The curriculum at the Frank H. Netter MD School of Medicine prepares students to become highly qualified, compassionate and culturally sensitive doctors. No matter which medical specialty is chosen, our students learn to view your patients through the lens of a holistic physician—always with an emphasis on patient-centered care.

Throughout their four years of medical school, students work closely with faculty mentors, career advisers and clinical faculty physicians in various medical settings. They offer assistance when choosing courses, help plan the required and elective fourth-year clerkships, and identify residency programs that align to your interests and career goals. You will learn evidence-based medicine through the integration of basic science concepts in Foundations of Medicine (FOM) and rigorous clinical training through Clinical Arts and Sciences (CAS). To reinforce critical thinking skills and self-directed learning, you will also complete a project under the guidance of a mentor in the Scholarly Reflection and Concentration/ Capstone course (SRCC).

For your clinical experiences during the third and fourth year, the school has affiliations with several community hospitals in urban, suburban and rural settings. Our principal hospital affiliates are St. Vincent's Medical Center in Bridgeport, Connecticut, and St. Francis Hospital in Hartford, Connecticut. You will experience a variety of clinical work placements that help you decide on your future specialty and practice setting.

The medical school is located on the interprofessional North Haven Campus with the schools of health sciences, nursing and law. This creates a collaborative learning environment for students pursuing degrees in a multitude of health care professions, including physical therapy, occupational therapy and physician assistant. Our state-of-the-art facilities include an operating suite with high-fidelity simulation rooms that function as patient simulators and labs with the latest imaging equipment. Our facility includes 16 patient rooms where students practice examining simulated patients.

Medical Doctor Program of Study

The four years of the medical curriculum comprise two years of pre-clerkship foundational instruction and two years of clinical clerkships. Our curriculum is linked to our Netter Educational Program Objectives, which fit into nine categories: Care of Individual Patients, Knowledge and Scholarship, Inter-professional Collaboration, Interpersonal and Communication Skills, Professionalism, Practice-Based Learning and Improvement, Systems-based Practice, Citizenship and Service, and Concentrated and Independent Learning.

During the first two years, the curriculum consists of three integrated courses: Foundations of Medicine (FOM), Clinical Arts and Sciences (CAS) and the Scholarly Reflection and Concentration/Capstone course (SRCC). During the clerkship years, students clinical learning is organized around the six ACGME Competencies: Medical Knowledge, Patient Care, Interpersonal and Communication Skills, Professionalism, Practice Based Learning and Improvement and Systems Based Practice.

For a visual depiction of the curriculum, see this Curriculum Map (https://www.qu.edu/4a0f2/globalassets/global/media/qu/documents/academics/school-of-medicine/netter-curriculum-map.pdf).

Pre-Clerkship Years

Year 1

MED 811 - Foundations of Medicine I

Course Goal: The goal of Foundations of Medicine (FOM) I is for medical students to achieve foundational knowledge in the basic medical sciences, with an emphasis on gaining a detailed understanding of common and representative illnesses. By the end of year one, students are knowledgeable in human biology and the impact that psychological, social, cultural and economic forces have on human health. They are able to discuss the epidemiology and prevention of major medical conditions.

Knowledge gained in FOM I will be revisited and expanded the following year in FOM II.

The course is divided into foundational and organ system blocks with horizontal and vertical integration across the blocks and with the other courses. The School of Medicine’s longitudinal themes of pharmacology, nutrition, behavioral and social sciences, biomedical ethics and epidemiology also are integrated throughout the curriculum as they relate to specific organs and diseases throughout each block.

The course is taught through a variety of teaching methods including lectures and small group events that employ case-based learning activities. Dissection-based anatomy is integrated across all of the organ system blocks in the first year.

MED 812 - Clinical Arts and Science I

Clinical Arts and Sciences (CAS) I is an innovative introduction to clinical medicine course that aims to teach foundational clinical skills in a safe, collaborative environment incorporating experiential learning in both simulated and real clinical settings. CAS has two sections providing up to 6-8 hours of curricular activity each week.

