University of Health Sciences has an overall academic management situation at many levels, arranged in order from the most to the least in terms of learning and teaching management. Research, field, personnel, academic leadership, training, curriculum, and collaboration. For the development of the academic management model of the University of Health Sciences, the selection of medical teachers should adhere to the standards and conditions specific to quality subjects. Additionally, it is important to incorporate the use of medical technical equipment relevant to each subject and to foster an awareness and understanding of societal changes, the evaluation of the technical management model at the University of Health Sciences reveals that the treatment activities are rated at the highest level in terms of appropriateness, feasibility, filtering and control, and overall usefulness.

**Key Words:** Development; Academic Management Model; Health Sciences University

## Introduction

The University of Health Sciences (UHS) was established in 1958, originally known as Vientiane Medical College. It offers a four-year curriculum with two main majors: general medicine and pharmacy. At its inception, the student body comprised 21 Lao students, 7 Vietnamese students, and 4 Cambodian students, totaling 32 students. Initially, the academic administration and instruction were conducted in French. In 1970, the institution was upgraded to Sisavangvong University, during which a third major, dentistry, was introduced. In 1975, the name changed from Sisavangvong University to the University of Medicine. Following the establishment of the Lao People's Democratic Republic (Lao PDR), the academic administration transitioned to a unified approach, with the French curriculum being adapted for instruction in the Lao language and taught by Lao educators. In 1996, the University of Medicine merged with the National University of Education under the Ministry of Education and was subsequently renamed the Faculty of Health Sciences. This new entity comprised three faculties: medicine, pharmacy, and dentistry, and was managed under the auspices of the National University. In 2005, the Faculty of Health Sciences separated from the National University and became part of the Ministry of Health, adopting the name MOU (Ministry of Health University). Currently, the MOU encompasses six faculties: medicine, pharmacy, dentistry, nursing, medical technology, and public health. It offers a total of 29 programs, consisting of 16 undergraduate courses and 13 specialist courses. Academic management—including curriculum development, teaching and learning, personnel training, and the implementation of the national curriculum set by the Ministry of Education and Sports—follows the guidelines established in 2015.

During the implementation of the University of Health Sciences' 5-year development strategy from 2016 to 2020, various aspects of academic management were assessed, including:

1. **Curriculum Development:** New curricula tailored to the needs of the public health sector were created for each department, featuring courses in nutrition, biology, pharmacology, and radiology. These curriculum developments were supported by foreign aid to facilitate student learning opportunities.
2. **Teaching Approach:** The teaching and learning processes adhered to the comprehensive education system established by the University of Health Sciences. Students in the first three years focused on clinical preparation, while those in the fourth and fifth years

engaged in a blend of theoretical studies and hospital practice. By the sixth year, students participated in hospital internships, which aimed to prepare them for specialized medical roles in diagnosis, treatment, and medical research.

3. **Faculty Allocation:** Personnel assignments were aligned with departmental needs, and each department selected educators based on the objectives and specific requirements of their subjects. Departments also monitored, evaluated, and supported exemplary teachers who served as role models.

4. **Training Opportunities:** Efforts were made to encourage faculty members to pursue both short-term and long-term training at specialized centers, both domestically and internationally.

However, several challenges in academic administration were identified:

1. **Curriculum Approval:** Many courses had yet to receive approval from the Ministry of Education and Sports despite being implemented. Some courses attracted more applicants than available spots, while others failed to generate interest, resulting in their cancellation. Overall, student enrollment remained insufficient to meet the demands of the medical workforce.

2. **Teaching Facilities:** Limitations in infrastructure persisted, including inadequate buildings, classrooms, operating rooms, skill training areas, examination rooms, modern teaching media, and practice facilities separate from the University of Health Sciences hospitals.

3. **Teaching Experience:** A notable number of teachers lacked sufficient teaching experience, often struggling to balance clinical duties with their educational responsibilities. Additionally, some invited teachers were unable to accept positions, with a shortage of substitute educators available.

