

Bulletin of  
**Duke University**

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School of Medicine  
2021-2022

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**Duke University**

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School of Medicine  
2021-2022

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The information in this bulletin applies to the academic year 2021-2022 and is accurate and current, to the greatest extent possible, as of October 2021. The university reserves the right to change programs of study, academic requirements, teaching staff, the calendar, and other matters described herein without prior notice, in accordance with established procedures.

Duke University is committed to encouraging and sustaining a learning and work community that is free from prohibited discrimination and harassment. The institution prohibits discrimination on the basis of age, color, disability, gender, gender identity, gender expression, genetic information, national origin, race, religion, sex, sexual orientation, or veteran status, in the administration of its educational policies, admission policies, financial aid, employment, or any other institution program or activity. It admits qualified students to all the rights, privileges, programs, and activities generally accorded or made available to students.

Sexual harassment and sexual misconduct are forms of sex discrimination and prohibited by the institution. Duke has designated the Vice President for Institutional Equity and Chief Diversity Officer as the individual responsible for the coordination and administration of its nondiscrimination and harassment policies. The Office for Institutional Equity is located in Smith Warehouse, 114 S. Buchanan Blvd., Bay 8, Durham, NC 27708, and can be contacted at (919) 684-8222.

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Durham, NC 27708  
(919) 668-6214

Additional information, including the complete text of Duke's Policy on Prohibited Discrimination, Harassment, and Related Misconduct and appropriate complaint procedures, may be found by visiting the Office for Institutional Equity's website at <https://oie.duke.edu/>. For further information, visit <https://www2.ed.gov/about/offices/list/ocr/index.html>, or call (800) 421-3481.

Duke University recognizes and utilizes electronic mail as a medium for official communications. The university provides all students with email accounts as well as access to email services from public clusters if students do not have personal computers of their own. All students are expected to access their email accounts on a regular basis to check for and respond as necessary to such communications.

Information that the university is required to make available under the federal Clery Act is available by visiting the Records Division, Duke University Police Department, 502 Oregon Street, Durham, NC 27708, or by calling (919) 684-4602. See <https://police.duke.edu/news-stats/clery> for more details.

The Family Educational Rights & Privacy Act (FERPA), 20 U.S.C § 1232g; 34 CFR Part 99, is a federal law that guides the release of students' education records, of which disciplinary records are a part. For additional information about FERPA, see <https://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>.

Duke University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award baccalaureate, master's, doctorate, and professional degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, GA 30033-4097 or call (404) 679-4500 for questions about the accreditation of Duke University.

In Spring and Summer 2020, COVID-19 significantly impacted university/institute operations, requiring unprecedented changes to student enrollment and grading. Due to the impacts of COVID-19, the satisfactory/unsatisfactory or pass/fail grading option was offered to students impacted in the School of Medicine (SoM). The SoM programs that were impacted were as follows:

Doctor of Medicine, second-year clerkships	Graded to S/U	Master of Health Sciences in Clinical Leadership	CLP to P/F
Master of Biomedical Sciences	Graded to S/U	Master of Management in Clinical Informatics	MMC to S/U
Master of Biostatistics	ABC and P/F to S/U	Physician's Assistant Program	PHY to S/U and P/F to S/U

This publication is available in alternative format on request. Please call (919) 684-2813.

# The Mission of Duke University

James B. Duke's founding indenture of Duke University directed the members of the university to "provide real leadership in the educational world" by choosing individuals of "outstanding character, ability and vision" to serve as its officers, trustees and faculty; by carefully selecting students of "character, determination and application;" and by pursuing those areas of teaching and scholarship that would "most help to develop our resources, increase our wisdom, and promote human happiness."

To these ends, the mission of Duke University is to provide a superior liberal education to undergraduate students, attending not only to their intellectual growth but also to their development as adults committed to high ethical standards and full participation as leaders in their communities; to prepare future members of the learned professions for lives of skilled and ethical service by providing excellent graduate and professional education; to advance the frontiers of knowledge and contribute boldly to the international community of scholarship; to promote an intellectual environment built on a commitment to free and open inquiry; to help those who suffer, cure disease and promote health, through sophisticated medical research and thoughtful patient care; to provide wide-ranging educational opportunities, on and beyond our campuses, for traditional students, active professionals and life-long learners using the power of information technologies; and to promote a deep appreciation for the range of human difference and potential, a sense of the obligations and rewards of citizenship, and a commitment to learning, freedom and truth.

By pursuing these objectives with vision and integrity, Duke University seeks to engage the mind, elevate the spirit, and stimulate the best effort of all who are associated with the university; to contribute in diverse ways to the local community, the state, the nation and the world; and to attain and maintain a place of real leadership in all that we do.

*— Adopted by the Board of Trustees on February 23, 2001*



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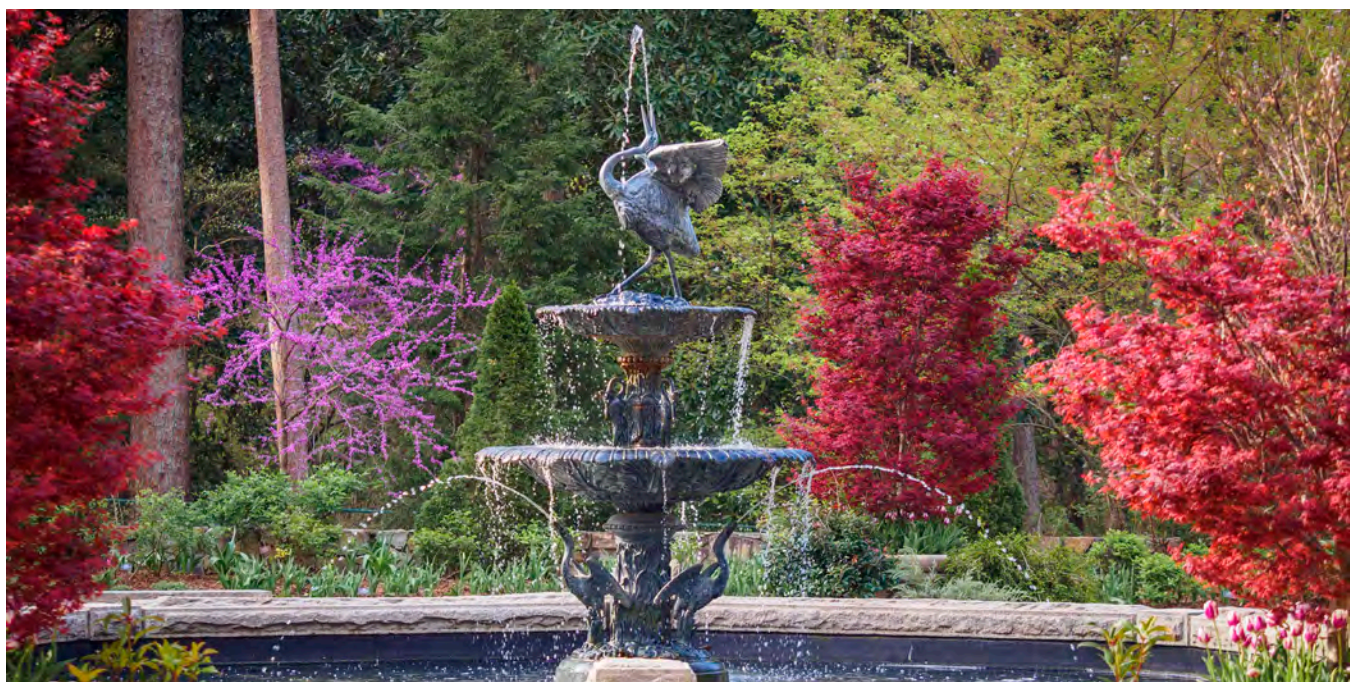
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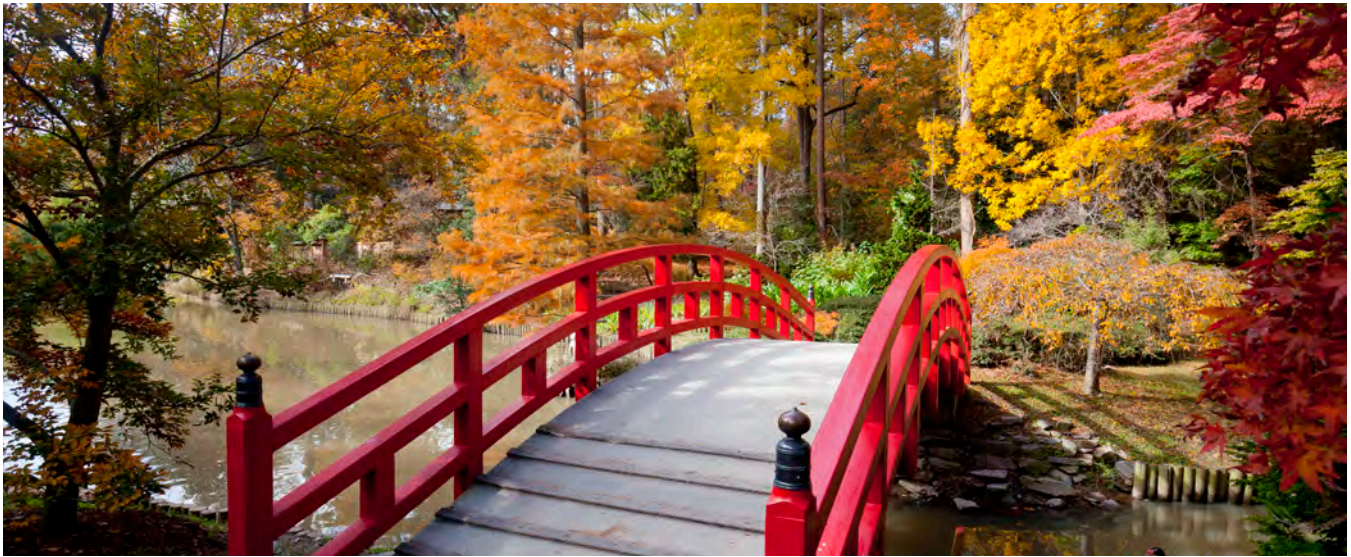
Criminal Background Check Policy

Drug Screen Policy



Bill Sneed





Bill Sneed

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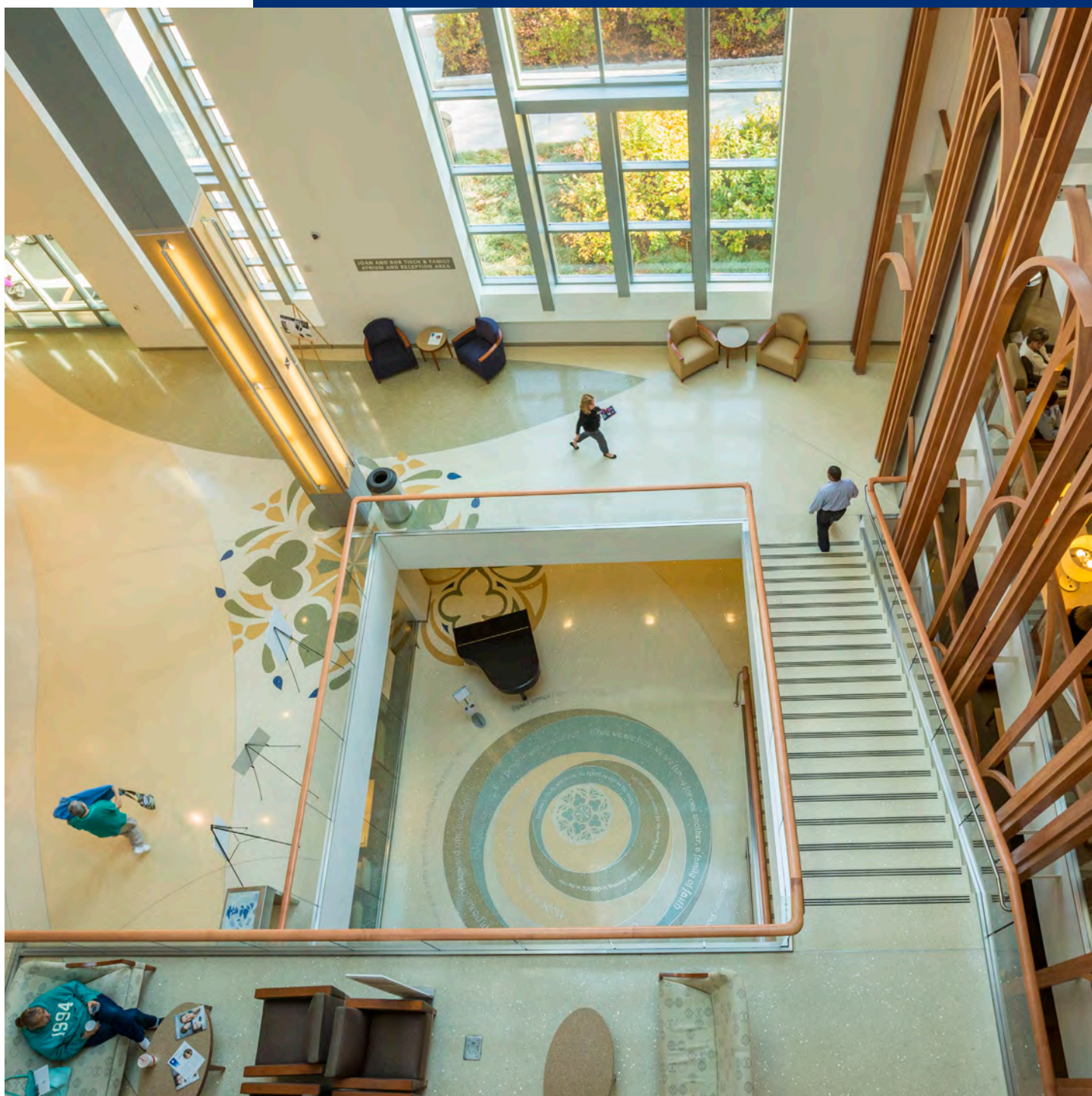
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# Administration



# University Administration

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To contact the Clinical Ethics Consultation Service, page (919) 970-8209. For more information, visit <https://trentcenter.duke.edu/consultation>.

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For a complete listing, please refer to the Institutional Review Board for Clinical Investigations website at <https://irb.duhs.duke.edu/>.

## **Library Advisory Committee**

Megan von Isenburg, MSLS, Chair; Adam Goode, PT, DPT, PhD; Alexis Musick, Medical Student; Barbara Turner, PhD, RN, FAAN, Beverly Murphy, MLS (ex officio); Bonnie Hepler, PhD Student; Clay Musser, MD, MS; Erin Leiman, MD; Deborah Allen, PhD, RN, CNS,



FNP-BC, AOCNP; Jeffrey Baker, MD, PhD; Joan Cahill, PhD, RN, BSN; John McCusker, PhD; Justin Barr, MD, PhD; Kathryn Andolsek, MD, MPH; Lorraine Anglin, MHS, PA-C; Natasha Iranzad, MD; Richard Lee, MD; Rebecca Brouwer, MS; Russell Koonts, MA; Sarah Cantrell, MLIS (ex-officio); Sherilynn Black, PhD; Thomas Ortel, MD, PhD

### **Merit Awards**

Mary E. Klotman, MD, Chair; Drs. Edward G. Buckley and Linton Yee; Other members: Jennifer Averitt, Lori Crooks, and Andrea Liu

### **Misconduct in Research**

Drs. R. Alison Adcock, Sarah Armstrong, Marion Broome, Ashley Chi, Patricia Moorman, Donna Niedzwiecki, Elise Olsen, David Pisetsky, Michael Relf, Sidney Simon, Leonard Spicer, James Urbaniak, Anne West, and Yousuf Zafar. Misconduct Review Officer, Dr. Donna Kessler

### **Promotions Committee**

David Gordon, MD, Chair; Drs. Kathy Andolsek, Andrew Alspaugh, Trey Blazer, Catherine Bowes-Rickman, Jennifer Carbrey, Saamil Chudgar, Cerrone Cohen, Bradley Collins, Leonor Corsino, Jane GagliardiLiza Genao, Joseph Jackson, Bruce Klitzman, Joseph Lo, Daniel Schmitt, Poonam Sharma, Jenny Van Kirk, and Matt Velkey. Members (ex officio): Drs. Melanie Bonner, Deborah Engle, Robert Drucker, Caroline Haynes, and Delbert Wigfall; Ex-officio: Jennifer Averitt, Lori Crooks, Marcie Ellis, and Karen Tesoriero

### **Third Year Committee**

Daniel Laskowitz, MD, Chair; Drs. Kathryn Andolsek, Catherine Bowes Rickman, Vivian Chu, David Edelman, Deborah Engle, Neil Freedman, Rasheed Gbadegehin, Rory Goodwin, David Hsu, Megan Huchko, Margaret Humphreys, Bruce Klitzman, Joseph Lo, Chris Marx, Richard Moon, Shannon McCall, Jennifer Perkins, Becky Schroeder, Matthew Sparks, Steve Taylor, and Anh Tran

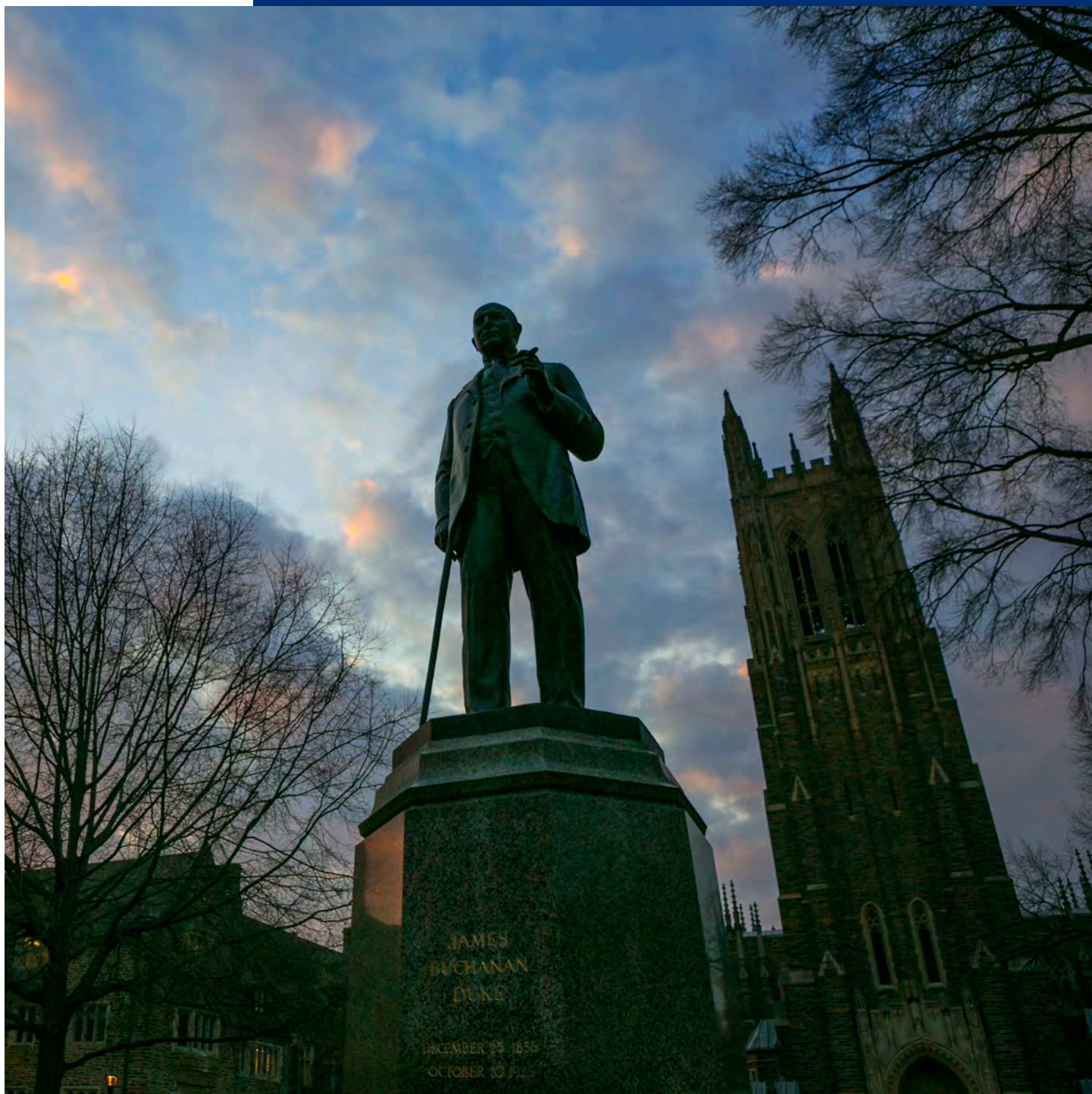
Official Liaisons: Drs. Robert Drucker and Sulochana Naidoo; as well as, ex-officio member: Jennifer Averitt, Sherry Burton, Lori Crooks, Marcie Ellis, Heather Lloyd, June Loveday, Lysa McKeen, Karen Tesoriero, and Amy Ward



Jared Lazarus



# History



In 1924 James Buchanan Duke, an industrialist and philanthropist, established The Duke Endowment and directed that part of his gift be used to transform Trinity College in Durham, North Carolina, into Duke University. The following year, upon his death, Mr. Duke made an additional bequest to the endowment and the university, including funds to establish a medical school, hospital, and nursing home.

One of Mr. Duke's primary motivations in establishing the endowment and the School of Medicine was the improvement of health care in the Carolinas. At a time when medicine in the region was still a cottage industry, James B. Duke dared to dream of creating what he hoped would become one of the leading medical institutions in the nation. By the time the new school and hospital opened in 1930, this dream was already well on its way to becoming reality.

- Less than five years after the School of Medicine opened, the Association of American Medical Colleges ranked it among the top 25 percent of medical schools in the country. Today, the School of Medicine is ranked third in research among 122 medical schools nationally by US News & World Report. Seven clinical departments are ranked among the top ten specialties in the nation: Surgery (second), Anesthesiology (fourth), Internal Medicine (fifth), Radiology (sixth), Pediatrics (seventh, tied), Obstetrics and Gynecology (eighth), and Psychiatry (tenth). Duke also ranked twentieth among 118 schools nationwide for diversity of students.

- The School of Medicine also is ranked among the top 10 medical schools for NIH research funding by the Blue Ridge Institute for Medical Research.

The school's unique MD curriculum allows students to study the core basic sciences for one year instead of two, giving them the opportunity to devote their entire third year to a scholarly research project. Students care for patients during their second year, a full year earlier than most of their peers. In 2020, the School of Medicine's MD Program began launching a new "patient first" curriculum that puts students in the clinic even earlier and trains them in social determinants of health, data science, and leadership.

The School of Medicine includes numerous highly regarded educational programs in addition to the MD program including the nation's number one ranked Physician Assistant Program and the Doctorate of Physical Therapy program as well as nine masters programs and a new Occupational Therapy Program.

The School boasts the research efforts of more than 2,500 basic science and clinical faculty. Their combined efforts make Duke one of the largest biomedical research enterprises in the country, with more than \$800 million in sponsored research annually. The School, along with the School of Nursing and Duke University Health System, create Duke Health, which carries out the tripartite mission of patient care, research and education.

The School's core values are:

- Excellence in education, research and patient care
- Respect for and inclusion of people from all backgrounds
- Commitment to service, solving real world problems
- Sense of urgency in transforming discoveries into improved human health
- Professionalism and integrity demonstrated in all aspects of performance and effort

The Duke University School of Medicine is committed to dismantling racism. In 2020, the School launched Moments to Movement, an initiative that brings together faculty, students and staff from across the School of Medicine committed to sustainable change to create a more diverse, just and equitable institution.

The website for Duke University School of Medicine is <https://medschool.duke.edu/>.

School of Medicine Facts and Figures; <https://medschool.duke.edu/about-us/news-and-communications/facts-figures>

## Duke University School of Medicine

The School of Medicine comprises eight basic departments, sixteen clinical departments, and numerous centers and institutes (several of which are highlighted below) that promote cross-institutional, multidisciplinary efforts designed to harness strengths and leverage knowledge to make significant contributions to science, medicine, and human health.

## Duke-NUS Graduate Medical School Singapore

Duke-NUS is Singapore's first and only graduate entry medical school, combining the unique medical education curriculum at Duke with the academic rigor and rich resources offered by the National University of Singapore (NUS). It offers students an enriching and innovative educational experience. Graduates of the Doctor of Medicine (MD) program are awarded a joint MD degree by Duke and NUS. The website for Duke-NUS Graduate Medical School Singapore is <https://www.duke-nus.edu.sg>.

Duke Kunshan in China offers academic programs and research opportunities for medical students and researchers, in the Master of Science in Medical Physics Program, Master of Science in Global Health Program and Global Health Research Center.

## Duke Human Vaccine Institute

The Duke Human Vaccine Institute (DHVI) has established a place of national and international leadership in the fight against major infectious diseases including HIV and COVID-19. DHVI is a pioneer in emerging infections and biodefense research. DHVI investigators continue to make significant contributions to overcome global health challenges on behalf of society.



## Duke Cancer Institute

The Duke Cancer Institute (DCI) unites hundreds of cancer physicians, researchers, educators, and staff under a shared administrative structure to accelerate research advances related to cancer and improve Duke's ability to translate these discoveries into the most advanced cancer care to patients. The DCI is a National Cancer Institute (NCI)-designated "comprehensive cancer center." NCI-Designated Cancer Centers are recognized for their scientific leadership, resources, and the depth and breadth of their research in basic, clinical, and/or population science.

## Duke Clinical and Translational Science Institute (CTSI)

In 2018, the Duke Clinical & Translational Science Institute was awarded a five-year grant of more than \$60 million from the National Institutes of Health (NIH) to advance innovative ideas from the point of discovery to implementation in clinical practice and population health. Duke received one of the original twelve CTSA grants in 2006, with a previous renewal in 2013.

## Global Health Institute

Duke's Global Health Institute (DGHI) is a university-wide effort to address health disparities worldwide through multidisciplinary research, education, policy engagement, and service. DGHI's education, research, and capacity building initiatives are built on a strong network of partnerships with institutions around the world.

## Duke Clinical Research Institute

Known for conducting groundbreaking multi-national clinical trials, managing major national patient registries, and performing landmark outcomes research, the Duke Clinical Research Institute (DCRI) conducts research that spans multiple disciplines, from pediatrics to geriatrics, primary care to subspecialty medicine, and genomics to proteomics.

## School of Medicine History

### 1891: First plan for a medical school

Trinity College President John Franklin Crowell makes public a plan to create a medical college with a teaching hospital at Trinity College.

### 1924: Duke Endowment established

James B. Duke establishes The Duke Endowment and directs that part of his \$40 million gift be used to transform Durham's Trinity College into Duke University.

### 1925: Bequest to improve health care

James B. Duke makes an additional bequest to establish the School of Medicine, School of Nursing, and Duke Hospital, with the goal of improving health care in the Carolinas.

### 1927: Dean selected

Dr. Wilburt Cornell Davison, a pediatrician from Johns Hopkins, is appointed dean of Duke University School of Medicine and Duke Hospital on January 21.

### 1927: Construction begins

Construction begins on the School of Medicine and Duke University Hospital.

### 1929: Students selected

3,000 applicants apply to the new medical school. Seventy first- and third-year students are selected, including four women.

### 1930: Duke University Hospital opens

Duke University Hospital opens for patients on July 21.

### 1930: Medical classes begin

The 18 third-year and 30 first-year medical students begin classes on October 2.

### 1931: Dedication ceremony

The dedication ceremony for Duke University School of Medicine and Duke Hospital is held on April 20.

### 1931: PDC organized

The Private Diagnostic Clinics are organized.

### 1932: First MD graduates

The first medical class graduates, including E.W. Robbins, MD'32, the first female alumna.

### 1935: Duke ranks in top 25 percent

The Association of American Medical Colleges (AAMC) ranks Duke among the top 25 percent of medical schools in the country—less than five years after it opened.

**1936: Hospital infection breakthrough**

Duke surgeons led by Dr. J. Deryl Hart pioneer the use of ultraviolet lamps in operating rooms to eliminate infectious organisms that cause post-operative infections. This procedure dramatically reduces the number of infections and related deaths.

**1937: Equine encephalomyelitis vaccine**

Dr. Joseph Beard, working with his wife and research partner, Dorothy Beard, develops a vaccine against equine encephalomyelitis.

**1937: Brain tumor program established**

Duke establishes the nation's first brain tumor research and education program, launching what will become one of the world's foremost cancer programs.

**1939: Dietary break-through**

Continuing through the 1940s and 1950s, Dr. Walter Kempner's research, using a rice-based diet and daily laboratory testing, demonstrates that degenerative processes attacking the kidney, heart, brain, and retina can be arrested by dietary changes. These dramatic findings draw patients to Duke from across the nation.

**1940: Medical Alumni Association organized**

Duke's Medical Alumni Association is organized.

**1947: Research building opens**

Bell Research Building opened as the first building of the medical center that wasn't connected with the main buildings.

**1950: Cerebral palsy hospital dedicated**

North Carolina Cerebral Palsy Hospital is dedicated with forty beds, now Lenox Baker Children's Hospital.

**1950: Child-proof safety caps**

Duke pediatrician Dr. Jay Arena leads the push for drug companies to develop the child-proof safety cap to prevent childhood poisoning, then a major health problem.

**1955: Duke Center for Aging**

Psychiatrist Dr. Ewald W. Busse establishes the Duke University Center for Aging, the first research center of its kind in the nation. Now the oldest continuously running aging center in the United States, the Duke Center for the Study of Aging and Human Development has pioneered long-term studies of health problems among the elderly.

**1957: Medical Center expansion**

Outpatient Private Diagnostic Clinics and Hanes and Reed private floors and operating rooms opens.

**1959: Advances in open-heart surgery**

Duke develops a machine that lowers patients' blood temperatures below 68 degrees Fahrenheit and is the first to place a patient under this deep hypothermia during open-heart surgery.

**1960: Second dean appointed**

With the retirement of Dean Wilburt C. Davison, Dr. Barnes Woodhall, a neurosurgeon, is appointed dean of the School of Medicine.

**1963: New building opens**

The Clinical Research Building opens (Stead Building).

**1963: Hyperbaric chamber**

The hyperbaric chamber opens.

**1963: Minority students admitted**

The first African American student, W. Delano Meriwether, is admitted to Duke University School of Medicine.

**1964: Third dean appointed**

When Dean Barnes Woodhall becomes vice provost of Duke University, Dr. William G. Anlyan, a general and thoracic surgeon, becomes dean of the School of Medicine.

**1965: Physician Assistant program**

Under the leadership of then-chair of medicine Dr. Eugene A. Stead Jr., Duke establishes the nation's first Physician Assistant Program.

**1966: Building expansion**

New Duke Hospital Entrance, the Woodhall Building, opens.

**1966: New curriculum**

Duke introduces a new medical school curriculum that emphasizes critical thinking and evaluation over rote memorization and provides greater flexibility, earlier clinical exposure, and increased research opportunities.

**1966: MSTP established**

The Duke Medical Scientist Training Program, a joint degree program leading to both the MD and the PhD degrees, is founded. It is one of the first three in the nation.