Foundations of Clinical Care (FCC): This section is dedicated to teaching clinical skills, predominantly in a small group setting of eight students and two experienced physicians. Students learn patient-centered interviewing, history taking, communication and physical examination. Medical documentation and oral presentations are emphasized throughout the academic year. Clinical reasoning and advanced communication skills are introduced in semester two. Basic procedural skills training, telemedicine training, and interprofessional activities centered around ultrasound training also provide significant experiential learning opportunities.

Simulated practice with standardized patients (SPs) is one of the predominant features of this section of the course. Student knowledge of clinical skills is assessed via formative objective structured clinical examinations (OSCEs) on a monthly basis and with a summative OSCE at the end of the academic year. Faculty complete a summative evaluation of student performance each semester. The course also encourages learners’ understanding of professionalism and professional identity formation with self-assessments such as video review and goal setting opportunities, in addition to peer feedback and feedback from the SPs and faculty.

Medical Student Home (MeSH): This section pairs a medical student with a practicing community physician with the purpose of providing each medical student with a supervised environment to practice the foundational clinical skills learned in FCC. Students spend one afternoon a week, 4 hours at a time, in the physician’s office-based practice. Physicians directly observe students interview and examine patients. Physicians provide formative feedback through a workplace-based
assessments. A summative faculty evaluation of students is also completed.

MED 813 - Scholarly Reflection & Concentration Capstone I

Course Goal: Scholarly Reflection and Concentration/Capstone (SRCC) is a four-year course focused on seven core domains: Evaluating Information Sources, Critical Appraisal of Literature, Interacting with and Interpreting Data, Self-Reflection, Personalized Curriculum, Responsible Research Practice, and Scholarship.

SRCC allows learners to personalize their curriculum and prepare for scholarly endeavors during residency and future practice. They self-design and execute a capstone project in an area they are passionate about. Learners use narrative medicine and mentorship to develop personally and professionally. They gain both conceptual understanding and practical skills in research methods, epidemiology, medical informatics, biostatistics, evaluating information sources, and critical appraisal of medical literature. The information presented in this course is integrated whenever possible with material in the Foundations of Medicine and the Clinical Arts and Sciences courses, to enable learners to apply biostatistics, epidemiology, and medical informatics to community and public health, medical literature interpretation, and clinical decision-making.

Year 2

MED 821 - Foundations of Medicine II

Course Goal: Building on the foundation provided by the FOM I curriculum, the goal of FOM II is for medical students to attain essential knowledge and skills related to the pathophysiology and epidemiology of diseases. In addition, students develop a broad understanding of treatment paradigms for common medical disorders. The longitudinal themes of behavioral and social sciences, biomedical ethics, epidemiology, pharmacology and nutrition are interwoven into curricular content in FOM II.

Problem Based Learning (PBL) is a major instructional component in FOM II and integrates active and self-directed learning with the development of clinical reasoning skills in the assessment of patient symptoms, signs and laboratory findings. Collaborative and professional participation in this activity are essential components of PBL.

MED 822 - Clinical Arts and Science II

Clinical Arts and Sciences (CAS) II is an innovative introduction to clinical medicine course that aims to teach foundational clinical skills in a safe, collaborative environment incorporating experiential learning in both simulated and real clinical settings. CAS has two sections providing up to 6-8 hours of curricular activity each week.

Foundations of Clinical Care (FCC): This section is dedicated to teaching clinical skills, predominantly in a small group setting of eight students and two experienced physicians. Students build upon the skills they learned in CAS I. Clinical reasoning becomes a central component of the course in year two, with monthly instructional sessions that are well integrated with the foundational topics being covered in the FOM course. Sessions are also dedicated to advanced physical examination techniques as well as advanced communication skills such as delivering unwelcome news and sharing medical information. Medical documentation and oral presentations continue to be emphasized throughout the academic year with a focus on assessment and plan in CAS II. Basic procedural skills training, telemedicine and interprofessional activities centered around ultrasound training also provide significant experiential learning opportunities.

