# FRANK H. NETTER MD SCHOOL OF MEDICINE

The Frank H. Netter MD School of Medicine has been designed to be a model for educating diverse, patient-centered physicians who are partners and leaders in an interprofessional workforce responsive to healthcare needs in the communities they serve. Students from diverse backgrounds attain their highest personal and professional potential in a collaborative student-centered environment that fosters the university's commitment to academic excellence, scholarship, lifelong learning, respect and inclusivity. Accordingly, the school values:

- excellence in education that places the student at the center of the learning experience, and nurtures the student's independence as a lifelong learner
- · diversity and inclusiveness in all students, faculty and staff
- a learning environment that promotes the provision of holistic, patient-centered care
- interprofessional education and service-learning experiences to promote teamwork in the care of patients
- clinical partners who support and promote the school's vision, mission and values
- social justice and the education of physicians to address healthcare inequalities
- partnerships within our community that provide students with learning and service opportunities to improve the health of the community
- advancement and support of primary care education and health services research through the school's Institute for Primary Care
- advancement of global health through the school's Institute for Global Public Health by promoting community medicine, public health and international partnerships
- advancement of rehabilitation medicine, through the school's Institute for Rehabilitation Medicine by promoting interprofessional care, services and research programs especially for wounded military personnel

## **Right to Modify**

This Catalog is intended to serve as a convenient reference source for students. It is not guaranteed to be free from errors. Moreover, the programs, policies and courses described here are subject to continual review and reevaluation and may be changed at any time without prior notice. The School of Medicine reserves the right to modify the academic requirements, admission requirements and program of study; to change the arrangement and content of courses, the instructional material and the tuition and fees; to alter any regulation affecting students; to refuse readmission at any time; or to dismiss any student at any time, should it appear to be in the best interest of the school or student to do so. The School of Medicine also reserves the right to change the semester schedule and examination times and locations. Nothing in this Catalog should be regarded as setting terms of a contract between a student or prospective student and Quinnipiac University or its School of Medicine.

## **Educational Program Objectives**

#### **Care of Individual Patients (CIP)**

CIP 1. Gather accurate comprehensive and focused medical histories from patients and families using patient-centered interviewing skills.

CIP 2. Correctly perform comprehensive and focused physical examinations relevant to common chief concerns.

CIP 3. Interpret common laboratory data, imaging studies and other tests in the course of routine practice.

CIP 4. Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, using up-to-date scientific information, evidence-based reasoning, and clinical judgment.

CIP 5. Develop a differential diagnosis, a problem list, and carry out a patient management plan using problem-solving and critical-thinking skills.

CIP 6. Review, interpret and create electronic health records for optimal patient care.

CIP 7. Demonstrate proficiency with common medical, diagnostic and surgical procedures.

CIP 8. Educate patients and their families on health promotion, disease prevention and management strategies to empower them to participate in their care and enable shared decision-making.

CIP 9. Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes.

CIP 10. Adapt patient care approaches to remote forms of care provision though telemedicine and telehealth.

#### **Knowledge for Practice (KP)**

KP 1. Apply established and emerging anatomical, biological, pathological and pathophysiological scientific concepts fundamental to health care for patients and populations.

KP 2. Discuss the fundamentals of human development and behavior throughout the lifespan, including embryology and end-of-life.

KP 3. Recognize the biological, cultural, societal and economic aspects of human nutrition in health and disease.

KP 4. Apply principles of social-behavioral sciences to provision of patient care, including assessment of the impact of psychosocial and cultural influences on health, disease, care-seeking, care compliance, and barriers to and attitudes toward care at the global, national, community, family and individual levels.

KP 5. Apply established and emerging principles of diagnostic imaging and laboratory testing to clinical problem-solving and evidence-based patient care.

KP 6. Develop a clinical question so as to effectively and efficiently gather, appraise and interpret medical evidence to apply new knowledge at the point of care.

KP 7. Apply biostatistical and critical analytical skills to interpret relevant literature.

KP 8. Explain the principles and comparative benefits of pharmacological and non-pharmacological therapeutics.

