

EP.26.148_FINAL

Approved by EP 03/30/2026

Program Change Request

Date Submitted: 02/18/26 8:43 am

Viewing: **10LT5641MD : Medicine - Carle Illinois**

College of Medicine, MD

Last approved: 06/04/25 12:59 pm

Last edit: 04/01/26 8:40 am

Changes proposed by: Victoria Richards

Catalog Pages Using [MD - Doctor of Medicine](#)
this Program

Proposal Type:

Major (ex. Special Education)

This proposal is for

a:

Revision

In Workflow

1. U Program Review
2. 1869-CICOM Head
3. LT Committee Chair
4. LT Dean
5. University Librarian
6. COTE Programs
7. Provost
8. Senate EPC
9. Senate
10. U Senate Conf
11. Board of Trustees
12. IBHE
13. HLC
14. Catalog Editor
15. DMI

Approval Path

1. 01/08/26 10:39 am
Brianna Vargas-
Gonzalez (bv4):
Approved for U
Program Review
2. 01/08/26 12:33 pm
Victoria Richards
(verique5):
Approved for 1869-
CICOM Head
3. 01/08/26 12:36 pm
Abolfazl Ghasemi
(ghasemi):
Approved for LT
Committee Chair
4. 01/22/26 8:12 pm
Kristine Carpenter

- (kmross1):
Approved for LT
Dean
5. 01/26/26 1:22 pm
Tom Teper (tteper):
Approved for
University Librarian
6. 01/26/26 2:37 pm
Suzanne Lee
(suzannel):
Approved for COTE
Programs
7. 01/28/26 9:49 am
Brooke Newell
(bsnewell): Rollback
to LT Dean for
Provost
8. 01/30/26 11:44 am
Kristine Carpenter
(kmross1): Rollback
to Initiator
9. 02/26/26 10:11 am
Brianna Vargas-
Gonzalez (bv4):
Approved for U
Program Review
10. 02/26/26 10:36 am
Victoria Richards
(verique5):
Approved for 1869-
CICOM Head
11. 02/26/26 10:37 am
Abolfazl Ghasemi
(ghasemi):
Approved for LT
Committee Chair
12. 03/06/26 1:53 pm
Kristine Carpenter
(kmross1):
Approved for LT

Dean

13. 03/06/26 2:26 pm
Tom Teper (tteper):
Approved for
University Librarian
14. 03/06/26 2:37 pm
Suzanne Lee
(suzannel):
Approved for COTE
Programs
15. 03/09/26 10:50 am
Brooke Newell
(bsnewell): Rollback
to LT Dean for
Provost
16. 03/10/26 3:04 pm
Kristine Carpenter
(kmross1):
Approved for LT
Dean
17. 03/10/26 3:40 pm
Tom Teper (tteper):
Approved for
University Librarian
18. 03/10/26 3:51 pm
Suzanne Lee
(suzannel):
Approved for COTE
Programs
19. 03/11/26 12:50 pm
Brooke Newell
(bsnewell):
Approved for
Provost

History

1. Dec 8, 2022 by Deb
Forgacs (dforgacs)
2. Jun 13, 2023 by

Colin Wilson (cvo)
3. Jun 4, 2025 by
Brooke Newell
(bsnewell)

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	<u>Kristine Carpenter</u> George Mejicano	
Sponsor Email	<u>kmross1@illinois.edu</u> 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	

If additional stakeholders other than the Sponsor and College Contacts listed above should be contacted if questions during the review process arise, please list them here.

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

Does this program have inter-departmental administration?

No

Effective Catalog Term

Effective Catalog Term	Fall 2026
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Proposal Title

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 Liberal Arts 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 at this time and the programs depend on each other? Consider Majors, Minors, Concentrations & Joint Programs in your department. Please know that this information is used administratively to move related proposals through workflow efficiently and together as needed. Format your response like the following "This BS proposal (key 567) is related to the Concentration A proposal (key 145)"

Program Justification

Provide a brief description, using a numbered item list, of the proposed changes to the program.

1. Added, revised, or removed Program of Study comments associated with BSE 612, BSE 638, CLE 613 and CLE 680.
2. Renamed course assignment groups in the statement for programs of study to be consistent with language used in internal documents.
3. Moved CLE 640 from Preclerkship course assignment group to Clinical Immersion course assignment group. This was a necessary change to reflect the enrollment revision.
4. Reduced total number of elective credit hours required.
5. Revised total minimum credit hours required for the program.