4. **Training Challenges:** Some faculty members faced obstacles in pursuing long-term training abroad, particularly concerning age and language barriers.

Since its inception as Vientiane Medical College, transitioning to Sisavangvong University, and ultimately becoming the University of Health Sciences, the institution has experienced varied academic management practices reflective of its roles and specialties. However, a consistent management model that could serve as a foundation for academic governance has yet to be established. While there have been achievements, including a rising number of graduates meeting societal needs, the university has not fully reached its predetermined goals and indicators, indicating ongoing shortcomings in facilities and academic management.

Academic administration in universities plays a crucial role, as it reflects the philosophy and purpose of education. Effective academic management is essential for organizing teaching and learning activities, enabling students to acquire the knowledge and skills necessary to achieve the goals outlined in the curriculum (Nikhom Somphoulong, 2011:52). The significance of academic administration can be summarized in the following points: 1) The curriculum serves as an action plan; 2) It establishes the requirements for teaching and learning; 3) It functions as a state document; 4) It sets the standards for education; 5) It acts as a framework for educational administrators; 6) It provides direction for promoting societal prosperity; 7) It shapes the future direction and structure of society; 8) It guides the delivery of knowledge, skills, modern practices, and ethical behavior; and 9) It indicates the overall prosperity of the nation (Office of the National Education Commission, 2019).

In developing an academic management model at MSU, research has been conducted utilizing relevant documents, theories, ideas, and prior research articles related to academic management at the institution. This includes sources from the Department of Health Education, the Administration of Educational Institutions of the Ministry of Education and Sports from 2017, the University of Health Sciences' five-year development plan (2016-2020), and documents from foreign universities. This research aims to gather opinions, identify key components and indicators, and subsequently draft a model. The model will be refined using the Delphi technique, validated through discussions with expert groups, and evaluated for effectiveness.

As an academic administrator at MSU, the researcher recognizes the importance of this initiative and is motivated to develop an academic management model that will serve as a guideline for enhancing academic management practices at MSU. This initiative is designed to improve the quality of education provided to medical personnel, ultimately benefiting the health sector and enhancing the service delivery system. The model aims to promote a more integrated approach to teaching and learning, thereby elevating the quality of education at MSU.

### Objective

To analyze the academic management framework at the University of Health Sciences, to outline the university's academic management model, and to assess the effectiveness of this model.

## Research Conceptual Framework

### The Development of the Academic Management Model at the University of Health Sciences

This research examines various documents, theories, and scholarly articles related to the academic management model, including its development and implementation. Among the primary sources studied are documents from the Department of Health Education and the Educational Institutions Management of the Ministry of Education and Sports from 2017, as well as the University of Health Sciences' five-year development plan spanning 2016 to 2020. Key insights were gathered from various academic contributors. Bounlieng Thoomthong argued that academic management encompasses curriculum development, teaching and learning processes, research activities, and collaborative efforts. Hough and Duncan (1970) also emphasized similar facets of academic work. In 2014, Chamsakdee Phinthong identified teaching and learning management, fieldwork, and training as essential components of academic management. Nongnu Chittasano (2014) highlighted the importance of fieldwork, research, and collaboration within this framework. Suchat Sompyayus (2004) presented the view that scientific research is critical for the advancement of teaching and learning, while Bountharat Chandang (2018) discussed the significance of personnel management and collaborative teaching and learning development. Wexley and Latham (1991) further underscored the role of personnel management and training in academic contexts. Ricardo S. Morse (2005) identified similar components, stating that academic management involves both personnel management and training. Murphy (1999) focused on curriculum implementation and academic leadership, which are also essential aspects of academic management. Specific examples from international institutions illustrate these concepts: Hanoi Medical University in Vietnam (2020) identified curriculum implementation, teaching and learning, personnel management, collaboration, training, and academic leadership as key components of academic management. Similarly, Seoul National University in South Korea (2019) emphasized curriculum execution, personnel management, and collaboration, while Wang Shu University in China (2020) recognized curriculum implementation, teaching and learning, personnel management, and collaboration. Chulalongkorn University in Thailand identified teaching and learning management, field personnel management, collaboration, and academic leadership as fundamental elements of effective academic management.