KP 9. Apply principles of epidemiological sciences and public health to the identification of health problems, risk factors, treatment strategies, resources and disease prevention/health promotion efforts for patients and populations.

KP 10. Explain and apply the principles of infection control, including but not limited to transmission-based precautions, screening and appropriate use of personal protective equipment (PPE).

#### Interpersonal and Communication Skills (ICS)

ICS 1. Communicate effectively and respectfully with patients, families and the public across a broad range of socioeconomic and cultural backgrounds.

ICS 2. Communicate effectively and respectfully with colleagues within one's profession or specialty, other health professionals and health related agencies.

ICS 3. Accurately communicate patient data with other health professionals through complete, timely and organized medical records and presentations.

ICS 4. Demonstrate sensitivity, honesty and compassion in communicating medical information to patients including diagnosis, prognosis, diagnostic and therapeutic plans, ambiguity and uncertainty, and cost of care, adapting delivery to individual patients' needs and literacy level.

ICS 5. Demonstrate sensitivity, honesty and compassion in difficult conversations, including those about adverse events, bad news, end of life, death, disclosure of errors and other sensitive topics, adapting delivery to individual patients' needs and literacy level.

#### **Professionalism (PROF)**

PROF 1. Demonstrate compassion, honesty, integrity and respect in all interactions with patients.

PROF 2. Apply ethical principles with reference to end-of-life care, confidentiality, informed consent, conflicts of interest, disclosure of errors – in compliance with relevant laws, policies and regulations.

PROF 3. Identify patient-specific contexts and preferences including but not limited to diversity in gender, race, culture, language, age, sexual orientation, religious beliefs or ability – to implement equitable care for all patients.

PROF 4. Represent the ideals of altruism, justice and patient advocacy.

PROF 5. Demonstrate accountability to society and the profession.

#### Interprofessional Collaboration (IPC)

IPC 1. Identify the roles, responsibilities, training and skills of other health professionals relative to the health care needs of patients and populations.

IPC 2. Work with other health professionals, establishing and maintaining a climate of mutual respect, dignity, diversity, ethical integrity and trust to learn and take care of patients.

IPC 3. Communicate and collaborate with other health professionals in a responsive and responsible manner within a team-based care model.

#### Adaptive Learning and Scholarship (ALS)

ALS 1. Identify strengths, deficiencies and limits in one's knowledge, skills and/or attitudes.

ALS 2. Set specific, measurable, attainable, realistic and timely goals to plan for learning.

ALS 3. Select, engage in, and complete learning activities that address one's limits in knowledge, skills and/or attitudes.

ALS 4. Reflect upon learning progress using informed self-assessment and external feedback, and appropriately adjust learning strategies.

ALS 5. Design, implement and complete a scholarly project that is framed by and fulfills Glassick's six criteria for scholarship: clear goals, adequate preparation, appropriate methods, meaningful results, effective presentation and reflective critique.

#### Personal and Professional Development (PPD)

PPD 1. Use and cultivate self-awareness of knowledge, skills and emotional limitations to engage in appropriate and timely development-seeking behaviors.

PPD 2. Engage and build rapport with fellow learners, teachers and patients in physical and online learning contexts and settings.

PPD 3. Identify and maintain balance between personal and professional responsibilities.

PPD 4. Develop and demonstrate healthy coping mechanisms to respond to short-term and long-term forms of stress.

PPD 5. Practice flexibility and maturity in adjusting to change, ambiguity and uncertainty with the capacity to alter one's behavior.

PPD 6. Recognize, acknowledge and reach out if experiencing symptoms of burnout in one's self or colleagues, and demonstrate healthy coping mechanisms related to personal and patient care responsibilities.

PPD 7. Demonstrate self-confidence and ownership, in the context of ongoing responsibility, that puts patients, families and members of the healthcare team at ease.

#### **Practice-Based Learning and Improvement (PBLI)**

PBLI 1. Set learning and improvement goals.

PBLI 2. Implement continuous quality improvement practices at the individual and system level.

PBLI 3. Locate, appraise and assimilate current best evidence from scientific studies related to patients' health problems.

