Date Submitted: 01/24/23 1:15 pm

Viewing: **10LT5641MD : Medicine - Carle Illinois College of Medicine, MD**

Last approved: 12/08/22 2:47 pm

Last edit: 02/20/23 11:48 am

Changes proposed by: Colin Van Orman

|  | MD - Doctor of Medicine |
|---|---|
| Catalog Pages Using this Program | |

Proposal Type:

## Approval Path

1. 01/25/23 4:17 pm Deb Forgacs (dforgacs): Approved for U Program Review
2. 01/25/23 4:22 pm Victoria Richards (verique5): Approved for 1869 Head
3. 01/26/23 9:50 pm George Mejicano (georgecm): Approved for LT Committee Chair
4. 01/26/23 9:52 pm Colin Van Orman (cvo): Approved for LT Dean
5. 01/29/23 8:46 am Chris Prom (prom): Approved for University Librarian

## History

Major (ex. Special Education)

This proposal is for a:
 Revision

# Administration Details

| | |
|---|---|
| Official Program Name | Medicine - Carle Illinois College of Medicine, MD |
| Diploma Title | Doctor of Medicine |
| Sponsor College | Medicine, Carle Illinois College of |
| Sponsor Department | Carle Illinois COM Pgm & Crse |
| Sponsor Name | George Mejicano |
| Sponsor Email | georgecm@illinois.edu |

College Contact    Victoria Richards                                College Contact Email

 verique5@illinois.edu

| | |
|---|---|
| College Budget Officer | Kara Johnson |
| College Budget Officer Email | kjohnsn@illinois.edu |

List the role for rollbacks (which role will edit the proposal on questions from EPC, e.g., Dept Head or Initiator) and/or any additional stakeholders. Purpose: List here who will do the editing work if proposal needs rolled back. And any other stakeholders.

Victoria Richards (verique5@illinois.edu)
George Mejicano (georgecm@illinois.edu)
Colin Van Orman (cvo@illinois.edu)

Does this program have inter-departmental administration?
No

# Proposal Title

Effective Catalog Term    Summer 2023

Proposal Title (either Establish/Revise/Eliminate the Degree Name in Program Name in the College of XXXX, i.e., Establish the Bachelor of Science in Entomology in the College of Liberals Art and Sciences, include the Graduate College for Grad Programs)

   Revise the Doctor of Medicine in Medicine in the Carle Illinois College of Medicine

Does this proposal have any related proposals that will also be revised during the next 6 weeks? Consider Majors, Minors, Concentrations & Joint Programs in your department. Please know that this information is used administratively to move related proposals through workflow efficiently. Example: If you are revising the BS proposal and one related concentration within the next 6 weeks, "This BS proposal (key 567) is related to the Concentration A proposal (key 145)."

   No

# Program Justification

Provide a brief description of what changes are being made to the program.

Carle Illinois' Curriculum Oversight Committee is proposing the following revisions to the MD Program to better support our students. The changes include:
(1) Total credit hours for the program changing from 211 to 202 to align with the courses required for the program,
(2) In Phase 3, taking two required courses, BSE 685 Medicine - Capstone Project & BSE 686 Medicine - Data Science Project, and making them an "or" selection instead of "and",
(3) In Phase 3, adding 12 credit hours to the electives, and
(4) Adding two zero credit hour courses to degree requirements.
(5) Updating the program's student learning outcomes.

Did the program content change 25% or more in relation to the total credit hours, since the 2020-2021 catalog. (http://catalog.illinois.edu/archivedacademiccatalogs/2020-2021/)
   No

Why are these changes necessary?

(1) The original MD program proposal was a framework and courses were under development during the proposal phase. When the original proposal was approved, it was using the credit estimates and not the exact hours implemented by Carle Illinois. The total minimum credit hours are being updated to align with the courses required for the program.

(2 & 3) The capacity of faculty to mentor projects is limited as the college enrollment increased. As an example, in prior cohorts there were approximately 12 projects that required supervision but with the increased cohort size of Carle Illinois, there are projected to be at least 32 projects that require supervision. The credit hours associated with the capstone courses will remain the same and students will have the option to fulfill their remaining hours with elective credits during their final phase. The total number of credit hours required for graduation is not changing.