## Research methods

This research employs a mixed-methods approach, combining qualitative and quantitative research techniques. The study sample consists of 338 administrators and academics. The instruments utilized include a 5-point questionnaire, which demonstrated a reliability coefficient of 0.89, along with interviews, group discussions, and research evaluations.

## Research results

### Curriculum Components:

The curriculum development process encompasses several key elements:

#### Curriculum Design:

- Develop curricula aligned with national, regional, and international standards.
- Create online and distance learning curricula to meet diverse learning needs.
- Formulate undergraduate programs that provide essential medical care in central, community, and small hospitals.
- Establish associate degree programs for training medical assistants for community and smaller hospitals.
- Design master's and specialized curricula to enhance postgraduate education.
- Emphasize the application of knowledge, skills, and professional experience in all curricula.

#### Learner Development:

- Foster effective learning and academic engagement among students.
- Evaluate curricula, teaching methods, and learner performance to inform ongoing improvements.
- Allocate budgets for creating curricula, course syllabi, and teaching materials.
- Promote curricula to prospective students in alignment with approved enrollment numbers.

**Teaching Components:**

- Organize courses and manage credit hours efficiently, ensuring engagement through monitoring and participation.
- Provide conducive conditions for theoretical and practical learning, including bedside teaching with an emphasis on patient interaction.
- Deliver training in soft skills and communication for healthcare providers, patients, and families.
- Schedule main and backup instructors according to student needs, particularly in administrative contexts.
- Select medical educators based on established quality standards tailored to the demands of contemporary medical practice.
- Encourage students to engage deeply with lesson content and develop problem-solving skills independently.
- Foster a culture of professionalism among teachers and encourage experienced professionals to share their expertise.

**Field Experience:**

- Provide hands-on training in clinical settings, from central to local hospitals and various healthcare institutions.
- Implement evaluations consistent with educational goals to inform curriculum development.
- Develop field trip guidelines that include logbooks to monitor student performance.
- Train faculty with technical expertise to ensure alignment with educational objectives.

Engage students in understanding community health issues while promoting community involvement in health initiatives.

**Scientific research components:**

- Establish an ethics and promotion committee for scientific research.

- Prioritize research aligned with development strategies and innovation in community services.

- Allocate budgets for medical technology and promote research engagement among faculty and students.

- Manage databases for effective organization and dissemination of research findings.

Conduct ongoing training in research methodologies and foster collaboration with domestic and international partners.

**Personnel management components:**

- Utilize a merit-based selection system for staffing, ensuring recruitment aligns with knowledge and specialty needs.

- Facilitate skill enhancement and qualifications for faculty both domestically and internationally.

- Recognize exceptional educators through annual commendations and National Teachers' Day awards.

- Create opportunities for faculty to generate academic income, enhancing the institution's budget.

- Implement performance-based promotion policies and regularly evaluate teaching effectiveness through peer and student feedback.

**Training Components: The training program encompasses the following elements:**

- Utilizing technology for effective teaching and learning tasks.

- Conducting seminars and disseminating research and information.

- Innovating educational materials, including textbooks, manuals, documents, images, videos, and medical publications tailored to each field of study.

- Developing assessment tools to evaluate academic quality and conducting in-depth studies for educators.

- Offering training in adult learning (andragogy) specifically for teachers.

- Fostering research skills in educational administration by equipping teachers with essential research methods.

- Collaborating with central and local hospitals for curriculum implementation through theoretical, practical, and field studies.

**Cooperation Components: Key aspects of cooperation include:**

- Facilitating collaboration and exchanges between academics and educators at both domestic and international health education institutions, as well as with non-governmental organizations (NGOs) that support community field training programs.