PBLI 4. Employ practice guidelines, clinical pathways information and value-based care principles to improve the care of individual patients and populations.

#### Systems-Based Practice (SBP)

SBP 1. Apply health system science to practice decisions, including political, economic, technological, value-based perspectives.

SBP 2. Incorporate cost awareness and risk-benefit analysis in decisionmaking about patient and/or population-based care. SBP 3. Incorporate transferable skills and work effectively in various health care delivery settings and systems.

SBP 4. Perform administrative and practice management responsibilities to ensure ongoing quality control of practice.

SBP 5. Advocate for quality patient care, health equality and optimal patient care systems, and engage in efforts to reduce health disparities and address social determinants of health.

SBP 6. Participate in identifying system errors and consider potential systems solutions.

#### **Community Partnership and Civic Responsibility (CPCR)**

CPCR 1. Identify the resources and barriers to health of the local and regional community, and advocate for all vulnerable and marginalized populations within those communities.

CPCR 2. Apply principles of strategic partnership development from a stance of intellectual and cultural humility to understand the local and regional community.

CPCR 3. Actively engage the local and regional community by meeting (and ideally exceeding) formal graduation requirements for community service.

Candidates must have a bachelor's degree from a regionally accredited college or university, or an international equivalent degree. Permanent residents or Green Card applicants may apply. Deferred Action for Childhood Arrivals (DACA) students should contact the Admissions office directly. We do not accept transfer students for entrance into any year.

Upper-level courses and AP credit may be used to satisfy basic requirements when applicable. Online courses of prerequisites will be considered on a case-by-case basis.

Applicants must complete a minimum equivalent of 32 semester/ trimester/quarter hours of the prerequisites in biology, chemistry and physics from an accredited college or university in the United States or Canada. Coursework recommended, but not required, includes natural sciences, human physiology, genetics and cell biology, psychology, sociology, ethics, health policy, foreign language, humanities, communications or computer literacy.

- General Biology 2 semesters/trimesters/quarters (with labs)
- · General Chemistry 2 semesters/trimesters/quarters (with labs)
- Organic Chemistry 1 semester/trimester/quarter (with lab)
- · Biochemistry 1 semester/trimester/quarter
- · General Physics 2 semesters/trimesters/quarters
- College English/Writing Intensive 2 semesters/trimesters/quarters
- College Math or Statistics 2 semesters/trimesters/quarters (college algebra or above)

View detailed information about the Frank H. Netter MD School of Medicine Admission Policy (http://catalog.qu.edu/school-of-medicine/ academic-policies/admission/).

### Vision

The Frank H. Netter MD School of Medicine will be a vibrant healthcare community that educates and nurtures diverse, compassionate

physicians who promote wellness and patient-centered care for all members of society.

## Mission

The Frank H. Netter MD School of Medicine is dedicated to educating current and future physicians to serve our community, as well as our profession. We accomplish this goal in a student-centered, collaborative environment that values compassionate care, integrity and inclusivity, academic excellence and scholarship, adaptability and social responsibility.

### Values

- 1. **Primary Care Education**: providing education focused on partnering with patients to promote health as well as first-line care and chronic disease management.
- 2. **Personal and Professional Integrity**: achieving our highest potential as humans and healers by consistently acting with honesty and in accordance with strong moral values.
- Academic Excellence: creating a stimulating, student-centered environment that supports both learners and faculty to excel in their scholastic activities.
- 4. **Inclusiveness and Diversity**: reflected in our students, faculty and staff and their respect of all people.
- 5. **Compassion and Patient-Centeredness**: putting the patient at the center of the healthcare experience.
- 6. **Social Justice**: seeking to address healthcare inequalities both locally and globally and provide all patients with equal access to care.
- 7. **Scholarship**: advancing the field of medicine by promoting discovery, application, integration and dissemination of knowledge throughout one's career.
- 8. Interprofessional Collaboration: promoting teamwork between disciplines and across institutions to deliver high-quality care.
- Community Partnership: developing learning and service opportunities that improve the health of our community.
- Social Responsibility: advocating to improve the broader determinants of health in the setting of finite resources.