(4) The two zero credit hour courses are being added in response to feedback from students and faculty. Adding these courses allows anatomy faculty to provide feedback to students and for teaching faculty to track standardized exams without needing to become course faculty for a specific organ system course.

(5) Student learning outcomes were updated to use the language of the most recent iteration of the Education Program Objectives (EPOs).

# Instructional Resources

Will there be any reduction in other course offerings, programs or concentrations by your department as a result of this new program/proposed change?

No

Does this new program/proposed change result in the replacement of another program?

No

Does the program include other courses/subjects outside of the sponsoring department impacted by the creation/revision of this program?

No

# Program Regulation and Assessment

# Plan to Assess and Improve Student Learning

*Illinois Administrative Code: 1050.30(b)(1)(D) Provision is made for guidance and counseling of students, evaluations of student performance, continuous monitoring of progress of students toward their degree objectives and appropriate academic record keeping.*

List the program's student learning outcomes. Each outcome should identify what students are expected to know and/or be able to do upon completing this program.

The Education Program Objectives (EPO) are the principle guiding document for the development of the curriculum. The curriculum structure was designed as a logical sequence to allow students to achieve the education program objectives as each phase progressively builds on the previous content. The development of each individual course and clerkship is guided primarily by the education program objectives. The initial development of the course and clerkship learning objectives was completed after the education program objectives were finalized.

CIMED's ~~CI MED's~~ EPOs are guided by the AAMC (American Association of Medical Colleges) and ACGME (Accreditation Council ~~GME (Graduate Medical Education) requirements~~ for Graduate Medical Education) requirements for competencies of medical students and residents. We have 17 ~~6~~ outcomes, each with several sub-outcomes that are more measurable.

(1) Ethics, Integrity & Professionalism – Students must demonstrate ~~Demonstrate cultural competency and~~ a commitment to carrying out professional responsibilities and an adherence ~~overcome health disparities by providing care~~ to ethical principles. ~~all patients and advocating for access to health care for underserved populations.~~ (ACGME: ~~Outcome1:Altruism - the practice of selfless concern for the well-being ofothers.~~Professionalism)
1.1 Describe ~~the theories~~ and apply the theories and principles that govern ethical decision making in medicine. ~~medicine, particularly those decisions that arise at the beginning and end of life.~~
~~Demonstrate compassionate treatment of patients, and respect for their privacy anddignity.~~1.2 Demonstrate honesty and integrity in all interactions with patients, their families, colleagues, and others with whom physicians must interact in their professional lives.
~~Demonstrate an understanding of, and respect for, the roles of other health care professionals, and of the need to work in collaborative healthcare teams in caring for individual patients and in promoting the health of definedpopulations.Advocate for the interests of one's patients over one's own interests, at alltimes.~~1.3 Exhibit an understanding of the threats to medical professionalism posed by the conflicts of interest inherent in the practice of medicine.

(2) Compassion & Empathy – Students must demonstrate compassion and empathy with patients. (ACGME: Professionalism)
2.1 Demonstrate compassionate treatment of patients ~~patients,~~ and respect for their privacy and dignity.
2.2 Advocate for the interests of one's patients over one's own interests ~~interests,~~ at all times.

(3) Cultural Competence (Professionalism) – Student must demonstrate cultural competence and a commitment to overcome health disparities. (ACGME: Professionalism)
3.1 Demonstrate cultural competence ~~Innovation - the ability to identify opportunities in societal~~ and ~~technical spaces, create solutions, and have~~ a commitment to overcome ~~positive impact on~~ health disparities by providing care to all patients and advocating for