- Establishing a development plan that serves as a model for proposing and negotiating partnerships both domestically and internationally.

- Responding to the needs and objectives set by engaging with various stakeholders for mutual support.

- Defining clear policies to enhance cooperation with domestic and foreign entities for effective development.

**Leadership Components: Leadership development encompasses:**

- Reviewing current operations and setting a strategic vision.

- Formulating development and action plans.

- Establishing principles, systems, regulations, and programs for regular monitoring and evaluation.

- Adapting academic administration to fit the unique conditions and needs of each phase.

- Building leadership skills among educators and promoting a deep understanding of academic administration for future generations, ensuring effective succession planning.

**Discuss the research results**

1. The development of the academic management model for the University of Health Sciences emphasizes a comprehensive approach to enhancing the quality of

education and fostering effective teaching and learning environments. The 14 indicators outlined provide a clear framework to support these goals:

1. **Organizing Individual Courses:** It is crucial to track and evaluate the effectiveness of course delivery and learning outcomes, ensuring continuous improvement.
2. **Providing Conditions and Facilities:** Ensuring that students have access to the necessary resources and infrastructure for both theoretical knowledge and practical applications is fundamental for specialized training.
3. **Practical Teaching at the Bedside:** Emphasizing quick diagnostic skills and effective patient communication is vital for students' practical training.
4. **Soft Skills and Communication Training:** Equipping healthcare providers with essential interpersonal skills enhances the quality of patient care and collaboration within healthcare teams.
5. **Organizing Teachers:** Balancing the workload between main and backup teachers ensures that students receive consistent and adequate instruction.
6. **Selecting Medical Teachers:** Hiring qualified educators who meet established quality standards is essential for maintaining high educational standards.
7. **Teaching Format and Content:** Adapting teaching methods to meet the evolving needs of the healthcare sector ensures that graduates are prepared for real-world challenges.
8. **Student Competencies:** Ensuring that students possess the necessary knowledge, abilities, skills, and experience is paramount for their development.
9. **In-Depth Research:** Encouraging students to engage deeply with the material promotes critical thinking and problem-solving capabilities.
10. **Expanding Lesson Content:** Students should not rely solely on textbooks but rather be encouraged to explore beyond conventional resources.
11. **Promoting Ethics:** Fostering a culture of professional ethics among teachers is necessary for instilling similar values in students.
12. **Involving experienced professionals:** Engaging knowledgeable practitioners as guest lecturers provides students with real-world insights and enhances their learning experiences.
13. **Utilizing Medical Equipment:** Integrating relevant medical equipment into the curriculum aids in providing practical experience and understanding of real-world applications.

**14. Improving Infrastructure:** A conducive learning environment is critical for both theoretical and practical education, enhancing overall student engagement and learning outcomes.

The interrelationship of these indicators reflects the complexity of academic management, where each component contributes to a holistic educational experience. The references to previous studies emphasize the validity of these approaches, indicating that effective academic management involves a systematic organization of curricula, dedicated teaching staff, and a supportive learning environment. As such, aligning these indicators with effective academic management practices is essential for achieving high standards in medical education and ultimately improving healthcare outcomes.

## **2. The development of the academic management model at the University of Health Sciences for scientific research has revealed several key strategies:**

1. Establish a promotion-management and ethics committee for scientific research.
2. Approve and prioritize research articles in alignment with the university's development strategy.
3. Focus research efforts on teaching and learning, as well as the behaviors and needs of both teachers and students, fostering innovations that serve society.
4. Allocate budget and provide effective medical equipment for research initiatives.
5. Offer financial support to faculties and encourage more researchers within each discipline.
6. Conduct research on the employment of graduates in various sectors, both public and private.
7. Manage a comprehensive database to organize, disseminate, and utilize research findings for maximum benefit.
8. Regularly organize training sessions on research methods for teachers and students.
9. Recruit researchers through advertisements in various media, conducting exams and interviews based on established criteria and standards.

