

MEDICAL DOCTOR

The medical education program at Quinnipiac University's Frank H. Netter MD School of Medicine (QU Netter) prepares students to become highly qualified, compassionate and culturally sensitive doctors. No matter which medical specialty they may ultimately choose, our students learn to view their patients through the lens of a holistic physician with an emphasis on patient-centered care.

The school of medicine is co-located with the schools of health sciences, nursing, education and law on Quinnipiac University's interprofessional North Haven Campus. This creates a collaborative learning environment for students pursuing degrees in a multitude of health professions, including physical therapy, occupational therapy and physician assistants. Our state-of-the-art facilities include an operating suite for high-fidelity simulated operative experiences and laboratories with the latest imaging equipment. Our standardized patient and assessment center includes 16 patient and exam rooms where students hone their clinical skills.

The four years of the medical curriculum comprise two years of pre-clerkship foundational instruction and two years of clinical clerkships, sub-internships and electives. Our curriculum is linked to the QU Netter Educational Program Objectives, which encompass ten competencies: Care of Individual Patients, Knowledge for Practice, Interprofessional Collaboration, Interpersonal and Communication Skills, Professionalism, Practice-Based Learning and Improvement, Systems-Based Practice, Adaptive Learning and Scholarship, Personal and Professional Development, and Community Partnership and Civic Responsibility.

In the pre-clerkship curriculum in Years 1 and 2, students learn foundational medicine through the integration of basic science concepts in the Foundations of Medicine (FOM) course and rigorous clinical training through the Clinical Arts and Sciences (CAS) course. Through the Medical Student Home (MeSH) program that is part of the CAS course, students engage in clinical learning in primary care settings from the start of the curriculum. A Coaching For Adaptive Learning course at the start of Year 1 helps students learn to cultivate and strengthen a growth mindset and see challenges as opportunities to learn, adapt and grow, which will allow them to learn throughout their lifetime of practice. Students are introduced to research methodology, and learn critical thinking skills and self-directed learning, in the Scholarly Reflection and Concentration/Capstone (SRCC) course over the 4 years of the curriculum. During the SRCC course, students also select a scholarly Capstone project to complete with guidance from a mentor.

Students learn in a variety of clinical settings during the clerkship phase of the curriculum in Years 3 and 4. QU Netter has affiliations with hospitals in urban, suburban and rural settings. Primary clinical partners include Hartford HealthCare's St. Vincent's Medical Center in Bridgeport, Trinity HEALTH Of New England's St. Francis Hospital and Medical Center in Hartford, and Connecticut Children's Medical Center.

The clerkship phase begins with an innovative year-long longitudinal multi-specialty clerkship (LMC) in Year 3. The LMC is designed to ensure a robust, flexible learning experience by combining core specialties into two "clinical clusters." Students rotate through internal medicine, primary care and surgery in Cluster A and obstetrics and gynecology, pediatrics and psychiatry in Cluster B. Each cluster includes an integrated block that allows students to gain additional clinical experiences in selected core specialties, as well as exposure to areas such as radiology,

anesthesiology, neurology and other subspecialty electives. Students also have dedicated time for their scholarly Capstone project in the integrated block.

Year 4 of the clerkship phase of the curriculum comprises a selective in Emergency Medicine or Critical Care Medicine, a sub-internship in Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry or Surgery, and numerous electives. Students also complete and present their scholarly project to complete their SRCC course. Many capstone projects result in publications and other forms of dissemination.

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, sub-internships and electives.

For a visual depiction of the curriculum, see this Curriculum Map.

Pre-Clerkship Years

Year 1

MED 810 - Coaching For Adaptive Learning

Course Goal: Cultivating and strengthening a growth mindset, seeing challenges as opportunities to learn, adapt, and grow is increasingly important to 21st century medical education.

In the Coaching For Adaptive Learning course students develop foundational knowledge and skills in self-regulation and adaptive learning. Self-regulation concerns self-initiated and self-monitored activities, practices, and behaviors that learners engage in to pursue academic mastery. Adaptive learners observe, appraise, and adjust their practices in response to learning challenges. Students will gain competence in habits of mind necessary for overcoming contemporary academic struggles, and which also foster lifelong learning in medicine. These habits of mind help students make connections between formal knowledge and experiential learning – including important skills of curiosity; engaging and building rapport with peers; leadership of self and others; external and self-appraisal that allows comprehension of gaps in knowledge or attitude and the need to change; personal and professional development-seeking to gain new expertise; giving and receiving feedback that enables oneself and others to thrive and excel; setting priorities and planning for learning; mastering time management; and balancing fulfillment of personal and curricular responsibilities.

MED 811 - Foundations of Medicine I

Course Goal: The goal of Foundations of Medicine (FOM) I is for students to achieve foundational knowledge in the medical sciences, with an emphasis on gaining a detailed understanding of common and representative illnesses. By the end of Year 1, 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 reinforced 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 Clinical Arts and Sciences and Scholarly Reflection and Concentration Capstone courses. The QU Netter longitudinal themes of pharmacology, nutrition, behavioral and social sciences, biomedical ethics and epidemiology are

integrated throughout the curriculum as they relate to specific organs and diseases addressed in each block.