access to health care for underserved populations. ~~delivery.~~

~~Recognize and accept limitations in one's knowledge, skills, attitudes, and behaviors, and continuously improve theseattributes.Outcome2:Medical Knowledge - the knowledge necessary for medical practice and skills to expandunderstanding.Describe the normal structure and function of the body (as a whole) and of each of its major organsystems.Describe the molecular, biochemical, and cellular mechanisms that are important in maintaining the body'shomeostasis.Describe the various causes (genetic, developmental, metabolic, toxic, microbiologic, autoimmune, neoplastic, degenerative, and traumatic) of disease conditions and the ways in which they operate on thebody.Describe the altered structure and function (pathology and pathophysiology) of the body and its major organ systems that are seen in various diseases andconditions.Demonstrate an understanding of the power of the scientific method in basic, translational, clinical, and engineeringresearch.Demonstrate an interest in and commitment to lifelong learning to stay abreast of relevant scientificadvances.Outcome3:Skill - the ability to perform skills needed for medical practice, analyze results of tests, solve clinical problems, and communicate solutions to multipleaudiences.Obtain an accurate and complete medicalhistory.Perform complete and organ-system specific examinations, including a mental statusexamination.Perform routine clinicalprocedures.Recommend and interpret the results of commonly used diagnostic procedures andtests.Describe the most frequent clinical, laboratory, imaging, and pathologic manifestations of common diseasestates.Reason deductively in solving clinicalproblems.Design and explain the basis for appropriate management strategies (preventive, diagnostic and therapeutic) for common acute and chronicconditions.Recognize patients with immediately life-threatening or serious conditions requiring critical care and institute appropriate initialtherapy.Demonstrate knowledge of painmanagement.~~(4) Healthcare Communication – Students ~~Communicate effectively, orally and in writing, with patients, their families, and professionals in health and other fields with whom physicians~~ must demonstrate communication skills that result in the effective exchange of information with patients, their families and health professionals. ~~in carrying out their responsibilities.~~ (ACGME: Interpersonal & Communication Skills)

4.1 Communicate effectively, orally and in writing, with patients, their families, and professionals in health and other fields with whom physicians must exchange information in carrying out their responsibilities.

(5) Interprofessional Teamwork – Students must demonstrate teamwork and interpersonal skills that result in effective patient care. (ACGME: Interpersonal & Communication Skills)

5.1 Demonstrate an understanding of, and respect for, the roles of other health care professionals, and of the need to work in collaborative healthcare teams in caring for individual patients and in promoting the health of defined populations.

~~Outcome4:Duty - a holistic view of healthcare system and understanding of populationhealth.~~(6) Core Science Knowledge – Students must demonstrate ~~Demonstrate~~ knowledge of established ~~the important non-biological determinants of poor health~~ and evolving biomedical sciences, as well as the application of this knowledge ~~of the socioeconomic, behavioral, psychological, and cultural factors that contribute~~ to patient care. ~~the development and/or continuation of health and disease.~~

~~contribute to patient care, the development and, or continuation of health and disease.~~ (ACGME: Medical Knowledge)

6.1 Describe the normal structure and function of the body (as a whole) and of each of its major organ systems.

6.2 Describe the molecular, biochemical, and cellular mechanisms that are important in maintaining the body's homeostasis.

6.3 Describe the various causes (genetic, develop-mental, ~~developmental,~~ metabolic, toxic, microbiologic, autoimmune, neoplastic, degenerative, and traumatic) of disease conditions and the ways in which they operate on the body.

6.4 Describe the altered structure and function (pathology and pathophysiology) of the body and its major organ systems that are seen in various diseases and conditions.

(7) History & Physical – Students must demonstrate effective data gathering skills. (ACGME: Patient Care)

7.1 Obtain an accurate and complete medical history.

7.2 Perform complete and organ-system specific examinations, including a mental status examination.

(8) Core Clinical Knowledge & Procedural Skills – Students must demonstrate knowledge of established and evolving clinical sciences and demonstrate core procedural skills. (ACGME: Patient Care)

8.1 Recommend and interpret the results of commonly used diagnostic procedures and tests.

8.2 Describe the most frequent clinical, laboratory, imaging, and pathologic manifestations of common disease states.

8.3 Perform routine clinical procedures.

(9) Patient Management – Students must be able to provide patient care that is appropriate ~~Demonstrate knowledge of the epidemiology of health~~ and effective for the treatment of health problems. ~~disease within a defined population, and the systematic approaches useful in reducing the incidence and prevalence of those diseases.~~ (ACGME: Patient Care)

9.1 Design and explain the basis for appropriate management strategies (preventive, diagnostic, ~~diagnostic~~ and therapeutic) for common acute and chronic conditions.

9.2 Recognize patients with immediately life threatening ~~life-threatening~~ or serious conditions requiring critical care and institute appropriate initial therapy.

