



CHICAGO MEDICAL STUDENT COUNCIL

Dialogue with the Deans
November 16, 2009

Dean Flaherty- Updates at UIC

LCME survey and accreditation

-Site team here until Nov 17 and then off to Peoria

-State is financially 12b in debt, making funding even more difficult

-Conditions at medical school will not get worse

-interim president and dean are clear on wanting to halt

-Thanks to a generous gift, the university will renovate the lecture halls, especially keeping the rooms at the right temperature. Currently evaluating how many chairs the rooms can accommodate

-Dr Sandlow's interim Dean is Saul Weiner

-Dean Mayer will continue in the undergraduate medical education role

-The students lobbying efforts at the capital are paying off and we are beginning to make good contacts in Springfield.

-Commencement speaker ideas can be submitted to Dean Flaherty

State has passed a funding bill to add 12-12.5 million. Each 5.5 million can add 15 students per year to the class for a total after 4 years of 360 across the three campuses

Flu Outbreak

-Flu season started early, in September resulting in vaccine shortages from the lack of a sufficiently supplied stockpile. We were and are getting several hundreds a week and we are prioritizing to healthcare workers who are the highest at risk. Anyone on a clinical rotation can get the shot now. Aiming for a December 1 date for the entire west campus. We requested 120K and received no more than 10K at this point. No one should be denied a vaccination if it is available, all that is needed is an icard. If students have a specific form, it can be signed once they get the shot. Everything goes into the database, and will be available for documentation later if needed. If you think you have the flu, stay home and report the illness immediately. Individuals should stay home at least 7 days or 24hrs after the fever breaks. The university recommends getting the vaccine no matter where they can get it.

Carol Silvers, International Rotations

Putting all information on a website by 1/4/2010, and integrate with IFMSA. There are scholarships out there, 6 to Saudi Arabia that covers room and board, all the students have to do is pay for their flights. Another to Japan, an interview is required. These rotations are mainly for clinical students, although some will take second years.

Addition of SubIs, Maureen Valaski

SubIs are a graduation requirement and are designed to treat the 4th year medical student like a first year resident. They are active in morning report, attending rounds, and managing patients.

Students are requesting additional subI's in the area of Surgery and OB/GYN. This request is being taken under advisement could be in place by the academic year 2010.11, pending passage through the curricular committees.

To qualify:

-sufficient admission load

-Sufficient diversity of disease

-Appropriate resident supervision

-The qualifying factors demonstrate that the subI will not be taken lightly and will be highly scrutinized.

OFFICIAL CMSC WEBSITE at <http://cmsc.uicmed.net/>

Family medicine may be added at a later time.

Dean Dontes

State and tuition dollar are lumped into state dollar. Cuts in state budget coincide with tuition increases. The clinical and research budgets are also taken into account. The administration is attempting to further support medical education by trying to use tuition dollars on the educational and teaching experience and less to ease the pressure to raise research dollars. Attempting to use money more to protect teaching time and less for supplies and costs of education that lie outside the actual instruction. The administration wants suggestions from the students on how to work and protect the teaching mission. The cost to educate a medical student is 90K a year and we pay 30K a year for the education.

Faculty are pushed to raise about 50% of their salary from research. We are looking to give financial boosts to teachers who teach well, not just that they teach. This requires a committee that can provide feedback on the requirements that make a teacher a quality educator. This could help establish a usable metric that can then be applied should a system like this be established.

Eric Kirshenbaum and Testing

There is a desire to see the exams after tests. Current policy has been challenged, but there is new data that might cause the administration to take a fresh look at their policy.

Data: Surveyed 477 students from 5 classes.

96% believed that it would improve their learning experience.

95% think they should see what they got incorrect

96% think they could learn from seeing what they got wrong

Exams should be used as teaching tools to improve mastery and point out weakness, not assess strengths blindly

Calls to 13 Universities provided insight into how other universities utilize exams and all 13 use them after the test date to continue the educational experience

Contact information for the universities/medical students called will be provided to Dean Weiner.