The course is taught through a variety of instructional methods including lectures, team-based learning, and small group events that use 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 Sciences I

Course Goal: Clinical Arts and Sciences (CAS) I is an innovative introduction to clinical medicine course that aims to teach foundational clinical skills in a collaborative environment that entails experiential learning in both real and simulated clinical settings. Learners also begin the QU Netter longitudinal curricula in narrative medicine and ethics.

Foundations of Clinical Care (FCC): This curriculum is dedicated to clinical skills learning with active practice in small group settings of eight learners guided by two clinical faculty members. Learners actively practice patient-centered communication, history taking, and physical examination skills, as well as clinical reasoning, medical documentation and oral presentations. Basic procedural skills, telemedicine, and interprofessional activities centered around ultrasound training also provide significant experiential learning opportunities.

Simulated practice with standardized patients (SPs) is a major instructional method in FCC. Clinical skills are assessed by formative objective structured clinical examinations (OSCEs) and a summative OSCE. The course also promotes learners' growth in 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): In MeSH, learners spend one afternoon a week in the physician's office-based practice. Students are paired 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.

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 the 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. Students design and execute a capstone project in an area about which they are passionate. Learners use narrative medicine and their experience of being mentored 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. Information presented in the SRCC 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 QU Netter 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 histories, symptoms, signs and laboratory findings. Collaborative and professional participation in this activity are essential components of PBL.

MED 822 - Clinical Arts and Sciences II

Course Goal: Clinical Arts and Sciences (CAS) II continues the active, small group, and real and simulated community practice-based clinical skills curriculum begun in Year 1. Students build on skills from CAS I, where clinical reasoning and problem-focused history taking and physical exam practice becomes a greater emphasis. Preparation and readiness for the clerkship curriculum is a deliberate focus in CAS II, with sessions dedicated to different clerkship specialties and advanced communication skills including sharing medical information and delivering unwelcome news. CAS II includes FCC and MeSH curricular experiences.

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. Students design and execute a capstone project in an area they are passionate about. Learners use narrative medicine and interactions with their mentors to develop personally and professionally. They gain a 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 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.

MED 830 - USMLE Step 1 Self-Study Review

Course Goal: Medical students pursue self-directed independent study with faculty support and resources in preparation for the USMLE Step 1 Examination. Students will (1) identify strengths, deficiencies and limits in knowledge of the pre-clinical medical sciences; (2) set specific, measurable, attainable, realistic and timely goals to plan for learning; (3) select, engage in and complete learning activities that address one's limits in knowledge of the pre-clinical medical sciences; and (4) reflect on learning progress using informed self-assessment and external feedback and adjust learning strategies accordingly. This course is a dedicated 6-week period during which no concurrent courses are scheduled.

Clerkship Years

Year 3

MED 839 - Longitudinal Multi-specialty Clerkship (LMC)

LMC Goals: The LMC experience provides Year 3 clinical clerkship education in six core areas (internal medicine, obstetrics-gynecology, pediatrics, primary care, psychiatry and surgery) over a 44-week period. The LMC consists of two 22-week Clusters. Each cluster consists of 20 weeks of clinical learning and a 2-week period devoted to focused study and the NBME subject exam.

Cluster A consists of four 5-week blocks that encompass internal medicine, primary care and surgery and Integrated Block A (IB-A). IB-A provides two 2-week blocks of clinical experiences in additional specialties and subspecialties including anesthesiology, radiology, neurology and medical and surgical subspecialties. The middle week of IB-A consists of virtual educational activities related to imaging, reflective writing and health equity, and two unscheduled days (Monday and Friday) for wellness and self-directed learning.

Cluster B consists of four 5-week blocks that include obstetrics-gynecology, pediatrics, psychiatry and Integrated Block B (IB-B). IB-B consists of a week of newborn nursery, a week in a subspecialty in obstetrics-gynecology, psychiatry and/or pediatrics, and three weeks dedicated to work on students' SRCC capstone project.

Scheduled learning activities include academic sessions designed to promote application of knowledge and enhance clinical reasoning. Academic sessions include:

- Academic Half Days – Core sessions in the specialty block with some cluster wide sessions integrating the three cluster disciplines.
- Teaching Attending Sessions – Small group sessions focused on enhancing clinical reasoning
- Longitudinal Clinical Clerkship Curriculum (LC3) – Cross-cutting sessions which include sessions in health equity, narrative medicine and diagnostic reasoning in radiology.

Assessment of students includes clinical evaluations by preceptors, direct observation with feedback, teaching attending evaluations, national board (subject) exams, self-assessments, objective structured clinical exams (OSCEs) and additional specialty-specific assessments. Students receive regular feedback throughout each clinical block and take practice shelf exams. Students receive two weeks of dedicated study time at the end of each cluster to prepare for the specialty-specific subject exams. All students are required to take the USMLE® Step 1 exam before starting their Year 4 clinical rotations.