These initiatives align with the university's goals for quality enhancement, particularly in utilizing research outcomes to inform policies aimed at addressing educational challenges. Additionally, research findings can significantly contribute to improving the quality and quantity of teaching and learning experiences, corroborating Mr. Chiemphon Sayalak's 2021 study. His research at Sanpatong University of Science and Technology in Chiang Mai

highlighted the importance of integrating classroom research with community-based collaborative learning.

Furthermore, research represents a core strength of the institution, especially within postgraduate programs where thesis research is mandatory. It is essential for teachers to leverage research as a tool for enhancing learning and improving the academic and organizational development systems. This perspective resonates with Mr. Suchat Sompayuns' insights from 2016, which emphasized that research is recognized among scholars and academics as an effective method for problem-solving. Similarly, his definition from 1998 described research as a scientific approach to organizing knowledge, gathering facts, and testing hypotheses to uncover truths that inform solutions to problems. This framework can be applied to summarize advancements across various domains, particularly within educational institutions and learning resources.

### 3. Development of the Academic Management Model for the University of Health Sciences

The academic management model for the University of Health Sciences has identified several key field components, including:

1. **Training Skills and Experience:** Fostering skills and gaining experience through services provided in hospitals, extending from the central level to local communities and various educational institutions.
2. **Evaluation:** Employing evaluation formats, content, and methods that align with specific subjects, ensuring that the results contribute to ongoing development.
3. **Guidance for Field Trips:** Creating comprehensive guides for student field trips that include logbooks to monitor performance and learning outcomes.
4. **Professional Development for Educators:** Facilitating opportunities for teachers to apply their technical knowledge within real-world practices aligned with educational objectives.
5. **Community Health Assessment:** Understanding community health issues and needs, integrating theoretical knowledge with practical applications.
6. **Social awareness:** cultivating awareness and understanding of societal and global changes to inform appropriate health interventions.

7. **Community Engagement:** Encouraging active community participation in health initiatives, including disease screening and environmental sanitation efforts.

8. **Emergency Preparedness:** Implementing response activities for natural disasters, disease outbreaks, and other significant events.

9. **Volunteer Training:** Offering guidance and skill training for volunteers, emphasizing responsibility and the provision of necessary resources.

10. This model supports educational policies, particularly the integration of theoretical learning with practical application. The goal is to enhance students' technical skills while fostering their understanding of community health issues. As highlighted by Mr. Kittisay Thairatsilichai in 2020, field experience serves as a targeted professional training opportunity for students. This approach emphasizes practical training in diverse settings, ensuring that students can systematically transition into their respective work environments as outlined in their curricula, especially in remote and underserved rural communities, with a focus on health prevention and promotion.

Additionally, the model aligns with Mr. Wisien Hihabut's 2016 perspective on community-based

learning, as well as Mr. Srittanakit Channukit's 2004 view that positions field practice as a participatory process. This encourages community involvement in development through collaborative thinking, decision-making, management, and shared benefits.

#### 4. Development of the Academic Management Model at the University of Health Sciences

The personnel components of this model include:

1. **Merit-Based Selection:** Implement a primary merit system for personnel selection, supported by a secondary system in accordance with approved staffing levels.

2. **Targeted Recruitment:** Recruit based on specific knowledge, specialties, skills, and adequate positions aligned with the organizational structure.

3. **Management Development:** Enhance both domestic and international administrative management in accordance with established qualifications and performance standards, with an eye toward succession planning and role replacement.

**4. Specialization Advancement:** Upgrade professional specialties both locally and internationally, following the curriculum and teaching subjects with a focus on regular faculty members.

**5. Recognition of Excellence:** Establish a framework for awarding outstanding teacher accolades annually on National Teachers' Day.

**6. Opportunities for Academic Income:** Create conditions that facilitate faculty engagement in activities that generate academic income to bolster the university's budget.

**7. Promotion Policies:** Implement promotional systems and role advancement in line with individual achievements and institutional regulations.