Simulated practice with standardized patients (SPs) is one of the predominant features of this section of the course. Student knowledge of clinical skills is assessed via formative objective structured clinical examinations (OSCEs) on a monthly basis and with a summative OSCE at the end of the academic year. Faculty complete a summative evaluation of student performance each semester. The course also encourages learners’ understanding of professionalism and professional identity formation with self-assessments such as video review and goal setting opportunities, in addition to peer feedback and feedback from the SPs and faculty.

Medical Student Home (MeSH): This section pairs a medical student with a practicing community physician with the purpose of providing each medical student with a supervised environment to practice the foundational clinical skills learned in FCC. Students spend one afternoon a week, 4 hours at a time, in the physician’s office-based practice. Physicians directly observe students interview and examine patients. Physicians provide formative feedback through a workplace-based assessment program. A summative faculty evaluation of students is also completed.

MED 823 - Scholarly Reflection & Concentration Capstone II

Course Goal: Scholarly Reflection and Concentration/Capstone (SRCC) is a four-year course focused on seven core domains: Evaluating Information Sources, Critical Appraisal of Literature, Interacting with and Interpreting Data, Self-Reflection, Personalized Curriculum, Responsible Research Practice, and Scholarship.

SRCC allows learners to personalize their curriculum and prepare for scholarly endeavors during residency and future practice. They self-design and execute a capstone project in an area they are passionate about. Learners use narrative medicine and mentorship to develop personally and professionally. They gain both conceptual understanding and practical skills in research methods, epidemiology, medical informatics, biostatistics, evaluating information sources, and critical appraisal of medical literature. The information presented in this course is integrated whenever possible with material in the Foundations of Medicine and the Clinical Arts and Sciences courses, to enable learners to apply biostatistics, epidemiology, and medical informatics to community and public health, medical literature interpretation, and clinical decision-making.

Clerkship Years

Year 3

In July 2020, the Netter School changed its clerkship model for third-year students to a LMC. Most of the student will participate in this model; a select group of students will have the option to participate in a longitudinal integrated clerkship in Maine (see MED 837).

MED 839 Longitudinal Multi-specialty Clerkship (LMC)

The LMC is designed to ensure a robust, flexible learning experience by combining core specialties into “clinical clusters” with shared academic half days. There is also an integrated block, where students get additional clinical experiences in each core specialty as well as exposure to areas such as radiology, anesthesiology, neurology, outpatient medicine and other subspecialty electives. Students also have dedicated time for their Capstone scholarly project in this block. The LMC model includes a longitudinal curriculum of didactics that covers the core content for each
specialty along with cross-cutting curricula in narrative medicine, clinical reasoning and health systems science, including health equity.

The third year comprises in-depth clinical experiences in six core specialties: primary care, internal medicine, pediatrics, psychiatry, obstetrics and gynecology, and general surgery. Students receive training in both ambulatory and inpatient settings where they learn through direct patient care as well as teaching attending rounds, lectures and case discussions. Our principal hospital affiliates are St. Vincent’s Medical Center in Bridgeport, Connecticut, Waterbury Hospital and Connecticut Children’s and St. Francis Hospital in Hartford, Connecticut. We also have affiliations with several community hospitals and numerous outpatient practices in urban, suburban and rural settings. The variety of clinical settings enables students to see a broad range of patient presentations and determine where they envision practicing in their residency and beyond.

Assessment of students includes clinical evaluations, direct observation with feedback, teaching attending evaluations, national board exams, self-assessments, Objective Structured Clinical Exams, and additional specialty-specific assessments. Students receive regular feedback throughout each clinical cluster and take practice board exams. Students receive two weeks of dedicated study time at the end of each cluster to prepare for the specialty specific national exams. All students will take USMLE® Step 1 before starting their fourth year clinical rotations.