**1968: Research building opens**

The Nanaline Duke Research Building opens.

**1968: Superoxide dismutase**

Dr. Irwin Fridovich and graduate student Joe McCord discover the enzyme which protects all living things against the toxicity of oxygen.

**1969: 1,000-foot dive**

In its hyperbaric chamber, Duke conducts the first recorded studies of human ability to function and work at pressures equal to a 1,000-foot deep-sea dive.

**1969: The Davison Club**

A group of Duke medical alumni establish the Davison Club to provide support for scholarships and medical education at Duke.

**1972: Duke Comprehensive Cancer Center established**

The Duke Comprehensive Cancer Center becomes one of the nation's first cancer centers to be established with the passage of the National Cancer Act. In 1973, Duke is designated as a "comprehensive" cancer center by the National Cancer Institute in 1973.

**1973: Expansion continues**

The Sands Research Building opens.

**1973: Duke Eye Center opens**

The Duke Eye Center opens in what is now the Wadsworth Building.

**1975: Research building expansion**

The Jones Research Building opens.

**1978: Cancer research expansion**

The Morris Cancer Research Building opens.

**1980: Duke North opens**

The new \$94.5 million, 616-bed Duke North Hospital opens, bringing the total number of patient beds to more than 1,000.

**1981: Major scientific breakthrough**

Duke biophysicist Jane Richardson's ribbon diagram, a method of representing the 3D structure of proteins, is first published.

**1982: Rare childhood disease breakthrough**

Duke pediatric immunologist Rebecca Buckley uses matched or unmatched bone marrow transplantation to restore the immune systems of children born with severe combined immunodeficiency, also known as bubble boy disease. Today, Duke's program is the world's largest and most successful.

**1985: AZT clinical trials**

Duke becomes one of two hospitals to conduct the first human clinical trials of AZT, the first drug to offer a substantial improvement in quality of life for AIDS patients.

**1989: Fourth dean appointed**

Dr. Ralph Snyderman, HS'67, a rheumatologist, is appointed chancellor for health affairs and dean of the School of Medicine on January 1.

**1990: New research building**

The Bryan Research Building opens.

**1990: Alzheimer's discovery**

Duke researchers discover a gene that increases people's risk of developing the most common kind of Alzheimer's disease, showing for the first time that it can be inherited.

**1992: First bone-marrow transplantation program**

The Duke Comprehensive Cancer Center develops the nation's first outpatient bone-marrow transplantation program.

**1993: First umbilical cord blood transplant**

Dr. Joanne Kurtzberg performs the world's first umbilical cord blood transplant at Duke, opening the door for lifesaving transplants between unmatched donors and recipients.

**1994: Cure for DiGeorge syndrome**

Dr. Louise Markert demonstrates that babies born with no immune system, a fatal condition known as complete DiGeorge syndrome, can be cured with thymus transplantation, a procedure she perfected at Duke.

**1994: Major research expansion**

The Levine Science Research Center and Medical Sciences Research Building open.

**1994: Breast cancer discovery**

Duke scientists help discover the BRCA1 the gene responsible for many inherited forms of breast cancer.



**1995: MRI lung image**

Duke scientists, with colleagues at Princeton University, generate the first clear images of the human lung using magnetic resonance imaging (MRI). The new technique greatly aids diagnosis and treatment of lung disorders such as emphysema and asthma.

**1998: Duke University Health System established**

The Duke University Health System—an integrated academic health care system—is created as Duke establishes partnerships with Durham Regional Hospital (now Duke Regional Hospital), Raleigh Community Hospital (now Duke Raleigh Hospital), and other regional health care providers. Dr. Ralph Snyderman is the first president.

**1998: New Ambulatory Surgery Center**

Duke North Pavilion, a new outpatient surgery center, opens.

**1999: Fifth dean appointed**

Dr. Edward W. Holmes, HS'70-'74, a scientist specializing in genetics and metabolic disease, becomes the fifth dean of Duke University School of Medicine. The role of chancellor for health affairs is separated from the dean's role and retained by Dr. Ralph Snyderman, who is also president and CEO of Duke University Health System.

**1999: New clinics**

The old Duke Hospital (Duke South) is renovated and opens as Duke Clinic in 1999.

**2000: Children's health center opens**

The McGovern-Davison Children's Health Center opens.

**2001: Sixth dean appointed**

Dr. R. Sanders "Sandy" Williams, MD'74, HS'77-'80, a cardiologist, is appointed 6th dean of Duke University School of Medicine.

**2002: Research expansion**

Genome Sciences Research Building I opens on LaSalle Road.

**2004: Third chancellor for health affairs appointed**

Dr. Victor J. Dzau, MD, a cardiologist, is appointed chancellor for health affairs, Duke University, and president and CEO, Duke University Health System.

**2004: Eye Research Institute**

Ruth and Herman Albert Eye Research Institute opens.

**2004: Engineering-medicine collaboration**

The Center for Interdisciplinary Engineering, Medicine, and Applied Sciences (CIEMAS) opens, expanding the collaboration between Duke University's Pratt School of Engineering and the School of Medicine.

**2005: Center for HIV/AIDS Vaccine Immunology**

Funded by the largest NIH grant in the country, Dr. Barton Haynes leads a team of experts in efforts to lay the groundwork for a vaccine against HIV/AIDS.

**2006: Pompe disease cured**

Duke wins FDA approval of the drug Myozyme, the first and only cure for Pompe disease, a rare and fatal metabolic disorder. The drug is the work of Y.T. Chen, MD, and Priya Kishnani, MD, in the Department of Pediatrics, Division of Medical Genetics.

**2007: Seventh dean appointed**

Nancy C. Andrews, MD, PhD, is appointed the 7th dean of Duke University School of Medicine. She is the first woman to lead a top ten US medical school.

**2009: Duke Singapore partnership**

Duke-National University of Singapore Graduate Medical School opens as a partnership in research and education between the School of Medicine and the Singaporean government.

**2011: Duke Cancer Center opens**

The Duke Cancer Center, dedicated solely to the care of patients with cancer opens in February 2011.

**2011: Major advancement in brain tumor research**

Hai Yan, MD, PhD, and a team of scientists from Duke and Johns Hopkins universities identify mutations in a gene that makes cells immortal and appear to play a pivotal role in three of the most common types of brain tumors, as well as cancers of the liver, tongue and urinary tract.

**2011: Primary Care Leadership Track**

The School of Medicine establishes an innovative program to educate students who will become change agents in community health and primary care.

**2012: Nobel Prize**

Dr. Robert Lefkowitz shares the Nobel Prize in Chemistry with Dr. Brian Kobilka, HS'87, for their work on cell receptors.

### **2013: Trent Semans Center opens**

In January, classes begin in the Mary Duke Biddle Trent Semans Center for Health Education, the first building dedicated to medical education since the Davison Building opened in 1930. The \$53 million Trent Semans Center was paid for almost entirely through philanthropy.

### **2013: Duke Medicine Pavilion**

The 8-floor, 608,000 square foot in-patient pavilion includes 160 critical care rooms, 18 operating rooms and an imaging suite. The building's environmentally friendly design earned it a LEED silver certification.

### **2013: First in human procedure Physician-scientist**

Jeffery Lawson, MD, PhD, and Laura Niklason, MD, PhD, of Yale School of Medicine, develop a bioengineered blood vessel, which Lawson grafted into an artery in a Duke patient's arm, the first in-human procedure of its kind in the United States.

### **2014: Anniversary of heart transplant program**

Duke celebrates the twenty-fifth anniversary of the creation of its heart transplant program. More than 1,000 patients had received new hearts through the program at that time.

### **2015: Nobel Prize**

Dr. Paul Modrich receives the Nobel Prize in Chemistry for his groundbreaking research in DNA mismatch repair.

### **2016: Brain tumor treatment breakthrough**

The FDA awards Duke "breakthrough therapy designation" for a poliovirus therapy for glioblastoma. The therapy was developed and is being tested by researchers at Duke's Preston Robert Tisch Brain Tumor Center.

### **2016: Major milestone in transplantation**

A Duke team, led by Linda Cendales, MD, performed the first hand transplant in NC, attaching the limb to a 54-year-old patient from Laredo, Texas, whose hand was severed in a childhood accident.

### **2017: Eighth dean appointed**

Mary E. Klotman, MD, becomes the dean of the School of Medicine.

### **2018: Brain tumor research**

A Duke team led by Peter E. Fecci, MD, PhD, finds missing immune cells that could fight lethal brain tumors. The missing T-cells in glioblastoma patients were found in abundance in the bone marrow.

### **2018: Gut cell research**

Duke researchers, led by Diego Bohórquez, PhD, discover a new set of pathways that allow gut cells to rapidly communicate with the brain.

## **History of Duke University**

Duke University traces its roots to 1838 in nearby Randolph County, where local Methodist and Quaker communities joined forces to support a permanent school that they named Union Institute. After a brief period as Normal College (1851-59), the school changed its name to Trinity College in 1859 and became a liberal arts college affiliated with the Methodist Church. The college moved to the growing city of Durham in 1892 when Washington Duke provided financial assistance and another local businessman, Julian S. Carr, donated land. In December 1924, the trustees graciously accepted the provisions of James B. Duke's indenture creating the family philanthropic foundation, The Duke Endowment, which provided for the expansion of Trinity College into Duke University.

As a result of the Duke gift, Trinity underwent both academic and physical expansion. The original Durham campus became known as East Campus when it was rebuilt in stately Georgian architecture. West Campus, Gothic in style and dominated by the soaring tower of the Duke Chapel, opened in 1930.

In 1972, the men's and women's colleges merged into the Trinity College of Arts & Sciences. Academic expansion of the university throughout its history has also included the establishment of graduate and professional schools. Duke now is composed of ten schools, including The Graduate School, Duke Divinity School, the School of Medicine, the School of Nursing, the School of Law, the Pratt School of Engineering, The Fuqua School of Business, the Nicholas School of the Environment, and the Sanford School of Public Policy, along with international outposts, including one in Kunshan, China. Today, Duke embraces a diverse community of learners, including over 6,500 undergraduates and 9,000 graduate and professional students from a multiplicity of backgrounds.

Durham, with a population of 250,000, is in the Piedmont region of North Carolina and has easy access to the sea coast and mountains. It is one of the three cities bounding the Research Triangle Park, where numerous private research laboratories and governmental agencies are located. Duke University is twenty-five miles from North Carolina State University in Raleigh, eight miles from The University of North Carolina at Chapel Hill, and is in the same city as North Carolina Central University.

For more historical information, visit <https://library.duke.edu/rubenstein/uarchives>.



Megan Mendenhall



# Doctor of Medicine Program





## Duke School of Medicine Mission Statement for the Education of Medical Students

The mission of the Duke MD educational program is to prepare a diverse student body to serve their patients and communities through advancing biomedical research and patient-centered clinical practice throughout local, national, and global health. Students will graduate as leaders prepared to serve in a spectrum of medical career paths who will thrive in a collaborative and dynamic health care environment.

The general goals of the educational program are to ensure that students:

- promote the health of communities, self, and each other;
- display outstanding communication skills;
- practice professionalism through compassion, respect, and integrity;
- function effectively as a member of interprofessional teams;
- contribute to a culture of patient centeredness, safety and systems improvement;
- understand the impact of culture, society, environment and bias on health outcomes;
- integrate history, physical exam, lab tests, and diagnostic imaging into clinical decisions;
- use value-based principles and risk benefit analyses in patient care;
- develop skills for creativity, scientific inquiry, investigation, scholarship, and lifelong learning;
- engage in scientific investigation that transforms medical knowledge and clinical care;
- locate, appraise, and apply scientific evidence to patients' health problems;
- use data science and technologies to improve patient outcomes;
- participate in the education and training of future generations of physicians; and
- practice leadership skills to enact meaningful change in health care systems and delivery.

Physicians are facing profound changes in the need for understanding health, disease, and the delivery of medical care—changes which shape the vision of the medical school. These changes include a broader scientific base for medical practice; a national crisis in the cost of health care; an increased number of career options for physicians, yet the need for more generalists; an emphasis on career-long learning in investigative and clinical medicine; the necessity that physicians work cooperatively and effectively among other health care professionals; the need for data scientists who can cull through the increasing amounts of data that are coming at an ever increasing speed; and the emergence of ethical issues not heretofore encountered by physicians. Medical educators must prepare physicians to respond to these changes. The most successful medical schools will position their students to take the lead addressing national health needs. Duke University School of Medicine is prepared to meet this challenge by educating outstanding practitioners, physician scientists, and leaders.

Continuing at the forefront of medical education requires more than educating Duke students in the basic and clinical sciences for meeting the health care needs of society. Today, medical education also requires addressing such concerns as national science and health policy, providing medical care for the disadvantaged, and applying basic science discoveries to clinical medicine. As health care practices at the federal, state, institutional, and individual levels evolve, these endeavors need input from physicians uniquely prepared to assume guiding roles.

Duke University's role as a leader in medical education is built upon its internationally recognized tradition of fostering scientific scholarship and providing excellent preparation for the practice of medicine. The curriculum promotes creativity, scholarship, leadership, and diversity. It integrates the basic and clinical sciences and prepares students to pursue the spectrum of options available to modern physicians, from basic science to primary care. The School of Medicine produces at least three prototype physicians; the physician scientist, the clinician-investigator, and the practitioner (either generalist or specialist).

The Duke faculty enhance the School of Medicine's curriculum by continually embracing new methods of education and evaluation to improve the medical education experience. Attention to curricular development assures Duke graduates that they are grounded in basic biomedical sciences, trained to become competent and caring clinicians, prepared to pursue a lifetime of continuing education, and capable of participating in local, national, and international discussions about the delivery of health care now and in the future.

Features of the four-year curriculum include:

- development of a core medical curriculum that is rigorous, efficient, integrative, and forms a realistic base of knowledge for a physician;
- integration of basic, clinical, psychosocial, and population information and skills throughout the four years of medical education;
- general introduction to basic and clinical science for one year each, followed by two years of individualized curricular options that promote professional diversity and personal development;
- an elective third year which permits students to pursue their independent scholarly interest across a range of scientific disciplines from basic biomedical science to health policy or pursue an additional degree;
- promotion of structured active learning that includes explicit experience in leadership, health disparities, teamwork, and interprofessional education;
- mentorship of students by faculty in all facets of the learning process;
- implementation of a standardized and valid assessment of clinical competence, carefully and thoughtfully evaluating the acquisition of knowledge, skills, and attitudes appropriate to the future goals of each student;
- appropriate use of information technology in student learning, testing, and evaluation; and
- research and implementation of new and improved methods of teaching.

The curriculum offers flexibility in the medical education program and new opportunities for intellectual exploration. It also makes heavy demands upon the student. Medical students at the Duke School of Medicine are expected to maintain a consistent level of performance and to demonstrate qualities of initiative and dedication to their chosen profession. A scholarly attitude toward medicine that continues throughout an entire career is an important objective of the medical school. The foundations of this attitude toward learning should accompany the student upon entering.

Students are also expected to maintain a professional attitude toward patients at all times, to respect confidences, and to recognize that they are the recipients of privileged information only to be discussed within the context of clinical education and patient care. This attitude involves consideration not only of speech and personal appearance but also of emotional intelligence, teamwork, selfless service, critical thinking, and integrity.

The medical education program also focuses on ethics and human values. In the face of major advances in medical technology and sciences, today's medical student must be prepared to deal with new complexities of medical practice. These advances and complexities also make it of paramount importance that medical education enable each student to grow in both depth and breadth as a human being.

## Admission Procedures

Humanism, compassion, integrity, emotional intelligence and dedication are among the essential qualifications for admission to Duke University School of Medicine. Beyond this, premedical students should strive for an education that develops abilities to observe critically, think analytically, and work both independently as well collegially as part of a team. Although knowledge of basic scientific principles should be secured, the competence with which premedical students conduct their undergraduate careers is of more importance than the specific subjects which they study.

## Application for Admission

The Duke University School of Medicine participates in the American Medical College Application Service (AMCAS), and application to the School of Medicine must begin by submitting the electronic AMCAS application. The application may be accessed at the following website: <https://students-residents.aamc.org/>.

Upon receipt of the application data from AMCAS, all applicants receive a Duke University School of Medicine Supplemental Application. When the Supplemental Application and application fee are submitted, a favorable screen by the admission screening committee of an applicant's AMCAS application and supplemental application materials generates an invitation for a virtual interview. Applications should be submitted between June 1 and October 15, the deadline for all materials to be received by AMCAS to be considered at Duke. Applicants are urged to file their AMCAS applications as early in the admission cycle as possible since interview slots will fill quickly. AMCAS may take as long as four to six weeks to process and verify application and transcripts. It is the applicant's responsibility to ensure that his/her/their application is verified by AMCAS in order for AMCAS to transmit your application data to Duke by the Duke AMCAS Application deadline.

All interviews are conducted virtually at the School of Medicine. The final deadline for receipt of the Supplemental Application is November 15 but we strongly suggest applicants to complete both the AMCAS Application and the Duke University School of Medicine Supplemental Application as soon as possible. Our interviews are conducted from early September to late January of the application cycle.

## Academic Expectations

Duke University School of Medicine strives to attract, educate, and nurture students who have extraordinary intellect compassion, humanism and compassion. We have consistently encouraged our applicants to have a broad and balanced undergraduate academic education as well as a wealth of life experiences. To accomplish this growth and maturation process, a rigorous, challenging, and interdisciplinary academic preparation in the sciences and humanities is of paramount importance.

Academic expectations are the result of extensive discussions among both the clinical and basic science faculty of the School of Medicine. The foundation of these expectations is based on competency-based, cross-disciplinary training in the traditional biomedical sciences-biology, chemistry, and physics and their link to formal training in medicine. Additionally, in conjunction with the traditional preparation of the biomedical sciences, the need to understand the larger psychosocial context in which medicine is increasingly practiced requires significant exposure to the social sciences.

Duke University School of Medicine acknowledges the continued rapid evolution of the biomedical sciences and the challenges that socially driven disparities in medicine present. Those aspiring for clinical and research careers in medicine must be prepared in a much different manner to expertly address the ever-changing healthcare environment. The faculty of the School of Medicine created modifications to the curriculum to align our expectations for pre-medical preparation with this evolving academic environment of medical school.

## MCAT Examination and Coursework Expectations

For those who are planning to apply to the School of Medicine at Duke University, our academic expectations will include multidisciplinary coursework in the following areas and completion of the MCAT examination at the time of admissions decisions. Applications will be reviewed without the MCAT scores, however, we encourage all applicants to take the MCAT as early as possible in the year that they plan to apply. MCAT scores should be dated at least five years prior to the year for which an applicant is seeking.

**Biochemistry:** May be fulfilled by a single course in Biochemistry, or through coursework which incorporates principles of Biochemistry as part of an interdisciplinary course in Cell and/or Molecular Biology and/or Genetics.

**Cellular Biology:** May be fulfilled by a single course in Cell and/or Molecular Biology and/or Genetics.

**Statistics/Biostatistics:** An understanding of the application of statistical methods in the analysis of data is expected given the increasing reliance on current biomedical and healthcare research as part of the curriculum.

**Physics:** An understanding of the correlation of basic physics to human physiology and anatomy (e.g. physics and/or biophysics) should be completed. Labs are optional.

**Sociology:** An introduction to the principles of social organization, with particular emphasis on the social determinants of healthcare is expected.

**Psychology:** An introduction to the basic principles of psychology with emphasis on the biological basis of behavior are recommended.

**Expository Writing:** Experience in expository writing across the humanities, including but not limited to formal courses in English, is a fundamental expectation in the preparation for medicine. This may be accomplished through coursework in a number of disciplines, including but not limited to Philosophy, History, Public Policy, Political Science, Religion, etc. and may be accomplished through an Honors Thesis or completion of a major research paper.

Understanding that the preliminary coursework leading up to the aforementioned cross-disciplinary courses, e.g. Biochemistry, Cell/ Molecular Biology, etc., will vary among colleges and universities, the academic expectations as listed represent the absolute courses likely expected of matriculants to the School of Medicine. On line coursework during the academic years of 2020-2022 are acceptable.

The Medical College Admission Test (MCAT), administered by the American College Testing Programs and Services, PO Box 414, Iowa City, IA 52240, is required of all applicants. This test is administered each year at numerous colleges throughout the United States.

## School of Medicine Technical Standards

The study of medical sciences is not a pure intellectual exercise. Candidates for all degree programs within the School of Medicine (SOM) must possess the ability to learn, integrate, analyze, and synthesize data. This document is a general guidance document; individual programs may have more rigorous motor, sensory, or other requirements in their individual technical standards. In general students should have certain minimum physical, emotional, cognitive and social capacities to complete all requirements of their individual school either directly or through reasonable accommodations.

Students must possess all of the abilities described in the five categories below, with or without reasonable accommodations as determined by the Student Disability Access Office (<https://access.duke.edu/students/>). Fulfillment of the technical standards of an individual program with reasonable accommodation does not guarantee a graduate of the program will be able to fulfill the technical standards for employment, residency or certifying board. Candidates with disabilities are encouraged to contact the program and/or the Student Disability Access Office early in the application process to discuss accommodation needs.

### Observation

- Candidate must acquire information as presented through demonstrations and experiences in lectures and laboratories.
- Candidates must be able to evaluate patients accurately and assess their relevant health, behavioral, and medical information.
- Candidates must be able to obtain and interpret information through a comprehensive assessment of patients, correctly interpret clinical data, accurately evaluate patients' conditions and responses, as well as develop a diagnostic and treatment plan. Vision, hearing and touch or the functional equivalent is required.

### Communication

- Candidates must exhibit interpersonal skills to enable effective caregiving of patients, including the ability to communicate effectively and sensitively in English, with all members of a multidisciplinary health care team, patients, and those supporting patients, in person and in writing.
- Candidates must be able to clearly and accurately record information and accurately interpret verbal and nonverbal communications.

### Motor & Sensory Functions

- Candidates must have adequate physical endurance, motor function and sensory ability to be able to provide and/or direct the
- Provision of general care and emergency treatment to patients
- Performance of routine physical examination and diagnostic maneuvers
- Performance of treatment maneuvers, which may include lifting, transferring of patients, and assisting during ambulation while assuring their own safety as well as the safety of the patient
- Elicitation of information from patients by palpation, auscultation, percussion, and movement of limbs
- Candidates must meet applicable relevant safety standards for the environment and follow universal precaution procedures.

### Intellectual/Conceptual, Integrative, and Quantitative Abilities

- Candidates must effectively interpret, assimilate, and understand the complex information required to function within the health professional programs of the SOM.
- Problem solving is a critical skill that requires conceptual integrative, and quantitative thinking abilities. The candidates must also be able to comprehend three-dimensional relationships, the spatial and functional relationships of structures and to analyze and apply this information for problem solving and decision - making.
- Candidates must be able to effectively participate in educational activities either online or in person in individual and small groups in all learning environments. They must have the ability to organize, prioritize, analyze and evaluate detailed and complex information individually, in small groups, in clinical setting and within a limited time frame both in person and via remote technology.
- Candidates must be able to learn, participate, collaborate, and contribute as part of a team

### Behavioral, Emotional and Social Attributes

- Candidates must exercise good judgement and promptly complete all responsibilities attendant to the diagnosis and care of patients.
- A candidate must have the emotional health to fully use their intellectual ability, exercise good judgement, and to complete all responsibilities attendant to the evaluation and treatment of patients. They must be honest, able to self-assess own mistakes, respond constructively to feedback and assume responsibility for maintaining professional behavior. The skills required include the ability to effectively handle and manage heavy workloads, function-effectively under stress, adapt to changing environments, display flexibility, and learn to function in the face of the uncertainties inherent in the practice of their profession.

- A candidate must be able to develop mature, sensitive, and effective relationships with faculty, patients, families, caregivers and colleagues. A candidate must be able to tolerate physical and emotional stress, maintain alertness and wakefulness, and continue to function effectively. They must have a high level of compassion for others, motivation to serve and integrity. They must behave in an ethical and moral manner consistent with professional values and standards.
- A candidate must possess sufficient interpersonal skills to interact positively and sensitively with all people.
- Candidates must be able to satisfy the above requirements with or without reasonable accommodations. For questions about reasonable accommodations, see the Duke Accessibility website.

## Selection

The earliest date of notification of acceptance is mid to late February for applicants entering the following July/August. Those selected to interview are carefully evaluated by the Committee on Admissions. A personal interview is conducted virtually for those applicants with competitive credentials. The interview format at the Duke University School of Medicine is the Multiple Mini Interview (MMI). Candidates who demonstrate the most promise for exceptional performance in their future practice of medicine are admitted. Since admission is offered in advance of matriculation, it is provisional upon the successful completion of any incomplete, premedical, and required subjects as well as the continued demonstration of scholarship in college coursework. Incoming medical students must consent to and undergo a mandatory criminal background check and a mandatory drug screening prior to matriculation. Both the criminal background check and the drug screening are conducted by the Duke Health System and the results of both are kept strictly confidential. A negative or failed background check or drug screening does not necessarily prohibit a student from entering medical school but the student's standing will be evaluated on a case-by-case basis. An incoming student will not be permitted to begin orientation and/or classes without consenting to a criminal background check and a drug screening.

Applicants who are not US citizens or who are not Lawful Permanent Residents (LPR) of the United States are granted equal consideration for admission to the medical school. Financial support is not guaranteed for the international applicants and as such, accepted applicants must be prepared to finance their education either with personal or other funding sources. If an applicant is a Lawful Permanent Resident and holds a Green Card, the Green Card must be in the incoming student's possession at the time an offer of admission is extended. If the Green Card is not in the student's possession, then the student will be required to provide proof of funding in order for the School of Medicine to begin processing the documents required by the US Department of Homeland Security.

## Transfer

Transfers are considered only into the clinical year (Year Two) at the School of Medicine and only for the spouses of Duke House staff (i.e., residents, fellows, etc.), medical school faculty, or currently enrolled students in the School of Medicine. If all criteria are met, a student requesting consideration for transfer cannot begin the process until confirmation by the Duke University School of Medicine of space availability in the second year of the Duke curriculum is known, usually early to mid-June of the academic year. All required materials and evaluations must be completed by July 15.

The application procedures are as follows:

1. completion of the Duke University School of Medicine Secondary Application and completion of a criminal background check;
2. receipt of the AMCAS application data that was submitted for the applicant's original medical school application;
3. a letter from the dean of the medical school where the student is currently enrolled plus two letters from faculty supporting the applicant's candidacy for transfer;
4. a certified transcript from the institution the student will be transferring from;
5. passing/satisfactory performance on the USMLE Step 1;
6. satisfactory completion of the basic science coursework at the current medical school;
7. if deemed appropriate after review of the above, an interview with at least two members of the Duke University School of Medicine Executive Admissions Committee; and
8. a final decision by the dean of the Duke University School of Medicine.

Questions may be directed to the Duke University School of Medicine, Office of Admissions, DUMC 3710, Durham, NC 27710, [medadm@dm.duke.edu](mailto:medadm@dm.duke.edu).

## Advanced Placement

After acceptance to the School of Medicine, applicants who hold PhD degrees in biomedical or preclinical sciences may apply to be considered for a three-year, MD degree program. This program consists of the core basic science courses during the first year, the core clinical rotations during the second year, and clinical electives during the third year. If the PhD has not been awarded prior to matriculation, the student is not eligible for this program. Applications to receive credit for the PhD can be obtained at the medical school admissions and registrar's offices, and must be submitted to the registrar's office by the end of the first year of enrollment. A subcommittee of the Third Year Committee is formed to review the dissertation which is then sent to full committee for approval. A recommendation is made to the Vice Dean who will formalize the waiver who then notifies the student and registrar's office.

## Reapplication

Applicants who wish to reapply should contact AMCAS to complete a new AMCAS application. Supporting information will be transferred to the new application. These documents are kept on file for three years. To be seriously considered, re-applicants must demonstrate significant additions of experience or coursework to the original application.



# Financial Information and Tuition and Fees

## Tuition Policy Statement

The Duke University School of Medicine's mission in medical education is to build upon our internationally recognized tradition of excellence in training outstanding practitioners and physician-scientists who will be leaders in all fields of medicine. By selecting outstanding and dedicated students for matriculation, the school is committed to preparing physicians to respond to societal health needs. The School of Medicine has a policy of need-blind admission and adequate financial aid for those students with financial need. Tuition is set at a level that is competitive with schools of comparable quality and selectivity for admission. This tuition policy, plus a financial aid program which protects against excessive student indebtedness, permits the School of Medicine to attract the most qualified students nationally and regionally, regardless of the student applicant's personal or family financial status. It is important that tuition and financial aid are balanced to ensure that debt does not skew career choices of medical students once they graduate from the medical school. All students (except MSTP and those exempted from third year) are responsible to pay four years of medical school tuition.

## Tuition

The following table represents an estimate of a student's necessary expenses in the School of Medicine. The total of these figures suggests a basic minimum budget of approximately \$87,347 for a fourth-year student to \$95,779 for a first-year student. These are estimated figures only. Tuition and fees are subject to change without notice.

### 2021-2022 Estimated Cost of Education

Expense	Amount
Tuition	\$63,311
Technology fee	\$2,100
First year fees <sup>1</sup> (includes microscope rental, first year only)	\$2,588
Annual cost of books and supplies: first year	\$800
Annual cost of books and supplies: second year	\$300
Annual cost of books and supplies: third year	\$100
Annual cost of books and supplies: fourth year	\$200
Rent, board, miscellaneous, and travel: first year (11 mos.)	\$25,680
Rent, board, and miscellaneous: second year (13 mos.)	\$27,820
Rent, board, and miscellaneous: third year (12 mos.)	\$25,680
Rent, board, and miscellaneous: fourth year (8 mos.)	\$17,120
Continuing Optional Research Study Fee <sup>2</sup> (per semester)	\$500
Duke Parking Permit: car	\$552

All individuals registered in the Duke University School of Medicine as MD degree candidates are considered to be full-time students if they are registered for a minimum of eight credits each semester. Each student determines the number and types of courses taken with their advisory dean and, when applicable, one or more of the appropriate committees.

Tuition and fees are payable on a semester basis. Students are required to pay full tuition for four years as a requirement for graduation. Tuition rates are determined according to matriculation date and increase yearly at a rate determined by the School of Medicine Finance and Resource Planning Office and approved by the Board of Trustees. Students are charged for no more than the equivalent of four full years of tuition. A student who fulfills the tuition payment obligation but has not completed requirements by the end of the last payment period is not assessed additional tuition during any subsequent terms of enrollment.

Students are eligible for need-based financial aid for the four years of tuition-based enrollment. Extended periods of enrollment are not grant eligible and loans are available only if the student meets certain federal requirements. For additional information, please contact the Office of Financial Aid.

Failure to pay tuition, complete any academic requirements, or complete a financial aid exit interview will result in a block of a student's academic transcript. Until all School of Medicine requirements are met, the transcript will not be released for any purpose.

