



COM Council Survey Fall 2011

1. COM Medical Student Class Size

The College of Medicine is exploring the possibility of increasing the class size for the MD program. Please vote your preference:

		Response Percent	Response Total
Yes		39.30 %	24
No		60.70 %	37
		Total Respondents	61
		(skipped this question)	1

Please feel free to comment below concerning your answer in question #1.

[See comments pages 2-3.](#)

Total Respondents 33

2. Time for Council Meetings

According to its bylaws, the College of Medicine Council "shall meet at least quarterly, on a regular date in the months of September, December, March and June to be decided by the Executive Committee to maximize attendance." Please indicate your preference of day and time for the Council to meet:

	2-3pm	3-4pm	3:30-4:30pm	4-5pm	4:30-5:30pm	5-6pm	5:30-6:30pm	Response Total	
Monday	17.30 % (9)	7.70 % (4)	5.80 % (3)	30.80 % (16)	17.30 % (9)	9.60 % (5)	11.50 % (6)	52	
Tuesday	25.70 % (9)	5.70 % (2)	8.60 % (3)	20.00 % (7)	20.00 % (7)	5.70 % (2)	14.30 % (5)	35	
Wednesday	16.70 % (8)	8.30 % (4)	6.20 % (3)	22.90 % (11)	20.80 % (10)	12.50 % (6)	12.50 % (6)	48	
Thursday	20.00 % (8)	7.50 % (3)	2.50 % (1)	22.50 % (9)	25.00 % (10)	10.00 % (4)	12.50 % (5)	40	
Friday	36.00 % (9)	24.00 % (6)	8.00 % (2)	20.00 % (5)	4.00 % (1)	0.00 % (0)	8.00 % (2)	25	
								Total Respondents	60
								(skipped this question)	2

Survey Summary Statistics

Total Responses: 62 Shown Responses : 62

Average Response Time:00:00:00 Filtered Out Responses: 0

COM Medical Student Class Size Comments:

1. There is no scenario in which students would not benefit from this.
2. In some aspects the clinical education is becoming too dilute as it is.
3. I would like to see a cost/benefit analysis of the financial implications of increasing the class size, and whether the COM can handle the additional teaching this would entail. In this time of financial stress for the COM, including the loss of supporting staff such as secretaries who handle the nuts and bolts of the various modules, increasing class size should only be done if the quality of the learning experience for the students and the draw on faculty time is sustainable.
4. Not without constructing a much larger auditorium...
5. where are they going to train them - we can hardly deal with what we have.
6. There are no resources to accommodate a larger class. We do not have enough laboratory space and faculty.
7. If there is room in the classrooms for more students, then for the first two years of curriculum, there is not much difference in teaching 175 versus 200. Extra space would have to be identified for small group learning, but that may be available with the remodeling in the Collier Building. My concern is with the 3rd and 4th year, as there already appears to be a struggle to get enough physicians to provide the individual teaching that goes with the clinical aspects of that curriculum. Either better participation must be evoked from the current physician faculty or more clinicians would need to be hired.
8. We would need more faculty. The University is not ready to add faculty.
9. I maintain that class size is already too large to maintain individualized contact between faculty and students. As faculty retire and are not replaced the situation is exacerbated. Facilities have not been upgraded since class size was at 135 level and some small group teaching space has been given up to College of Pharmacy.
10. this may be necessary to meet future manpower needs as our population ages. however, it needs to be tied to increased residency slots, as yearly medical graduates exceed the number of spaces available for post-graduate training. is the money available for either medical student education or residency training?
11. The issue of the lack of clinical sites to teach them the practice of medicine needs to be addressed first.
12. we are having difficulty filling 3rd year spots, this will only make it more difficult
13. Not enough clinical training sites in departments like OB/Gyn and Pediatrics.
14. Currently there are not enough clinical sites for additional students.
15. If need warrants it.
16. lack of clinical sites, crowded labs
17. We should explore this option, but we must make sure that we have the resources to do it right. We need to think of all the ramifications and potential consequences (intended and unintended)

18. There is a problem already with the current number of students and having adequate faculty for observation of clinical skills, as well as too few patients for their clerkship experiences.
19. We need to attract more Americans to medical school
20. need more faculty to effectively teach more students.
21. I'm not opposed in theory, and there could be benefits, however the class size cannot be increased without substantial investments in facilities (e.g. labs and small-group spaces), faculty (to support admissions and small-group teaching), and support staff (e.g., IT, advising), and it doesn't appear that the university is ready or able to make such investments.
22. Need more faculty members before increasing number of students.
23. It is the best way of ensuring a favorable financial situation and its stability, but we need to make sure that we have (or get) anything we need to take good care of the additional students.
24. Big enough. While the increase in tuition dollars is good for the COM, I think there is a limit both to the preceptors for the small group sessions and to the clinical rotations available. Don't know about classroom size, but that could become an issue as well. On the other side, there are sufficient excellent candidates, so I don't think there would be any decrement in quality of students admitted.
25. We do not have the faculty to adequately service our current class size when it comes to small group and laboratory teaching. Any further increases in class size without a commensurate increase in basic science faculty would further erode the quality of instruction.
26. We don't have the resources (faculty, lecture / lab space) to accommodate the present enrollment let alone an increase in the class size.
27. Clinical sites are at a premium and we currently receive low satisfaction scores with too many learners in the clinical sites. There would be a need to formulate a huge initiative to recruit additional clinical sites outside of Northwest Ohio that include housing.
28. We have already increased the class size from 135 - ~175 in the past few years. We would have to have a larger lecture hall. I have also heard comments from students in regard to resources lacking for smaller group meetings.
29. Current student numbers are already too large for the size of the hospital and faculty, it will be detrimental to the future of the school and will result in loss of accreditation
30. The primary concern is diluting clinical experience for medical students. Rotations that rely on volunteer faculty to precept students are already spread thin.
31. This is a learner-saturated area and providing even adequate clerkship experiences is a challenge now.
32. Not without appropriate planning for the additional needs for small group faculty, meeting space, support for clinical skills, and 3rd year clerkship requirements
33. First two years are fine to expand. Sufficient clinical experiences in years 3 and 4 will need to be evaluated.