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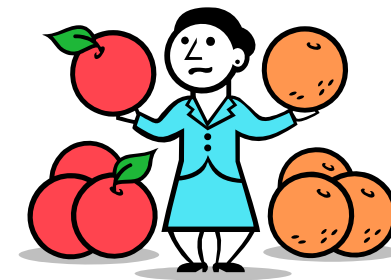


The CHarME-Benchmarking Exercise and its Results

CHarME Project Conference, Berlin 10 September 2010

Overview

1. What is Benchmarking?
2. Different Benchmarking Approaches
3. Benchmarking Steps
4. The CHarME Approach
5. The CHarME Method
6. CHarME Indicators
7. Findings and Conclusions
8. What Next?



1. What is Benchmarking?

Benchmarking is a **process** whereby an organisation gathers **data** on its own performance in a **defined area of priority** and **compares** it against the performance of its **partners** *or* against a generally expected **standard of excellence** in the sector.

2. Different Benchmarking Approaches

- Several types of indicators (data)
input – process – output – impact
- Choice of indicators/availability of data determines approach:
 - performance oriented approach
largely quantitative, comprehensive, competitive
 - process oriented approach
largely qualitative, mutual learning, comparative

3. Benchmarking Steps

Step 1: Strategic Leadership

- Focus benchmarking topic to strategic needs and targets
- Choose approach and partners
- Gain commitment internally and from stakeholders
- Allocate resources

Step 2: Data Gathering

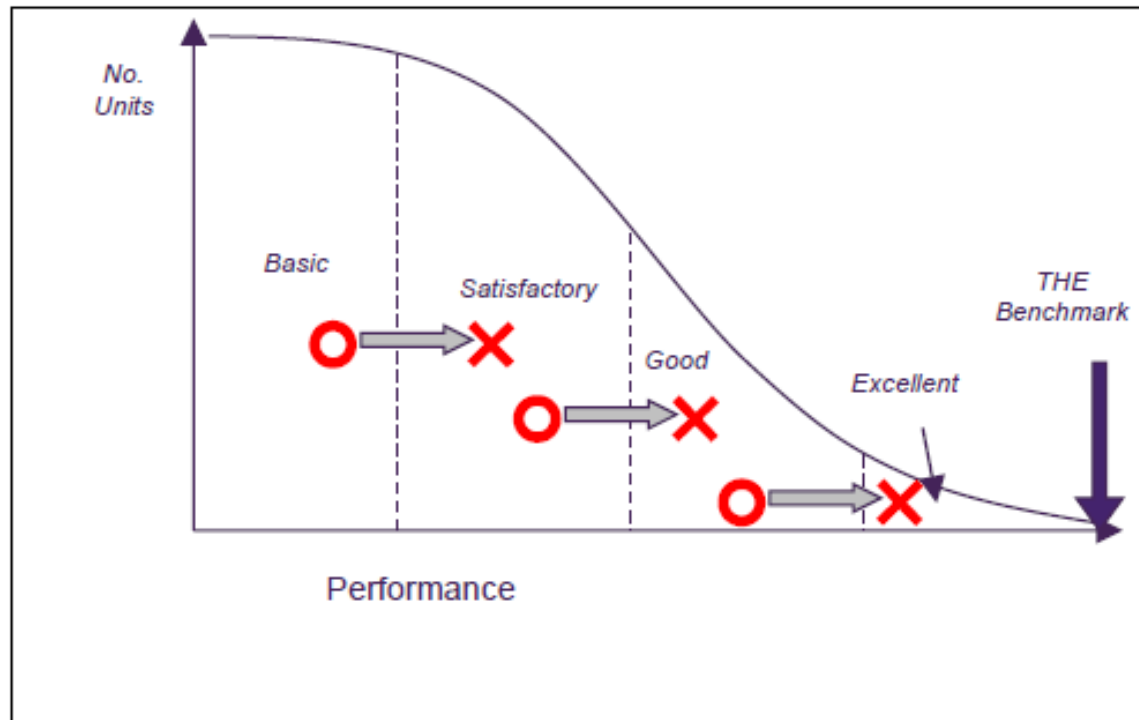
- Identify criteria and indicators
- Gather data
- Agree benchmarks, write report