## Advanced Standing Matriculants

Upon acceptance to the School of Medicine (SoM), applicants who have received a recent quantitative doctoral degree in biomedical or preclinical sciences may apply to be considered for a waiver of the scholarly experience, which is traditionally performed during the third year. This may allow the completion of an MD in three years, which would consist of the core basic science courses during the first year, the core clinical rotations during the second year, and clinical electives during the third year. If the PhD has not been awarded prior to matriculation, the student is not eligible for this program. Application to receive credit for the PhD can be obtained at the medical school admissions office, and must be submitted to the Third Year office no later than the end of the first year of enrollment. A

<sup>1</sup> Sphygmomanometer, ophthalmoscope, otoscope, and other equipment required of each student must conform to rigid standards.

<sup>2</sup> The School of Medicine encourages students to interrupt their studies to pursue approved research that is complementary to the medical curriculum at Duke or elsewhere for no credit. To retain full-time student status for loan deferment purposes, students may seek approval to enroll in the Continuation of Research Study option. Only students eligible to be enrolled at Duke during the applicable time period may participate.

subcommittee of the Third year Committee is formed to review the dissertation which is then sent to full committee for recommendation to the Vice Dean of Education who will make the final decision to approve or disapprove the waiver. Following this action, the student and registrar's office will be notified. Upon approval, a notation will be made to the student transcript to reflect transfer credit. The tuition for the Third Year will be waived.

## Advanced Standing

Students electing to complete a PhD after matriculation may request a waiver of third year. The request must be received prior to enrolling in the PhD program. Application to receive credit for the PhD can be obtained at the Third Year office. A subcommittee of the Third Year Committee will review the research experience to make sure you met research requirements which will then be sent to full committee for recommendation to the Vice Dean of Education who will make the final decision to approve or disapprove. Students will be required to pay full third year tuition. The third year tuition will be charged the term prior to the student returning to begin the fourth year. Students are not eligible to apply for federal or institutional aid for transfer credit.

## Enrollment Status Definitions

For various reasons, it may be appropriate for a medical student to be registered for an enrollment status other than continuously enrolled for credit for one or more terms. Upon receipt of the appropriate approved forms, the registrar's office will process enrollment in the enrollment statuses listed below. The exception would be free time (Interdisciplinary 450C). Students are not required to complete paperwork for free time, and they should enroll in that status during online registration periods. In all cases excepting extended time for second degree programs, a student must still complete the four years of enrollment for credit in medical school within a six-year period. Options include:

**Continuation of Research Studies (CRS)** is a semester term-based, noncredit-bearing enrollment status used when the student is continuing the scholarly experience with the same mentor. It can be elected for up to three semesters following the initial scholarly experience. An application consisting of an interim report and mentor, study program director, and advisory dean approval is required. Full-time student status is maintained during this enrollment, and the student is eligible for the benefits of enrollment, including loan deferment, eligibility for student health services and insurance, and financial aid for living expenses. The required thesis based on the scholarly experience can be submitted either before or at the end of the period of CRS. Students may not be enrolled in any other coursework while enrolled in CRS. A continuation fee is charged for CRS status.

**Optional Research Studies (ORS)** is a semester term-based, noncredit-bearing enrollment status used following the required scholarly experience when the student is conducting a new research project with a new mentor at Duke or away from Duke. ORS should be due to an extension of the third year research into a new area of investigation due to a change of career plans or a desire to enhance research skills, not to delay graduation. It can be elected for up to three semesters. An application consisting of a brief research project description and approval by the mentor and the advisory dean is required. A brief report to the advisory dean on the progress of the project is required at the end of each semester. Full-time student status is maintained during this enrollment, and the student is eligible for the benefits of enrollment, including loan deferment, eligibility for student health services and insurance, and financial aid for living expenses. Students may not be enrolled in any other coursework while enrolled in this status. A continuation fee is charged for this status.

**Independent Academic Development (IAD)** is a semester-term-based, noncredit-bearing enrollment status while completing a scholarly experience. It can be elected up to three terms. This status enables a student to explore various aspects of academic medicine, including scholarly activity. Students may pursue independent academic development resulting in poster and platform presentations at regional and national academic meetings, authorship of journal articles, and participation in existing clinical projects. An application consisting of a description of the student's scholarly project and approval by the student's Advisory Dean is required. A brief report to the advisory dean on the progress of the project is required at the end of each semester. Full-time student status is maintained during this enrollment, and the student is eligible for the benefits of enrollment, including loan deferment, eligibility for student health services and insurance, and financial aid for living expenses. Students may not be enrolled in any other course work while enrolled in this status. A continuation fee of \$500 per term is charged for this status.

**Independent Study (IS)** is a four-week term-based, noncredit-bearing enrollment status used when the student is engaged in medical education-related activity that is relevant to the degree (e.g. structured USMLE preparation, medical volunteerism, internship at organization related to training) but is not research. It can be elected for up to twelve one-month terms. An application consisting of a brief description of the activity and advisory dean approval is required. A brief report to the advisory dean on the progress of the activity is required at the end of each four-week term. Full-time student status is maintained during this enrollment, and the student is eligible for the benefits of enrollment, including loan deferment, eligibility for student health services and insurance, but is not eligible for financial aid for living expenses. A continuation fee is charged for this status if the student is enrolled in independent study for an entire term.

The School of Medicine encourages students to interrupt their studies to pursue approved research that is complementary to the medical curriculum either at Duke or elsewhere for no credit. Full-time student status can be retained for a maximum period of two years during these periods of study if approval is obtained from the appropriate officials and the student registers for and pays an enrollment fee of \$500 for each semester or part of a semester away. No refund of any portion of the fee is allowed for students who subsequently withdraw from the School of Medicine. Students are eligible to apply for the federal Stafford loans for living expenses during this time. Please contact the Office of Financial Aid for further instructions.

**Dual-Degree Students.** Students enrolled in an approved dual-degree program at Duke University are responsible for paying tuition expenses in both programs. Students will remain on active status.

Students completing a second degree at another institution will be placed on Leave of Absence. Students will be required to pay tuition and expenses at the other institution. Students will apply for federal financial aid through the other institution. Upon completion of their second degree, the student will be returned from Leave of Absence and be required to complete all Third Year Research requirements and pay three terms of Third Year tuition.

**Remediating Students.** Students who are not registered for courses but are completing required remedial work as determined by the appropriate promotions committees are considered to have full-time status. They are not assessed tuition charges however students are eligible to apply for the federal Stafford loans for living expenses during this time. Please contact the Office of Financial Aid for further instructions.

**Transfer Students.** Only in extraordinary circumstances are transfer students accepted into the Duke program. Upon acceptance to the Duke MD program, the Vice Dean of Education determines what credit the student receives based on the curriculum completed at the prior institution. Tuition will be waived for all required curriculum completed prior to enrolling in the Duke MD Program.

## Merit Awards for Medical Students

Duke University School of Medicine has a limited number of merit scholarships. Application and awarding of these scholarships are determined by individual committees. These scholarships are:

**The Dean's Merit Scholarships:** Dean's Merit Scholarships range in amount of one-fourth current tuition to full current tuition and are awarded to academically excellent incoming medical students. Selection is made by the Vice Dean of Education based on recommendations from the Medical School Admissions Committee. Annual renewal is contingent upon satisfactory academic progress.

**The Dean's Tuition Scholarships.** Dean's Tuition Scholarships range in amount of one-fourth current tuition to full current tuition and are awarded to academically excellent incoming medical students whose life experiences and background will meaningfully contribute to the diversity of the class. Factors considered may include personal attributes, experiential factors, demographics, or other considerations. Selection is made by the Vice Dean of Education based on recommendations from the Medical School Admissions Committee. Annual renewal is contingent upon satisfactory academic progress. Funds supporting the Dean's Tuition Scholarship are:

- **Leon Levine Scholarship (formerly Family Dollar Scholarship),** established November 1984, by gift from Mr. Leon Levine, Chairman of the Board, Family Dollar Stores, Inc., Charlotte, North Carolina.
- **Mary W. and Foster G. McGaw Scholarship,** established February 1986, by bequest from Foster G. McGaw.
- **Richard Finner Scholarship,** established November 2011, by Richard W. Finner.
- **William Orr Wagner,** established August 2006, by Amanda Wagner, Brett Wagner, Dale Harrison, Jeanne McKibben, and Cathy McClure in honor of William Orr Wagner.

**Fullerton Medical Scholarships:** Duke University School of Medicine is one of the six medical schools in North Carolina and South Carolina that participates in the Fullerton Foundation's Medical Scholarship program, established in 1985. The Program's objective is to "identify and reward the student who demonstrates and projects the potential for development into a highly capable professional who is concerned with the total welfare of the society of which he/she/they is an active participant, as well as being a competent physician. The nominee must have potential for service in the health care field, which can be demonstrated by, but not limited to, leadership in high school, undergraduate school and the community, knowledge of society and the problems and opportunities of the world today, and the individual's awareness of his/her/their own capabilities and limitations." Each year the schools nominate an incoming student for one of the two \$20,000 annual awards. The nominee or family of the nominee must be a resident of North Carolina or South Carolina for the past five years. Final Selection is made by the Foundation. The award continues for the remaining three years of medical school bases on the student maintaining satisfactory progress. On behalf of the four finalists, the Foundation awards a \$1,000 honorary stipend.

**The Rauch Family Merit Scholarships,** established in 2013 by the Rauch Family Foundation, are the first all-inclusive scholarships at the School of Medicine. The scholarships will be awarded to an incoming first-year student who shows outstanding promise for a significant career in medicine. The merit-based scholarships will fund the approved cost of attendance as determined by the Duke Board of Trustees, which includes tuition, fees, transportation, and allowances for living and miscellaneous expenses. The scholarships continue through graduation as long as the student remains in good standing. Students are selected by the Executive Committee for Admissions during the regular merit scholarship selection process.

**Dudley Family Academic Scholarship,** established September 2014 by Mary A. Dudley and Alden W. Dudley, Jr. This scholarship will cover full tuition to an incoming first year medical student based on academic excellence and whose life experiences and background will meaningfully contribute to the diversity of the class.

## Office of Admissions Payment Policy for Students Who Do Not Hold US Citizenship or US Resident Status

Each non-US citizen admitted for enrollment at Duke University School of Medicine is eligible to apply for needs-based financial assistance at the time of admission. The application deadline for incoming students is April 1. Financial Aid eligibility is determined for all admitted students that meet the stated deadline, and the student is notified of their eligibility prior to accepting admission into the School. Funds accepted by the student will credit to the student account. The amount disbursed is dependent on the number of terms a student is enrolled. It is the student's responsibility for paying all required tuition and fees on a semester/term basis.

For questions regarding this policy, please contact the Office of the Bursar, or the Duke University School of Medicine Office of Admissions.

## Payment of Accounts

Statements for tuition, fees, and other charges are processed by the bursar's office. All statements are delivered electronically via DukeHub. You will receive an email each time a new bill is ready for you to view on DukeHub. Fall bills will be due on July 26, 2021, and spring bills will be due on the fourth business day in January. Please pay by e-check at <https://finance.duke.edu/bursar> (click on the Make an e-Check Payment link under the Payment Resources section). If full payment is not received by the stated due date, a late payment penalty charge will be assessed on the subsequent statement.

Check payments can be mailed to Duke University, Cashiering Office, PO Box 90759, Durham, NC 27708. To ensure prompt credit to your student account, please include a copy of your bill when mailing your payment.

When drawing your check, make sure it:

- is payable in US dollars to Duke University;
- includes your name and student account number (from your bill); and
- is from a US financial institution (such as Bank of America) or is from a US branch of your financial institution (example: the New York City branch of Barclay's Bank PLC).

Your check will be deposited upon receipt.



If you are paying from abroad and are unable to send a US dollar check from a US financial institution, or if your bank is unable to provide you with a check drawn on its US branch, please submit your payment by bank wire. Wire instructions are included on the e-bill that is available to you on DukeHub. Duke University does not accept credit or debit cards for payment of tuition and fees.

Scholarship checks, overnight/express mail, and other correspondence should be sent to Duke University Bursar, PO Box 90759, 114 S. Buchanan Blvd., Bay 8, Room B-103, Durham, NC 27708.

Checks should be made payable to Duke University. Please write your account number on your check or money order. Please do not send cash. Payment by check should be made in US dollars, drawn on a check from a US financial institution.

## Restrictions on Past Due Accounts

Tuition and fees are due before the start of each term. If your account becomes past due, a late payment penalty charge (not to exceed 1.25 percent of the past due balance from a prior bill) will be assessed on subsequent bills. If your account remains unpaid, you will not be allowed to register for future semesters and may be administratively withdrawn from Duke. As long as your account is past due, you will not have access to academic transcripts, be able to have academic credits certified, or receive a diploma at graduation. If your account remains outstanding after your departure from Duke, it may be referred to a collection agency and reported to a credit bureau.

## Monthly Payment Plan

Duke University partners with Nelnet to allow currently enrolled students and their parents to pay all or part of the academic term expenses in monthly payments as follows:

<b>Fall balance</b>	July 1-November 1
<b>Spring balance</b>	December 1-April 1

A nonrefundable fee is charged for Nelnet participation; this fee is paid directly to Nelnet. As a Nelnet participant, you will continue to receive statements on a regular basis from the bursar's office. This statement should reflect your Nelnet payments made to date. The balance due on your statement, which includes charges for the current term, must be covered by your remaining scheduled Nelnet payments for that term. Payments made to Nelnet for July 1 to November 1 must clear fall term charges; payments made December 1 to April 1 must clear spring term charges. If the balance due on your statement will not be cleared by your remaining scheduled payments for the term, please submit a payment for the difference directly to Duke University. For more information, visit <https://www.afford.com/> or contact Nelnet at (800) 722-4867.

## MD Program Late Registration Penalty

Failure to register for all required courses during the prescribed online registration periods offered by the School of Medicine will result in a Professionalism Notification. This will become part of your permanent record and may be noted in your Medical Student Performance Evaluation (MSPE).

## Delinquent Accounts

An individual is in default if the total amount due is not paid in full by the due date. A student in default is not allowed to register for classes, receive a transcript of academic records, and have academic credits certified, be granted a leave of absence, or receive a diploma at graduation. In addition, an individual in default may be subject to withdrawal from school and have the account referred to a collection agency or credit bureau.

## Refunds of Tuition and Fees

Tuition and fees refunds are governed by the following policy:

- In the event of death, a full refund of tuition and fees is granted.
- Students who withdraw from the medical school or are approved to take an official leave of absence before the end of the first week of classes (as determined by the calendar corresponding to the student's curriculum) receive a full refund of tuition.
- Students who withdraw or take leaves of absence after the first week of classes of their particular curricula receive no refund of tuition. However, if a student returns to the School of Medicine, that tuition payment is included in the total amount required by the school.

Because Duke University participates in Title IV federal aid programs, it follows federal guidelines with respect to the refund and repayment of Title IV funds. Students will have their Title IV financial aid adjusted according to the federal regulations. Additional information regarding this procedure may be obtained from the Office of Financial Aid.

Students are encouraged to sign up for direct deposit. Visit either <https://finance.duke.edu/bursar/forms/index.php#ddr> and click Student Direct Deposit Authorization Form or <https://finance.duke.edu/bursar> and click the Refunds by Direct Deposit link under the Payment Resources section.

## Financial Aid Program

The Duke University School of Medicine makes financial assistance available to accepted students who, due to economic circumstances, could not otherwise attend the university. The Doctor of Medicine Program is committed to meeting the demonstrated financial need of applicants based on federal and institutional policies and procedures. For our current academic year, approximately 80 percent of the total student enrollment received financial assistance from sources other than parents. Grants, scholarships, and loans

from all sources to medical students totaled more than \$27 million. More than \$15 million of these funds were from Duke University School of Medicine scholarship/grant sources. Financial assistance is available in a combined form of grants and loans, and all awards are made on the basis of demonstrated need to eligible US citizens.

## Financial Assistance to Incoming Students

Students should start the financial aid application process once they have been admitted to the School of Medicine. All students, regardless of their interest in financial aid, are sent information at the time of their acceptance. The economic circumstance of the applicant has no bearing on whether the applicant is accepted into the medical school.

Students applying for need-based funding are required to complete the CSS Profile and the Free Application for Federal Student Aid (FAFSA). Copies of federal income tax returns with all supplemental schedules and W2s for both parent(s) and student are also required as part of the financial aid application. Students applying for federal loans only should complete the FAFSA. An official aid award notice is emailed to the accepted applicant after receipt of the required forms. Application information can be found at: <https://medschool.duke.edu/education/student-services/office-financial-aid/prospective-students>.

## Sources of Aid for International and Deferred Action Childhood Arrivals (DACA) Students

The School of Medicine values the enrichment that comes from having talented international students participate in the medical doctor program, and recognizes that many may need financial assistance in order to participate. A limited amount of need-based institutional grant is offered to students who demonstrate financial need. Applications are due on April 1. Additional information regarding these grants, and how to apply, can be found at <https://medschool.duke.edu/education/student-services/office-financial-aid/prospective-students>.

## Financial Assistance to Upper-Class Students

Annual reapplication is required of all need-based aid recipients. Typically, May 1 prior to the award year is the filing deadline. International and DACA students must reapply by April 1.

## Financial Aid When Studying Away

Need-based financial aid is available during fourth year clinical elective years. A student receiving a research scholarship may also qualify for need-based financial aid funds. External scholarships are used to replace the loan package first.

Your new award will incorporate any research scholarship within your financial aid award in accordance with NIH, Duke SOM policies and federal financial aid regulations. Duke University School of Medicine policy dictates that all external scholarships replace loans first followed by need-based grants if necessary. This includes any merit scholarships as well. Total aid from all sources cannot exceed the established and board approved cost of education. Whenever aid exceeds cost, there is an over-award situation which is a violation of federal regulations (HEA section 673.5 (b) (2), 673.5 (d)). All effort has been made to ensure that students have all the financial aid to which they are entitled.

Need-based financial aid funds are not available for the added monthly cost at study away sites where cost is greater than if the student studies at Duke. Unsubsidized loans can be obtained for these additional expenses. Students are reminded that their refunds include any additional living allowances that may have been added to their budget. Every effort will be made to map refunds to expenses but students are expected to track their own spending habits to scheduled refunds.

External scholarship awards are typically disbursed in August and early January; however, students will want to verify with their scholarship source the actual disbursement calendar and make financial arrangements accordingly. The funds credited to the student account first go to pay any outstanding tuition or fees on the account. Any remaining balance will be refunded to the student. In the case of the Howard Hughes award, the research allowance is allocated to the individual lab mentor through the Duke University Accounting system. They have fiscal responsibility for these funds, not the financial aid office.

For additional information, contact the Office of Financial Aid at (919) 684-6649 or [finaid@dm.duke.edu](mailto:finaid@dm.duke.edu).

## Need-Based Aid

### Grants

The School of Medicine is pleased to be able to offer grants to those students who qualify for need-based aid. The school recognizes, however, the responsibility of the individual and the family to provide funds to achieve the objective of a medical education. Thus, the school does not consider parents to have discharged the full financial obligation for the continuing education of the student upon the completion of the undergraduate degree. When being considered for a Duke grant, it is the responsibility of the student to provide all parental information to the financial aid office. This information is in the form of parents' tax returns/W2s and the CSS Profile Application, which the student fills out and submits online. It is important that the student submit their financial aid application as soon as possible in order to receive a financial aid notification prior to April 30. It is Duke's policy to calculate and assess each family a parental contribution each year. By accepting the award, you understand that this assessment will take place each year of your medical education. Situations may change for students during medical school—marriage, birth of children, etc.—but parental information is still required to be submitted for students to be considered for Duke need-based grants. Additional information is available at the financial aid website at <https://medschool.duke.edu/education/student-services/office-financial-aid>.

It is the responsibility of recipients of financial aid to keep the School of Medicine Office of Financial Aid informed of any outside financial assistance they may receive. It must be understood that the school reserves the right to reconsider its offer of financial assistance in the event of a major outside award to a recipient. No financial aid funds may be used during a period when the recipient is not involved with academic work toward the medical degree. Less than half-time or special students are not eligible for financial aid.

## Loans

### Federal Direct Grad PLUS Loan

The Federal Direct PLUS Loan is used to borrow additional funds up to the total cost of attendance, less other financial aid received. This loan is available to graduate and professional students and may also be consolidated with Direct Stafford loans upon graduation. A credit check is required for all Grad PLUS loans. Current interest rates and loan fees may be found at <https://studentloans.gov>.

### Private/Alternative Loans

Private education loans are designed to assist students who need additional funding to meet the gap between the cost of attendance and any financial aid. Private loans are not part of the federal education loan programs. These loans carry a variable interest rate.

### Federal Direct Stafford Student Loans

For purposes of Federal Direct Stafford Loans and other Title IV funds, graduate and professional students are financially independent of parents. The annual maximum for medical students is \$47,166. Loans will not have any interest subsidy, meaning the borrower will be responsible for the interest that will accrue during the enrollment period. Students must complete the Free Application for Federal Student Aid (FAFSA). Borrowers must be a US citizen or permanent resident, have no previous default on a federal loan, and be enrolled at least half-time maintaining satisfactory academic progress. Duke University School of Medicine reserves the right to decline loan applications not having a satisfactory credit history. Current interest rates and loan fees may be found at <https://studentaid.gov/>.

### University Loans

The School of Medicine has an emergency loan fund, the Francis and Elizabeth Swett Loan Fund, available in small amounts to any medical student on a no-interest basis for a short period of time. The emergency loan is not intended for tuition payments.

Additional information may be obtained by contacting the Office of Financial Aid, Box 3067, DUMC, Durham, NC 27710; (919) 684-6649; or [finaid@dm.duke.edu](mailto:finaid@dm.duke.edu).

## Resources with Service Commitment

### Forgivable Education Loan for North Carolina Residents

The loan provides financial assistance to qualified students who are committed to working in North Carolina in fields designated as critical employment shortage areas. Additional information can be found at <https://www.cfnc.org>.

### Federal Armed Forces Scholarships

Armed Forces (Army, Navy, and Air Force) scholarship programs may be available for accepted or enrolled students. The recipient receives full tuition, fees, and a monthly stipend in return for a commitment of service as a physician for each year of funding.

## Awards and Prizes

Typically these are awarded at graduation for the top students in a given area.

### Dean's Recognition Award

In recognition of contributions made to the school and the class in leadership and service as well as academic performance, this award, which consists of a certificate and a monetary award, is given to four to six graduating seniors.

### Excellence in Emergency Medicine

Selected by the faculty in the division of Emergency Medicine to a student who has demonstrated outstanding proficiency in emergency medicine. One-year subscription to the Society for Academic Emergency Medicine journal, *Academic Emergency Medicine*, one-year subscription to *SAEM Newsletter*, one-year complimentary membership in the SAEM.

### Wilburt Davison Award

This award, consisting of \$200 and a certificate, recognizes a graduating senior student who has made outstanding contributions to the university or to fields which have not been traditionally confined to science and medicine. The award is given by the awards committee to a graduating senior.

### Leonard Tow Humanism in Medicine Award presented by the Arnold P. Gold Foundation

The Humanism in Medicine Award is a national award given to a graduating senior at each US medical school by the Arnold P. Gold Foundation, a charitable foundation based in New Jersey, that has as one of its missions the development and recognition of humanistic physicians. The criteria for this award include that the recipient consistently demonstrates compassion and empathy in the delivery of care to patients, illustrates professional behavior by example, shows respect for everyone and is committed to continuous self-improvement. Nominations are solicited from the graduating class and the recipient chosen by a panel that includes previous faculty recipients of the award and the advisory deans. The award consists of a certificate and a monetary award of \$1,000. The companion award is presented to a faculty member at the annual faculty awards ceremony.

### Other Awards

Throughout the year, the School of Medicine receives notification of awards consisting of books, money, and/or plaques or medals to be awarded to students in a variety of fields at all medical schools on a national competitive basis selected by committees of the sponsoring organizations. These awards are screened by the dean's office and publicized appropriately.



## Third Year Research Scholarships

### Overview

A variety of research scholarships and research programs are available to support medical students in their year of individual scholarly activity. Most of these require a full twelve-month commitment to research. Students may apply for multiple external scholarships as well as internal scholarships offered by departments at Duke; however, usually a student can accept only one scholarship. All scholarships and programs involve a competitive application process.

The brief descriptions below include the currently approved external and internal scholarships and program details and contact information. Applications to external scholarship programs are often due in January, and applications to internal scholarship programs are due April 1 or the last working day before April 1. There are a few exceptions to these deadlines. Further questions can be directed to Third Year Office at [thirdyear@mc.duke.edu](mailto:thirdyear@mc.duke.edu).

### External Research/Scholarship Programs

**American Society of Hematology (ASH).** Physician-Scientist Career Development Award. The Society's Physician-Scientist Career Development Award is an opportunity for medical students to gain experience in hematology research and to learn more about the specialty by immersing themselves in a year-long laboratory, translational or clinical investigation under the mentorship of an ASH member. The total amount of the award is \$42,000. The award is comprised of \$32,000 to support the trainee, a \$4,000 research allowance for supplies, \$4,000 for insurance and educational expenses (including one course), and \$2,000 for meeting attendance. The award is for a one-year period, generally July 1 through June 30. Up to five (5) awards will be granted per year. Awards will be paid directly to the participating institution of the mentor, not to the mentor or the recipient. Indirect costs (i.e., facilities and administrative costs) are not allowed. Applications are due in January. Award notification is in March. For more information go to <https://www.hematology.org/awards/medical-student/physician-scientist-career-development-award>.

**Intramural Research Program at the National Institute of Environmental Health Science (NIEHS).** Fellowships in Environmental Medicine are available. In the past, applications have been due before the end of January. To apply, review Principal Investigators and their research areas using the link to all NIH intramural programs—<https://irp.nih.gov/our-research/our-programs>. Choose a preceptor and contact that person regarding their project opportunities and their interest in accepting a third year medical student. If they are willing, between the two a plausible research project must be created, with a reasonable chance of completion in twelve months. Research should have an “environmental medicine” theme.

**National Institute of Health (NIH) Medical Scholars Program.** This program offers research experiences with intramural investigators from across NIH in basic science laboratories, and in clinical and translational research conducted at the NIH Clinical Center, the world's largest hospital dedicated to patient-oriented research. The deadline for complete applications is in January. In 2020 student support will include a \$38,000 stipend, and resources for education enrichment such as travel to scientific meetings. For more information on the NIH Medical Research Scholars Program, please visit the NIH Clinical Center's Office of Clinical Research Training and Medical Education website at <https://www.cc.nih.gov/training/mrsp/> or contact [mrsp@mail.nih.gov](mailto:mrsp@mail.nih.gov).

**The Fogarty Global Health Fellowship.** The Global Health Fellowship Program is a one-year clinical research training program for pre- and post-doctoral candidates, sponsored by the Fogarty International Center (FIC) and several collaborating institutes and centers at the National Institutes of Health (NIH). The purpose of the program is to support a one-year mentored research fellowship for clinical investigators studying diseases and conditions in developing countries. Several training sites are available through the Vanderbilt-Emory-Cornell-Duke (VECD) Consortium. Apply through the Consortia Programs—the deadline is early November. For more information, please visit <https://www.vumc.org/vecd/> or contact the Hubert Yeargan Center for Global Health at Duke ([hubert-yeargan@dm.duke.edu](mailto:hubert-yeargan@dm.duke.edu)).

**Sarnoff Cardiovascular Research Foundation.** The Sarnoff Fellowship Program offers medical students enrolled in accredited US medical schools the opportunity to spend a year conducting intensive work in a biomedical research laboratory. Applications are encouraged from all interested medical students, whether or not they have prior research experience. Applicants enrolled in an MD/PhD program are not eligible for a Sarnoff Fellowship. Fellowship awardees receive an annual stipend of \$32,000 in addition to an allowance for travel to select a Preceptor and Fellowship laboratory, moving expenses, health insurance, computer and laboratory supplies, and travel to scientific meetings. For more information, contact Dr. Neil Freedman at [neil.freedman@duke.edu](mailto:neil.freedman@duke.edu). Applications must be submitted online at <https://www.sarnofffoundation.org>. The application deadline is in January.

### Internal Scholarship Programs

Students applying for the Duke internal scholarships listed below should use the Internal Scholarship Application form. Most internal scholarships applications are due April 1, or the last working day before April 1. Announcements will generally be made the last working day of April. Completed applications should be submitted to MyResearchProposal (MRP). Funding sources and criteria vary from year to year so the published information represents 2020-2021 academic year only and future scholarships will be determined on an annual basis.

The Duke Office of Physician Scientist Development awards are made possible through a grant from the Burroughs Wellcome Fund and supports the first three awards below.

**Duke-Singapore Student Scholar Fellowship (Early Due Date) February 2, 2020.** Two Duke-Singapore Student Fellow Scholarships are available to Duke students. Duke-Singapore Student Scholars are expected to spend 10 months doing mentored clinical or basic science research in Singapore, a country on the cutting edge of biomedical and health services. Opportunities for outreach in neighboring Asian countries are also possible. This research will take up 80%+ of the scholars' time. Singapore Scholars are also expected to provide mentoring to Duke-NUS (DNUS) students (6-8 hours per week). This may involve tutoring first- or second-year students, serving on various curriculum committees (first, second, and/or third year), facilitating small group or one-on-one discussions about first and second-year students' experiences with the curriculum, and sharing their experience of third-year research. Duke-Singapore Student

Scholars will receive the following:

- SGD20,000 tuition support, which will be paid directly to Duke University
- Two round trip economy (coach) class airline tickets from Duke University/home city to Singapore (one for initial arrival in Singapore and one for home/holiday trip). The maximum amount will be set annually, based on prevailing lowest airfares at the time of the award. If the tickets are not purchased directly by Duke University or Duke-NUS Medical School, students will need to submit original receipts for reimbursement.
- Monthly stipend of S\$3,200 (subject to change) for the required period of the Third Year research, or up to 10 months, whichever is shorter.
- Any mandatory NUS-related charges including but not limited to the following:
  - Student Services Fee - S\$ 52.27 per semester
  - Health Services Fee - S\$ 62.85 per semester
  - Mandatory NUS-related charges are subject to revision. Please refer to “Miscellaneous Student Fees” for current information.
- Temporary living expenses to assist the move to Singapore will be reimbursed up to SGD80 per day for up to two weeks. (These amounts are stated as Singapore dollars; see <https://www.x-rates.com/> for conversion.) Support will be for the 10 months of their research project.

The scholarship will not be re-awarded to existing recipients of the scholarship, in the event that they extend their period of research beyond 10 months.

For additional information, please email Sulochana Naidoo, PhD, [sulochana.naidoo@duke.edu](mailto:sulochana.naidoo@duke.edu). Applicants should also complete the Internal Scholarship Form and write a brief (1-2 page) essay on “How, if at all, will being in Singapore enhance my research?”

The deadline is around February 1, and applicants will be notified by the end of March.

**All of the following internal scholarships are due around April 1.**

**Please do not send applications to programs, but feel free to contact them with questions.**

**Duke Physician Scientist Institutional Award (BWF) Research Fellowship for Medical Students.** The Duke Physician Scientist Institutional Award (BWF) Research Fellowship for Medical Students is designed to encourage rising third year medical students to undertake a basic/bench research project at Duke University, with preference given to those who plan to commit to doing a second third year. There will be one \$10,000 award given for the first year, and a \$25,000 award for the second year, contingent upon satisfactory performance in the first year. MS2 applicants for the \$10,000 award must apply submit by the application due date. In addition to this application, applicants must provide the name, position/title, and email address of three individuals other than your primary mentor who are knowledgeable about your accomplishments and/or research interests. This program is made possible through a grant from the Burroughs Wellcome Fund (BWF).