**8. Regular Evaluations:** Conduct ongoing evaluations where faculty assess one another's performance, complemented by student evaluations of teaching effectiveness.

**9. Curriculum and Teaching Methodology:** Clarify responsibilities related to academic work, subject matter, teaching curricula, teaching plans, methodologies, and personnel evaluations, focusing on the overall development of educational quality in various fields.

Each component aims to integrate into a cohesive strategy aligned with Mr. Thienput D.'s 2003 framework on human resource management, which emphasizes the recruitment, development, and motivation of personnel while adapting to the rapid changes of the information technology era. This perspective aligns with Mr. Dessler's 1997 view that human resource management entails formulating valuable organizational policies and recommendations, emphasizing the critical role human resources play in achieving sustainable organizational goals. Furthermore, it resonates with the 2000 Red Moon Code, which delineates human resources management as a systematic process designed to maximize individuals' contributions within an organization—from planning and recruitment to

development and performance appraisal.

## 5. Development of the Academic Leadership Model at the University of Health Sciences

The components of academic leadership identified in this model include:

**1. Vision and Strategy Development:** Regularly review operations to define vision, strategy, development plans, and action steps.

**2. Regulatory Framework Establishment:** Create principles, systems, regulations, programs, and regular monitoring and evaluation mechanisms.

3. **Adaptive Management Practices:** Develop academic management practices suitable for the evolving conditions and needs of each period.

4. **Leadership Skills Development:** cultivate leadership skills among educators.

5. **Generational Awareness and Understanding:** Foster a culture of awareness and understanding for academic administrators to ensure effective succession.

These components highlight the necessity for academic leaders to possess the knowledge and capability to implement policies effectively at each stage, particularly within educational institutions. Comparative research by Mr. Suphaxay Nathongxay in 2019 on the medical management model at Nalesuan University, Thailand, underscores personnel as a pivotal element in advancing academic quality. This is consistent with Mr. Duke C.'s 1987 assertion that effective academic leadership involves commitment to enhancing teaching and learning, prioritizing the welfare of the entire institution, and creating a clear vision. Moreover, Mr. Sirani Vosuphan's 2008 findings confirm that academic leadership embodies the creative role of administrators in guiding educational members towards shared objectives. In 2008, Mr. O. P. Monga outlined that educational leadership and management must be clearly reflected in leadership principles and effective educational strategies, supporting robust theoretical and practical exploration in educational management.

#### **6. Development of the Academic Management Model at the University of Health Sciences** The training component encompasses several key areas:

1. Utilizing technology to facilitate teaching and learning tasks, seminars, research, and information dissemination.

2. Innovating educational resources such as textbooks, manuals, documents, images, videos, and medical publications tailored to specific fields of study.

3. Employing techniques to create assessment tools that measure academic quality and enhance subject depth for educators.

4. Providing training for educators on adult learning principles (andragogy).

5. Developing future researchers in educational management through research methodology training for educators at both central and local hospitals, including practical and fieldwork experiences. These components align with Mr. Rungchatchadaporn's 2010 study on the academic management model of laboratories in Southern Thailand. Furthermore, they support the perspective of Mr. Latham, G., and Wexley, K. (1991), who characterized training as a systematic learning management process designed to enhance knowledge, skills, abilities,

and personnel motivation, thereby improving operational efficiency. Training programs are essential for equipping employees to perform more advanced technical roles. Additionally, Mr. Somchan Kittiyong's 2002 definition of training informs this model, describing it as a process that fosters knowledge, understanding, skills, and positive attitudes in trainees, enabling behavioral changes in line with training objectives. Similarly, Mr. Chutimathewin, J. (1999) affirmed that training is focused on individual learning aimed at behavioral change, enhancing work capabilities related to knowledge, skills, attitudes, and expertise while instilling a sense of responsibility toward the organization and its environment. The findings suggest that there is a significant need to elevate technical skills, particularly in women's health education, through targeted training programs to bridge existing competencies and achieve desired outcomes.