Cluster A

Internal Medicine/Primary Care/Surgery/Integrated Block

5 weeks each

Cluster B

Ob-Gyn/Pediatrics/Psychiatry/Integrated Block

5 weeks each

MED 837 Longitudinal Integrated Clerkship

The Maine Longitudinal Integrated Clerkship is designed for students who are committed to the care of rural communities. A select group of third-year medical students complete an innovative curriculum of integrated clinical experiences that are designed to treat the whole patient and family across a continuum of care. They work at Northern Maine Medical Center, a modern, fully accredited, 49-bed hospital offering complete obstetric, surgical, pediatric and general medical services. It also provides a state-of-the-art, six-bed intensive care unit for critically ill patients and offers the only child, adolescent and adult inpatient psychiatric units in northern Maine. The center belongs to the 15,000 people in the hospital’s service area, the Upper St. John Valley and neighboring communities.

The flexibility and personalized nature of the Maine rural program enables students to tailor their learning. Building on a strong, mentoring foundation of faculty-to-student relationships makes it possible to create a customized patient care experience. Each week, the students have four days of structured and comprehensive educational content in various clinical formats

that will address each of the six core clerkships: primary care, inpatient medicine, pediatrics, psychiatry, obstetrics and gynecology, and general surgery. They will also have a half day of didactics and a half day of open space for scholarship or personal needs, and regular clinical exposure in the emergency room setting.

Year 4

Students will choose a four-week required clerkship, a sub-internship and electives. Students will also complete and present their Capstone project and take the USMLE® Step 2 Clinical Knowledge examination. There is ample time to meet with career advisers and work on residency applications and interviews during this year. At the end of the year, there is an optional residency prep course to ensure readiness for intern year.

MED 841 Emergency Medicine

By the end of the four-week Emergency Medicine clerkship, students should be able to gather information, formulate differential diagnoses, and propose evidence-based management for patients with common presentations in an Emergency Room setting. They will learn to recognize emergent medical conditions and initiate stabilization plan as well as demonstrate proficiency with basic procedural skills. Students will demonstrate knowledge in managing the following conditions: chest pain, shortness of breath/respiratory distress, abdominal/GI emergencies, fever/infections/sepsis, endocrine/electrolyte emergencies, altered mental status, trauma, intoxication, psychosis/agitation, stroke/TIA, critical patients requiring ACLS, and pediatric acute concerns. Grading is based on clinical assessments (55%), NBME score (30%), and a formal presentation (15%).

MED 842 Critical Care

By the end of the four-week Critical Care clerkship, student should be able to gather information, formulate differential diagnoses, and propose evidence-based management for patients with common presentations in an intensive care setting. Students will learn to provide direct care to patients with critical illness and injury, including life threatening multi-system organ failure. By the end of this rotation, students should demonstrate knowledge in managing the following conditions: shock, acute respiratory failure, acute renal failure, acute GI hemorrhage, diabetic ketoacidosis/hyperosmolar hyperglycemic state, strokes/ seizures, sepsis, healthcare associate infections, and end of life care/delirium. They will also learn the skills of resuscitation, laryngoscopy and intubation techniques, ventilator management and basic bedside procedures. Grading is based on clinical assessments (60%), end of clerkship exam (30%), and a graded H&P (10%).

MED 844 Internal Medicine Sub I

In the four-week Internal Medicine Sub-Internship, students will provide autonomous patient care to hospitalized patients to develop competence and readiness for clinical practice as an intern. Students will be an integral part of the team and will actively participate in care transitions for patients including admission, transfer between services, sign-outs between various teams, and discharge from the hospital, as well as cross-coverage roles. At the end of the Internal Medicine Sub-Internship clerkship, each student should be able to gather information, formulate differential diagnoses, and propose evidence-based management for patients with common conditions in an inpatient care setting, including but not limited to the following: atrial fibrillation, COPD/asthma exacerbation, acute/chronic/end stage renal disease, electrolyte disorders, community acquired pneumonia, GI bleed, stroke, and alcohol withdrawal. The final grade for the rotation will be assigned by the clerkship director using the clinical assessment summary provided by the site director and in consultation with the supervising attending physicians.