For more information contact:

The Office for Physician Scientist Development ([opsd@dm.duke.edu](mailto:opsd@dm.duke.edu))

Rasheed Gbadegesin ([rasheed.gbadegesin@duke.edu](mailto:rasheed.gbadegesin@duke.edu))

**Poindexter Award.** The Poindexter Scholars in Basic Sciences Program is designed to encourage rising third year medical students to participate in research projects under the guidance of basic science faculty members in the School of Medicine. This program is focused on basic science research, and priority will be given to those who identify laboratories in basic science departments, though applicants doing basic research in clinical departments are also encouraged to apply. There will be one \$10,000 award given for the first year, and a \$25,000 award for the second year, contingent upon satisfactory performance in the first year. MS2 applicants for the award must complete the Duke Internal Scholarship Application form and submit by the application due date. This program is made possible through the generosity of Dr. John Poindexter, an alumnus of the School of Medicine. For more information, please visit Internal Scholarships Website or contact: The Office for Physician Scientist Development ([opsd@dm.duke.edu](mailto:opsd@dm.duke.edu)).

**Margolis Scholars in Medicine.** The Duke-Margolis Health Policy Center will fund up to two (2) Scholars enrolled in the Duke School of Medicine each academic year, with selected students receiving a one-year award of \$15,000. Eligible candidates will be rising third-year students interested in conducting their Year 3 Scholarly Research project on a topic at the intersection of health policy and clinical practice; Scholars will be mentored under the direction of a Duke-Margolis core faculty member. The selected Scholars will be part of a university-wide Margolis Scholars program involving graduate students interested in health policy and management from departments across Duke. The program is designed to prepare students with an interdisciplinary background and relevant practical and research experience to improve health and health care. For more information, or for a list of eligible mentors, please email Corinna Sorenson, PhD ([corinna.sorenson@duke.edu](mailto:corinna.sorenson@duke.edu)).

**Eugene A. Stead Student Research Scholarships.** Dr. Eugene A. Stead, Jr. served as Chairman of the Department of Medicine at DUMC from 1947-1967. The Stead Scholarships, funded by donations from grateful patients and former colleagues, are the oldest of the Duke intramural medical student research scholarships. The Stead Committee typically awards 3-5 scholarships annually with a focus on third-year students who are working with mentors with a primary appointment in the Department of Medicine, or with basic science mentors. There are also Stead/Global Health scholarships for students interested in Global Health, which are offered jointly with the Hubert-Yeargan Center for Global Health. The research stipend for the Stead Scholarship is typically \$35,000. The application deadline is April 1. A brief proposal for your research topic is followed by interviews by invitation. For further information, you can contact Chris Woods, MD, at (919) 668-7174.

**Dr. Bernard J. Carroll Research Scholarship in Psychiatry.** The Department of Psychiatry and Behavioral Sciences offers a research scholarship for one (1) MS3 student who is conducting research under the direction of a full-time faculty member whose primary appointment is within the Department of Psychiatry and Behavioral Sciences. Scholars will be awarded a \$15,000 scholarship for a 10-month research experience. Students will be encouraged to publish their findings in peer-reviewed journals. For more information,

please email Third Year Behavioral Neuroscience Program Director Christine Marx, MD ([christine.marx@duke.edu](mailto:christine.marx@duke.edu)) and copy Dr. Shelley Holmer, MD ([shelley.holmer@duke.edu](mailto:shelley.holmer@duke.edu)).

**The Duke CTSA Scholarship.** This is a two-year scholarship funded by the Clinical and Translational Science Award (CTSA). CTSA scholars will complete two years of mentored clinical research and complete a Master's program. Programs available to TL1 scholars include the following:

- Master of Health Sciences in Clinical Research (through the Duke Clinical Research Training Program)
- Master in Interdisciplinary Data Science (Duke MIDS)
- Master of Engineering in Biomedical Engineering (MEng)

The Duke CTSA TL1 scholarship provides full tuition for scholars to complete a Master's program, a stipend for each full year of study, and additional funds that may be applied towards insurance costs, research expenses, and travel expenses to scientific meetings. CTSA scholars will graduate from Duke Medical School a year late. Applicants must complete the Internal Duke Scholarship Application form and submit by the application due date.

In addition to this application, applicants must provide the following additional items:

- Name, position/title, and email address of three (3) individuals other than your primary mentor who are knowledgeable about your accomplishments and/or research interests.
- A brief description clarifying the applicant's role on the study.
- A paragraph indicating to which Master's program the applicant would apply and why.

Applicants may also provide up to two (2) additional pages of information to the proposed research program question in the application. Applicant interviews will be conducted in April. For further information contact Stephanie Molner ([stephanie.molner@duke.edu](mailto:stephanie.molner@duke.edu)) or visit <https://www.ctsi.duke.edu/TL1>.

**The Duke Clinical & Translational Science Institute (CTSI) Scholarship.** This is a scholarship funded by a Pfizer Foundation grant. CTSI scholars will complete one (1) year of mentored clinical research and the core Duke Clinical Research Training Program (CRTP) coursework curriculum. Upon successful completion of all requirements, CTSI scholars will receive the "Academic Core in Clinical Research" certificate. The scholarship provides CRTP tuition.

Applicants must complete the Internal Duke Scholarship Application form and submit by the application due date.

In addition to this application, applicants must provide the following additional items:

- name, position/title, and email address of three (3) individuals other than your primary mentor who are knowledgeable about your accomplishments and/or research interests; and
- a brief description clarifying the applicant's role on the study.

Applicants may also provide up to two (2) additional pages of information to the proposed research program question in the application.

For further information, please contact [stephanie.molner@duke.edu](mailto:stephanie.molner@duke.edu) or visit <https://www.ctsi.duke.edu/translational-training-workforce-development/ctsi-education-workforce-development-core/ctsi>.

**Gynecologic Cancer Research Fellowship.** The Gynecologic Cancer Research Fellowship is offered to third-year Duke University Medical Students annually. This award is intended to support students who choose to spend their third year involved in some aspect of gynecologic cancer research under the supervision of a Duke Gynecologic Cancer Program faculty member. This includes research in ovarian, uterine and cervical cancer. The Fellowship carries an annual stipend of \$10,000. This includes \$5,000 directly to the student, \$2,500 for research expenses and \$2,500 for travel to meetings to present their research. If you have questions, please contact Dr. Andrew Berchuck, MD, Director, Duke University Gynecologic Oncology Program ([berchoo1@mc.duke.edu](mailto:berchoo1@mc.duke.edu)). The application deadline is April 1.

**The Donald B. Hackel Fellowship in Cardiovascular Pathology.** This fellowship provides for research in vascular biology under the direction of a full-time faculty member whose primary appointment is in the Department of Pathology. This ten-month fellowship includes a financial stipend. For further information, please contact Shannon J. McCall, MD ([shannon.mccall@duke.edu](mailto:shannon.mccall@duke.edu)).

**R. Randall Bollinger Surgical Scholarship.** The Department of Surgery offers research scholarships for MS3 students conducting research within the department and are mentored by Department of Surgery faculty. Research should be focused on general/thoracic surgery. Applicants are reviewed competitively. Funding is variable, but has ranged from \$3,000-\$10,000 per year in the recent past. Ideally, students will be expected to publish their findings in peer-reviewed journals and to present their research at regional or national scientific meetings. For more information, please email Peggy Moore ([peggy.r.moore@duke.edu](mailto:peggy.r.moore@duke.edu)).

**Duke Global Health Institute.** The Third-Year Global Health Study Program takes advantage of the Duke School of Medicine's unique curriculum to allow medical students to take their entire third year for research activities. Additional internal scholarships are available; however, they require a different application. For more information, contact the Global Health Third Year Study Program Coordinator ([gh-thirdyear@duke.edu](mailto:gh-thirdyear@duke.edu)) or visit <https://globalhealth.duke.edu/programs/programs-medical-students-trainees>.

**The following scholarship has a later due date around April 15.**

**Duke Institute for Health Innovation (DIHI) Clinical Research and Innovation Scholarship.** The DIHI is a platform and resource for Duke University/Duke Health faculty, staff and students to advance transformative innovations in health and healthcare delivery. The DIHI clinical research and innovation scholarship will support a student to join an innovation pilot project team for the duration of third year. The student will be expected to pose an original research question that pertains to the project, and must attend and lead team meetings. Awards are up to \$25,000 but vary year to year. For detailed information, please contact Suresh Balu ([suresh.balu@duke.edu](mailto:suresh.balu@duke.edu)) or Mark Sendak ([mark.sendak@duke.edu](mailto:mark.sendak@duke.edu)).

**Financial Aid and Scholarships.** Need-based financial aid is available during the third-year basic science elective and fourth-year clinical elective years. A student receiving a research scholarship may also qualify for need-based financial aid funds. The award will



incorporate the scholarship along with any financial aid award in accordance with NIH, Duke SOM policies, and federal financial aid regulations. Duke University School of Medicine policy dictates that all external scholarships replace need-based loans first. At such time that these loans are replaced in full, then the grant portion of a student's aid award will be reduced. This includes any merit scholarships as well. Total aid from all sources cannot exceed the established and Board-approved cost of education.

Whenever aid exceeds cost, there is an over-award situation which is a violation of federal regulations (HEA section 673.5 (b) (2), 673.5 (D)). All effort will be made to ensure that students have all the financial aid to which they are entitled.

Need-based financial aid funds are not available for any added monthly cost at study away sites where living expense is greater than if the student studies at Duke. Unsubsidized loans can be obtained for these additional expenses. Contact the Office of Financial Aid for additional information.

### **Third-Year Scholarship Students' Ability to Enroll in Coursework**

Students who have been awarded scholarships for third-year research should be aware that some scholarships will not allow coursework while involved in scholarly research funded by a specific scholarship. Student should check with their Advisory Dean to confirm which scholarships are in this category.

All third-year students are required to satisfy the third-year practice course/continuity clinic. When a scholarship prohibits doing coursework for credit, this requirement may be satisfied by an approved outpatient course during the fourth year, with approval of the student's mentor, study program director, advisory dean, and the Practice Course director. Some students involved in specific study programs are also required to enroll in specific courses related to that lab experience. In no instance, however, should a scholarship recipient enroll in courses without the specific permission of the study program director and their research mentor.

Students should be aware that taking courses during a period when they are not allowed may lead to loss of scholarship support, loss of credit, or other adverse measures.

## **Doctor of Medicine Program Policies**

### **Absences/Attendance Policies**

#### **Excused Absences**

Students must request and negotiate excused absences from required course activities with the director of a course or clerkship in situations such as illness or health care appointments, attendance at scientific or professional meetings, personal or family emergency, or major life events. Course directors are responsible for making clear to students which portions of their courses require attendance and any limit on excused absences without negative consequence. These absences should be negotiated in writing (e-mail or letter) as far in advance as possible and a plan established for completion of any activity or work missed. Requests made or previously planned absences, that are made less than two weeks before the start of classes, will likely be denied. Absences announced on short notice due to illness or emergency may still be excused with proper notification of the course director or advisory dean, and unannounced absences may be excused in cases of incapacitation to the point of inability to make these contacts. ([“Time Away Requests for Second-Year Courses”](#))

#### **Unexcused Absences**

Any absence without prior notification of the course director or advisory dean is considered unexcused unless documentation of inability to make those contacts is provided. Any absence not approved by a course director for a required part of a course is considered unexcused. An unexcused absence will have a negative impact on the student's grade or evaluation, and may result in a Code of Professional Conduct charge if deemed unprofessional behavior.

#### **Attendance Policy**

Students in the MD curriculum of the Duke University School of Medicine are expected to attend all classroom, clinical, and laboratory activities of their curriculum with these exceptions:

1. Activities that are clearly identified by the course director as non-mandatory attendance activities,
2. Activities for which the individual student has received permission in advance from the course director for an absence, and which may or may not require make-up work,
3. Activities for which the student is unexpectedly unable to attend due to illness, accident, or other emergency and for which the student has notified the advisory dean, course director or designee of the reason for the absence, and which may or may not require make-up work.

Attendance policy for individual courses is set by the course director(s) and should be made explicit, with consequences for non-attendance, and communicated to students at the beginning of a course. Students may negotiate with individual course directors for absence due to personal events or needs, and reasonable advance requests for absence due to appointments and events that must occur during curricular time should be granted (health care appointments, court appearances). For other requests, course directors should take into account the nature of the activity (does it enhance the student's curriculum, is it a once-in-a-lifetime opportunity), the amount of control the student has over the scheduling of the event, the impact of missed time on the curriculum, the student's performance in the class, and the availability of equivalent experience through make-up activities. The course director's decision in these requests is final.

#### **Attendance Requirements for Medical Students—Holidays**

Students in the School of Medicine are to observe approved holidays as outlined on the School of Medicine Academic Calendar. Holidays that occur on a Saturday may officially be observed on the preceding Friday. Official School of Medicine holidays occurring on Sunday will be observed on the following Monday. Second- and fourth-year medical students that are completing clinical rotations and scheduled for the weekend or evening shifts (or call) prior to the scheduled and approved holiday, must complete their scheduled shift. For example, a holiday observed on the Monday after the actual holiday, a course instructor and/or department may schedule the student to be on the wards until the end of their shift.

## Clinical Course Absences

If a student misses a portion of their clinical course, the course director determines the best manner in which to have the student make-up the learning. Decisions to make-up learning are based on the how best to ensure that the overall course objectives are met. This can be done with in-person clinical activities, asynchronous activities, or a combination approach. The goal is to ensure the student has had sufficient clinical experience consistent with achievement of competency as per the course objectives. In general, absences of more than 3 days over a 4-week clinical rotation may require in-person make-up time to ensure sufficient exposure to patient care for a patient-care clinical course credit. Course directors may contact the associate dean for curricular affairs for guidance on developing a make-up plan as needed.

## Internship Interviews

It is the recommendation of the School of Medicine that a student miss no more than 3 days in any fourweek course/clerkship/elective. It is, however, at the discretion of the course instructor to determine the number of allowable days a student can miss for the purpose of interviewing. The student must give the instructor of the effected course sufficient notice of his or her intention to be away for an interview so that a mutual determination can be made as to the best time to be absent. This ensures that the learning experience in that course is in no way jeopardized. Students must confer with the instructor to complete missed time and work in a timely manner. Students must complete missed time within the same semester that they were enrolled in the course in which they are making up time.

## Leave of Absence

In order to be granted a Leave of Absence of greater than one month, a student must complete the “**Status Change**” form and submit it to his/her advisory dean. The initial leave of absence may be granted for personal or academic reasons for a period not to exceed one calendar year. The advisory dean presents the completed form to the registrar who will notify appropriate course directors, the Office of Financial Aid, the Office of Curriculum Affairs, and the vice dean for education. A student desiring an extension of the leave of absence beyond one calendar year must update the “status change” form and obtain permission of the advisory dean for the extension before the current leave has expired. Failure to do so will automatically result in administrative withdrawal from the School of Medicine.

For purposes of deferring repayment of student loans during a school-approved leave of absence, **federal regulations limit the leave to six months**, and other lenders may have varying requirements. It is imperative that a student confer with the Office of Financial Aid about the implications of a leave of absence for financial aid matters. Please refer to the Bulletin for tuition reimbursement information.

To be eligible to return from a leave of absence a student must:

1. have satisfied all financial obligations (debt) to the University, and
2. notify the advisory dean and the registrar at least 30 days prior to re-enrollment so that necessary paperwork and registration may be accomplished, and relevant course directors informed. Failure to notify the School of the intent to return at the end of the approved period of LOA may result in administrative withdrawal from the School of Medicine.

In all cases of leave of absence, other than for approved double degree programs, a student must complete requirements for the MD degree within six years of matriculation. Enrollment after a leave of absence greater than two years, for whatever reason, will require that the student apply for readmission to the School of Medicine. Students who are readmitted after a leave of absence may be required by the vice dean for education to repeat some or all of the previously completed coursework.

## Medical Leave of Absence

A medical leave of absence may be requested by a student or recommended by the advisory dean if it becomes apparent that a student is unable to continue the program of study for medical/psychiatric reasons. A medical leave is initially granted for up to 30 days. If additional medical leave time is required, the “Leave of Absence” policy must be followed and documentation from the treating health care provider must be submitted to the advisory dean. In order to return to the School of Medicine from a medical leave, all requirements for returning from LOA must be met and in addition, a statement from the student’s health care provider attesting to the student’s fitness to resume activities as a full-time student and recommendations for continued treatment must be submitted to the advisory dean. If there is an ongoing health issue requiring Rx, the advisory dean will request periodic verification of treatment from the student’s provider regarding compliance with treatment requirements.

## Maternity/Paternity Leave of Absence

Students who have or adopt a child during medical school may take a leave of absence before and/or after the child arrives. The usual length of the leave is up to 8 weeks. While a length of 8 weeks is permitted, a leave of this length may result in extension of the student’s graduation date. Students should consult with the Office of Financial Aid regarding regulations on time not enrolled and implications for their financial aid.

## Student Attendance During Illness

Duke University School of Medicine values the well-being of students, patients, visitors, faculty, and staff. It is critical that students not come to school when they are sick. Students who have a temperature over 100.4 must not participate in classes or rotations until they have been fever free for 24 hours. Absences must be communicated to the student’s course and/or clerkship directors as soon as it is determined that they will not be able to attend class or rotations due to illness. Documentation from a health care provider (student health, urgent care, etc.) may be requested by the clerkship or course director upon their return to class/rotations.

## Academic Calendar Approval Process

The School of Medicine registrar’s office formulates the Academic Calendar for the School of Medicine annually. This process begins in mid-August and a draft of the proposed Academic Calendar for the School of Medicine is presented to the subcommittees for each academic year and the Curriculum Administration Group for review. Upon their review and recommendations, the calendar is submitted to the Curriculum Committee for approval during the October meeting. Upon approval by the Curriculum Committee, the academic calendar is considered official and no changes will be made to the calendar during that academic year without approval of the Curriculum Committee.

The academic calendar is published on the School of Medicine Registrar's website, <https://medschool.duke.edu/education/student-services/office-registrar>.

## Academic Dismissal Policy

A student who fails a course, clerkship, or elective will be placed on academic probation. Any of the following circumstances will result in dismissal:

- Failure of any combination of three classroom-based/clinical setting-based/clerkships/electives (including clerkships, electives, and selectives) courses.
- Failure of two (clinical setting-based courses) clinical courses.
- Failure of the same course twice.

## Academic Probation/Suspension Policy

Academic Probation places a student on notice that his/her academic performance or behavior has created considerable cause for concern and requires critical ongoing evaluation for a period of time. The probation period will be determined by the vice dean for education. It will allow sufficient time for correction and close monitoring of the student's performance. Academic Probation is noted on the academic transcript. If a student was placed on Academic Probation at the recommendation of the Promotions Committee and the student has satisfied all the conditions of the Academic Probation specified by the vice dean, the Promotions Committee can make a recommendation to the vice dean to have the student removed from this status. Upon approval by the vice dean, removal from Academic Probation status will be noted on their academic transcript.

If a student was placed on Academic Probation at the recommendation of the Promotions Committee and the student has not satisfied all the conditions of the Academic Probation specified by the vice dean, the Promotions Committee may recommend to the vice dean that the student be placed on Academic Suspension. The suspension is noted on the academic transcript.

## Advance Standing Matriculation

Upon acceptance to the School of Medicine, applicants who have received a recent quantitative doctoral degree in biomedical or preclinical sciences may apply to be considered for a waiver of the scholarly research experience, which is traditionally performed during third year. This may allow completion of an M.D. degree in three years, and would consist of the core basic science courses during the first year, core clinical rotations during the second year, and clinical electives during the fourth year. If the Ph.D. has not been awarded prior to matriculation, the student is not eligible for this program. Applications to receive credit for the Ph.D. can be obtained at the medical school admissions office, and must be submitted to the third year office no later than the end of the first year of enrollment. A subcommittee of the Third Year Committee is formed to review the dissertation which is then sent to full committee for recommendation to the vice dean for education who will make the final decision to approve or disapprove the waiver. Following this action, the student and registrar's office will be notified. Upon approval, a notation will be made to the student transcript to reflect transfer credit. The tuition for the third year will be waived.

## Advance Standing

Students electing to complete a Ph.D. after matriculation may request a waiver of third year. The request must be received and approved prior to enrolling in the Ph.D. program. Application to receive credit for the Ph.D. can be obtained at the Third Year Office. A subcommittee of the Third Year Committee will review the research experience to make sure the School of Medicine research requirements will be fulfilled prior to being sent to full committee for recommendation to the vice dean for education who will make the final decision to approve or disapprove. Upon approval, a notation will be made to the student transcript to reflect transfer credit. Students will be required to pay full third year tuition. The third year tuition will be charged the term prior to the student returning to begin the fourth year. Students are not eligible to apply for federal or institutional aid for transfer credit.

## Policy on Appropriate Treatment of Learners at Duke University School of Medicine

### Policy Statement

Duke University School of Medicine (SoM) is committed to creating and maintaining a positive learning environment for learners that is respectful and appropriately attentive to their learning needs and free from conduct by teachers that could be interpreted by learners as mistreatment. Behavior that violates this stated expectation will be investigated, and if found to represent mistreatment, may become the subject of disciplinary action by the SoM.

### Policy Rationale

The SoM adopted in 2002 the "Compact Between Teachers and Learners of Medicine" as articulated by the AAMC and this additional policy is designed to clarify and expand on the goals articulated there. Both documents are based on the premise that students learn how to be professionals by observing and imitating their role models, and that therefore the teachers of a medical school have an obligation to convey professional values by demonstrating appropriate standards of behavior.

This policy is not intended to abridge the academic freedom of teachers, and will be applied in a manner that protects those freedoms. It is consistent with the "Statement on Faculty Professionalism" of the School of Medicine, the "Duke Medicine Code of Conduct: Integrity in Action," and the "Harassment and Discrimination Policy" of Duke University. Under the "Policy on Appropriate Treatment of Learners at Duke University School of Medicine," students could be considered teachers or learners, depending on the role they play in any specific situation.



## Policy Standards

Conduct that is expected of those in a teaching role includes:

1. Taking responsibility for learners assigned to one's course or service, and ensuring a safe, fair, supportive, unbiased learning environment that respects learners' physical and social boundaries and encourages their development as medical professionals
2. Declining to evaluate the performance or vote on the promotion of any student for whom one has provided clinical care, including psychiatric care or psychological counseling.
3. Clearly communicating expectations, and applying consistent evaluation and grading methods which are communicated in advance of learner performance
4. Assigning tasks to learners based on their knowledge, skills, and experience
5. Providing supervision and appropriate remediation when learners are not adequately prepared
6. Providing feedback to learners in a timely, constructive, personalized, and explicit manner
7. Abiding by the Duty Hours Policy and other policies of the SoM
8. Adhering to Duke University's policies on Harassment and Consensual Relationships

Examples of conduct that is considered inappropriate in a teaching role include, but are not limited to:

1. Threatening or intimidating behavior or words (e.g. verbal threat of intent to harm, making a gesture as if to strike, screaming or yelling at a learner, standing over a learner or getting "in your face")
2. Using obscenities, profanity, or racially/culturally-derived/gender-based terms or names directed at a learner, OR using such verbal expressions so as to create a negative environment even if not directed at the learner. (e.g. cursing at a learner or other members of the team, using a gender- or racially-charged epithet to refer to a learner)
3. Using threatening or obscene gestures, cartoons, or jokes in the presence of a learner
4. Degrading a person or group on the basis of a personal or cultural characteristic (e.g. "people like you are all stupid," "you people all expect me to read your minds," "I can't believe you want to go into specialty X and become a drone")
5. Ignoring learners assigned to you or failing to complete assigned learner evaluations
6. Requiring learners to perform personal services at any time (e.g. get me coffee, pick up my laundry, pet-sit this weekend, pick up something I forgot in my office, listen to my personal problems)
7. Inviting learners who are being currently supervised, evaluated, or graded to romantic or sexual relationships; sexual assault, or sexual or gender-based discrimination or harassment through words, gestures, and behaviors (e.g. inviting on a date, commenting repeatedly on attractiveness or clothing, making sexually suggestive comments or gestures)
8. Taunting, mocking, or humiliating a learner through acts and words (e.g. mimicking something the student got wrong, giving highly pejorative feedback in the presence of others)
9. Using aggressive questioning to the point of badgering or humiliation in the guise of the "Socratic method" (e.g. after questioning the student to the limits of his/her knowledge, persisting in asking the same question the student can't answer or more difficult questions for the purpose of humiliation)
10. Endangering the safety of a learner (e.g. inflicting physical harm, requiring the learner to go somewhere unsafe or to be exposed to dangerous objects or substances without education and proper protection, asking learners to perform tasks they are not trained to do, telling a learner not to report an occupational exposure)
11. Endangering the learner's professional development (e.g. telling learners to ignore institutional or school policy, inviting learners to do something unethical or illegal)
12. Grading based on factors other than performance on previously announced grading criteria; creating disadvantage in learning opportunities, teaching, feedback or grading based on personal characteristics of the learner (e.g. giving a better grade because someone is going into your field or you like him/her best)
13. Acting in retribution against any learner who reports perceived inappropriate treatment (e.g. telling others that a learner is a "snitch" or to "watch out for that one," giving the learner a grade less than he/she deserves, calling a residency program to "warn" them about a learner)

## Reporting of Inappropriate Treatment in the Teacher-Learner Relationship

Perceived inappropriate treatment of a learner, either experienced or witnessed, should be reported by using one or more of the following methods:

- verbally or in writing to the course director of the learner's course
- verbally or in writing to the advisory dean or personal advisor of the learner
- in a mandatory end-of-course evaluation
- in other internal surveys done by the learner's program
- on the Adverse Events website for the SoM (can be anonymous)
- to a member of the Committee on Appropriate Treatment of Learners (CAT)
- to the SoM or University Ombudsperson
- to the Duke University Office of Institutional Equity

Conduct that may be a violation of the university's [Nondiscrimination Statement](#) or [Policy on Prohibited Discrimination, Harassment, and Related Misconduct](#) must be reported to the Duke University [Office for Institutional Equity](#).

## Investigation of Reports of Inappropriate Treatment of Learners in the School of Medicine

All reports of inappropriate treatment of learners will initially be evaluated by the Committee on Appropriate Treatment of Learners (CAT) for an initial determination of merit. This body will serve as a repository of reports from all sources and will therefore track whether multiple reports of inappropriate treatment by the same individuals occur. If a report warrants and provides enough information to support further investigation, CAT will conduct that investigation. If requested by the learner, the timing of this investigation can be adjusted to protect the learner. If an investigation reveals that inappropriate treatment has occurred, the matter will be referred to the

chair, residency program director, course director, or supervisor of the individual involved for potential disciplinary action and for a report back to CAT of what action was taken to ensure that the behavior will stop. For example:

1. Investigations of inappropriate treatment by students who are in a teaching role can be handled as potential breaches of professionalism and can be reported on a Professionalism Notification Form to the student's advisory dean or reported to a school official as a potential Code of Professional Conduct violation.
2. Investigations of inappropriate treatment by residents who are in a teaching role will be reported to the residency program director and/or vice chair for education or chair of the relevant clinical department.
3. Investigations of inappropriate treatment by faculty who are in a teaching role will be reported to the vice chair for education or chair of the relevant clinical department and may ultimately be reported to the Dean's Advisory Council on Faculty Conduct.

CAT will determine an appropriate deadline for reporting of actions taken based on the urgency of the situation. If CAT is not satisfied that an appropriate action has been taken to prevent future inappropriate treatment by a teacher, it will report its concern to the vice dean for education for further action. In all cases, CAT will report back to the person who reported the inappropriate treatment, if identified, that action has been taken on his/her report, though specific details of that action will not generally be revealed.

### **Confidentiality of Reporting Mechanisms**

While there are several anonymous and confidential ways to report inappropriate treatment of learners, full disclosure of the persons involved and the behaviors witnessed can lead to more effective action to correct the problem. Therefore, we encourage full reporting of incidents of inappropriate treatment of learners and people involved in them. However, anonymous reports will also be investigated to the extent that specific information is provided. The identity of learners reporting inappropriate treatment can often be protected by delaying action on the report until the learner is no longer vulnerable, or by collating reports so that individuals cannot be identified. The School and the University will keep confidential all records of complaints and investigations to the extent permitted by law. However, *behaviors that violate Title IX of the 1972 Education Amendments to the Higher Education Act, which include discrimination or harassment based on sex or gender, must be reported by any University official (except those designated as confidential—Student Health, CAPS, Ombudsperson, clergy acting in that capacity, and the Women's Center) to the [Office for Institutional Equity](#) or the [Office of Student Conduct](#) so that they can be promptly acted upon in order to be compliant with Federal Law.* Behaviors that pose an immediate danger to others (e.g. violence or threats of physical violence, illegal drug use by caregivers in the clinical setting, deliberate violation of patient safety procedures) or are illegal (e.g. stealing narcotics, falsifying patient records) must also result in immediate reporting so that action can be taken.

### **Protection of Rights of those Reporting Inappropriate Treatment**

The success of this policy and procedures in safe-guarding the learning environment depends on the timely reporting of incidents of inappropriate treatment. In all cases, retaliation, or the encouragement of another to retaliate, against the person making such a report or the learner involved is strictly prohibited and, if found to exist, would become the focus of an investigation and sanctions.

### **Protection of the Rights of those Accused of Inappropriate Treatment**

Intentional false or malicious reports of inappropriate treatment by learners will not be tolerated and will be handled as a disciplinary matter in the learner's program. All reports of inappropriate treatment will be handled confidentially with the exceptions noted above, and in a manner that affords the accused due process.

### **Clinical Supervision of Medical Students**

Medical students rotate in clinical settings to learn all aspects of patient care, including obtaining patient histories, performing thorough physical examinations, formulating differential diagnoses, learning to make decisions based on appropriate laboratory and radiological studies and procedures, interpreting results of special studies and treatment, communicating with patients on all aspects of disease and prognosis and communicating with members of the health care team. All patient care provided by medical students is provided under the supervision of a licensed health care provider performing activities within the scope of the health care provider's practice. An on-site licensed health care provider is always immediately available. To this end, the medical student may participate in the following activities:

1. Access patients to obtain a medical history, perform a physical exam, and follow the inpatient and/or outpatient course.
2. Access the patient's entire medical record, including laboratory reports, x-ray reports, etc.
3. Perform appropriately supervised procedures as authorized by the patient's health care provider. For procedures such as drawing blood that the student has been trained for and declared competent in, the student may draw blood and perform independent of direct supervision.
4. Perform only CLIA-waived laboratory studies under appropriate supervision and review.
5. When the student is clinically prepared, write orders for specific patients. All of the orders written by a medical student must be reviewed and countersigned by the responsible resident or health care provider.
6. Write progress notes under the supervision of the responsible health care provider.