9.3 Demonstrate knowledge of pain management.

(10) Clinical Reasoning – Students must be able to able to effectively engage in clinical reasoning and problem solving. (ACGME: Patient Care)

10.1 Reason deductively in solving clinical problems.

~~Identify risk factors for disease or injury, select appropriate tests for detecting patients at risk for or in the early stage of specific diseases, and determine strategies for responding appropriately including preventionstrategies.Retrieve biomedical information from appropriate resources and manage and utilize it within a quantitative and statistical framework to solve clinical problems and makedecisions.Demonstrate knowledge of the organization, financing, and delivery of healthcare.Demonstrate cultural competency and a commitment to overcome health disparities by providing care to all patients and advocating for access to health care for underservedpopulations.Outcome5:Innovation – the ability to identify opportunities in~~

~~underservedpopulations.Outcome5:Innovation – the ability to identify opportunities in societal and technical spaces, create solutions, and have a positive impact on health caredelivery.Identify unexpected opportunities to provide extraordinary value for patients, populations, and healthsystems.~~10.2 Apply systems based ~~systems-based~~ and creative thinking to complex, uncertain diagnoses, ~~diagnoses~~ or other healthcare problems.

(11) Evidence-based Practice – Students must appraise and assimilate scientific evidence and apply new knowledge to improve patient care. (ACGME: ~~Evaluate the feasibility of innovative healthcare solutions to address patient, societal, population, and global healthneeds.Outcome6:Engineering - Skills necessary to create technical solutions and make technology-related decisions to improvehealthcare.~~Practice-Based Learning and Improvement)
11.1 Integrate information from many sources to gain insight into patient care.
11.2 Identify, formulate, and solve healthcare problems by applying principles of engineering, science, medicine, and mathematics.

(12) Health Systems Reasoning – Students must demonstrate an awareness ~~Demonstrate knowledge~~ of and responsiveness to the larger context and system ~~organization, financing, and delivery~~ of health care. (ACGME: Systems-Based Practice)
12.1 Demonstrate knowledge ~~an understanding~~ of the organization, financing, ~~power of the scientific method in basic, translational, clinical,~~ and delivery of health care. ~~engineering research.~~
12.2 Identify unexpected opportunities to provide extraordinary value for patients, populations, and health systems.

(13) Population Health & Preventive Medicine – Student must be able to demonstrate ~~Medical Knowledge – the~~ knowledge about population ~~necessary for medical practice~~ and epidemiological sciences and the application of this knowledge to the promotion of health. ~~skills to expand understanding.~~ (ACGME: Systems-Based Practice)
13.1 Demonstrate knowledge ~~Evaluate the feasibility~~ of the epidemiology of health ~~innovative healthcare solutions to address patient, societal, population,~~ and disease within a defined population and the systematic approaches useful in reducing the incidence and prevalence of those diseases. ~~global health needs.~~
13.2 Demonstrate knowledge of ~~Skill~~ the important non-biological determinants of poor health ~~ability to perform skills needed for medical practice, analyze results of tests, solve clinical problems,~~ and of the socioeconomic, behavioral, psychological, and cultural factors that contribute to the development and/or continuation of health and disease. ~~communicate solutions to multiple audiences.~~
13.3 Identify risk factors for disease or injury, select appropriate tests for detecting patients at risk for or in the early stage of specific diseases, and determine strategies for responding appropriately including prevention strategies.

(14) Design-based Scientific Reasoning & Scholarship – Student must be able to engage in design, evaluative, and scholarly activities in order to promote patient health.
14.1 Demonstrate an understanding ~~interest in and commitment to lifelong learning to stay abreast~~ of the power of the ~~relevant~~ scientific method in basic, translational, clinical, and engineering research. ~~advances.~~
~~Apply analysis and synthesis to the engineering design process, resulting in designs~~

~~Apply analysis and synthesis to the engineering design process, resulting in designs that address identified healthcarechallenges.~~14.2 Conduct relevant healthcare and engineering research and apply quantitative skills and medical judgment to implement solutions.

14.3 Apply analysis and synthesis to the engineering design process, resulting in designs that address identified healthcare challenges.