MED 845 Pediatric Sub I
The Pediatric Sub-Internship is a four-week inpatient experience that serves as a bridge between the Pediatric Clerkship and Pediatric Residency. During this rotation, students will learn to take a history in a more targeted manner than in third year, organize their work, formulate a differential diagnosis and a therapeutic plan and implement it while engaging in self-directed learning. By the end of the sub-internship, students should be able to describe the epidemiology, pathophysiology, clinical findings, diagnostic evaluation and management of common pediatric conditions that require hospitalization including but not limited to: surgery-requiring conditions, respiratory distress, gastrointestinal illnesses, dermatological disease, endocrinological emergencies, electrolyte imbalance, sepsis/fever, and central nervous system disorders. The final grade for the rotation will be assigned by the clerkship director using the clinical assessment summary provided by the site director and in consultation with the supervising attending physicians.

MED 846 Surgery Sub I

The Surgery Sub-Internship is a four-week inpatient based experience to develop the skills required to diagnose and begin to manage surgical conditions as a surgical intern. The primary focus of the Surgery Sub-I is to foster student development through direct patient care, on the fly learning, exposure to increased complexity of patient conditions, and independent study. Students will formulate comprehensive assessments, diagnostic and therapeutic plans for common acute and chronic surgical conditions, demonstrate the ability to perform common and necessary surgical skills and work collaboratively to coordinate surgical patient care in a variety of health care delivery settings. The final grade for the rotation will be assigned by the clerkship director using the clinical assessment summary provided by the site director and in consultation with the supervising attending physicians.

MED 847 Family Medicine Sub I

The Family Medicine Sub-Internship is a four-week long primarily in-patient experience, blended with a few half days of out-patient experience, to develop competence and readiness for clinical practice as a family medicine resident. Students actively participate in care transitions for hospitalized patients including admission, transfer between services, sign-outs between various teams, and discharge from the hospital, as well as cross-coverage roles. Students are expected to provide high-value, evidence-based care for patients with common family medicine conditions including but not limited to: abdominal pain, acute kidney injury, chest pain, congestive heart failure, diabetes mellitus, electrolyte imbalance, hypertension, sepsis, shortness of breath and urinary tract infections. The final grade for the rotation will be assigned by the clerkship director using the clinical assessment summary provided by the site director and in consultation with the supervising attending physicians (85%) and the End of Rotation Write Up (15%).

MED 861 OB-GYN Sub I

The Obstetrics & Gynecology Sub-Internship is a four-week experience either on the Maternal Fetal Medicine (MFM) or the Gynecology Oncology service. Students will work in both inpatient and outpatient settings and participate as an integral member of the team. Students on the MFM service will learn about the care of high-risk ob-gyn patient conditions including but not limited to: gestational diabetes mellitus, fetal macrosomia, premature rupture of membranes, critical care in pregnancy, multifetal gestation, fetal aneuaploidy and prenatal diagnosis of genetic disorders as well as learn ultrasound in pregnancy. Students on the Gynecology Oncology rotation will learn about the care of patients with gynecology malignancies including symptoms, presentation, and diagnosis; treatment and outcomes, including pelvic surgery, radiation and chemotherapy; and post-operative, inpatient, and outpatient management. Students will improve their basic procedural and surgical skills during this rotation to prepare them for internship. Final grade is based on a composite evaluation that includes all attendings, residents, and input from other team members including nurses and sonographers.

MED 862 Psychiatry Sub I

The Psychiatry Sub-Internship is a four-week experience designed to give medical students an opportunity to integrate their academic knowledge and clinical experience into practice on both the adult and child/adolescent inpatient units. The goal is to provide future physicians the opportunity to treat a variety of patients with a diverse range of mental illness to develop competence in diagnosing and treating mental illness across the spectrum. By the end of this sub-internship, students will be able to develop an empathic doctor-patient relationship, conduct a clinical interview and perform a complete mental status exam, apply basic science knowledge of neurobiology and psychosocial experiences in the pathogenesis and treatment of psychiatric illnesses, formulate a diagnosis based on DSM-V, understand the different treatment approaches of major psychiatric syndromes, and practice as an effective team member in a multi-disciplinary team. Grades are determined based on the composite evaluation completed by the site director with the input of the other members of the care team.