### **Course Audit**

With the consent of the appropriate instructor, fourth-year students are permitted to audit one course a semester in addition to the normal program. Students who audit a course do not actively participate, submit work, or receive credit for the course. Because of the nature of an audited course, most clinical science courses cannot be audited. However, those offered in a lecture format (as indicated in the electives book provided to fourth-year students) may be audited with the written permission of the instructor. After the first week of classes in any term, no course taken as an audit can be changed to a credited course and no credited course can be changed to an audit. Further, an audited course may not be repeated for credit.

## Course Evaluations

Course evaluations are an integral element of the assessment process. As such, all students are required to complete a course evaluation for each course. Failure to do so may result in disenrollment from current or subsequent courses. For more information contact the Office of Curricular Affairs.

## Criminal Background Check/Drug Screening Policy

Incoming students must consent to and undergo a mandatory criminal background check (CBC) and mandatory drug screening prior to matriculation. Both the criminal background check and the drug screening are conducted by a program approved agency and the results of both are kept strictly confidential. Results from any other agency will not be recognized. An incoming student will not be permitted to begin orientation and/or classes without consenting to a criminal background check and drug screening and receiving favorable reports.

Following enrollment, students are required to disclose if they have been charged with, arrested for or convicted of a misdemeanor or felony convictions, other than minor traffic violations including deferred adjudication, within one week (seven days) days of occurrence to the vice dean for education. Nondisclosure or falsification may be grounds for dismissal or degree revocation. Students already enrolled may, for good cause, be required at the request of the vice dean for education to undergo an additional CBC or drug test. In addition, sites conducting clinical education may require students to undergo additional background checks prior to undertaking their clinical internship. The cost for such requested background checks, if not borne by the clinical site, will be incurred by the student.

The student is aware that, when applying for the CBC, he/she/they automatically releases the results to the Duke University School of Medicine program and that their results will be shared with affiliating agencies that provide clinical experiences in the program.

## Due Process Guidelines

If a student decides to appeal a decision of the Promotions Board, he or she must submit in writing to the vice dean the reasons for the disagreement with the decisions and any extenuating circumstances he or she wishes to identify within two calendar weeks of receiving notice of the decision. Within a week of receiving the appeal, the vice dean appoints a Promotions Appeal Committee of three senior faculty. The Promotions Appeal Committee reviews the student's request and meets with other Duke SoM Medicine faculty or staff who have pertinent information. The student may present his or her appeal in person and may bring a friend from the faculty or student body to assist. The Promotions Appeal committee reports its decision to the vice dean who presents this to the student. If the student is still dissatisfied and wishes to appeal further, he or she may request a review of the whole process by the dean of the School of Medicine, with all pertinent documentation provided to that office. The dean's decision is binding.

## Duty Hours Policy

The Duke University School of Medicine has adopted a duty hours policy for medical students to provide guidance and protection for students, especially on the clinical services in the second and fourth years of the curriculum. It is recognized by faculty and students that the goals of educating students in the clinical setting are both the development of their clinical skills and professional attributes and the provision of student contributions to medical teams and the care of patients. It is the intent of this policy to support the achievement of these goals while allowing students adequate time to rest, attend to extracurricular obligations, and recreate in order for them to be maximally effective as learners.

## Statement of Duty Hours Policy

- Students will be expected to be on-site on any clinical service no more than 80 hours per week, averaged over a two-week period during second year clerkships and a four-week period during fourth-year courses. This maximum should include actual time spent on service in the hospital or clinic on "on-call" nights, but should not include time a student may spend at home reading or studying, or sleeping in the hospital while on call. Exceptions to the 80-hour limit can be made for unique learning opportunities that may arise (e.g. an unexpectedly long surgical case, an unanticipated transplant surgery, awaiting an obstetric delivery, etc.), but should not become routine.
- Students will have one full day completely free of curricular or patient-care responsibilities in the hospital or clinic per week, averaged over a two-week period during second-year clerkships and over a four-week period during fourth-year courses. Weekends off after a course ends may be included as days off for the preceding two-week period only. School holidays that occur during a course may be included as days off for the two-week period in which they fall.
- Students will not be expected to be in the hospital or clinic setting for more than 30 consecutive hours, including hours spent sleeping while on call if less than four hours.
- In conjunction with the restrictions on total time spent in the hospital or clinic, course directors should design learning activities to make the most efficient use of time from the standpoint of learning. Learning activities appropriately include:
  - the care of patients assigned to the student, the student's team, or services being cross-covered, and other activities that are the work of the student's team, and
  - classes, conferences, rounds, projects, and individual learning assignments that are part of a course.
- Students should not be expected to use the hours allocated on tasks that are not directly related to learning activities (e.g. performing personal favors or services for other medical personnel), nor should they be expected to do tasks unrelated to their learning activities (see 4a) solely because residents must leave due to work hours restrictions.
- Students will be expected to keep an accurate log of time spent in the hospital/clinic and provide the log to an office designated by the Office of Curricular Affairs. Intentional falsification of logs will be treated as an Honor Code violation. Course directors review cumulative, nonstudent-identifiable duty hours data twice a year and correct any systemic problems that



are contributing to students regularly working excess hours on their rotations. Students will not be penalized for accurate reporting, nor will information from student logs be used in any way in determining grades or evaluations.

- The Office of Curricular Affairs will compile a bi-annual report for the clinical course directors including the average duty hours per week on individual rotations and, the number of reports of excess duty hours data and correct any systemic problems that are contributing to students regularly working less hours on their rotations. Students will not be penalized for accurate reporting, nor will information from student logs be used in any way in determining grades or evaluations.

—Approved by the Curriculum Committee on September 4, 2006

## Email, Official Means of Communication

Duke University School of Medicine uses e-mail as an official means of communication with students. Deans, faculty, and administrators will generally employ your Duke e-mail address (@duke.edu) when reaching out to you, and you are expected to check your Duke e-mail account on a regular basis and to respond in a timely fashion. If you have your @duke.edu forwarded to a different e-mail address, it is your responsibility to ensure that important and time-sensitive communications are not lost. Failure to read and respond to official e-mail in a timely fashion can have serious consequences.

## Emergency Management Plan Policy

The following link provides information pertaining to safety and emergency resources, to include disaster preparedness and preparation information for the Trent Semans Center, fire drill information for the Trent Semans Center, Duke Alert, and health and wellness resources: <https://medschool.duke.edu/education/student-services/medical-education-administration/safety-resources>.

## Fourth Year Credit for Non-Direct Patient Care

Students are allowed to earn a total of four non-direct patient care course credits that may count toward the 28 required credits for fourth year graduation requirements. These are usually lecture-based or discussion-group based courses that must be approved by the Curriculum Committee prior to the start of the term in which the student enrolls and must be approved School of Medicine course credits. Students may not receive credit retroactively. These courses include approved courses that are offered in the third year that count toward fourth year credit. Credits for the Capstone course are not part of this policy.

## Grading/Testing Related Policies

### Grade Appeal Process

A student wishing to appeal an official grade or comment must present their appeal to the course director within two calendar weeks of the grade being posted. If requested as part of the appeals process, a student should have access to the actual checklists or comments that have been compiled as part of the grade, though identity of the evaluators submitting these data may be kept confidential. If a satisfactory resolution cannot be accomplished, the student may appeal the grade to the Grade Review Panel within two weeks of the meeting with the course director by completing the “Request for Grade Review” form and submitting it to the Office of Curricular Affairs.

The Grade Review Panel, designated by the vice dean for education will consist of one basic science faculty, one clinical science faculty, and one advisory dean other than the student’s dean, and should be convened ad hoc within one month of receiving the notification of appeal. Both the student and the course director will be asked to present information regarding the appeal. The Grade Review Panel will review the data related to the student’s performance in the course and the grading criteria for the course and will make a recommendation to the vice dean for education regarding preserving or changing the grade. At this time, the vice dean for education will either uphold the decision of the Grade Review Panel or make their independent decision relative to the documentation submitted.

If the student is not satisfied with the outcome of the grade appeal process, they may appeal to the dean of the School of Medicine within two calendar weeks of receiving the decision of the vice dean for education. An appeal to the dean may be made only upon the grounds of improper procedures in the appeals process rather than continued disagreement about the outcome of the process. The dean will review the data related to the process of the appeal and determine whether the process was valid. If they find the process valid, the decision is final and binding. At this time, the Registrar’s office will be notified of the final grade and it will be reflected on the student’s permanent record. If the dean finds the process invalid, a new Grade Review Panel will be convened.

## Grading Policy

### Grading

Final course grades are available to students via DukeHub. A grading basis is established for each course with Curriculum Committee approval. Currently there are four grading schemes established: Pass (P)/Fail (F); Honors (H)/High Pass (HP)/Pass (P)/Fail (F); Satisfactory (S)/Unsatisfactory (U); and Credit (CR)/No Credit (NC). Course directors shall assign a grade to certify the student satisfactorily completed requirements. The Liaison Committee on Education (LCME) requires that grades be submitted to the Office of the Registrar and made available to students within six weeks of the last day of classes. There is a shorter grade submission period for the last section prior to graduation.

### Fail Grades

If a grade of “Fail” is received in a course, either because of major deficiencies in meeting course requirements or failure to clear an “Incomplete” grade as described, the “Fail” grade will become a permanent part of the student’s transcript, and the student will be referred

to the Promotions Committee for review. The Promotions Committee may recommend to the vice dean for education that the student remediate the course prior to starting second year clerkships. Alternatively, when deficiencies in coursework are major or in multiple courses, the Promotions Committee may recommend an immediate delay in further progression in the curriculum and that the student repeats the entire course(s) the following year.

### **Incomplete Grades**

It is recognized that students who encounter difficulty of an academic or personal nature may also find it necessary to delay completion of a course beyond the term of the course. At the course director's discretion, students with deficiencies in completion of course requirements or those who must delay completion due to reasons of illness or other extenuating circumstances may receive a grade of "Incomplete," to be submitted when the final grades for the course are recorded. The student must then initiate a formal request to complete the course requirements by meeting with the course director(s) and their advisory dean and completing a Request for Remediation form to be submitted to the advisory dean.

If a student has an unsatisfied "Incomplete" grade and/or a pending "Request for Remediation" that preclude completion of coursework in a timely manner or if the Promotions Committee in conjunction with the course director(s) determines that, despite an approved "Request for Remediation," the student is not adequately prepared to continue in the curriculum, an immediate delay in further progression may be recommended to the vice dean for education, even though no "Fail" grade has been recorded.

Upon completion of the course requirements a grade is added; however, a note of the Incomplete (I) remains on the official transcript. If the student is unsuccessful in satisfactorily completing course requirements or does not enact the remediation by the agreed upon deadline, a grade of "Fail" is recorded. A grade of Incomplete ("I") is reported while a retake of an exam is pending. Any second year student permitted a retest in a course due to failure is not eligible for a grade of "H" Honors.

### **Timely Submission of Grades**

Course and clerkship directors must submit grades to the Registrar's Office within six weeks of the end of the course/clerkship. If a student's completion of the course requirements has been delayed beyond the end of the six-week period, the course or clerkship director will enter a grade of Incomplete "I" in the system. Diplomas may be withheld until such time as all grades are submitted for the student.

### **Timing and Grading**

A grade of "Incomplete" ("I") is reported while a retake is pending. The student is eligible for only one retake of a failed exam. If a student fails the reexamination and thereby fails the course, the student will receive a "Fail" grade on the transcript. For first-year students, all retesting must occur and all first-year courses must be passed prior to a student starting second year clerkships. For students in clinical clerkships or electives, examination retakes must be taken within a year of the original exam. Any second-year student permitted a retest in a course due to failure is not eligible for honors.

### **Withdrawal Grades**

A grade of withdrew (W) is available for those students who withdraw from a course due to a leave of absence or if a student withdraws from the School of Medicine.

## **Medical Licensure**

The Federation of State Medical Boards (FSMB) and the National Board of Medical Examiners (NBME) work together to co-sponsor the USMLE, which comprises Step 1, Step 2, and Step 3. More information can be obtained from the USMLE website at <https://www.usmle.org>. It is governed through a jointly appointed composite committee consisting of representatives from the FSMB, the NBME, the Education Commission for Foreign Medical Graduates (ECFMG), and the public. Step One assesses how well a student can apply the knowledge and understanding of basic biomedical science, with an emphasis on principles and mechanisms of health, disease, and modes of therapy. Step Two CK Clinical Knowledge (CK), assesses how well a student can apply their medical knowledge and understanding of clinical science considered essential for the provision of patient care under supervision, including emphasis on health promotion and disease prevention.

Duke University medical students are required to take Steps One and Step Two CK prior to graduation. Duke School of Medicine. Steps One and Two CK must be passed to be eligible for Step Three. Step Three, typically taken in the first year of postgraduate training, assesses how well a resident can apply the medical knowledge and understanding of biomedical and clinical science considered essential for the unsupervised practice of medicine, with emphasis on patient management in ambulatory settings. Steps One and Two CK are computer-based and must be taken in certified Prometric testing centers. Centers closest to Durham are in Raleigh and Greensboro. Step Two CS is taken at one of five specially designed testing centers around the country. More information can be obtained from the USMLE website at <https://www.usmle.org>.

Duke University medical students are required to take Steps One and Two CK prior to graduation. Duke School of Medicine considers licensure to be the responsibility of the individual, so passing is not a requirement for progress through the curriculum. However, students must sit for the exam prior to graduation in order to complete graduation requirements and receive their diplomas. The Duke curriculum is not directed to prepare students specifically for licensure examinations; however, satisfactory performance in medical school should provide sufficient information and experience to pass these exams.

According to the NBME, "In order to be eligible to register for USMLE Step 3, students and graduates of LCME- or AOA-accredited medical schools will be required to not only meet current examination requirements (i.e., passing Step 1 and passing Step 2 CK) but also to pass Step 2 CS if they: a) have graduation dates in 2005 or later, or b) have graduation dates prior to 2005 and have not passed the CK component of Step 2 taken on or before June 30, 2005." More information is available on the [USMLE website](https://www.usmle.org). Applications for Steps One and Two are available on the National Board of Medical Examiners website (<https://www.nbme.org>).

## Medical Student Exposure to Infectious and Environmental Hazards

All students at the Duke University School of Medicine must complete online and classroom training activities regarding personal safety and environmental exposures. Students must complete the following safety modules yearly.

In addition, students must attend a mandatory safety training session on preventing needle stick injuries and handling sharps in the Introduction to Clinical Skills Course prior to beginning clinical clerkships, and mandatory scrub training prior to going to the OR. Compliance with these requirements is tracked throughout medical school.

If a student experiences a biological or chemical occupational exposure at Duke or while studying away, s/he must call the Duke Employee Occupational Health and Wellness (EOHW) safety hotline (available 24 hours a day) to report the incident and follow the directions given by the EOHW staff member. All initial costs of laboratory tests for properly reported occupational exposures or injuries are covered by the Student Health Center, and any treatment needed post-exposure or for a clinical condition that develops as a result of the exposure or injury, by the student's health insurance policy. Students who are potentially exposed to a patient with a communicable illness (e.g. meningitis, hepatitis A) are identified by the Infection Prevention Team, offered preventive medication if indicated, and monitored for the development of illness by Student Health. If a student becomes disabled as the result of an occupational exposure or injury, the Duke Medical Student Disability Policy provides coverage. If the student were allowed to be in the clinical setting after the review panel made its decision based on the safety of all involved, but had a disability (e.g. loss of the use of a limb) that could be accommodated, they would apply through the Student Disability Access Office to request appropriate accommodations, and if approved, those would be implemented.

If a student has an infectious disease or is exposed to an infectious disease and must be monitored for a period of time, a review panel is convened that includes an advisory dean, the director or a designee from the SHC, the director of employee/occupational health, an infectious disease expert on the relevant pathogen, and a course director for whose course the student may have restricted activities. If the student has a clinician providing his/her medical care that the student would like to be involved, that person is also included at the student's request. The panel may decide that the student should not be in the clinical setting due to risk to self/patients/coworkers, can be in the clinical setting with limited activities (e.g., can only observe in the OR, cannot work with pregnant women, etc.), or can be in the clinical setting without restrictions.

Visiting medical students are subject to the same training requirements and have the same support services available in case of an exposure/injury as any enrolled student, and are required to verify that they have medical insurance while studying at Duke.

## MSPE Authorship and Content

Every fourth year medical student, whether applying for residency or not, will receive a Medical Student Performance Evaluation, an official school document that becomes a part of the permanent file. The MSPE is composed based on information the student has supplied about his/her activities and accomplishments, the official transcript and checklist or narrative evaluations in the official record, and knowledge that the letter-writer has about the student's qualifications. MSPEs from Duke do not provide any ranking information or any information from Pass/Fail courses that could be used to rank students.

Typically, the MSPE is composed by the student's advisory dean. If a student believes that his/her own advisory dean cannot be objective in writing the MSPE, the student can submit to the vice dean for education a request to opt-out of the usual method for assigning authorship of the MSPE. The vice dean will then assign that student's MSPE to another advisory dean on a rotating basis, or, if the student prefers that no advisory dean author his/her letter, to the director of assessment in the Office of Curricular Affairs. This request should be made prior to the writing of the MSPE by the student's advisory dean and not in response to the content once written.

The student is allowed to read the completed MSPE and to negotiate with the letter-writer over factual content or errors. If a student wishes to further appeal or challenge information that appears in the MSPE, s/he may do so by notifying the vice dean, who will either make a decision about the content in question or convene a panel of two faculty members and the director of assessment to arbitrate a final decision. After graduation from the School of Medicine, copies of the MSPE may be obtained from the registrar's office.

## Payment Policy for Students Who Do Not Hold U.S. Citizenship or U.S. Permanent Resident Status (moved from SoM to DoM)

Each non-U.S. citizen admitted for enrollment at Duke University School of Medicine is eligible to apply for need-based financial assistance at the time of admission. Financial aid eligibility is determined at the time a student is admitted and the student is notified of their eligibility prior to accepting admission into the School. Funds accepted by the student will credit to the student account. The amount disbursed is dependent on the number of terms a student is enrolled. It is the student's responsibility for paying all required tuition and fees on a semester/term basis.

For questions regarding this policy, please contact the Office of the Bursar, or the Duke University School of Medicine Office of Admissions.

## Prohibiting the Involvement of Providers of Student Health Services in Student Health Assessment

Providers of health and psychiatric/psychological services to a medical student will have no involvement in the academic assessment of or in decision about the promotion of that student.

## Promotion

The Promotions committee will periodically review the academic performance of all medical students on a quarterly basis. The committee members and the chair will be appointed by the vice dean for education. The advisory deans will serve as ex-officio capacity. Serving on the Promotions Committee will be a four year commitment.



The Promotions Committee will recommend to the vice dean for education:

- Promote students whose work is satisfactory
- Warn students whose work is less than satisfactory that they must improve their scholastic endeavor and require such students to remediate, retake, or review specific courses, or to undertake other actions that may assist in the correction of deficiencies
- Place on probation or suspension students whose work is unsatisfactory or who have demonstrated unprofessional behavior
- Or request the resignation of any student who is considered an unpromising candidate for the degree of Doctor of Medicine
- Recommend dismissal

The student wishing to appeal a decision may do so to the vice dean within two weeks of notification. The vice dean, in consultation with the dean of the School of Medicine, reserves the right to require the withdrawal of any student at any time if, in his/her opinion, the student should not continue in the School of Medicine.

## Provision of Formative Assessment of Students' Performance

For required courses or clerkships four weeks or longer, formal formative feedback must be provided at least once midway through the course or clerkship. A course or clerkship less than four weeks in length must provide an alternate means by which a medical student can measure his/her/their progress in learning.

## Policy for the Provision of Narrative Assessment of Students' Cognitive and Non-Cognitive Performance

Narrative description of a medical student's performance, including his/her/their non-cognitive achievement, must be included as a component of the assessment in each required course and clerkship of the medical education program in which the following apply:

1. The course duration is four weeks or longer.
2. There is sufficient longitudinal and interpersonal interaction of instructors and students such that there is reasonable basis to evaluate the students and provide narrative feedback.
3. Attendance at the learning activities that form the basis of the narrative assessment is required.

## Preparation for Residents and Other Non-Faculty for Their Role as Educator

The School of Medicine Curriculum Committee requires residents and others (e.g., graduate students, postdoctoral associates, etc.) who teach medical students to be oriented to and prepared for their role in teaching and assessing medical students.

## Reciprocal Agreements with Neighboring Medical Schools

Under a plan of cooperation between the Duke University School of Medicine, the Wake Forest School of Medicine, East Carolina University's Brody School of Medicine, and The University of North Carolina at Chapel Hill School of Medicine, degree candidates of one institution may participate in elective courses for credit at one of the other schools. Courses taken usually are ones not available at the home institution or not offered at times that can be accommodated by the students' schedules. Enrollment in another institution is limited to one term and is contingent upon available space in the course(s). These courses are regarded as "in house" electives at Duke and, as such, appear on the transcript with the awarded grades. Students involved in this program are assessed the current Duke tuition and fees. Interinstitutional visitors to Duke are charged neither tuition nor student health fees for this type of enrollment.

**Important Note:** The amount of credit granted for an inter-institutional course is the same as that awarded for a comparable course at Duke unless the course concerned is 1) a sub-internship, or 2) offered for fewer credits and meets less often than its Duke counterpart. Students can earn a maximum of four credits for sub-internships taken at any school other than Duke or the University of North Carolina-Chapel Hill.

## Readmission after Withdrawal

Students who wish to re-enter the medical program after withdrawing from the School of Medicine must provide the following to the director to the Office of Student Affairs:

- A statement detailing
  - the reason(s) for withdrawing from the program, including relevant history leading up to the decision;
  - how the issue relating to those reasons have been addressed;
  - a discussion as to why the student is re-applying to the medical school, including information concerning changes in situation, reasons for wishing to pursue a career in medicine, and an explanation as to the chosen time for return;
  - a chronological list and brief description of actions since withdrawing from the School of Medicine;
- an updated curriculum vitae;
- a transcript of any academic courses taken since the withdrawal; and
- two letters of reference from people with whom the student worked during the withdrawal period.

In the event of withdrawal because of medical reasons, the School of Medicine requires an evaluation from the student's personal health care provider declaring readiness to return.

The applicant is scheduled for two interviews with either administrative staff or faculty in the School of Medicine. After these meetings take place, a committee comprised of the vice dean and the advisory deans convenes to review the information submitted relevant to the reapplication. The decision of the committee, which is final and non-negotiable, is provided in writing to the applicant and to the school administrative offices..

## Registration

Students are expected to register at specified times for each successive term. All students register online via DukeHub. First-year students register for the required first-year classes; second-year students register for their two selectives, the Clinical Skills course, Clinical Assessment, Practice Year 2, and the required clinical core online; third-year students register for their study programs, and other required third-year courses; fourth-year students register for their elective, subinternship, and capstone courses online. Students who are approved to complete an away rotation should refer to the study away section in the bulletin. Prior to registration, students are sent registration instructions via email. Students completing their scholarly experience (third year of medical school) are currently required to complete the third-year registration form. Students must obtain signature approval of their mentor, study program director, and their advisory dean. Upon receipt of the signature approvals on the registration form, the students submit the completed form to the third-year coordinator. The student is provided a permission number in order to enroll online in the approved study program. The student then enrolls in all required third year course work for the term.

There are designated online drop/add periods for each term for the fourth year. Drop/add dates and instructions are emailed to the students prior to the scheduled drop/add dates. Drop/add requests submitted outside of the online drop/add periods require completion of an electronic drop/add form. Electronic signature approval is required from the impacted course directors and the student's advisory dean.

Students who fail to register during the specified enrollment periods are subject to the completion of a professionalism notification. Students who have not paid any fees owed to or fines imposed by the university or School of Medicine (such as laboratory fees, library fees, and parking fines) by the date specified for registration may have a registration hold placed by those offices and will be unable to register until such fees and fines have been paid in full. The SoM registrar's office cannot appropriate office(s) to resolve any payment issues or registration/transcript holds.

Students may only take courses for the number of credits as approved by the Curriculum Committee .

## Repetition of Courses

Students enrolled in the M.D. program may not take the same course for credit more than once. The exception is Surgery 401C, as students are assigned different preceptors, depending on the specified surgical specialty. An exception may also be approved in the case of a national pandemic which prevents students from completing specialty rotations at other locations.

## Request for Remediation

A student who has a failing score at the conclusion of a School of Medicine course that has a course policy allowing for reassessment by retest may request a retest by meeting with the course director(s) and his/her/their Advisory Dean and completing a Request for Remediation form to be submitted to the Advisory Dean. The opportunity for reassessment is contingent upon the student taking the remedial steps directed by the course director and Advisory Dean which may include utilizing academic resource(s) to prepare for the retake, reducing the co-curricular activities, seeking medical/mental health services, and/or taking a leave of absence.

## Retesting Policy

In order to be eligible to retake a test of a failed examination in a School of Medicine course that allows for retesting on individual examinations during the course, the students must meet with the course director to determine if a retest can be done. If the course director determines remediation is needed prior to the retest, the student must meet with his/her/their advisory dean and complete a Request for Remediation form. The opportunity to retake an examination is contingent upon the student completing the agreed upon steps developed which may include utilizing academic resources(s) to prepare for the retake, reducing co-curricular activities, seeking medical/mental health services, and/or taking a leave of absence.

This policy is applicable only to students who fail an exam and cannot be utilized for students who want to improve a passing grade. Students who miss an exam and whose absence has been deemed excused by the course director will have the opportunity to take a make-up exam (see Excused Absences, Unexcused Absences, and Testing policies in the School of Medicine Bulletin).

## Satisfactory Academic Progress

Satisfactory academic progress for students in the School of Medicine is defined as the successful completion of all requirements necessary for the advancement from one year to the next. These requirements are as follows:

**First to Second Year.** Requires satisfactory completion of 45.5 course credits in the approved basic science curriculum in one calendar year.

**Second to Third Year.** Requires satisfactory completion of 54.5 course credits in the approved clinical science curriculum within fourteen months.

**Third to Fourth Year.** Requires satisfactory completion of 36 course credits in basic science within ten months (twelve months for master's or scholarship students).

**Fourth Year to Graduation.** Requires satisfactory completion of 28 course credits in clinical science within one calendar year.

In unusual circumstances (including illness, remediation, or irregular sequence of courses) the determination of satisfactory progress for academic purposes is made by the Vice Dean.

## Satisfactory Academic Progress Policy for Financial Aid

Federal regulations that went into effect July 1, 2011 require that Duke establish and implement a policy to measure whether students applying for and/or receiving financial aid are making satisfactory academic progress (SAP) towards a degree. This regulation applies to all students applying for aid, whether or not financial aid has been previously received. Satisfactory Academic Progress (SAP) is

the successful completion of degree requirements according to established increments that lead to awarding the degree within published time limits. There are three measurements that are used to determine eligibility: Credit Hour Requirement, Grade Point Average and Maximum Time Frame. Not meeting these requirements may result in loss of all financial aid. Below is an explanation of these requirements.

## Monitoring of Academic Progress

Students' progress will be reviewed after grades are finalized, with the exception of Medicine which will be at the end of each year. A determination of eligibility to receive financial aid for subsequent enrollment periods will be made at this time. Although Duke will send a notification to the student, the student is fully responsible for monitoring their own academic progress as it relates to financial aid eligibility. The student should review their grades on an on-going basis and compare it to the standards set forth in this SAP policy to determine if they are meeting (or failing to meet) the established criteria.

Evaluations will be done in a timely manner; however the next term, (or year for medicine), may be in progress at the time we are able to notify students of their ineligibility. Should the student be concerned that they may not have met the requirements, they may contact the Financial Aid Office during normal business hours. Students will be notified via their Duke e-mail account if they have failed the measurement. Students may appeal the decision. The appeal form and directions will be located on our website.

## Frequency of Evaluation and Communication of Status

Satisfactory Academic Progress for students enrolled in Allied Health Programs, and Doctor of Medicine second year and fourth year will be checked when grades become available for each term in which the student is enrolled (including summer). Satisfactory Academic Progress for students enrolled in the Doctor of Medicine first and third year will be checked at the end of each year. Students not achieving SAP will be notified of their status (Financial Aid Warning, loss of eligibility, or Financial Aid Probation) by email to their University email account.

A student who fails to meet any of the standards will be placed on a **Financial Aid Warning** for the next semester. (Students already on a Financial Aid Warning will lose federal aid eligibility.)

## Financial Aid Warning and Loss of Federal Financial Aid Eligibility

A student who fails to meet SAP will be automatically placed on "financial aid warning" for the next enrollment period.

During the "financial aid warning" enrollment period, the student may receive federal financial aid despite the determination that the student is not meeting SAP standards.

The student must meet SAP standards at the end of the financial aid warning period or will be suspended from further financial aid until such time as the student:

- meets SAP standards (student must pay for any additional course enrollment after the financial aid warning period through personal or private funds), or
- successfully appeals and is placed on financial aid probation (outlined below)

Students will be notified of their status at the time of each SAP evaluation. Those who lose eligibility will be notified by email, and the email will include instructions for appealing the loss of eligibility.

There are three (3) parts to the measurement and they are explained below:

### 1. Maximum Time Frame for Eligibility: Reviewed Each Term/Year

- The normal time frame for completion of required course work is determined by each program. Students are allowed to take 1.5 times the years of the program to complete the degree. Leave of Absences (LOA) are not counted unless the time frame from the date of matriculation reaches 10 years. Students are not allowed to take more than 10 years, including LOAs, to complete degree requirements.

### 2. Quantitative: Reviewed at the end of each Term/Year

- Students must successfully complete a minimum of 70% of the total number of hours for which they are enrolled after the first week of the enrollment period and cumulatively. Each program determines progress to be reasonable by dividing the cumulative number of credits the student has successfully completed by the cumulative number of credits the student has attempted.
- Students enrolled in the Doctor of Medicine Program must complete 100% of attempted credits in the first year in order to progress to the second year. All fourth year students must have satisfied all requirements as specified by the program in order to graduate.

### 3. Qualitative Requirement: Reviewed at the end of each Term/Year

- Successful completion of a course for all students, for purposes of SAP calculations, means a student must earn a grade of Credit (Cr), Pass (P), Satisfactory (S) or better. All other grades, including F (Fail), I (Incomplete), or W (Withdrawal) will not be counted as successful completion. Only an incomplete that has been changed to a passing grade can be added to the number of hours completed for the semester of the original registration. It is the students' responsibility to notify the Office of Financial Aid once an incomplete grade has been changed to a valid grade.

## SAP Probation and Appeal Process

Students who lose eligibility for financial aid may appeal the decision by following the procedures outlined below. Those wishing to utilize this process must indicate mitigating circumstances that occurred during the course of the semester or year in question, that could not have been anticipated prior to that period, and that adversely affected their ability to successfully complete their required coursework. (Events such as the death of an immediate family member, extended illness suffered by the student, or other unforeseeable events that may have caused significant hardship for the student may be considered as examples of mitigating circumstances.) To appeal, a student must:

- Submit a letter of appeal to the Financial Aid Office. The appeal letter should include the following:
  - mitigating circumstances that prevented the student from meeting the requirements of academic progress (e.g. death in the



family, student illness or injury, other personal circumstances). Mitigating circumstances do not include: withdrawing from classes to avoid failing grades, pursuing a second major or degree, etc.;

- documentation that supports the student's basis for the appeal;
  - steps the student has taken/will take to ensure future academic success. This plan should outline the student's academic goals for each period (e.g. number of credit hours and/or cumulative GPA) that will enable the student to meet the requirements of academic progress at a specified future point in time; and
  - anticipated graduation date.
- In most cases, the SAP Appeals Committee will render a decision within two weeks of receipt of a fully completed appeal. All decisions of the SAP Appeals Committee are final. Notification of the decision will be sent via the student's Duke email account.
  - The promotions committee will monitor and review progress of the student. Failure to meet SAP during the probationary period may result in dismissal from the program.
  - If the SAP appeal is approved, financial aid will be awarded for the next semester on a probation period as long as an approved Academic Plan is in place. An Academic Plan must be formulated with a student's advisor.
  - If the SAP appeal is denied, financial aid will be canceled. If you have been denied aid please review the section "Regaining Financial Aid Eligibility" below.
  - Term and academic plans and/or other conditions of appeal approval will be included in the notification letter.