2. Benchmarking Steps

Step 3: Introduce Change through Action

- Produce report + summary for Senior Management
- Verify targets, communicate
- Decide on actions to be taken, based on indicators and criteria
- Agree Business Plan
- Allocate personal responsibilities
- Set timeline and milestones
- Monitor change
- Follow-up

2. Benchmarking Steps: Identifying Benchmarks and Targets



4. The CHarME Benchmarking Approach

CHarME:

- largely comparative, process oriented approach
- focus good practice and mutual learning
- decidedly non-competitive

Reasons

- incompatibility of quantitative data due to differences in context: national legislation, HE systems, healthcare and training regulations
- inconsistencies in terminology
- varying degrees of institutional autonomy
- limitations to availability of data

5. The CHarME Method

- Focus: curriculum reform
 - Priority: international student mobility
 - Indicators agreed
 - Questionnaire produced and data gathered
 - Report on findings and suggested conclusions produced
- Steps 1 + 2 of the benchmarking process completed

6. CHarME Indicators: 9 Groups

- Demographics/ Medical School Details
- Admissions
- Length/ Structure/ Form of Course
- Curriculum
- Exams and Licensing
- Quality Assurance
- Learning Objectives
- Results/ The Medical Profession
- Internationalisation/ Bologna

7. Findings and Conclusions

1. The data from the questionnaire provide **a wealth of information on which to base curricula innovation.** The partnership as a community of curriculum innovators will be able to capitalise on these data for active collaborative medical education research.
2. The **differences** described by the partner Medical Schools/Faculties provide the opportunities for students to experience alternative healthcare practices and systems that are perceived to be the **main reason why students wish to study abroad.**

7. Findings and Conclusions

3. Three Schools/Faculties have Bachelors/Masters structures therefore a **Bachelors/Masters structure does not preclude an integrated approach to curricular design.**
4. All but one medical School recognises ECTS therefore **the use of ECTS as a recognised system for crediting prior learning would promote convergence.**

7. Findings and Conclusions

5. The data demonstrate a spectrum of assessments and of terminology related to both assessment and curriculum description. **Clarification of assessment and curriculum subsection terminology is needed**, as is an understanding of assessment systems prior to formal recognition of assessment

6. The identification and use of **an external learning objective framework** for Medicine onto which the partner organisation can map their curricula may be facilitative in aligning the variety of curricula encompassed by the CHarME collaboration.

7. Findings and Conclusions

7. The partnership will be encouraged to adopt **curricula innovations** that promote **international student exchange** and of identification, mentoring and the provision of **research tracks** for the highly achieving students thereby growing academic careers.

8. In the data there is a variety of descriptions for curricular components. **Definitions are needed for curriculum subsections and for clinical placements** to ensure clarity of data and to aid the future mapping exercise.

7. Findings and Conclusions

9. The adoption of a **uniform credit rating system, and Medical Programme mapping to the BA/MA format** would be helpful to support comparable degrees and to promote student mobility.

10. **Enhancement of the student voice:** The questionnaire asks why students participate in exchange programmes but this is asked of Medical Schools/Faculties rather than of the students themselves and the partnership member the German Medical Students' Associations.

8. What next? Towards Step 3: Change through Action

Opportunities and Priorities

Questionnaire Section	Next Focus
Demographics/ Medical School Details	Standards
Admissions	Admission exams
Length/ Structure/ Form of Course	BA/MA structure
Curriculum	ECTS, Research, Clinical skills
Exams and Licensing	Terminology, Assessment
Quality Assurance	Collaborative QA, External peer review
Learning Objectives	External framework
Results/ The Medical Profession	Student research projects
Internationalisation/Bologna	Curriculum mapping
Students	Student voice
Future	Outward looking strategies

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