Year 4

Students complete a four-week required selective in emergency medicine or critical care, a four-week sub-internship in family medicine, internal medicine, obstetrics-gynecology, pediatrics, psychiatry or surgery, and electives of their choosing. Students 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 Year 4, there is an optional residency prep course to ensure readiness for internship.

MED 841 - Emergency Medicine

Selective Goals: In the four-week Emergency Medicine selective students learn to gather information, formulate differential diagnoses, and propose

evidence-based management for patients with common presentations in an emergency department setting. They also learn to recognize emergent medical conditions and initiate a stabilization plan as well as demonstrate proficiency with basic procedural skills. By the end of the selective, students are expected to 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.

MED 842 - Critical Care

Selective Goals: In the four-week Critical Care selective, students learn to gather information, formulate differential diagnoses, and propose evidence-based management for patients with common presentations in an intensive care setting. Students 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 are expected to demonstrate knowledge in managing the following conditions: shock, acute respiratory failure, acute renal failure, acute GI hemorrhage, diabetic ketoacidosis/hypermolar hyperglycemic state, strokes/seizures, sepsis, healthcare associated infections, and end of life care/delirium. They also learn the skills of resuscitation, laryngoscopy and intubation techniques, ventilator management and basic bedside procedures.

MED 843 - Scholarly Reflection & Concentration Capstone III & IV

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.

In Years 3 and 4, students use short, dedicated periods of time to focus on completing and disseminating their capstone projects.

MED 844 - Internal Medicine Sub-I

Sub-I Goals: In the four-week Internal Medicine Sub-Internship, students provide autonomous patient care to hospitalized patients to develop competence and readiness for clinical practice as an intern. Students are an integral part of the team and 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, students are expected to 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.

MED 845 - Pediatric Sub-I

Sub-I Goals: The Pediatric Sub-Internship is a four-week inpatient experience (3 weeks of days, 1 week of nights) that serves as a bridge between the Pediatric Clerkship and Pediatric Residency. During this rotation, students will be acting in the role of an intern with few exceptions. They will acquire the skills to perform efficient histories and physicals, while balancing the acuity and multiple priorities of an inpatient unit. Students will formulate a differential diagnosis, implement

a therapeutic plan, communicate effectively with patients, families, and the team, and engage in self-directed learning. By the end of the sub-internship, students are expected to describe the epidemiology, pathophysiology and clinical findings, and implement the diagnostic evaluation and management of common pediatric conditions that require hospitalization.

MED 846 - Surgery Sub-I

Sub-I Goals: The Surgery Sub-Internship is a four-week inpatient based experience designed to help students develop the knowledge and skills required to diagnose and to manage surgical conditions at the level of a surgical intern. The primary focus of the Surgery Sub-I is to foster student development through direct patient care, exposure to increased complexity of patient conditions, and self-directed learning. Students are expected to 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 healthcare delivery settings.

MED 847 - Family Medicine Sub-I

Sub-I Goals: The Family Medicine Sub-Internship is a four-week primarily inpatient experience, blended with a few half days of outpatient experience, to develop competence and readiness for clinical practice as a family medicine resident. Students 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.

MED 861 - OB-GYN Sub-I

Sub-I Goals: The Obstetrics & Gynecology Sub-Internship is a four-week experience either on the Maternal Fetal Medicine (MFM) or the Gynecology Oncology service. Students work in both inpatient and outpatient settings and participate as an integral member of the team. Students on the MFM service 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 aneuploidy and prenatal diagnosis of genetic disorders as well as learn ultrasound in pregnancy. Students on the Gynecology Oncology rotation 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. During this sub-internship, students improve their basic procedural and surgical skills to prepare them for internship.

MED 862 - Psychiatry Sub-I

Sub-I Goals: 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.

Electives

Students take a minimum of 28 weeks of electives. Electives can be taken at the QU Netter School of Medicine or as away rotations. Elective choices encompass diverse clinical learning experiences, research electives, as well as skills development in areas such as teaching or leadership. Students may design custom electives under the guidance of the Year 4 Electives Director. Electives in global health are also available, including an exchange program in neurology with Oxford University in the UK. Students are assisted in the selection of electives and the design of their fourth year curriculum by career advisers, specialty-specific advisers and the Student Affairs deans.

Accreditation

The medical school is fully accredited by the Liaison Committee on Medical Education (LCME). The next full survey visit will be in the academic year 2029-2030. The LCME is jointly sponsored by the Association of American Medical Colleges (AAMC) and the American Medical Association (AMA).

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 healthcare 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 healthcare 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 (<https://www.qu.edu/student-life/diversity-and-inclusion/accessibility/#accommodationform>)) 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 examinations
- Complete the Frank H. Netter MD School of Medicine's interprofessional education, 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 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.