## Regaining Financial Aid Eligibility

Upon receipt of all completed appeal materials, the student will be considered for a probationary semester of financial aid in order to reestablish satisfactory academic progress. Students whose appeal is approved will be placed on financial aid probation. Academic progress will be evaluated at the conclusion of each enrolled term for students on academic probation.

Students who fail to meet the requirements for academic progress for their probationary semester or do not complete the requirements of their academic plan will again be ineligible for financial aid and subject to the appeal process.

Students who meet the requirements for academic progress for their probationary semester will resume good standing and again be evaluated at the conclusion of the following term/year.

## Student Assignment

Clinical course directors are responsible for assigning students to instructional sites. A medical student may request an alternate training site when circumstances allow for it.

## Students Treating Students in the Clinical Setting

Students in the School of Medicine have the right to decline to be seen by their peers when they receive care in the clinical setting. In order to protect their privacy, when a SOM student is hospitalized or seen in a clinic, they should be given the option of having other students on their care team and they should be free to decline without penalty.

## Student Workload

In an effort to promote student well-being and work-life balance but also maintain the rigor of the Duke curriculum, the Duke University School of Medicine provides a basic science (MS1) curriculum that requires on average no more than 40 hours per week of required school-related activities including in-class events and pre-work.

## Study Away Policy

Students in the Doctor of Medicine program at Duke who have maintained a high level of academic performance throughout their first two to three years are eligible to study at another institution and receive academic credit at Duke for this experience. Students must have successfully completed all courses in the first two years at Duke in order to be eligible to study away for credit. It is unlikely that students with any failures or marginal performances at Duke will receive permission. It is not recommended and is strongly discouraged for a student to study away from Duke for credit during the four weeks prior to his/her/their graduation. Study away applications are available on the School of Medicine registrar's website, <https://medschool.duke.edu/education/student-services/office-registrar>. The Office of Student Affairs is available to assist the students with questions pertaining to the completion of the study away application.

All Study Away for credit (including military rotations) must be approved in advance by these three entities. Fourth-year study away must be approved by the student's advisory dean and the Duke Risk Management office. Students are responsible for any tuition and/or fees associated with the study away rotation.

To obtain approval for work taken away from Duke University, the student must first contact his/her/their advisory dean to determine if qualified. Students who apply for an away rotation and obtain approval through the Visiting Student Application Service (VSAS) must also complete the Study Away Application for the School of Medicine. The Duke Study Away application must be submitted and approved prior to the rotation start date in order for the student to be enrolled and receive credit. Copies of the elective books of selected medical schools are kept in the Reserve Room at the Medical Center Library and are available for student usage.

Upon approval and receipt of the study away application, students are registered for the study away rotation by the School of Medicine registrar's office. Clinical science courses are designated as Study Away 410C, 411C (UNC), 421C (WFU), and 431C (ECU). The amount of credit awarded for study away work is based upon that given for a comparable course at Duke. With the exception of those at UNC-Chapel Hill, subinternships taken extramurally can earn a maximum of four credits at Duke. The current Duke tuition, rather than that of the visited institution, is assessed for extramural clinical science courses.

Fourth-year students may only study away as visiting students at other institutions for one or two elective periods, or a total of 9 course credits that count towards graduation credits.

Students are asked to complete an evaluation of their study away experience. The evaluations are submitted to the Office of Student Affairs and are available for perusal upon request in the Office of Student Affairs.

Students that want to study away during the third year must contact the third year ([thirdyear@dm.duke.edu](mailto:thirdyear@dm.duke.edu) or visit <https://medschool.duke.edu/education/degree-programs-and-admissions/third-year-program/study-away>). Third-year students who study away are liable to pay Duke's tuition as well as any tuition at the visited school. For more questions about third year, please contact [thirdyear@duke.edu](mailto:thirdyear@duke.edu).

## Testing

Students are expected to take tests, quizzes, examinations, and standardized patient exams, and to turn in assignments at the scheduled time unless they have obtained an excused absence from the course director or are incapacitated to the point of inability to make this contact. Delaying an examination for academic gain (i.e., to improve performance) is a violation of the Code of Professional conduct. A student missing an examination without an excused absence will receive a "0" score and will not be eligible for a make-up exam. If the student has an excused absence from an examination, the student should negotiate a date to take the exam with the course director. It is expected these make-up exams should occur within the time frame of the course or prior to the subsequent Promotion committee meeting if it is a final exam in the first year, or within 12 weeks of the clerkship ending in the second year course.

## Third Year and Coursework

The third year requires satisfactory completion of 36 course credits in basic science within 10-12 months. All students must register for 16.5 credits in the fall term, 16.5 in the spring and the required thesis will account for three credits in the summer. The Clinical Skills Continuity course is required in the fall and spring for a total of 3 credits. For those students who are exempted from taking the Clinical Skills Continuity course during their third year, the number of credits assigned to the Study Program enrollment will increase accordingly. In no case should students register for more or less than a total of 36 credits during the fall, spring and summer terms comprising the third year.

There are several circumstances in which students may integrate electives into their research experience. For example, with mentor approval, students may take one of several pre-approved electives. In general, these are offered in the evenings, and include Effective Teaching, Evidence Based Medicine, and Fluid & Electrolytes. With mentor approval, students may also request to take an elective that is directly related to their research project.

Although it is preferable that full-time clinical electives and subinternships be taken prior to or following the research year to promote continuity of the research experience, it is also recognized that there are unique situations in which it may be advantageous to enroll in a subinternship during the third year. In this circumstance, mentor approval is required, and the duration of the third year will be extended to accommodate the clinical elective.

## Time Away Requests for Second-Year Courses

Planning for personal and professional obligations is a critical component of the learning process during the clerkship year. This behavior applies to patient care and academic activities.

### Illness

- Notification of illness: If the student is not able to attend to their duties due to illness it is the student's responsibility to notify the appropriate course personnel as soon as possible.
- Notification must be provided in a timely fashion to allow the clinical team to adjust to the absence of a team member.
- Recurring appointments: Students with recurring appointments should use the request for time away protocol. It is not necessary to reveal the specific medical reason for the request.

### Tardiness

- Arrive **on time** for all clinical and academic sessions.
- Notify the appropriate course personnel if there is a problem that will result in tardy arrival.

## Transfer Students

Only in extraordinary circumstances are transfer students accepted into the Duke program. Upon acceptance to the Duke MD program, the vice dean for education determines what credit the student receives based on the curriculum completed at the prior institution. Tuition waivers for required curriculum completed prior to being admitted to Duke MD Program will be determined by the Vice Dean.

## Visiting Students

The School of Medicine provides opportunities for visiting medical students enrolled at medical schools with whom an approved affiliation agreement is on file, to participate in clinical elective courses for a maximum period of eight weeks. Visiting medical students may not take an elective that is less than 4 credits-4 weeks. Approved visiting students are permitted to enroll in courses only after the registration period for the applicable semester has concluded for Duke medical students, and are required to adhere to the Duke academic calendar. The School of Medicine does not offer long term or extensive clinical experience sufficient to satisfy the clinical educational requirements of other medical schools. If approved and scheduled for an elective(s), applicable registration fees for students from an LCME approved medical school, a COCA approved Osteopathic medical school or international medical schools is required. Payment should be made according to the online bill provided by the Bursar. Registration fees will be refunded in full if the elective is canceled prior to the approved start date. Notice of elective cancellation should be provided via email to the visiting student coordinator. If the student withdraws on or after the first day of the approved elective period, no refund will be provided.

**Participation Requirements:** Information for all visiting medical student applicants who are approved and scheduled for electives: All applicants who are approved and scheduled for an elective(s) will be required to have all participation requirements completed no later than 15 days prior to the approved elective start date via CastleBranch

- Criminal Background Check
- 11 Panel Drug Screen
- Duke University Mandatory Immunization Requirements (via Medical Document Manager)
- Current Influenza Immunization (via Medical Document Manager)
- Current BLS (Basic Life Support) Certification (via Medical Document Manager)
- Proof of Health Insurance Coverage (via Medical Document Manager)

These requirements will also be referenced in the acceptance letter and email provided to approved and scheduled students along with Duke specific information on how to establish your profile with CastleBranch. All costs for these required services via CastleBranch are the responsibility of the approved visiting student. These requirements for participation may only be fulfilled/completed via CastleBranch.

**Mandatory:** Student Health Fee and Student Medical Insurance Program information for visiting international medical students.

As of December 15, 2013, all approved and scheduled visiting international medical students participating with an F1, J1, B1/B2 or WB visa will be assessed the mandatory Student Health Fee (SHF) at the prevailing rate for the semester of enrollment. Please note the fee will be assessed for each 4 week period of enrollment based on the start/end date of the approved elective period. Should these dates not fall on the first and/or last day of the month, the assessed SHF will be for a minimum of 2 months for each 4 week elective.

In addition, all approved and scheduled visiting international medical participating with an F1, J1, B1/B2 or WB visa, participation in the Student Medical Insurance Program is mandatory. The student will be assessed the Student Medical Insurance Program premium (SMIP) at the prevailing rate as set by the insurance provider. Please note the fee will be assessed for each 4 week period of enrollment based on the start/end date of the approved elective period. Should these dates not fall on the first and/or last day of the month, the assessed SMIP premium will be for a minimum of 2 months for each 4 week elective. Fees for SMIP and the Student Health Fee will be posted to your student account via DukeHub.

Should these required fees not be paid in full as noted, the student may be withdrawn from the program and forfeit any and all fees paid up to that time. For information, email the visiting student coordinator at [medreg@dm.duke.edu](mailto:medreg@dm.duke.edu) or write Duke University School of Medicine, Office of the Registrar, Visiting Student Coordinator, Box 3878, Durham, NC, 27710. Detailed information about the visiting student program is available online at <https://medschool.duke.edu/education/student-services/office-registrar/visiting-students>.

## Withdrawal Policy

If a student withdraws from a program before the end of the first week of classes, including involuntary withdrawal/dismissal for academic or professionalism reasons, all tuition is refunded. A student who withdraws from the program later in the term will have no tuition refunded and the status of the student is indicated on the permanent record with a W (Withdrawn).

Voluntary withdrawal from a program is initiated at the request of the student. Discussion with the student's advisory dean is required. Such requests must be submitted in writing using the "Change" form located on the School of Medicine registrar website. The completed form, with all required signatures, should be submitted to the Office of the Registrar. The registrar will notify course faculty as appropriate, the financial aid office, Office of Curriculum, and Duke bursar's office. It is the student's responsibility to contact the bursar's office regarding fulfillment of financial obligations to the university. It is also the student's responsibility to meet with a financial aid office representative to discuss adjustments to aid and federal exit requirements.

The Promotions Committee is responsible for recommending to the vice dean for education if a student should be involuntarily withdrawn/dismissed for academic or professionalism reasons. The student will be notified in writing with copy to the School of Medicine registrar. A student wishing to appeal a decision may do so to the vice dean of medical education within two weeks of the notification. If there is a reversal in the decision, the vice dean will notify the registrar. The registrar will notify course faculty and as appropriate, the financial aid office, Office of Curriculum, Duke bursar's office, and advisory dean.

## Policies for All School of Medicine Programs

### Academic Credit<sup>3</sup>

<sup>3</sup> Students enrolled in School of Medicine Programs are not permitted to take undergraduate courses for credit. With the consent of the appropriate instructor and/or mentor, students may request to audit undergraduate courses.



## Doctor of Medicine, Pathologist Assistant, Master of Management in Clinical Informatics, Master of Biomedical Sciences, and Clinical Research Program

Time	Requirement	Credit
40 hours	Prep, lecture, and clinical time	1 credit
80 hours	Prep, lecture, and clinical time	2 credits
120 hours	Prep, lecture, and clinical time	3 credits
160 hours	Prep, lecture, and clinical time	4 credits
160+ hours	160 hours plus on-call and defined by the degree of patient responsibility	5 credits

### Doctor of Occupational Therapy

The Doctor of Occupational Therapy program uses a CARNEGIE system where 15 hours of student contact = 1 credit (including approximately 5 hours of out of class preparation time).

### Doctor of Physical Therapy

The Doctor of Physical Therapy program is currently undergoing a curriculum revision; with the inception of the new curriculum in the fall of 2019, the programs intend to begin a CARNEGIE system where 15 hours of student contact = 1 credit. That assumes approximately 5 hours of out of class prep time.

#### Master of Biostatistics and Clinical Leadership Program

Time	Requirement	Credit
3 hours	Prep, assignments, and studying	1 credit

#### Ophthalmic Technician Certificate Program

Time	Requirement	Credit
32 hours	Prep, lecture, and clinical time	1 credit

#### Cardio Ultrasound Certificate Program

Time	Requirement	Credit
40 hours	Prep, lecture, clinical time, and studying	1 credit

## Academic Freedom

Freedom of inquiry and the free exchange of ideas are essential for the fulfillment of the university's mission. Academic freedom is a right and responsibility of students as well as faculty.

Students who believe that their academic freedom has been abridged should submit a written complaint to the Vice Dean of Education. The Dean may enlist the faculty in establishing the merits or extent of the complaint by appointing a disinterested two-person subcommittee of the Clinical Sciences Faculty Council on Academic Affairs to provide advice. Cases not resolved by the Vice Dean may be brought to the attention of the provost. Students may also seek advice of the student ombudsperson in resolving a complaint.

## Academic Standards

The faculty of the Duke University School of Medicine has the responsibility to define minimum acceptable standards for academic performance. In all courses, minimum passing standards are defined by the course director in collaboration with their department chairperson and faculty. These standards are communicated to the students at the beginning of each course. In clinical departments, acceptable professional standards of behavior and attitudes are included in performance evaluation.

Faculty have the responsibility of notifying students who are not meeting minimal standards for passing a course early enough for the student to be able to work toward achieving the minimal standard by the end of the course. In most cases, this is at the midterm of a course. Tutorial help or guidance in correcting deficiencies should be offered to any student so notified.

In addition to performance directly related to course requirements, all students must maintain a high standard of professional behavior. Examples include how a student communicates with course faculty and support staff, their manifestations of responsibility to the school, fellow students, and patients, as well as behavior off-campus that would be deemed unprofessional for students becoming medical professionals. Incidents reported to the Vice Dean's office are investigated. The number of such reports, the severity of the transgression, and other aspects specific to the behavior in question can result in disciplinary action, including dismissal from medical school.

## Code of Professional Conduct of the School of Medicine

### Preamble

The Duke University School of Medicine strives to create a community in which all faculty, staff, and learners cultivate a learning environment that is respectful and inclusive. Professionalism is a core component of all health professions. Health professionals are expected

to demonstrate behavior that is responsible, accountable, self-directed, ethical, and professional. The community has a responsibility to support one another in achieving these standards of professionalism, recognize exemplars and to address lapses in professionalism.

## Relevant Policies

Faculty, staff, and students must comply with all regulations regarding conduct established by Duke University, the School of Medicine, and the Health System. In addition, sites at which student rotate may have additional expectations, as may the student's own program. These include at a minimum:

- [The Duke School of Medicine Bulletin](#)
- [Duke School of Medicine Social Media Policy](#)
- [Duke Health HIPAA Policy](#)
- [Duke Policy on Consensual Relationships](#)
- Individual's own academic program documents
- Regulations of Duke University, School of Medicine, and the Health System

## Statement of the Code of Professional Conduct

The Code of Professional Conduct is intended to promote expected behaviors and clarify the behaviors that are considered unacceptable. This code does not anticipate every potential offense, and unprofessional behavior not specifically mentioned in this code can still be subject to academic sanctions.

**Expected Professional Behaviors** (the following list provides representative examples and is not exhaustive)

- Intellectual integrity and honesty
- Kindness and Empathy
- Maintenance of patient confidentiality
- Respect for and Inclusion of people from all backgrounds
- Concern for the welfare of others and respect for the rights of others
- Prompt, responsive, and respectful interpersonal and electronic communication
- Collaboration and Teamwork
- Respectful and timely completion of administrative tasks (i.e. flu shots, request for personal time off, completion of assignments, and evaluations)
- Adherence to program policies, including those related to attendance, professional dress and appearance, and social media
- Respectful receipt, delivery and incorporation of feedback
- Reporting witnessed violations of the code of professional conduct

**Unacceptable Professional Behaviors** (the following list provides representative examples and is not exhaustive)

- Cheating
- Lying, Stealing, and Plagiarism
- Bullying and disrespectful behavior towards others
- Breaching patient confidentiality
- Misrepresenting one's professional self
- Acting outside one's scope of practice
- Fabricating or falsifying patient/research data
- Being dismissive of or defensive about feedback
- Acting without informed consent
- Discriminating on the basis of group characteristics
- Engaging in behaviors that would be considered sexual harassment
- Engaging in romantic, sexual or other nonprofessional relationship with patient, patient's family member, supervisor, supervisee, or faculty
- Failing to adhere to principles of research integrity & ethics
- Bribing others for personal gain

## Scope of the Code of Professional Conduct

Professional behavior in the classroom, laboratory, clinical settings, and community, including online presence, is considered an essential element of academic performance and is necessary for promotion and ultimately, graduation/successful program completion. Society has high standards for the conduct of health professionals, and behavior outside of the academic setting may come to the attention of the school and impact progression.

In the health professions, professionalism is integral to academic success and cannot be separated from "academic" issues. Failure to adhere to behaviors consistent with these professional standards may jeopardize advancement and graduation. Lapses in professionalism can compromise future licensure and credentialing. Egregious professionalism lapses or a pattern of more minor professionalism issues may require reporting to future educational entities, licensing boards, credentialing organizations, and future employers.

The Code of Professional Conduct applies to a student while enrolled and after graduation in matters pertaining to certifying credentials, issuing transcripts, and verifying degrees that have been granted by the School of Medicine.

## Civil and Criminal Charges/Offenses

### Civil Offense

- The matriculating or current student should report a civil action against them (final or not) as soon as possible but no later than 3 business days to
- the vice dean for education for the MD program

- the program director for the MBS, DPT, OT, PA programs
- If the program determines that the behavior reported in the civil action could be detrimental to the safety or well-being of our community or patients, the school reserves the right to immediately remove the student from the learning environment.
- Once the student reports the situation as outlined above a review will be conducted by the program director and vice dean for education.
- The outcome of this review will be conveyed to the student by program director and/or the vice dean for education.
- The student has 10 business days to appeal the decision to the dean.

#### **Criminal Offense**

- The matriculating or current student is obligated to report everything immediately to
- the vice dean for education for the MD program
- the program director for the MBS, DPT, OT, PA programs
- If the student is charged with a felony or a misdemeanor that implicates the safety or well-being of our community or patients, they will be removed immediately from the course of study until/unless cleared of a criminal charge.
- Once the student reports the situation as outlined above a review will be conducted by the program director and vice dean for education.
- The outcome of this review will be conveyed to the student by program director and/or the vice dean for education.
- The student has 10 business days to appeal the decision to the dean.

## **School of Medicine Response to Lapses in Professionalism**

Reports of lapses in professionalism will be managed by each individual program following their specific program policies and procedures located in handbook/bulletin. Specific incidents will be considered in the context in which they occur, their impact on others, the student’s response to feedback as well as the magnitude and pattern of lapses of professionalism.

Members of our community should report witnessed violations of the Code of Professional Conduct to a school official, via the various notification systems identified below. Students may initially report to their advisors and be directed to the official reporting options. Not reporting witnessed violations of the Code of Professional Conduct may also be construed as a lapse in professionalism. The following table compares reporting options.

<b>System</b>	<b>Method</b>	<b>Location</b>	<b>Anonymity</b>
<a href="#">Professionalism Notification System</a> (preferred for professionalism issues)	Electronic	Within professional school	Depends on Program <b>No Anonymity:</b> Physician Assistant (PA) <b>Up to Person Reporting:</b> Physical Therapy (PT) Occupational Therapy (OT) Master of Biomedical Sciences (MBS) Doctor of Medicine (MD)
<a href="#">Adverse Event Reporting System</a>	Electronic	Within professional school	Anonymous
End of Course Evaluations (preferred for content about course)	Electronic- per individual programs	Within professional school	Depends on Program: <b>No Anonymity:</b> Physician Assistant (PA) <b>Up to Person Reporting:</b> Doctor of Medicine (MD)
SOM Ombudsperson  Email: <a href="mailto:ombudsman@mc.duke.edu">ombudsman@mc.duke.edu</a> or call Dr. Spaulding’s office at (919) 668-3326	Initiated by phone call, email or meeting	SoM	Ombudsperson will know your identity, but will not share without your permission
<a href="#">Duke Office for Institutional Equity</a>  For Types of Harassment and Discrimination (* other types of reports may result in the school contacting OIE)	Initiated by phone call, email or meeting	Duke University	OIE will know your identity, case by case evaluation for severity and possible investigation which may compromise anonymity.
Safety Reporting System (SRS)	Electronic on Pin Stations	Duke University Health System	Yes

## **Academic Sanctions Appeals Process**

### **The Academic Appeals Committee (AAC) Membership**



- One faculty member from each educational program (MD, MS, PA, DPT, Path Assist., Op Tech).
- Each program will select one student and one alternate student from a different academic year to serve as representatives to the AAC. Students will serve as needed only for appeals of actions concerning fellow students enrolled in their own program (e.g., medical student representative for medical students, DPT student representative for DPT students, etc.). In the event that the student representative is in the same class as the appellant, the student alternate will serve.
- Faculty members will serve a 1 year term (renewable annually for a total of three terms) and appointments will be staggered such that new members will join experienced members. Students will serve a one year term.
- If a committee member was involved in recommending the sanction that is being appealed, an alternate member from that program's faculty is selected in their place.
- The chair will be selected by the vice dean for education.
- The vice dean will serve ex-officio to assist with process but will not participate in discussions or deliberations.

#### **Procedures**

- The student must submit their appeal in writing along with supporting documents to the vice dean for education within 10 business days of being notified of an academic sanction. The written appeal should address each of the reasons that were provided for the sanction and state why the sanction is not appropriate in their situation. In essence the student should answer the question, "I should not be sanctioned because..." Any background information to support the student's argument should be provided at that time.
- Pending the determination of the appeals committee, the student will be allowed to continue course work provided they are not felt to be a threat to themselves or others.
- A list of the committee members who will be participate on the committee will be forwarded to the student. The student has the option of challenging any member of the committee that is felt to be prejudiced against them because of personal interactions, previous assessments, or participation in prior academic sanction committees. These members will be replaced by faculty members who have no previous interactions with the student.
- The vice dean will create a summary report for the committee explaining the reason for the sanction and include supporting documents from the program and student.
- The vice dean will supply the student's written appeal request, the summary report and any other pertinent documents to the committee for review.
- The committee will hold a meeting within a reasonable time to make a decision about the appealed sanction.
- At least 72 hours prior to the meeting, all material to be considered, other than the interviews themselves, will be distributed to the committee members and the student for their review.
- The student will be given an opportunity to explain in person to the committee their rationale as to why the sanction was not appropriate and should be reversed or modified.
- The educational program will be given the opportunity to present why they recommended that the student be sanctioned.
- The committee may ask for additional information and question other individuals as necessary to reach a decision about the appeal request.
- The chair of the committee will inform the vice dean for education of its recommendation in a timely manner after the committee meeting (typically within a week). The committee can uphold the vice dean's sanction, recommend another sanction or recommend no sanction.
- The vice dean for education will then notify the student and other interested parties of the committee's decision.
- The student will have 10 business days after notification of the outcome of the appeal to submit a request to have the dean of the School of Medicine review the appeals process. An appeal to the dean may be made only upon the grounds of improper procedures in the process rather than continued disagreement about the outcome of the process. The dean will review the information related to the process of the appeal and determine whether it was appropriate. The dean can uphold the committee's decision, recommend another sanction, recommend no sanction, or send the matter back to the committee for further consideration.
- Once the dean of the School of Medicine upholds a decision of dismissal, the student relinquishes student status and is no longer enrolled in the University.

#### **Committee Meeting Procedures**

- At least 72 hours prior to the committee meeting the members and student will have access to:
  - The vice dean letter to the student indicating the sanction and it's reason
  - The written appeal request by the student indicating why the sanction is not appropriate
  - Supporting documents from the program as to why they requested the student be sanctioned. This includes such things as exam scores, learning contracts, performance reviews, academic counseling attempts, remediation efforts, police reports etc.
  - Supporting documents from the student as to why the sanction should not be enforced.
  - The names of all faculty, students, or staff that will attend the meeting
- The student has the right to be present at the appeals committee for the portion of the meeting that involves the education program's presentation of the rationale for the recommended sanction and questions by the committee to the program's representatives. The student is not permitted to be present for the deliberations of the committee.
- The committee meeting will begin with a review of the sanction and the provided materials.
- The education program that has sanctioned the student will present the reasons for the recommendation and answer any questions that the committee may have. Depending on the issue, additional faculty or other students who are involved may be asked to attend and provide information to the committee.
- The student will then present to the committee why they feel the sanction is inappropriate or should be reconsidered and answer any questions the committee may have. The student may request that the committee also hear information from other faculty or students with knowledge about the circumstances surrounding the reasons for the sanction. These individuals should be able to provide specific clarifying or defining information and not act as "character witnesses."

- Before making its recommendation the committee may request to meet with other faculty or students that may be able to provide additional information or insight into the circumstances related to the recommended sanction.
- The committee will discuss the issues and reach a recommendation by a majority vote as to whether the sanction should be upheld, changed to a lesser sanction or removed.
- The chair will draft a summary of the meeting and the committee’s recommendation and circulate to the committee members for approval.
- Once approved, the recommendation will be communicated to the Vice Dean for Education who will notify the education program and the student.

## Appropriate Treatment of Learners at Duke University School of Medicine

### Policy Statement

Duke University School of Medicine (SoM) is committed to creating and maintaining a positive learning environment for learners that is respectful and appropriately attentive to their learning needs and free from conduct by teachers that could be interpreted by learners as mistreatment. Behavior that violates this stated expectation will be investigated, and if found to represent mistreatment, may become the subject of disciplinary action by the SoM.

### Policy Rationale

The SOM adopted in 2002 the “Compact Between Teachers and Learners of Medicine” as articulated by the AAMC and this additional policy is designed to clarify and expand on the goals articulated there. Both documents are based on the premise that students learn how to be professionals by observing and imitating their role models, and that therefore the teachers of a medical school have an obligation to convey professional values by demonstrating appropriate standards of behavior.

This policy is not intended to abridge the academic freedom of teachers, and will be applied in a manner that protects those freedoms. It is consistent with the “Statement on Faculty Professionalism” of the School of Medicine, the “Duke Medicine Code of Conduct: Integrity in Action,” and the “Harassment and Discrimination Policy” of Duke University. Under the “Policy on Appropriate Treatment of Learners at Duke University School of Medicine,” students could be considered teachers or learners, depending on the role they play in any specific situation.

### Policy Standards

Conduct that is expected of those in a teaching role includes:

- Taking responsibility for learners assigned to one’s course or service, and ensuring a safe, fair, supportive, unbiased learning environment that respects learners’ physical and social boundaries and encourages their development as medical professionals
- Declining to evaluate the performance or vote on the promotion of any student for whom one has provided clinical care, including psychiatric care or psychological counseling.
- Clearly communicating expectations, and applying consistent evaluation and grading methods which are communicated in advance of learner performance
- Assigning tasks to learners based on their knowledge, skills, and experience
- Providing supervision and appropriate remediation when learners are not adequately prepared
- Providing feedback to learners in a timely, constructive, personalized, and explicit manner
- Abiding by the Duty Hours Policy and other policies of the SoM
- Adhering to Duke University’s policies on Harassment and Consensual Relationships

### Inappropriate Conduct

Examples of conduct that is considered inappropriate in a teaching role include, but are not limited to:

- Threatening or intimidating behavior or words (e.g. verbal threat of intent to harm, making a gesture as if to strike, screaming or yelling at a learner, standing over a learner or getting “in your face”)
- Using obscenities, profanity, or racially/culturally-derived/gender-based terms or names directed at a learner, OR using such verbal expressions so as to create a negative environment even if not directed at the learner. (e.g. cursing at a learner or other members of the team, using a gender- or racially-charged epithet to refer to a learner)
- Using threatening or obscene gestures, cartoons, or jokes in the presence of a learner
- Degrading a person or group on the basis of a personal or cultural characteristic (e.g. “people like you are all stupid,” “you people all expect me to read your minds,” “I can’t believe you want to go into specialty X and become a drone”)
- Ignoring learners assigned to you or failing to complete assigned learner evaluations
- Requiring learners to perform personal services at any time (e.g. get me coffee, pick up my laundry, pet-sit this weekend, pick up something I forgot in my office, listen to my personal problems)
- Inviting learners who are being currently supervised, evaluated, or graded to romantic or sexual relationships; sexual assault, or sexual or gender-based discrimination or harassment through words, gestures, and behaviors (e.g. inviting on a date, commenting repeatedly on attractiveness or clothing, making sexually suggestive comments or gestures)
- Taunting, mocking, or humiliating a learner through acts and words (e.g. mimicking something the student got wrong, giving highly pejorative feedback in the presence of others)
- Using aggressive questioning to the point of badgering or humiliation in the guise of the “Socratic method” (e.g. after questioning the student to the limits of his/her knowledge, persisting in asking the same question the student can’t answer or more difficult questions for the purpose of humiliation)
- Endangering the safety of a learner (e.g. inflicting physical harm, requiring the learner to go somewhere unsafe or to be exposed to dangerous objects or substances without education and proper protection, asking learners to perform tasks they are not trained to do, telling a learner not to report an occupational exposure)
- Endangering the learner’s professional development (e.g. telling learners to ignore institutional or school policy, inviting

- learners to do something unethical or illegal)
- Grading based on factors other than performance on previously announced grading criteria; creating disadvantage in learning opportunities, teaching, feedback or grading based on personal characteristics of the learner (e.g. giving a better grade because someone is going into your field or you like him/her best)
- Acting in retribution against any learner who reports perceived inappropriate treatment (e.g. telling others that a learner is a “snitch” or to “watch out for that one,” giving the learner a grade less than he/she deserves, calling a residency program to “warn” them about a learner)

## Reporting of Inappropriate Treatment in the Teacher-Learner Relationship

Perceived inappropriate treatment of a learner, either experienced or witnessed, should be reported by using one or more of the following methods:

- verbally or in writing to the course director of the learner’s course
- verbally or in writing to the advisory dean or personal advisor of the learner
- in a mandatory end-of-course evaluation
- in other internal surveys done by the learner’s program
- on the Adverse Events website for the SoM (can be anonymous)
- to a member of the Committee on Appropriate Treatment of Learners (CAT)
- to the SOM or University Ombudsperson
- to the Duke University Office of Institutional Equity

## Investigation of Reports of Inappropriate Treatment of Learners in the School of Medicine

All reports of inappropriate treatment of learners will initially be evaluated by the Committee on Appropriate Treatment of Learners (CAT) for an initial determination of merit. This body will serve as a repository of reports from all sources and will therefore track whether multiple reports of inappropriate treatment by the same individuals occur. If a report warrants and provides enough information to support further investigation, CAT will conduct that investigation. If requested by the learner, the timing of this investigation can be adjusted to protect the learner. If an investigation reveals that inappropriate treatment has occurred, the matter will be referred to the chair, residency program director, course director, or supervisor of the individual involved for potential disciplinary action and for a report back to CAT of what action was taken to ensure that the behavior will stop. For example:

- Investigations of inappropriate treatment by students who are in a teaching role can be handled as potential breaches of professionalism and can be reported on a Professionalism Notification Form to the student’s advisory dean or reported to a school official as a potential Code of Professional Conduct violation.
- Investigations of inappropriate treatment by residents who are in a teaching role will be reported to the residency program director and/or vice chair for education or chair of the relevant clinical department.
- Investigations of inappropriate treatment by faculty who are in a teaching role will be reported to the vice chair for education or chair of the relevant clinical department and may ultimately be reported to the Dean’s Advisory Council on Faculty Conduct.