Electives

Students take a minimum of 28 weeks of electives of their choice. Electives can be taken at the Netter School of Medicine or students can participate in away rotations — internationally or domestically as available and meeting criteria. Electives encompass diverse patient care experiences as well as skills development in areas such as teaching or leadership. Custom electives are also an option, subject to approval. Elective choices vary depending on site availability.

Accreditation

The medical school is accredited by the Liaison Committee on Medical Education. The LCME is jointly sponsored by the Association of American Medical Colleges (AAMC) and the American Medical Association (AMA). The next review will take place October 2021.

Technical Standards

Quinnipiac University is committed to admitting qualified applicants without regard to race, ethnicity, age, national or ethnic origin, disability, gender identity, sexual orientation, marital status or religion. Qualified applicants to the Frank H. Netter MD School of Medicine are individuals who demonstrate the cognitive and physical abilities, and behavioral and communication skills required to complete a rigorous curriculum and meet certain technical standards for medical students and physicians. The MD degree signifies the acquisition of general knowledge in the fields necessary for the practice of medicine. A graduate of the Frank H. Netter MD School of Medicine of Quinnipiac University must have the knowledge and skills to function in various clinical settings and to provide a wide spectrum of care.

In order to acquire the requisite knowledge and skills, students must possess both sensory and motor abilities that permit them to accomplish the activities described in these standards, with or without reasonable accommodations. A student must be able to effectively process information through their sensory functions, with or without a reasonable
accommodation, and do so consistently, rapidly and accurately. Students must be able to learn, integrate, analyze and synthesize data.

Providing care for patients’ needs is essential to the role of a physician and comprises a significant component of training. A student must be able to tolerate physically challenging workloads and function under stress. The responsibilities of medical students may require their presence and attention during daytime and nighttime hours.

A student in the School of Medicine must be able to meet the following standards, with or without a reasonable accommodation:

1. **Observation**
   Students must have sufficient visual ability to be able to observe patients accurately from a distance and close at hand. They must be able to observe and participate in laboratory exercises and demonstrations. They must be capable of viewing and developing the skills needed to interpret diagnostic modalities. Students must be able to obtain a medical history and perform a complete physical exam, including detecting and interpreting non-verbal communication such as change in posture, body language, mood and facial expressions demonstrated by patients.

2. **Communication**
   Students must be able to communicate effectively, in both written and oral English, and must be able to speak with and comprehend patients, their families, and other members of the health care team. Students must be capable of establishing rapport with patients and families. Students must be able to compose and record information accurately and clearly.

3. **Motor and Sensory Function**
   Students must have sufficient motor and sensory function necessary to conduct a routine history and physical examination, differentiate normal from abnormal findings, and document their findings. Students must have sufficient motor function in order to conduct movements required to provide general care and emergency treatment to patients according to acceptable medical practices. Students must have sufficient motor ability to access and perform at clinical sites required for mandatory experiences.

4. **Intellectual, Conceptual, Integrative and Quantitative Ability**
   Students must have sufficient cognitive abilities to master the body of knowledge comprising the curriculum of the School of Medicine. They must be able to recall large amounts of information, perform scientific measurements and calculations, and understand and learn through a variety of instructional modalities including but not limited to: classroom instruction, small group discussion, individual and self-directed study of materials, preparation and presentation of written and oral reports, peer review and assessment, as well as use of computer-based technologies. Students must demonstrate reasoning abilities necessary to gather, analyze, synthesize and integrate information from varying sources efficiently and effectively. They must be able to measure and calculate accurately and be able to perceive 3D relationships and understand the spatial relationships of systems.

5. **Attitudinal, Behavioral, Interpersonal and Emotional Characteristics**
   Students must have the capacity to learn and understand ethical principles, professional standards for physicians, and state and federal laws governing the practice of medicine. Students must demonstrate the maturity, emotional stability and sensitivity required to form effective relationships with patients, faculty, staff, colleagues and all members of the health care team. They must exhibit honesty, integrity, self-sacrifice and dedication.