Did the program content change 25% or more in relation to the total credit hours, since the most recent university accreditation visit? See the italicized text below for more details.

No

Provide the reasoning for why each change was necessary, using a corresponding numbered item list as it relates to the brief description numbered list above.

1. Revision includes how credit hours are taken over the course of the program for BSE 612, BSE 638, CLE 613, and, CLE 680 to reflect enrollment revisions. BSE 612, the total number of credit hours, 13 remain unchanged. The course has been separated into two sections, offered during the summer term in M1 and M2 years. BSE 638, the credit hours were reduced to from 10 to 8 to better align the credit load with the actual instructional content and contact hours. The course now is taken in one semester compared to previously when it was taken over 2 semesters. CLE 613, additional semesters were added to make it 18 months in duration to better align with instructional content and contact hours. CLE 680, additional semesters were added to make it 18 months in duration to better align with instructional content and contact hours.
2. Renamed course assignment groups (i.e., changed Phase 1 to Preclerkship, Phase 2 to Clinical Immersion, and Phase 3 to Final Year) to be consistent with updated language internal to the college.
3. CLE 640 originated as a longitudinal experience that began in the fall of the second year, during what was then called Phase 1, and extended into what was called Phase 2. At that time, its extended duration and structure justified its placement in the Preclerkship assignment group. CLE 640, was reduced in duration and reorganized so that student enrollment now occurs entirely the Clinical Immersion Year. This brought it into alignment with the other core clinical clerkships.
4. Compared to our peers, we have an overabundance of required elective hours, so these have been reduced to be more in line with other medical schools. On average, most medical schools require 20-24 hours of total elective time. Our program is above average requiring 40 total elective hours. This will be reduced to 30 total elective hours, but we will maintain that 20 hours need to be clinical electives. Due to the focus of our curriculum on research and innovation, there is then flexibility for our students to have the option to take at least 10 hours of electives related to non-clinical topics. These 10 hours can also be take as additional clinical electives.
5. The credit hour change for CLE 640 from 10 to 5. The credit hours for BSE 638 was reduced from 10 to 8; the credit hours for the extension of CLE 613 to 18 months increased from 12 to 15, and the credit hours for the extension of CLE 680 to 18 months increased from 8 to 9 hours. We have reduced the total number of elective hours required from 40 to 30. Based on these changes, the total of the program was actually reduced from 202 to 189.

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? If Yes is selected, indicate the appropriate courses and attach the letter of support/acknowledgement.

No

Program Features

Academic Level Professional

Does this major No
have transcribed
concentrations?

What is the longest/maximum time to completion of this program?

179 weeks

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

189 ~~202~~

CIP Code 511201 - Medicine.

Is this program part of an ISBE approved licensure program?

No

Will specialized accreditation be sought for this program?

Yes

Describe the institution's plan for seeking specialized accreditation for this program.

The MD degree program was fully accredited by the ~~is designed to meet~~ Liaison Committee for Medical Education (LCME) ~~accreditation requirements and prepare students to succeed~~ on March 9, 2025. all parts of the required United States Medical Licensing Examinations. The MD degree program continues to meet all accreditation requirements and prepares students to succeed on all parts of the required United States Medical Licensing Examinations.

Does this program prepare graduates for entry into a career or profession that is regulated by the State of

Illinois?

Yes

If Yes, describe how it is aligned with or meets licensure, certification, and/or entitlement requirements.

The Illinois Department of Financial and Professional Regulation provides licensure authority for physicians in the State of Illinois.