(15) Quantitative Reasoning – Student must be able to apply quantitative reasoning strategies to medical and scientific problems.
15.1 Retrieve biomedical information from appropriate resources and manage and utilize it within a quantitative and statistical framework to solve clinical problems and make decisions.

(16) Leadership & Innovation – Student must demonstrate leadership around the development, implementation, ~~Communicate data-based costs, risks,~~ and evaluation ~~benefits~~ of innovative ~~engineering~~ solutions to ~~healthcare teams,~~ health ~~needs. systems, medical device manufacturers, and other health industry stakeholders.~~
16.1 Communicate data-based costs, risks, and benefits of engineering solutions to healthcare teams, health systems, medical device manufacturers, and other health industry stakeholders.
16.2 Evaluate the feasibility of innovative healthcare solutions to address patient, societal, population, and global health needs.

(17) Life-long Learning – Students must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence and improve their patient care practices. (ACGME: Practice-Based Learning ~~Recognize~~ and Improvement)
17.1 Recognize and accept limitations in one's knowledge, skills, attitudes, and ~~and~~ behaviors, and ~~and~~ continuously improve these attributes.
17.2 Demonstrate an interest in and commitment to lifelong learning to stay abreast of relevant scientific advances.

Describe how, when, and where these learning outcomes will be assessed.

Describe here:


Identify faculty expectations for students' achievement of each of the stated student learning outcomes. What score, rating, or level of expertise will signify that students have met each outcome? Provide rating rubrics as necessary.


Explain the process that will be implemented to ensure that assessment results are used to improve student learning.


Program
Description and
Requirements
Attach Documents

Is the career/profession for graduates of this program regulated by the State of Illinois?

Yes ~~No~~

If yes, please describe.

# Program of Study

*Baccalaureate degree requires at least 120 semester credit hours or 180 quarter credit hours and at least 40 semester credit hours (60 quarter credit hours) in upper division courses" (source: https://www.ibhe.org/assets/files/PublicAdminRules2017.pdf). For proposals for new bachelor's degrees, if this minimum is not explicitly met by specifically-required 300- and/or 400-level courses, please provide information on how the upper-division hours requirement will be satisfied.*

Revised programs       Attach a revised Sample Sequence (for undergraduate program) or college-level forms.

Catalog Page Text - Overview Tab

Description of program for the catalog page. This is not official content, it is used to help build the new catalog page for the program. Can be edited in the catalog by the college or department.

Statement for Programs of Study Catalog

## Course List

| Code | Title | Hours |
|------|-------|-------|
| **Phase 1** | | |
| BSE 601 | Anatomy | 0 |
| BSE 612 | Foundations: Molecules to Populations | 13 |
| BSE 631 | Cardiovascular | 4 |
| BSE 632 | Respiratory | 3 |
| BSE 633 | Renal | 3 |
| BSE 634 | Clinical Neuroscience | 5 |
| BSE 635 | Musculoskeletal and Integumentary System | 4 |
| BSE 636 | Digestion, Nutrition, & Metabolism (taken over 2 semesters) | 5 |
| BSE 638 | Endocrine, Genitourinary, & Women's Health (taken over 2 semesters) | 10 |
| BSE 642 | Hematology, Oncology, Infection, and Immunity | 6 |
| BSE 644 | Multisystem Conditions | 4 |
| BSE 645 | Synthesis & Summary | 6 |
| BSE 666 | Academic Progress I (Longitudinal) (taken over 4 semesters) | 0 |
| CLE 613 | Introduction to Clinical Practice (Longitudinal) (taken over 4 semesters) | 12 |
| CLE 640 | Family Medicine Clerkship (taken over 2 semesters) | 10 |

## Course List

| Code | Title | Hours |
|------|-------|-------|
| **Phase 2** | | |
| CLE 645 | Internal Medicine Clerkship | 10 |
| CLE 650 | Neurology Clerkship | 5 |
| CLE 655 | Psychiatry Clerkship | 5 |
| CLE 660 | Obstetrics & Gynecology Clerkship | 5 |
| CLE 665 | Pediatrics Clerkship | 5 |
| CLE 670 | Surgery Clerkship | 10 |
| CLE 680 | Family Medicine Continuity Clinic (taken over 4 semesters) | 8 |

| Code | Title | Hours |
|------|-------|-------|
| BSE 680 | Innovation, Design, Engineering and Analysis Projects (Longitudinal) (taken over 4 semesters) | 8 |
| | Clinical or non-clinical elective | 4 |