   Students must have the capacity to effectively communicate with and provide care, in a non-judgmental manner, for individuals whose culture, spiritual beliefs, physical or mental abilities, sexual orientation or gender expression differ from their own. They must be able to examine the entire patient, male and female, regardless of their social, cultural or religious beliefs. Students must have the capacity to develop the requisite skills needed to identify personal biases, reactions and responses as well as recognize differing points of view, and not allow personal attitudes, perceptions or stereotypes to compromise patient care.

   Students must be of sufficient emotional and mental health to utilize fully their abilities, exercise sound judgment and complete educational and patient care responsibilities safely, effectively, and with courtesy, compassion, and respect. They must be capable of modifying their behavior in response to feedback and evaluation. Students must exhibit adaptability and be able to work effectively under stress and tolerate an often physically taxing workload. Individuals whose performance is impaired by abuse of substances, including alcohol, are not suitable candidates for admission, promotion or graduation.

6. **Ethical and Legal Considerations**
   Candidates for admission must meet the legal standards to practice medicine in the State of Connecticut. Candidates must therefore provide written explanation of any felony offenses or disciplinary actions taken against them prior to matriculation, and commit to notifying the associate dean for student affairs immediately in the event of conviction of any felony offense while a student of the School of Medicine. Serious instances of unethical conduct or conviction of a felony offense, or the failure to disclose such conduct or felony offense, may lead to disciplinary action by the School of Medicine, including dismissal.

   The Frank H. Netter MD School of Medicine will consider any candidate who demonstrates the ability to perform the skills specified in these technical standards, with or without reasonable accommodation. Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 address the provision of services and accommodations for qualified individuals with disabilities. Services for students with disabilities are provided to qualified students to ensure equal access to educational opportunities, programs and activities in the most integrated setting possible. In the consideration of students for admission and in the training of students for the MD degree, it is essential that the integrity of the curriculum be maintained, that elements of the curriculum considered necessary for the education of a physician be preserved and that the health and safety of patients be considered vital. The use of a trained intermediary is not acceptable in clinical situations as judgment is mediated by someone else’s power of selection, observation and interpretation. As such, students must be able to perform in an independent manner with or without such accommodations.

   Students who are interested in requesting accommodations are instructed to take the following steps:

   • Submit a completed Accommodation Request Form for Students with Disabilities (found on the university website) to the university Office of Student Accessibility
   • Provide current, supporting documentation from a licensed physician, psychologist, or other appropriately credentialed evaluator.
• Candidates for the MD degree will be assessed on a regular basis by the Office of Accessibility according to the academic and Technical Standards of the School of Medicine on their abilities to meet the curricular requirements.

• The Office of Accessibility will work with the School of Medicine associate dean for student affairs who, in concert with course and clerkship directors, will ensure that reasonable accommodations are in place.

Students must complete the following requirements to be eligible for graduation from the School of Medicine:

• Obtain a satisfactory grade in each course

• Successfully complete Scholarly Reflection & Concentration Capstone course including the concentration/capstone project

• Successfully complete the Year 3 and Year 4 clerkships and electives

• Pass USMLE® Steps 1 and 2 CK

• Complete the Frank H. Netter MD School of Medicine's community service and service learning requirements

• Demonstrate the personal, professional and ethical attitudes and behaviors expected of a physician graduate of the Frank H. Netter MD School of Medicine

Students must complete the requirements of each academic year within a two-year period, but must complete the curriculum and meet all graduation requirements within a six-year period. Additional time to complete the curricular requirements may be stipulated as part of an accommodation made under the provisions of the Americans with Disabilities Act. Approved leaves of absence (refer to section XIX. Leaves of Absence) do not count toward time needed to complete curricular requirements. The Promotions and Performance Standards Committee has the discretion to determine whether portions, or all, of an academic year are counted toward this requirement.