7. Development of the Academic Management Model at the University of Health Sciences  
The curriculum development components include:

1. designing and developing curricula that align with national standards while integrating regional and international frameworks.
2. Creating online and distance learning curricula to cater to specific needs.
3. Establishing undergraduate programs that prepare students for basic medical care roles in central, community, and smaller hospitals.
4. Developing associate degree programs focused on training basic medical assistants for community and smaller hospitals.
5. Creating interdisciplinary undergraduate curricula that connect various fields of study.
6. Designing master's and specialist programs to advance expertise in specific areas. These curriculum initiatives are consistent with Mr. Kanai Pyaphun's 1996 model, which outlines the training process as a sequence of actions that includes needs assessment, planning, implementation, and evaluation. This aligns with Mr. Chutimathewin's (1999) insights on training as a means to enhance individual competence across knowledge, skills, attitudes, and responsibility within organizational contexts. In summary, the model exemplifies the necessity of structured training and curriculum development aimed at enhancing technical skills and ensuring personnel are equipped to meet the demands of their roles effectively.

## 8. Development of the Academic Management Model at the University of Health Sciences

The cooperation component of the academic management model encompasses several critical

elements:

1. Collaboration and exchange of academics and faculty with both domestic and international health education institutions.
2. Engagement with non-governmental organizations (NGOs) that support community field training programs.
3. Formulation of a development plan that serves as a model for proposing and negotiating domestic and international partnerships.
4. Collaboration and support from domestic and international sources aligned with established needs and objectives.
5. Definition of policies that facilitate effective cooperation with various domestic and international stakeholders.

The content of this component aligns closely with the concepts presented by Mr. Barnard in 1938, who defined collaboration as "the act of working together with others, especially in intellectual endeavors," and as "cooperating with organizations or mechanisms that are not immediately connected." Barnard's insights established him as a pioneer in discussing collaboration among practitioners with extensive management experience across both private and public sectors.

Similarly, B. Gray's theory from 1989 describes collaboration as a process wherein sectors, each with distinct perspectives on an issue, work together as partners to find solutions rather than simply sharing resources. This perspective highlights the importance of collaboration skills, which foster creative thinking and collective analysis and enhance the likelihood of generating viable problem-solving ideas. The strength of collaborative efforts often increases when partners share similarities in values, ideas, and service types.

D. Straus in 2002 also emphasized that collaboration is a process through which individuals coordinate as a group within an organization, creatively planning to address problems and make joint decisions. This notion resonates with R. Agraoff and M. P. McGuire's assertion that collaboration entails organizations working together to solve problems,

particularly those that a single organization may find challenging to address alone. Such collaboration involves exploring options for problem-solving while considering constraints like time, budget, and competition.

Moreover, the findings of Rattanasanok Palamonsiri (2016) support the assertion that collaboration is essential for the development of private universities, illustrating its role as an indispensable strategy for enhancing various organizational functions, particularly in educational institutions.

In summary, collaboration can be understood as a joint effort and shared ownership aimed at mutual benefits. It occurs when individuals and diverse organizations come together, pooling their efforts, resources, and decision-making capabilities. This collaborative framework promotes technical exchanges, mutual support in ideas and resources, and fosters enduring relationships aimed at achieving high-quality outcomes in technical expertise, information sharing, and partner development. The interconnected components of this model reinforce one another, establishing a coherent academic management model at the University of Health Sciences that aligns well with existing theories and research findings.

#### **Suggestions:**

The research findings indicate that the academic administration model at the University of Health Sciences comprises eight key components: Curriculum, Teaching, Field experience, Research, Personnel, Collaboration, Academic leadership.

As a central institution for health education, the University of Health Sciences plays a crucial role in developing human resources to meet various sector needs while supporting socio-economic development. Therefore, it is essential to enhance the quality and quantity of academic education. Educational administrators must thoroughly comprehend the components and technical management indicators developed in this research to implement them effectively at the grassroots level.

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