Course List

| Code | Title | Hours |
|------|-------|-------|
| Phase 3 | | |
| | Clinical and Non-clinical Carle Illinois electives | 36 |
| | Sub-Internship | 4 |
| CLE 694 | Career Boot Camp | 5 |
| | Medicine - Project Course: Students choose one of the following | 12 |
| BSE 685 | Medicine - Capstone Project (Longitudinal) (taken over 4 semesters) | |
| BSE 686 | Medicine - Data Science Project (Longitudinal) (taken over 4 semesters) | |

Corresponding Degree     MD Doctor of Medicine

# Program Features

Academic Level     Professional

Does this major have transcripted concentrations?     No

What is the typical time to completion of this program?
179 weeks

What are the minimum Total Credit Hours required for this program?
202 211

CIP Code     511201 - Medicine.

Is This a Teacher Certification Program?
No

Will specialized accreditation be sought for this program?

Yes

Describe the plans for seeking specialized accreditation:

The MD degree program is designed to meet Liaison Committee for Medical Education (LCME) accreditation requirements and prepare students to succeed on all parts of the required United States Medical Licensing Examinations.

# Delivery Method

This program is available:
On Campus - Students are required to be on campus, they may take some online courses.

# Admission Requirements

Desired Effective
Admissions Term

Is this revision a change to the admission status of the program?

No

Provide a brief narrative description of the admission requirements for this program. Where relevant, include information about licensure requirements, student background checks, GRE and TOEFL scores, and admission requirements for transfer students.

# Enrollment

Describe how this revision or phase down/elimination will impact enrollment and degrees awarded. If this is an elimination/phase down proposal include the plans for the students left in the program.

This revision will not impact student enrollment at Carle Illinois. It provides students with additional flexibility to specialize in medicine by removing a one of two capstone courses.

Estimated Annual Number of Degrees Awarded

| Year One Estimate | - | 5th Year Estimate (or when fully implemented) | - |

| What is the matriculation term for this program? | Fall |

# Budget

| Are there budgetary implications for this revision? | No |

Will the program or revision require staffing (faculty, advisors, etc.) beyond what is currently available?

No

Additional Budget
Information

Attach File(s)

# Financial Resources

How does the unit intend to financially support this proposal?

Will the unit need to seek campus or other external resources?

No

Attach letters of
support

What tuition rate do you expect to charge for this program? e.g, Undergraduate Base
Tuition, or Engineering Differential, or Social Work Online (no dollar amounts
necessary)

The MD program is requesting self-supporting status. There will
be no Graduate College or BOT waivers allowed for students in
this program.

Are you seeking a change in the tuition rate or differential for this
program?

No

Is this program requesting self-supporting status?

Yes

## Faculty Resources

Please address the impact on faculty resources including any changes in numbers of faculty, class size,
teaching loads, student-faculty ratios, etc.

Faculty ratios will remain the same as students still must complete the same number of
credit hours but are provided with additional avenues to pursue those credits.

## Library Resources

Describe your proposal's impact on the University Library's resources, collections, and services. If necessary
please consult with the appropriate disciplinary specialist within the University Library.

Library collections, resources, and services are sufficient to support this program.

# EP Documentation

| | |
|---|---|
| EP Control Number | EP.23.041 |
| Attach Rollback/Approval Notices | ep23041_email to and response from sponsor_20230220.pdf |
| This proposal requires HLC inquiry | No |

# DMI Documentation

| | | | | |
|---|---|---|---|---|
| Attach Final Approval Notices Banner/Codebook Name | MD:Medicine Carle IL - UIUC | | | |

Program Code:  10LT5641MD

| Minor Code | Conc Code | Degree Code MD | Major Code |
|---|---|---|---|
| 5641 | | | |

Senate Approval Date

Senate Conference Approval Date

BOT Approval Date

IBHE Approval Date

HLC Approval Date

DOE Approval Date

Effective Date:

Attached Document Justification for this request

Program Reviewer Comments

| From: | Miller, Nolan H |
|---|---|
| **To:** | Lehman, Barbara J |
| **Cc:** | Moorhouse, Linda |
| **Subject:** | FW: MD program change proposal |
| **Date:** | Monday, February 20, 2023 10:27:29 AM |
| **Attachments:** | image001.png |

Hi Barb,

Would you please attach this to EP.23.041, Revision to the Doctor of Medicine, Key 1170.