Program of Study

Revised programs

Catalog Page Text - Overview Tab

Catalog Page Overview Text

Statement for
Programs of Study
Catalog

Phase 1

Preclerkship

76

<u>BSE 612</u>	Foundations (taken over 2 semesters)	<u>13</u>
<u>BSE 631</u>	Cardiovascular	4
<u>BSE 632</u>	Respiratory	3
<u>BSE 633</u>	Renal	3
<u>BSE 634</u>	Clinical Neuroscience	5
<u>BSE 635</u>	Musculoskeletal and Integumentary System	4
<u>BSE 636</u>	Digestion, Nutrition, & Metabolism (taken over 2 semesters)	5
<u>BSE 638</u>	Human Development and Reproductive Health	8
<u>BSE 642</u>	Hematology, Oncology, Infection, and Immunity	6
<u>BSE 644</u>	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 5 semesters)	15
CLE 640	Family Medicine Clerkship (taken over 2 semesters)	10
Phase 2		
<u>Clinical Immersion</u>		<u>62</u>
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 5 semesters)	9
BSE 680	Innovation, Design, Engineering and Analysis Projects (Longitudinal) (taken over 4 semesters)	8
Clinical or non-clinical elective		4
CLE 640	<u>Family Medicine Clerkship</u>	<u>5</u>
Phase 3		
Clinical and Non-clinical Carle Illinois electives		36
<u>Final Year</u>		<u>51</u>
<u>Clinical Carle Illinois electives</u>		<u>20</u>
<u>Clinical or Non-clinical Carle Illinois electives</u>		<u>10</u>
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)	
<u>Total Hours</u>		<u>189</u>

Corresponding MD Doctor of Medicine
Degree

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.

Are the learning outcomes for the program listed in the Academic Catalog?

Yes

Student Learning Outcomes

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

(1) Ethics, Integrity & Professionalism – Students must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. (ACGME: Professionalism)

1.1 Describe and apply the theories and principles that govern ethical decision making in medicine.

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.

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 and respect for their privacy and dignity.

2.2 Advocate for the interests of one's patients over one's own 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 and a commitment to overcome health disparities by providing care to all patients and advocating for access to health care for underserved populations.

(4) Healthcare Communication – Students must demonstrate communication skills that result in the effective exchange of information with patients, their families and health professionals.

(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.

(6) Core Science Knowledge – Students must demonstrate knowledge of established and evolving biomedical sciences, as well as the application of this knowledge to patient care. (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, 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 and effective for the treatment of health problems. (ACGME: Patient Care)

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

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

care and institute appropriate initial therapy.

9.3 Demonstrate knowledge of pain management.

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

10.1 Reason deductively in solving clinical problems.

10.2 Apply systems based and creative thinking to complex, uncertain 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: 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 of and responsiveness to the larger context and system of health care. (ACGME: Systems-Based Practice)

12.1 Demonstrate knowledge of the organization, financing, and delivery of health care.

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 knowledge about population and epidemiological sciences and the application of this knowledge to the promotion of health. (ACGME: Systems-Based Practice)

13.1 Demonstrate knowledge of the epidemiology of health and disease within a defined population and the systematic approaches useful in reducing the incidence and prevalence of those diseases.

13.2 Demonstrate knowledge of the important non-biological determinants of poor health and of the socioeconomic, behavioral, psychological, and cultural factors that contribute to the development and/or continuation of health and disease.

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 of the power of the scientific method in basic, translational, clinical, and engineering research.

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, and evaluation of innovative solutions to health needs.

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 and Improvement)

17.1 Recognize and accept limitations in one's knowledge, skills, attitudes, and behaviors, and continuously improve these attributes.

17.2 Demonstrate an interest in and commitment to lifelong learning to stay abreast of relevant scientific advances.

Did you make any revisions to the learning outcomes you copied and pasted from the current academic catalog?

No

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

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 impacts enrollment by adding terms for BSE 612, CLE 613 and CLE 680, and removing terms for BSE 638 and CLE 640. The revision of credit hours will not impact enrollment or degrees awarded.

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)

Doctor of Medicine Rate ~~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.

The revisions do not have an impact on faculty resources.

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.

The revisions do not have an impact on the University Library's resources, collections or services.

EP Documentation

EP Control Number EP.26.148

Attach Rollback/
Approval Notices

Non-EP Documentation

U Program Review
Comments

Rollback
Documentation and
Attachment

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 NA

Effective Date:

Program Reviewer

Comments

Brooke Newell (bsnewell) (01/28/26 9:49 am): Rollback: Per email with Kristine C and Victoria R

Kristine Carpenter (kmross1) (01/30/26 11:44 am): Rollback: Dr. Richards will be working on the justifications for this review.

Brianna Vargas-Gonzalez (bv4) (02/26/26 10:14 am): Existing tuition rate has been added for data purposes. No changes to the tuition rate have been made.

Brooke Newell (bsnewell) (03/09/26 10:50 am): Rollback: Per discussion with Kristine C.

Key: 1170