CAT will determine an appropriate deadline for reporting of actions taken based on the urgency of the situation. If CAT is not satisfied that an appropriate action has been taken to prevent future inappropriate treatment by a teacher, it will report its concern to the vice dean for education for further action. In all cases, CAT will report back to the person who reported the inappropriate treatment, if identified, that action has been taken on his/her report, though specific details of that action will not generally be revealed.

## Confidentiality of Reporting Mechanisms

While there are several anonymous and confidential ways to report inappropriate treatment of learners, full disclosure of the persons involved and the behaviors witnessed can lead to more effective action to correct the problem. Therefore, we encourage full reporting of incidents of inappropriate treatment of learners and people involved in them. However, anonymous reports will also be investigated to the extent that specific information is provided. The identity of learners reporting inappropriate treatment can often be protected by delaying action on the report until the learner is no longer vulnerable, or by collating reports so that individuals cannot be identified. The School and the University will keep confidential all records of complaints and investigations to the extent permitted by law. However, behaviors that violate Title IX of the 1972 Education Amendments to the Higher Education Act, which include discrimination or harassment based on sex or gender, must be reported by any University official (except those designated as confidential—Student Health, CAPS, Ombudsperson, clergy acting in that capacity, and the Women’s Center) to the Office for Institutional Equity or the Office of Student Conduct so that they can be promptly acted upon in order to be compliant with Federal Law. Behaviors that pose an immediate danger to others (e.g. violence or threats of physical violence, illegal drug use by caregivers in the clinical setting, deliberate violation of patient safety procedures) or are illegal (e.g. stealing narcotics, falsifying patient records) must also result in immediate reporting so that action can be taken.

## Protection of Rights of those Reporting Inappropriate Treatment

The success of this policy and procedures in safe-guarding the learning environment depends on the timely reporting of incidents of inappropriate treatment. In all cases, retaliation, or the encouragement of another to retaliate, against the person making such a report or the learner involved is strictly prohibited and, if found to exist, would become the focus of an investigation and sanctions.

## Protection of the Rights of those Accused of Inappropriate Treatment

Intentional false or malicious reports of inappropriate treatment by learners will not be tolerated and will be handled as a disciplinary matter in the learner’s program. All reports of inappropriate treatment will be handled confidentially with the exceptions noted above, and in a manner that affords the accused due process.

## Commencement

Graduation ceremonies are held once a year, in May, when degrees are conferred on, and diplomas are issued to, those who have



completed requirements by the end of the spring semester. Those who complete degree requirements at the end of the summer or fall terms receive diplomas dated September 1 or December 30, respectively. There is a delay of about one month in the mailing of September and December diplomas because diplomas cannot be issued until they are approved by the Academic Council and the Board of Trustees. Degrees will not be conferred prior to the actual graduation date. Students that receive a degree during December or September are invited to participate in the May commencement program immediately following his/her/their actual graduation date.

Students are required to apply for graduation online through their DukeHub accounts. Students are sent email notifications from the SoM Registrar's Office to advise of the dates and times for the online apply for graduation periods. It is extremely important that students who wish to be graduated in absentia notify the SoM Office of Student Affairs ([medstudaff@dm.duke.edu](mailto:medstudaff@dm.duke.edu)) at least a month prior to graduation.

## Education Records/FERPA

In accordance with the Family Education Rights and Privacy Act (FERPA), students are granted certain rights with respect to their education records. They are:

- The right to inspect their education records.
- The right to amend the contents of the education record to ensure that they are not inaccurate, misleading, or otherwise in violation of the student's privacy or other rights.
- The right to file a complaint with the U.S. Department of Education concerning perceived failure on the part of the school to satisfy the requirements of FERPA.

FERPA also limits the disclosure of personally identifiable information to others without the student's prior consent with the following exceptions:

### Directory Information

Certain categories of information are considered to be directory information and do not require the student's prior written consent to be disclosed. However, the medical school registrar's office complies with a student's request to withhold directory information if notice is submitted in writing during the first three weeks of each new academic year; such requests must be renewed annually. Students considering nondisclosure should be aware that negative repercussions may result when inquiries are made by prospective employers, educational institutions, or other interested parties. This is particularly important for graduating students whose final nondisclosure requests continue to be honored until rescinded by the student.

The following have been designated as directory information by the university: name, address, telephone listing, e-mail address, date and place of birth, photograph, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and most recent previous educational institution attended.

- Education records include those records which contain information directly related to a student and are maintained as official working files by the university. They do not include records made by faculty and administrators for their own use and not shown to others; campus police records; employment records; records of physicians, psychologists, etc., made or used only for treatment purposes; and records containing information relating to a person's activities after she or he graduates or withdraws from the university.
- Although FERPA regulations do not require institutions to provide copies of the education records, unless to do so would effectively prohibit an individual from viewing her or his records, it is the policy of Duke University School of Medicine to make such copies available. However, the medical school may deny requests to release copies of the transcripts of those students in financial default. The medical school also does not release copies of other schools' transcripts unless mandated by FERPA.

### Legitimate Interests

The university discloses education records without a student's prior written consent under the FERPA exception for disclosure to school officials with legitimate educational interests. A school official is a person employed by the university in an administrative, supervisory, academic or research, or support staff position (including law enforcement unit personnel and health staff); a person or company with whom the university has contracted as its agent to provide a service instead of using university employees or officials (such as an attorney, auditor, or collection agent); a person serving on the Board of Trustees; or a student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibilities for the University. Prior consent is not required for disclosure of education records to school officials of Duke University who have been determined to have legitimate educational interests, appropriate parties in connection with an emergency, and in response to a court order or subpoena.

The complete university policy regarding FERPA is located on the website for the university registrar, at <https://registrar.duke.edu/student-records-resources/ferpa>.

## Health Insurance Portability and Accountability Act (HIPAA)

The Health Insurance Portability and Accountability Act, or HIPAA, requires health care professionals to protect privacy and create standards for electronic transfers of health data. The Office for Civil Rights at the Department of Health and Human Services will enforce the regulations and impose penalties on institutions that do not make a good-faith effort on privacy and security.

HIPAA came about because of the public's concern about how health care information is used. HIPAA gives patients more control over their own health information. All Duke University School of Medicine students are required to complete online HIPAA Compliance Update training on an annual basis via an online training module. This module is located on the Occupational and Environmental Safety Office website at <https://www.safety.duke.edu/OnlineTraining/>.

For more information about HIPAA compliance training, please visit <https://www.dukehealth.org/privacy/patient-bill-of-rights>.

## Health Professional Technical Standards for Duke School of Medicine

The study of medical sciences is not a pure intellectual exercise. Candidates for all degree programs within the School of Medicine (SoM) must possess the ability to learn, integrate, analyze, and synthesize data. This document is a general guidance document; individual programs may have more rigorous motor, sensory, or other requirements in their individual technical standards. In general students should have certain minimum physical, emotional, cognitive and social capacities to complete all requirements of their individual school either directly or through reasonable accommodations.

Students must possess all of the abilities described in the five categories below, with or without reasonable accommodations as determined by the Student Disability Access Office (<https://access.duke.edu/students/>). Fulfillment of the technical standards of an individual program with reasonable accommodation does not guarantee a graduate of the program will be able to fulfill the technical standards for employment, residency or certifying board. Candidates with disabilities are encouraged to contact the program and/or the Student Disability Access Office early in the application process to discuss accommodation needs.

**Observation:** Candidate must acquire information as presented through demonstrations and experiences in lectures and laboratories. Candidates must be able to evaluate patients accurately and assess their relevant health, behavioral, and medical information. Candidates must be able to obtain and interpret information through a comprehensive assessment of patients, correctly interpret clinical data, accurately evaluate patients' conditions and responses, as well as develop a diagnostic and treatment plan. Vision, hearing and touch or the functional equivalent is required.

**Communication:** Candidates must exhibit interpersonal skills to enable effective caregiving of patients, including the ability to communicate effectively and sensitively in English, with all members of a multidisciplinary health care team, patients, and those supporting patients, in person and in writing. Candidates must be able to clearly and accurately record information and accurately interpret verbal and nonverbal communications.

**Motor & Sensory Functions:** Candidates must have adequate physical endurance, motor function and sensory ability to be able to provide and/or direct the

- provision of general care and emergency treatment to patients
- performance of routine physical examination and diagnostic maneuvers
- performance of treatment maneuvers, which may include lifting, transferring of patients, and assisting during ambulation while assuring their own safety as well as the safety of the patient
- elicitation of information from patients by palpation, auscultation, percussion, and movement of limbs

Candidates must meet applicable relevant safety standards for the environment and follow universal precaution procedures.

**Intellectual-Conceptual, Integrative, and Quantitative-Abilities:** Candidates must effectively interpret, assimilate, and understand the complex information required to function within the health professional programs of the SoM. Problem solving is a critical skill that requires conceptual integrative, and quantitative thinking abilities. The candidates must also be able to comprehend three-dimensional relationships, the spatial and functional relationships of structures and to analyze and apply this information for problem solving and decisionmaking. Candidates must be able to effectively participate in educational activities either online or in person in individual and small groups in all learning environments. They must have the ability to organize, prioritize, analyze and evaluate detailed and complex information individually, in small groups, in clinical setting and within a limited time frame both in person and via remote technology. Candidates must be able to learn, participate, collaborate, and contribute as part of a team.

**Behavioral and Social Skills:** Candidates must exercise good judgement and promptly complete all responsibilities attendant to the diagnosis and care of patients. A candidate must have the emotional health to fully use their intellectual ability, exercise good judgement, and to complete all responsibilities attendant to the evaluation and treatment of patients. They must be honest, able to self-assess own mistakes, respond constructively to feedback and assume responsibility for maintaining professional behavior. The skills required include the ability to effectively handle and manage heavy workloads, function-effectively under stress, adapt to changing environments, display flexibility, and learn to function in the face of the uncertainties inherent in the practice of their profession.

A candidate must be able to develop mature, sensitive, and effective relationships with faculty, patients, families, caregivers and colleagues. A candidate must be able to tolerate physical and emotional stress, maintain alertness and wakefulness, and continue to function effectively. They must have a high level of compassion for others, motivation to serve and integrity. They must behave in an ethical and moral manner consistent with professional values and standards. A candidate must possess sufficient interpersonal skills to interact positively and sensitively with all people.

Candidates must be able to satisfy the above requirements with or without reasonable accommodations. For questions about reasonable accommodations, see the [Duke Accessibility](#) website.

## Immunization and Health Record

North Carolina state law and the Infection Control Committee at the medical center require all new students to provide, within thirty days of matriculation, evidence of immunity to certain vaccine-preventable illnesses. Upon acceptance, students receive the Student Health Immunization Form and Report of Medical History which should be completed and returned no later than June 15 to the Student Health Center, Box 2899, DUMC, Durham, NC 27710.

Duke University Medical Center and the School of Medicine hold the health and welfare of their students, patients, and faculty in the highest regard. Students' failure to comply with North Carolina state immunization requirements and those of the School of Medicine will result in the student not being allowed to continue coursework or to take exams until all immunization requirements are met. For questions or concerns about immunization requirements, please contact the Student Health Department at [immunizations@duke.edu](mailto:immunizations@duke.edu) or by phone at (919) 681-WELL.

All incoming Duke students are required to have certain immunizations to meet North Carolina and Duke University requirements. Students in a health professional program have additional requirements. Students are encouraged to review and update their records as soon as possible. Failure to meet requirements may result in course scheduling delays. Please refer to <https://studentaffairs.duke.edu/studenthealth/immunization-compliance> for the most current detailed immunization information.

## Payment Policy for Students Who Do Not Hold US Citizenship or US Permanent Resident Status

Each non-US citizen admitted for enrollment at Duke University School of Medicine is eligible to apply for need-based financial assistance at the time of admission. Financial Aid eligibility is determined at the time a student is admitted and the student is notified of their eligibility prior to accepting admission into the school. Funds accepted by the student will credit to the student account. The amount disbursed is dependent on the number of terms a student is enrolled. It is the student's responsibility to pay all required tuition and fees on a semester/term basis.

For questions regarding this policy, please contact the Office of the Bursar at [bursar@duke.edu](mailto:bursar@duke.edu) or the Duke University School of Medicine Office of Admissions at [medadm@mc.duke.edu](mailto:medadm@mc.duke.edu).

## Replacement Certificates for Approved School of Medicine Certificate Programs (May 2000–present)

Duke University School of Medicine provides only one certificate to graduates from approved School of Medicine certificate programs, whether original or replacement. If a student has lost their certificate and wishes to have a replacement certificate made, they must fill out a Request for Replacement Certificate Form, certifying how their certificate was lost, misplaced, or damaged. The form must be notarized and must include the notary seal. The original signed form, not a copy, must be returned along with a \$25 replacement fee, made payable to Duke University School of Medicine Registrar. In cases where the original certificate has been marred beyond legibility, the original certificate must be returned along with the Request for Replacement Certificate Form. Please allow eight weeks for processing. In accordance with university policy, a statement of replacement will be printed above the seal on the certificate. It does not mar the appearance nor detract from the value of the actual certificate. The format of the replacement certificate will be the format that was used in the year the student received their degree. To obtain a Request for Replacement Certificate Form, please contact the Office of the School of Medicine Registrar, 8 Searle Center Drive, DUMC Box 3878, Durham, NC 27701; (919) 684-2304 or by email at [medreg@duke.edu](mailto:medreg@duke.edu), providing an explanation for the need of a replacement certificate. Replacement certificates may only be provided for students that completed approved School of Medicine Certificate programs from May 2000 to present.

## Replacement Diplomas

Duke University partners with Parchment Exchange to fulfill replacement diploma requests. The basic fee for a non-expedited order mailed to an address in the U.S. is \$35 per diploma. For both U.S. and international destinations, expedited processing and delivery services are available for an additional fee as outlined within the Parchment order request. **Expedited shipping does not mean expedited processing.** Please allow up to 8 weeks for processing and shipping.

## Safety/Compliance Training

All students enrolled in Duke University School of Medicine are required to complete annual online compliance and safety training modules. Newly matriculated students will receive a list of required modules and where to access the modules. Completion of the modules will be done on the Occupational and Environmental Safety Office (OESO) website at <https://www.safety.duke.edu/OnlineTraining/> and the Learning Management System (LMS) website at <https://hr.duke.edu/training/learning-management-system>. Annual reminders to complete required modules, will be sent to returning students from OESO. Requirements are subject to change based on OESO compliance requirements. Additional information can be found at <https://www.safety.duke.edu/>.

## School of Medicine (SoM) Severe Weather Policy

The School of Medicine will handle the cancellation of classes in the following manner:

All School of Medicine students will follow the provost's decision in regards to cancellation of classes. If classes are cancelled, students should not report for any medical school activities (classes, labs, clerkships, clinical assignments, etc.) Course directors, mentors, and faculty are aware of this policy so that individual decisions should not be made.

These decisions can be determined by calling 684-4636 (INFO) or the DukeAlert site, <http://emergency.duke.edu>, or <http://www.duke.edu/today/>, or by visiting the School of Medicine, Office of the Registrar's website, [registrar.mc.duke.edu](http://registrar.mc.duke.edu). Severe weather policy information is automatically added to the top of the SoM and SoM registrar's websites when conditions warrant.

Please note that 684-INFO and <http://emergency.duke.edu> are considered the official communication for inclement/severe weather announcements.

## Social Media Policy

### Duke Health's Social Media Policy

Duke School of Medicine adheres to Duke Health's policy on social media.

Duke Health, which includes Duke University Health System (DUHS) and its subsidiaries, the Duke University Schools of Medicine and Nursing, understands the significance, and supports the use of social media to promote Duke Health and its educational, clinical and research activities. Duke Health recognizes and supports the professional use of social media and recognizes that Duke Health workforce participates in social media for personal use. This policy covers the use of social media and internet activities that associate Duke Health workforce with Duke Health through use of a Duke Health title, email address or other DUHS-identifying information.

[Please review the social media policy here.](#) Note: the link requires that you complete the Shibboleth login with your Duke NetID and password.



## Student Ombudsperson

In response to some students' concerns about approaching existing resources (course directors, advisory deans, faculty) when they feel mistreated or have a conflict with another member of the School of Medicine community, students may contact the Office for Institutional Equity. An Ombudsperson position has been created to provide a confidential and anonymous resource to help students decide how they want to handle such circumstances, what their options are, and to provide mediation if desired. To contact the Ombudsperson, please visit <https://oie.duke.edu/about-us/ombudsperson>.

## Technology Fee

All matriculating students in the School of Medicine are assessed a mandatory technology fee. The fee covers equipment, software, technical updates to comply with Duke Health compliance guidelines and technical support.

## Transcripts of Academic Record

Current students may request copies of their academic transcripts online via their DukeHub accounts. Alumni students may obtain a copy of their academic transcripts by completing a request via a Parchment account. The link to Parchment is included on the SoM Registrar's website, <https://medschool.duke.edu/education/student-services/office-registrar/alumni-services>. Students are charged a one-time transcript fee during their first year. Transcripts are released at no charge and only upon consent of the student. Students that elect to have their transcripts sent by a priority mail service are responsible for the mailing costs. Students who graduated during the year 2000 or later may request for the School of Medicine registrar's office to send a secure online transcript via email. Current students and those who have graduated in the past year should make their requests through DukeHub.

Transcripts and records submitted from other schools, through the admissions process, cannot be duplicated and released from the registrar's office. If you have additional questions, please contact [medreg@dm.duke.edu](mailto:medreg@dm.duke.edu) or (919) 684-2304.

## Doctor of Medicine Student and Professional Organizations

### Duke Medical Alumni Association

The Duke Medical Alumni Association (DMAA) supports and promotes the interests of Duke University School of Medicine and the extended Duke Health community of residents, fellows, medical students, volunteers, and donors. Today, the DMAA includes more than 15,000 Duke University School of Medicine graduates including former trainees who live and work across the nation and around the globe. Our goal is to nurture meaningful and satisfying lifelong relationships among alumni, students, and faculty and to promote opportunities for connection and learning. Each year more than five hundred reuniting alumni attend the annual Medical Alumni Weekend, which features the Distinguished Medical Alumni Awards Dinner, Breakfast with the Dean, and class specific activities. The association also supports current medical students, trainees, and fellows in various ways. DMAA sponsors events and programs to assist medical students in networking with School of Medicine alumni; celebrating educational and career milestones; and creating opportunities to engage in alumni and donor events as student representatives. DMAA also produces several publications for alumni and current trainees. *DukeMed Alumni News* and *Blue Devil Docs* feature news stories highlighting the school's faculty and students engaged in innovative research and educational programs, while the *Golden Blue Devils* newsletter is geared to senior alumni (fifty years post-graduation) and emeriti faculty.

President: Oren J. Cohen, MD'87

President Elect: Janice A. Gault, BS'87, MD'91

Sarah G. Nicholson, Assistant Vice President, School of Medicine

### Doctor of Medicine Student Groups

### Doctor of Occupational Therapy

### Doctor of Physical Therapy

### Master of Biomedical Sciences

### Master Biostatistics

### Master of Clinical Leadership

### Master of Clinical Research

### Master of Management Clinical Informatics

## **Master of Health Science–Pathologist Assistant**

## **Master of Health Science–Physician Assistant**

# **Doctor of Medicine Degree**

The degree of doctor of medicine is awarded, upon approval by the faculty of Duke University, to those students who have satisfactorily completed the academic curriculum; demonstrated the intellectual, personal, professional, and technical competencies to function as skilled physicians; and demonstrated their fitness to practice medicine by adherence to a high standard of ethical and moral behavior.

The faculty of the School of Medicine have developed general guidelines for technical standards for medical school admissions and degree completion. These are available on request from the Office of Admissions.

The awarding of degrees is contingent upon payment of, or satisfactory arrangements to pay, all indebtedness to the university.

In October 2018, the Doctor of Medicine Program was fully accredited by the Liaison Committee on Medical Education of the Association of American Medical Colleges.

## **Course Requirements—First Year**

The student studies the principles of all the basic science disciplines. Rather than mastering an encyclopedic array of facts, the purpose is to acquire familiarity with the major principles of each subject. In addition, during the first three years students are required to participate in the Clinical Skills Foundation 1 course, which is designed to expand primary and continuity care experience for Duke medical students. Clinical Skills Foundation 1 is a combined clinical curricular experience which emphasizes progressive knowledge and competencies. Year one requires satisfactory completion of 45.5 course credits in the approved basic science curriculum.

The first year consists of instruction in the following:

### **Semester 1**

- INTERDIS 105B (Clinical Skills Foundation 1): zero course credits
- INTERDIS 109B (Clinical Skills Training Immersion): 2 credits—2 weeks
- INTERDIS 112B (Foundations of Patient Care 1): 22 credits—21 weeks

### **Semester 2**

- INTERDIS 113B (Foundations of Patient Care 2): 21.5 course credits

### **Year One Courses**

Year one consists of two integrated basis science courses, Clinical Skills Training Immersion, and the introduction to the Medical Profession:

- INTERDIS 112B (Foundations of Patient Care 1) (anatomy, biochemistry, cell biology, embryology, genetics, histology, physiology, and the neurosciences)—twenty one weeks
- INTERDIS 113B (Foundations of Patient Care 2) (integration of microbiology, immunology, pathology, and pharmacology)—twenty one weeks
- INTERDIS 107B (Introduction to the Medical School Profession)

### **Guiding Principles for Year One**

- Integrate material within and between courses
- Incorporate small group, active, and interactive learning opportunities including workshops, seminars, and team-based learning
- Include time for independent learning (generally one-half day of unstructured time per week)

Approved calendars are included in this bulletin as well as published on the School of Medicine registrar's website, <https://medschool.duke.edu/education/student-services/office-registrar/student-services-and-resources>.

## **Course Requirements—Second Year**

Satisfactory completion of the first-year curriculum is a prerequisite to the second year curriculum. The second year provides an exposure to clinical science disciplines. This permits students early in their careers to become participants in the care of patients. The combined experiences of one year of basic science instruction followed immediately by a year of clinical education is designed to assist students in making a meaningful selection of courses for the subsequent two years. Year two requires satisfactory completion of 54.5 course credits in the approved clinical science curriculum.

The second year consists of the clinical skills course, eight core clerkship rotations, two two-week selectives, the Clinical Skills Foundation 2 course, the Cultural Determinants of Health and Health Disparities Year 2 course, and the clinical assessment course.

The goals of the core clerkships include developing students' skills in accurate patient-based problem-solving and appropriate use of resources to diagnose and treat patients. The core clerkship rotations include:

Medicine	8 weeks, 8 course credits
Surgery	8 weeks, 8 course credits

Obstetrics and Gynecology	6 weeks, 6 course credits
Pediatrics	6 weeks, 6 course credits
Family Medicine	4 weeks, 4 course credits
Psychiatry	4 weeks, 4 course credits
Neurology	4 weeks, 4 course credits
Radiology	4 weeks, 4 course credits
Clinical Skills Foundation 2 - Advanced clinical themes (ethics, professionalism, end-of-life, etc.)	2.5 hours four times during each 8-week rotation, 1 course credit
Clinical Skills Intensive	3 weeks, 3 credits
Clinical Skills Intensive/Clinical Skills Course (longitudinal)	2.5 hours every other week, 1 course credit
Cultural Determinants of Health and Health Disparities Year 2	0.5 course credits: The course meets longitudinally throughout the academic year.
Clinical Skills Assessment	40 hours, 1 credit
Selectives	Two 2-week selectives, 2 course credits each

Students are required to choose two different selective opportunities in specialty or subspecialty areas in the required clinical skills assessment for career exploration (except those students in the Primary Care Leadership Track). These two-week, credit/no credit courses provide an immersion experience in a particular field without the stresses of exams. All selectives are approved by the Curriculum Committee and meet school standards for student supervision and quality of clinical experience.

## Course Requirements—Third and Fourth Years

Satisfactory completion of the second-year curriculum is a prerequisite to the third and fourth years. Students must also complete a clinical skills assessment consisting of an Objective Structured Clinical Examination (OSCE) during the first month of the third academic year. The OSCE cases are selected to sample a variety of dimensions including patient age, gender, organ systems, and specialties represented through the clerkship year. The major purposes of the OSCE are to evaluate, in a more standardized way, each student's approach to common patient complaints, demonstrating the orchestration of history-taking, physical examination, and communication skills that cannot be adequately assessed through written tests. Passing the clinical skills assessment is required for graduation.

Third year medical students are approved to complete ten, eleven, or twelve months of scholarly investigation and must complete at total of 36 credits during the third year. Third-year students must complete Interdis 312B - Research Ethics (0.5 cr), and Interdis 310B - QMDM II - Evidence Based Medicine (1 cr), and Interdis 300B (unless waived) QMDM I - Medical Statistics (1 cr), their research study track, and Thesis 301B (3 credits). The first two semesters the student are enrolled in a total of 16.5 credits and in the third semester, there are enrolled in Thesis 301B (3 credits). Students must also satisfy the Continuity Experience (listed below). Third year students may take one MS4 clinical elective/subinternship prior to the submission of their thesis/manuscript. However, the time missed for the elective/subinternship, must be completed before they may take a second MS4 elective. Fourth year medical students must complete a total of 28 clinical credits including a subinternship, acute care rotation, and Capstone course must be completed as well.

### INTERDIS 305C (Continuity Clinic)

#### Clinical Skills Continuity

All students are required to complete the continuity clinic requirement. A continuity ambulatory (outpatient) care experience, the course is required of third year students and is designed to teach students patient outcomes over time. Study away, dual degree, and scholarship students who may not be able to take the course in their third year must take its equivalent in their fourth year. The outpatient clinic experience is 34 weeks, one-half day a week. Twenty-two weeks are required in an approved continuity ambulatory site. Specialty care sites (medicine or surgery) may be approved, if at least 50 percent of the patients are seen on a continuing basis with typical follow-up in 1-3 months for the 22 weeks. Approval is required by the Course Director prior to beginning clinic and attendance must be documented by the preceptor. Students may arrange to use 12 of the 34 weeks to pursue non-continuity outpatient clinic experiences (e.g., specialty clinics that do not see patients back before three months). A student may choose to do all 34 weeks at the same approved site. Credit: 3.0. Nancy Weigle, MD

Students will delay this requirement to the fourth year as a one-month approved elective if they are exempt (see Number 1 below). Exemptions are posted on BlueDocs but are usually applicable to HHMI and most Study Away students. This requirement cannot be fulfilled away from Duke.

1. Every Year 3 research student must have approval from their research mentor to take INTERDIS 305C in Year 3. **Those not having approval from their mentor are exempt from taking the clinic in Year 3. Written notification from the research mentor must be provided to the registrar's office.** In addition, students not required to take it in Year 3 are students doing research out of state, those in another professional degree program, those with scholarships which prohibit course enrollment and MD/PhD (MSTP) students.
2. A Year 3 research student who is *not exempted, and not completing* 305C in Year 3, will be required to take 4 credits (by electives listed below in #7) **in addition** to their (28) Year 4 credits.
3. Students make arrangements with a preceptor for this clinic placement prior to registration. This is done by completing the

Preceptor Approval Form obtained from the Third Year site in Canvas and **having the approval in place prior to first day of clinic.**

4. Students may request assignment to a preceptor by the Practice Course.
5. INTERDIS 305C (Clinical Skills Continuity) is a 3 credit course. Students must begin clinic in the first term of their official Scholarly Experience and enroll in one more consecutive term. For example, if a student starts in Fall, he/she/they will enroll in Fall and Spring; if a student starts in Spring, he/she/they must enroll in Spring and Summer terms. Grade will be entered and credit will be awarded in the last term.
6. Exempted students (as defined in #1 above) will meet the requirement by taking an elective in Year 4 that offers full-time outpatient clinical work for **4 course credits**. Please refer to Fourth-Year Course Requirements on the next page for a listing of courses that meet this requirement. The credits earned (by exempted students) for these courses will fulfill 305C and the (28) Year 4 credit requirements at the same time.

## Scholarly Experience

The purpose of the scholarly research experience is to provide the student with an opportunity to focus in an area of interest and to pursue, in-depth, scholarly investigation. Two different avenues to satisfying the scholarly experience requirements are available. The first requires the student to select a home base study program for the scholarly experience. With the aid of advisors, the student's research program is devised to include an area of concentration. A combination of a research preceptorship, tutorials, and a thesis comprise the overall scholarly experience.

The second path open to students is participation in a combined MD/PhD program or MD/master's degree program in clinical research, public health, business administration, public policy, law, library science, information science management of clinical informatics or global health at Duke University. During the scholarly experience, students are required to complete 36 course credits including three clinical science credits for the required Clinical Skills Continuity course. Students also must complete a quantitative thesis (or qualitative in the medical humanities study program track) for 3 course credits. Specific requirements related to the thesis and scholarly experience can be found on the third-year website. During the scholarly experience, students also are required to complete research ethics modules and medical statistics, mid-term progress report, an oral presentation and present at Medical Student Research Day (AOA Day). AOA attendance is required. Exemptions must be approved by the vice dean.

Students on the ten- and eleven-month Scholarly Experience tracks (and twelve-month track if allowed by the parameters of their scholarship) are allowed four weeks of Step 1 preparation (independent study) at a time approved by their mentor during their scholarly experience. Students must complete the appropriate Independent Study form and obtain approval from their study program director, mentor, and advisory dean. The Independent Study form is submitted to the Office of the Registrar for processing.

Students are allowed to complete one clinical elective prior to submission of their thesis (unless there are scholarship restrictions concerning clinical work). However, if students request to take more than the allotted one clinical elective, interrupting their third year scholarly experience, they must meet with their Advisory Dean to discuss why they need to interrupt their scholarly experience to take an additional clinical elective. The Advisory Dean will provide an explanation as to the need of the interruption. The student is required to obtain permission from their mentor as well as the scholarship committee, if applicable. The completed form will be reviewed by the Third Year committee for final approval.