Thanks,

Nolan

**NOLAN H MILLER -** *Daniel and Cynthia Mah Helle Professor in Finance*

Gies College of Business | University of Illinois at Urbana-Champaign

217.244.2847 | nmiller@illinois.edu | https://nmiller.web.illinois.edu/

**From:** Mejicano, George <georgecm@illinois.edu>
**Sent:** Friday, February 10, 2023 1:42 PM
**To:** Miller, Nolan H <nmiller@illinois.edu>; Richards, Victoria <verique5@illinois.edu>; Van Orman, Colin <cvo@illinois.edu>
**Subject:** RE: MD program change proposal

Nolan,

Nice to electronically meet you and thanks for forwarding the questions. My responses are written below in red font.

- Do you think that the program has reached a steady state now? No, it has not reached steady state. I believe current student enrollment is: 59 first-year students, 47 second-year students, 43 third-year students, and 34 fourth year students. Steady state will not be achieved until the summer of 2026 when all classes will be 64 students.

- That is, do you think that for now the curriculum as described in the revision will remain fixed unless/until circumstances change? No. The curriculum continues to evolve. This is based both on the growth of the college, the growth of the student body, the evolution of the faculty model, and our ability to meet accreditation standards for MD programs in the United States. The latter, in particular, will necessitate further change because of dissatisfaction by the students in numerous areas.

- What about the size of the program? Current plans are to maintain a class cohort of 64 students. Once the MD program receives full accreditation from the specialized accreditor (Liaison Committee for Medical Education [LCME]), three new hospitals in Peoria are fully incorporated into the Carle Health system, and plans are made regarding the size of the Carle

residency program (post-graduate training required of physicians), we will re-evaluate whether the size of the class can increase beyond 64.

- What is enrollment, and do you expect it to change over the next few years?  See above.

- If so, is the program prepared to accommodate the additional students?  See above. We will not grow beyond our clinical capacity and project capacity.

Thanks so much. I hope this helps and let me know if you have any questions or would like to meet.

George

George C. Mejicano, MD, MS
Clinical Professor
Associate Dean for Academic Affairs
Carle Illinois College of Medicine

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**From:** Miller, Nolan H <nmiller@illinois.edu>
**Sent:** Friday, February 10, 2023 12:27 PM
**To:** Richards, Victoria <verique5@illinois.edu>; Mejicano, George <georgecm@illinois.edu>; Van Orman, Colin <cvo@illinois.edu>
**Subject:** MD program change proposal

Dear Victoria, George, and Colin,

I am the subcommittee chair at the Senate Education Policy Committee who will be handling the proposed changes to the MD program.  I think the proposal is straightforward, and I hope to bring it for a vote at the next meeting, February 20.  In order to facilitate this, I will forward you any questions that arise as they come in.  Based on my read, I'm not expecting any big issues.

One subcommittee member was positive on the proposal overall, but raised the following as an informational request.  We understand that the original curriculum was a work in progress and that the revision codifies things as they are actually done.  Do you think that the program has reached a steady state now?  That is, do you think that for now the curriculum as described in the revision will remain fixed unless/until circumstances change?  What about the size of the program?  What is enrollment, and do you expect it to change over the next few years?  If so, is the program prepared to accommodate the additional students?

Please don't view these as challenges that have to be overcome for the proposal to pass.  I think this is just driven by curiosity about how the program is going now that it is entering adolescence, if not maturity.

Best,

Nolan

**ILLINOIS**

**NOLAN H MILLER**

*Daniel and Cynthia Mah Helle Professor in Finance* | Department of Finance
*Director,* Center for Business and Public Policy
Gies College of Business | University of Illinois at Urbana-Champaign
Research Associate, National Bureau of Economic Research
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