## Clinical Electives

Clinical electives should be used to (a) aid in decision-making about the area of choice for postgraduate training, (b) obtain experiences in areas that would not be included in that postgraduate training and, above all, (c) pursue active experiences in patient care sufficient to provide the basic skills necessary for doctor-patient interaction.

Students cannot take for "graduation credit" more than three electives in a given subspecialty field. For example, a student intending to match in orthopedic surgery can do three orthopaedics electives, one at Duke and two study-away for credit towards graduation. If the student plans a third course, they will receive credit for it, but it will not count toward the 24 elective credits needed for graduation. Advisory deans approve their advisees' elective course selections and encourage students to take a broad range of courses even if they plan to subspecialize. Exceptions are made for students enrolled in longitudinal integrated clerkship (LIC) experiences.

Students must complete 28 course credits of clinical electives including several required rotations designed to enhance students' preparation for their internships and residencies:

- Subinternship
- Critical/Acute care
- Clinical Skills Continuity clinic (only if not completed in the third year)

Additionally, students participate in a required capstone (Interdisciplinary 450C) course that includes Match Day. The capstone course provides an opportunity to bring the whole class together to cover topics such as:

- clinical skills for internship;
- ethical issues;
- professionalism;
- doctor/patient communication;
- medical/legal issues;
- health systems;
- patient safety;
- self-care; and
- advanced basic science principles.

## Fourth-Year Course Requirements

Fourth-year students who do not satisfy the practice requirement for Year Three, must successfully complete a four-week, 4-course credit course from the approved list of practice electives. The credits earned (by exempted students) for these courses will fulfill



Interdisciplinary 305C and the 28-course credit requirement for the fourth year at the same time.

If a student was NOT exempt from the third-year Clinical Skills Continuity course requirement (INTERDIS 305C) but did not complete it, he/she/they is required to complete an approved outpatient course during his/her/their fourth year but must add an additional 4 course credits to the required 28 course credits. Students will be required to complete a total of 32 fourth-year course credits in order to be cleared for graduation. Fourth year students must be enrolled in a minimum of eight credits per term.

Eligible courses that satisfy the Clinical Skills Continuity requirement are:

- ANESTH 446C—Acute and Chronic Pain Management
- COMMFAM 423C—Occupational & Environmental Medicine
- COMMFAM 433C—Community Health
- COMMFAM 435C—Health Promotion and Disease Prevention
- DERMATOL 450C—Clinical Dermatology
- MEDICINE 415C—Clinical Management of Obesity
- MEDICINE 423C—Rheumatology
- MEDICINE 428C—Metabolism and Endocrinology
- MEDICINE 431C—Adult Allergy and Clinical Immunology
- MEDICINE 434C—Outpatient Hematology-Oncology (Duke or Durham VA)
- MEDICINE 442C—Clinical Arrhythmia (outpatient option)
- MEDICINE 446C—Nephrology
- MEDICINE 449C—Geriatric Medicine
- NEUROSUR 404C—Neuro-Oncology
- PEDS 402C—Pediatric Gastroenterology (4 credit option only)
- PEDS 403C—Med-Peds Ambulatory Rotation (4 credit option only)
- PEDS 413C—Peds Pulmonary and Sleep Medicine (4 credit option only)
- PEDS 421C—Pediatric Infectious Disease (4 credit option only)
- PEDS 427C—Pediatric Hematology/Oncology (4 credit option only)
- PEDS 430C—Healthy Lifestyles Program: A Clinical, Family-Based Approach to Pediatric Obesity
- PEDS 431C—Clinical Pediatric Cardiology
- PEDS 433C—Allergy and Clinical Immunology
- PEDS 436C—Pediatric Neurology
- PSYCHTRY 443C—Addiction Psychiatry

All fourth year (MS4) students must be enrolled in at least 8 credits per term. All fourth-year students are required to have completed clinical electives that fulfill the following criteria by the time of graduation:

- a four-week, five-credit subinternship experience in the field of their choice, which must be completed at Duke
- a four-week, four- or five-credit critical care elective, which must be taken at Duke. Enrollment in the following courses would meet this requirement. If the student has had a placement in an Intensive Care Unit to meet their subinternship requirement, they should select one of the other course options to meet the critical care requirement. Students must complete a course that satisfies the critical care requirement and a second course to satisfy the subinternship requirement.

All fourth-year students are required to have completed clinical electives that fulfill the following criteria by the time of graduation:

Courses that count toward Critical Care requirement	
ANESTH 402C	PEDS 411C
ANESTH 440C	PEDS 426C
ANESTH 441C	PEDS 440C
MEDICINE 404C	SURGERY 412C
MEDICINE 405C	SURGERY 441C
MEDICINE 406C	SURGERY 443C
NEURO 401C	

Courses that count toward Subinternship requirement	
ANESTH 401C	OBGYN 447C
ANESTH 441C	ORTHO 429C
COMMFAM 401C	OTOLARYN 401C
MEDICINE 401C	PEDS 401C
MEDICINE 402C	PEDS 426C
MEDICINE 404C	PSYCHTRY 401C
MEDICINE 405C	PSYCHTRY 407C
MEDICINE 406C	SURGERY 401C
MEDICINE 407C	SURGERY 402C

Courses that count toward Subinternship requirement	
NEURO 401C	SURGERY 403C
NEUROSUR 401C	SURGERY 441C
OBGYN 405C	SURGERY 451C
OBGYN 407C	

## Longitudinal Integrated Clerkship Year (LIC)

Director: Poonam Sharma MD; Mentors: Eugene Kovalik MD, Jane Onken MD, and Katherine Peters MD

The Longitudinal Integrated Clerkship (LIC) track is a second year curriculum focused on providing a patient-centered, learner-centered comprehensive clinical-year curriculum with an emphasis on understanding longitudinal patient care in varied clinical settings in the context of health systems. Students will have an opportunity to explore all major subject areas of medicine and will be assigned LIC mentors to assist in directing their educational journey and exploring areas of clinical interest while developing a strong and broad foundation in clinical care of patients.

The clinical year is a longitudinal integrated clerkship year (LIC). Students will do the majority of the clinical training in outpatient setting as well as follow a patient panel over the year.

### Overview of the Four Years

**Year One:** Students will complete the first-year Duke science curriculum and the Clinical Skills Foundation course with traditional students. Interested students will apply for LIC admission during the first year.

**Year Two:** LIC students have a 12-month experience with a 7-month longitudinal component and focused inpatient experiences. Longitudinal components will include experiences in adult medicine, family medicine and primary care, neurology, pediatrics, obstetrics & gynecology, and surgery and each student will be paired with a primary preceptor for each of these areas. Students will complete 2 selectives. Students will also complete a longitudinal mental health seminar. Emergency medicine and acute care medicine will be offered in urgent care, and standard and high acuity emergency medicine settings. Students will have 4 months of inpatient immersion experiences throughout the areas of psychiatry, neurology, surgery, internal medicine, pediatrics, and obstetrics and gynecology. Radiology consists of longitudinal interactions with patients and Radiology faculty. Students will complete a longitudinal seminar series. Finally, students will complete the clinical skills courses as required for traditional Duke SoM students.

**Year Three:** Traditional research year followed by all students.

**Year Four:** LIC students will choose from a variety of electives available to all students. There is a required two-week radiology selective based on student interest.

## Primary Care Leadership Track

Director: Barbara Sheline, MD, MPH; Co-Directors: Elizabeth Erickson, MD, Fatima Syed, MD and Anh Tran, PhD. *Approved May 2010*

Duke University School of Medicine approved a major curricular overhaul to train a cadre of primary care leaders who can enter residency prepared to engage with communities and practices to help improve health outcomes. This project builds on a long-standing partnership between Duke and the Durham community to understand the causes of health disparities, and create a strong research focus on community engagement for a population health approach to the redesign of clinical programs.

The clinical year is a longitudinal integrated clerkship year (LIC). Students will do the majority of the clinical training in outpatient primary care practices and have the opportunity to follow patients over time.

### Overview of the Four Years

**Year One:** Students in the PCLT participate in a leadership course that focuses on team skills, risk-taking, service, and self-care/resiliency. They will complete the first-year Duke science curriculum and the Clinical Skills Foundation course with traditional students.

**Year Two:** PCLT students have a seven-month outpatient experience (LIC). Students will have five months of inpatient immersion experiences. Students will be exposed to population health and community engagement. Clinical Skills Foundation 2 course continues through Year Two. PCLT students complete a Quality Improvement Project. Students will complete one two-week selective in the summer term.

**Year Three:** The scholarly focus of the third year will be community-engaged research, population studies, or other forms of investigation of health systems and improvement. The third year will still have a ten-, eleven-, or twelve-month option.

**Year Four:** PCLT students will choose from a variety of electives available to all students, with emphasis on those that will best prepare them for their career in primary care. Students in the PCLT track are required to complete RADIOL 429C during their fourth year. Students will also complete the required subinternship, the critical care didactics, and the capstone course.

## Dual-Degree Programs

## Medical Scientist Training Program

Director: Christopher Kontos, MD, Professor in the Department of Medicine

Duke University School of Medicine Medical Scientist Training Program, administered under the auspices of The Graduate School and the School of Medicine, is designed for students who have strong backgrounds in science and who are interested in research careers in the medical sciences and academic medicine. The program, which leads to both the MD and PhD degrees and typically takes seven to eight years to complete, integrates the clinical curriculum of the School of Medicine with graduate education in one of the sciences basic to medicine. Although the emphasis of the program is on basic medical science, the additional clinical component affords program graduates a remarkable range of career opportunities. Graduates typically follow one of two broad paths: Some go directly into careers in teaching and research in one of the basic medical sciences; others enter residency programs before pursuing investigative and teaching careers in clinical medicine.

### Eligibility

An applicant must meet both the PhD degree admission requirements of The Graduate School and the MD degree admission requirements the School of Medicine. Most candidates apply for admission to the first year of the MD program, but a few students are admitted each year after completing the second or third year of the School of Medicine. In addition to the minimum requirements for acceptance into The Graduate School and the School of Medicine, advanced coursework in science and mathematics and significant prior research experience count heavily in the selection of candidates. Evidence of the potential for serious investigative work as a physician-scientist is essential. Because a significant portion of the program's funding is provided by a National Institutes of Health training grant, program participants must be US citizens or official permanent residents of the United States.

### Financial Support

All students admitted to the program receive a full fellowship award: tuition, fees, health insurance, and a stipend to cover living expenses. The stipend for 2021-2022 is \$32,950 per year. The program provides fellowship funds for three medical school years and the early portion of the PhD study. The student's PhD mentor provides financial support for the student in the upper-level PhD years. Tuition for the third year of medical school is forgiven for MSTP students contingent upon completion of the PhD. Support for the fourth medical school year is contingent upon completion of the PhD, and the PhD degree must be completed within seven years of the end of the second medical school year in order to qualify the student for financial support in the last medical school year. This fellowship support is intended to enable students to devote full-time to their work toward the two degrees. All years of fellowship support are contingent upon enrollment in either the School of Medicine or The Graduate School, satisfactory progress toward the two degrees, and no gainful employment.

### Admissions Procedure

- Applicants to Duke MSTP apply simultaneously to MSTP and Duke University School of Medicine. Applicants not admitted to MSTP remain eligible for admission to the School of Medicine if they choose to be considered for the MD program.
- The Medical College Admission Test should be taken, if possible, in April of the year in which the application is submitted, and the application should be completed and submitted as early as possible to facilitate review by both the MSTP and School of Medicine admissions committees.
- The Duke AMCAS application deadline is October 15 and the supplemental application to MSTP is due no later than November 15.
- Interviews of selected candidates are held from early October through the end of January, and admissions decisions are announced in late February.
- Applicants admitted to MSTP will be asked to complete additional paperwork for The Graduate School. The Graduate Record Examination is not required for this purpose.

### The Training Program

Duke University School of Medicine's unique third-year research curriculum fits well with a dual-degree program. The third year of medical school is essentially the first year of the PhD program, thereby shortening the time-to-degree for the dual-degree student by a year. The typical student spends the first two years in medical school, followed by about four years in a PhD program (which serve as the third medical school year) and then returns to a fourth year of medical school. The coursework in the first medical school year provides a solid grounding in the basic medical sciences. The second year is devoted to a clinical sciences curriculum. Following completion of the second year, the trainee enters a graduate program to complete the requirements for the PhD degree. A final academic year of elective clinical study completes the requirements for the MD degree.

While the typical student follows the plan outlined above, students whose research interests are well developed early in the first year may opt to begin the PhD at the beginning of their second year and then complete the clinical sciences curriculum after finishing the PhD. While this is not the typical sequence, much latitude is granted to students interested in early research experiences.

### The Curriculum

**Year One—Core Basic Science Year (45.5 basic science credits).** The student studies the principles of the basic science disciplines. Rather than mastering an encyclopedic array of facts, the purpose is to acquire familiarity with the major principles of each subject. In addition, during the first three years, students are required to participate in the practice course which is designed to expand primary and continuity care experience for Duke medical students. The practice course is a combined clinical curricular experience which emphasizes progressive knowledge and competencies. Year One requires satisfactory completion of 45.5 course credits in the approved basic science curriculum.

Year One consists of four integrated basic science courses, the interprofessional introduction to prevention course, and the practice courses. These courses include:

- INTERDIS 107B—(Introduction to the Medical School Profession) zero credits—one week
- INTERDIS 109B—(Clinical Skills Immersion) 2 credits
- INTERDIS 112B—(Foundations of Patient Care 1) 22 credits—twenty-one weeks

- INTERDIS 113B—(Foundations of Patient Care 2) 21.5 credits—twenty- one weeks

**Year Two—Core Clinical Science Year (54.5 clinical science credits).** The second year consists of a Clinical Skills Course, eight core clerkship rotations, two two-week selectives, Cultural Determinants of Health and Health Disparities course, Clinical Skills Foundation 2, the practice course, and a summative clinical skills assessment. The goals of the core clerkships include developing students' skills in accurate patient-based problem-solving and appropriate use of resources to diagnose and treat patients. The core clerkship rotations include:

- MEDICINE 205C, 206C, or 209C—Medicine: eight weeks, eight course credits
- SURGERY 205C, 206C, or 209C—Surgery: eight weeks, eight course credits
- OBGYN 205C, 206C, or 209C—Obstetrics and Gynecology: six weeks, six course credits
- PEDS 205C, 206C, or 209C—Pediatrics: six weeks, six course credits
- COMMFAM 205C, 206C, or 209C—Family Medicine: four weeks, four course credits
- PSYCHTRY 205C, 206C, or 209C—Psychiatry: four weeks, four course credits
- NEURO 205C, 206C, or 209C—Neurology: four weeks, four course credits
- RADIOL 205C, 209—Radiology: four weeks, four course credits
- INTERDIS 203C—Clinical Skills Assessment: 1 week; 1 credit
- INTERDIS 204C—Clinical Skills Intensive/Clinical Skills Course and INTERDIS 213C— Cultural Determinants of Health and Health Disparities Year 2: longitudinal throughout the year: 4.5 credits
- INTERDIS 205C—Clinical Skills Foundation 2: longitudinal; (four hours every other week for the entire year)—Advanced clinical themes (ethics, professionalism, end-of-life, etc.): 1 credit
- Elective periods include two two-week selectives. These elective periods provide an opportunity before the fourth year for students to learn about clinical subspecialties that are not covered by clerkships.

**Years Three, Four, Five, (Six)—The Graduate Years.** During the third, fourth, fifth and, if necessary, sixth year of the program, the trainee pursues graduate study to satisfy the requirements for the PhD degree. A student may begin graduate school after the first year of medical school, in which case, the student returns to finish the Core Clinical Science Year and the Elective Year in Clinical Science consecutively. PhD requirements include: (1) completion of necessary coursework, (2) adequate performance in the preliminary examination, (3) original research suitable for a dissertation, and (4) successful defense of the thesis in the final examination. Detailed descriptions of the other general requirements for the PhD degree are stated in the [Bulletin of Duke University: The Graduate School](#).

The graduate curriculum of each trainee is developed in consultation with the director of graduate studies of the department in which the trainee elects to study and requires the approval of the Medical Scientist Training Program Committee. Since most of the ordering ideas and experimental techniques of all the medical sciences derive from mathematics and the physical sciences, it is essential to ensure that all students in the program have an adequate foundation in these subjects. Because of the close working relationship and geographical proximity of the departments of medical and physical sciences at Duke, the setting is unusually favorable for the achievement of that goal.

Descriptions of the graduate courses in the departments of biochemistry, biology, biomedical engineering, cell biology, chemistry, immunology, molecular genetics and microbiology, molecular cancer biology, neurobiology, pathology, pharmacology and cancer biology, and the Computational Biology and Bioinformatics Program and the University Program in Genetics and Genomics are listed in the [Bulletin of Duke University: The Graduate School](#). Trainees are encouraged to select courses which relate to their developing individual interests rather than follow a prescribed curriculum applied to all students in a given discipline. Such range, flexibility, and freedom are the essence of graduate education. The original research and dissertation of each trainee is supervised by a faculty advisor chosen by the trainee in consultation with the director of graduate studies in the appropriate department. The faculty advisor typically is the chair of the trainee's supervisory committee, which consists of at least three members from the major department. This committee generally administers the preliminary examination before the student commences original research and the final examination after the student completes the dissertation.

Students can elect to take one noncredit, continuity clinical preceptorship throughout their graduate years to maintain some clinical contact during their graduate school.

**Final Year—An Elective Year in Clinical Science.** In this year, which is entered only after completion of all requirements for the PhD degree, the student and their medical school advisory dean construct an individualized curriculum which often places major emphasis on one clinical area and minor emphasis on other fields. Students are required to complete a sub-internship, a critical care selective, a continuity clinical preceptorship and capstone course. One aim is to integrate research interests and clinical experience in such a way that the student's research competence is facilitated; therefore, the year is planned with regard to the trainee's proposed career in research, as well. This elective year provides further training in clinical medicine to complement the second (core) clinical year, so that the trainee's total clinical experience is the same as that given in the regular clinical years of medical school (the third and fourth years in the majority of schools). It should be noted that since students in the program receive the MD degree upon completion of the final year, great care is taken by the faculty to ensure that students are competent and knowledgeable in current concepts of patient care. It is hoped that the final year provides the student with an experience which is not repeated during the residency but serves to complement later phases of training. For example, future surgeons might be exposed to fields other than surgery, since they receive intensive training in that discipline during their residency programs. For more information on fourth-year course requirements, please refer to the Doctor of Medicine section of the bulletin, under "[Fourth-Year Course Requirements](#)" Additional information may be obtained by writing Medical Scientist Training Program, Box 102005 Duke University Medical Center, Durham, NC 27710, calling (919) 684-2412, or emailing [MSTP@duke.edu](mailto:MSTP@duke.edu).

**Withdrawal from the MST program prior to completion of the PhD degree requirements.** Students who leave the MST program in their first year of graduate school will be required to complete all of the requirements of the medical school's third year. Research activities performed during this year are not considered sufficient to fulfill the third year study program requirements because:

1. The goal of the graduate rotations is to expose students to the research environment of a laboratory and the mentoring style of the PI, and not necessarily to complete a piece of in-depth research.
2. The short (two to three months), self-contained rotation project is the means by which a student learns about a laboratory and



is performed on a part-time basis because the student is concurrently enrolled in courses.

3. The student does not necessarily contribute to research design or the intellectual direction of such projects. In contrast, a third-year study project is designed to require ten to twelve months of full-time research under a single mentor, culminating in a document over which the student is rigorously examined. The student is responsible for the research design and execution, as well as the intellectual and scholarly underpinnings and trajectory of the work.

Students leaving graduate school after completing their first year of graduate school will be eligible for full or partial credit toward their third-year project requirements. Suitability of their research experience in graduate school for fulfilling their third-year medical school requirements will be determined by the third-year program study committee. The student will be required to fulfill the thesis, coursework, and examination requirements of the third year of medical school plus the remainder, if any, of the research experience. If the requirements have been met the recommendation will then be sent to full committee for recommendation to the Vice Dean of Education, who will make the final decision to approve or disapprove.

Any student that leaves the MST program at any time before completing the PhD degree will be responsible for all tuition and fees associated with enrollment in the medical school for the third year and the fourth year. This is applicable regardless of whether full or partial credit is given for the research portion of their graduate work toward fulfilling the third year requirements. Students will be removed from MSTP funding when they dematriculate from the MST program, but may apply for School of Medicine financial aid programs.

(Approved: March 2008)

## Master of Arts in Clinical Psychology

After successful completion of the first two years in the School of Medicine, students may apply for a master's degree in clinical psychology. Interested applicants must be second year medical school students with a demonstrated aptitude and established interest in behavioral medicine. Students enrolled in this program must complete a minimum of 30 course credits, which must include 24 course credits of graded courses. This must be approved by the psychology department and School of Medicine mentors and school administrators. The work will be reported in a document that will serve as a third-year thesis for the School of Medicine and area paper for the Department of Psychology. Students will be required to defend their paper to a committee composed of three members, which will include at least one individual from the School of Medicine and from the Department of Psychology. The members will be chosen by the program administrators. Students are required to meet all requirements of the School of Medicine third year curriculum (e.g., completion of IRB modules).

**Applications:** All applications must be submitted to the Department of Psychology during the second year of medical school by December 1 (the year prior to beginning the program). Letter of intent recommended to be submitted by September 1.

**Tuition:** Students will be required to pay one-year tuition to The Graduate School as well as their four years of medical school tuition.

For more information, please contact Christine Marx, MD, [christine.marx@duke.edu](mailto:christine.marx@duke.edu).

## MD/Master of Arts in Liberal Studies—MD/MALS

This joint degree program of the Duke University Graduate Liberal Studies department and the School of Medicine would begin in the third year of a student's medical degree and is a two-year program. Options for creating a one-year program to be situated in the third year of medical school will be explored in the future.

The Master of Arts in Liberal Studies program offers the rigor of a graduate-level liberal arts education within an interdisciplinary context. For medical students, the value of this degree is substantial. The program enables students to expand their intellectual capacity in diverse areas of study (e.g., social sciences, history, policy, ethics, etc.) while exploring these subjects from many perspectives. MALS students hone their abilities to view issues and problems from a variety of points-of-view, gaining both intellectual and practical skills that make them more comprehensive thinkers and more effective problem solvers.

The objectives of a MALS degree are to extend students' intellectual resources and range, promote openness to new ideas and ways of thinking, and facilitate the ability to identify connections and inter-relationships among seemingly disparate subject areas. To meet these objectives, liberal studies seminars are designed specifically for this program and open to MALS students only. In addition, MALS students may take other courses of interest in The Graduate School.

**Requirements:** Students design an individual course of study that brings together their intellectual interests and professional goals. Requirements include nine courses and a master's thesis (approved by both the graduate liberal studies program and the School of Medicine).

Apply to the graduate liberal studies program online through The Graduate School. The application deadline for fall is May 15. All MD/MALS theses proposals also will require School of Medicine approval. For more information, contact Donna Zapf, PhD, Director, Box 90095, Durham, NC 27708-0095; (919) 684-3222; [dzapf@duke.edu](mailto:dzapf@duke.edu); or Margaret Humphreys, MD, PhD, Medical Humanities Third Year Program Director (919) 684-2285; [meh@duke.edu](mailto:meh@duke.edu).

## MD/MA in Bioethics & Science Policy

**Name of Degree:** Master of Arts in Bioethics & Science Policy

**Curriculum:** The MA teaches students how to thoughtfully identify, analyze, and propose solutions to address cutting edge and historical developments in science, medicine, technology and policy. The program provides a foundation in the history, philosophy, legal, social, and theoretical approaches to bioethical analysis, as well as an introduction to science and health policy.

**Options/Tracks within the Degree Program:** Genomics, Neuroscience, Public Impact & Engagement, Self-Designed track

**Degree Requirements:** Four core courses, four electives, and a capstone project. Students generally enroll in two semesters of coursework and then in one semester (or summer) devoted to the capstone project, which can be a practicum or a research paper.

**Location:** North Building, Research Drive, Duke University Campus

**Length of Program:** Usually one year taken before or after the third year of medical school

**Total Time to Graduation:** Typically five years

**Tuition Arrangements:** Students pay tuition to the MA program during the time enrolled in the program, generally the equivalent of one full year, or three semesters.

**Financial Aid:** A select number of merit-based awards may help offset the costs of tuition.

**Contact:** Lauren Dame, JD, MPH, Associate Director of Graduate Studies, (919) 668-0792; Third Year Study Program: Medical Humanities, Margaret Humphreys, MD, PhD, Director, [meh@duke.edu](mailto:meh@duke.edu), (919) 684-2285 or visit <https://scienceandsociety.duke.edu/>.

## MD/MHS in Clinical Research (CTSA)

**Name of Degree:** Master of Health Sciences in Clinical Research (two years)

The Duke CTSA Scholarship is a two-year scholarship funded by the Clinical and Translational Science Award (CTSA). CTSA scholars will complete two years of mentored clinical research and the Duke Clinical Research Training Program (CRTP). Upon successful completion of all CRTP degree requirements, CTSA scholars will graduate from Duke University with a Master of Health Sciences in Clinical Research (MHSc). The scholarship provides a stipend for each full year of study. Additional funds are applied towards CRTP tuition, insurance costs, and travel expenses to scientific meetings. CTSA scholars will graduate from Duke Medical School a year late and the second year will be classified Continuation of Research Studies.

David Edelman, MD, Program Director, [david.edelman@duke.edu](mailto:david.edelman@duke.edu)

Stephanie Molner, MSW, Program Administrator, [stephanie.molner@duke.edu](mailto:stephanie.molner@duke.edu)

## MD/MEng in Engineering

**Name of Degree:** Master of Engineering

This five-year program is designed for MD candidates who wish to also obtain a Master of Engineering (MEng) degree. In brief, students spend four years (Years 1, 2, 4 and 5) in medical school to fulfill the MD curriculum requirements, and one year (Year 3) to take the required MEng courses detailed below. In the fourth year, students work on development of new technologies or engineering approaches (including optimization/system analysis or feasibility analysis, etc.) for improving healthcare, improving public health, or reducing health hazards and write a thesis, for which they will receive School of Medicine credit in fulfillment of their Third Year thesis requirement.

**Tuition Arrangements:** Students will pay the Pratt School of Engineering tuition for one year after the MS2 year and the School of Medicine tuition for four years (MS1, MS2, MS3 [year 4], and MS4 [year 5]). The typical MEng degree is three semesters and so this concurrent degree is two-thirds the cost of a stand-alone MEng degree.

**Location:** Pratt School of Engineering

**School of Medicine Requirements:** The MD curriculum requirements for typical Years 1, 2, and 4 (Year 5 for these students) will remain unchanged by this program.

School of Medicine Third Year thesis credit will be based on submission of a document whose rigor is consistent with current Third Year theses. As with all current Third Year theses, the thesis proposals will require Third Year School of Medicine approval. The thesis would consist of a detailed Business Plan, complete with extended Introduction (similar to the extended Introduction currently required of Third Year students who choose the manuscript or grant alternative theses) stating more thoroughly the healthcare, public health, or health hazard need being addressed. The scope, subject, and outcomes of the thesis will be determined by the Engineering program of specialization in collaboration with the School of Medicine. Examples could include: Development of a new technology and working prototype to improve healthcare; Evaluation of technologies for improving public health; Optimization of engineered systems to minimize exposure to environmental health hazards, etc. A thesis alternative can be submitted in the form of a SBIR/STTR grant application since the grant thesis alternative is already an approved option offered to all Third Year medical students. At the discretion of and selected by the Third Year Committee, the thesis may be reviewed by faculty or other experts well versed in the specific technology field who are not on the Committee. These external reviews would be used by members of the Third Year Committee to grade the theses in order to ensure that the grading standards, rigor and criteria are consistent with current theses. The thesis may also be used to fulfill requirements for the MEng 550/551 courses.

**Pratt School Requirements:**

Master of Engineering students in all majors must complete 30 credits comprised of key program elements as follows:

- Core industry preparatory courses (6 credits)
- Departmental or interdisciplinary core courses (15-18 credits, varies by major)
- Technical electives in a concentrated area (6-9 credits, varies by major)
- Internship, Project, or Equivalent

Additionally, some majors have a seminar participation requirement.

The MD/MEng student will fulfill all of the requirements of the MEng degree. To accomplish this, the following accommodation has been made for those seeking a dual degree:

- 6-9 credits (depends on MEng major) required for the MEng degree may be fulfilled based on satisfactory completion of the MS 1 Basic Sciences curriculum (see table on next page).

Major	MD Credits Applied to MEng Degree	Description
Biomedical Engineering	9	3 credits - Life Science Requirement 6 credits - Technical Electives
Civil Engineering	6	6 credits - Technical Electives
Electrical and Computer Engineering	9	9 credits - Technical Electives
Environmental Engineering	9	9 credits - Technical Electives
Materials Science and Engineering	6	6 credits - Technical Electives
Mechanical Engineering	6	6 credits - Technical Electives
Photonics and Optical Systems	6	6 credits - Technical Electives

- Internship, project, or equivalent requirement may be fulfilled as described below.

In the fourth year, each MEng student is required to undertake a practical internship, which must encompass at least 320 person hours of effort (as documented in their detailed laboratory notebook). These internships are by nature focused on engineering applications and technology development. To achieve this, each MD/MEng student may work under the auspices of Faculty in the School of Medicine, MedBlue Program, the Pratt School of Engineering, or other similar program to be reviewed and approved by representatives from the MEng and SOM faculty. Specifically, each MD/MEng candidate will:

- work under the guidance of one or two attending physicians and engineers during their fourth year (“second third year”) to identify and complete at least one comprehensive Confidential Need Specification with the sponsorship of one of the clinical faculty;
- develop new technologies or engineering approaches (including optimization/system analysis or feasibility analysis, etc.) for improving healthcare, improving public health, or reducing health hazards based on Need Specification;
- present their proposed technology or engineering approach to a select group of prospective investors and/or end users (clinicians);
- complete an Invention Disclosure Form approved by faculty advisor for the project and the faculty who teach the internship course, MEng 551;
- (optional) submit the IDF, which requires review and signature of appropriate SOM Department Chair; review and signature by appropriate Engineering Department Chair; and
- (optional) provide required information and support to OLV to assist in their review and action.

Example Curriculum: Master of Engineering in Biomedical Engineering with emphasis on Healthcare Innovation and Entrepreneurship

The MD/MEng dual degree is most closely aligned with the Biomedical Engineering major. Additionally, it is believed that the appeal in this program will be for medical students with an interest in innovation and entrepreneurship. Therefore, as an example, the Pratt course work requirements for a major in Biomedical Engineering with an emphasis in Healthcare Innovation and Entrepreneurship are outlined below.

Requirement	MD/MEng Fulfillment of Requirement
Core Industry Preparation Courses (6 credits)	MEng 540 Management of High Tech Industries (3 credits) MEng 570 Business Fundamentals for Engineers (3 credits)
Life Science (3 credit)	Satisfactory completion of MS 1 Basis Sciences
Advanced mathematics (3 credit)	See MEng website for approved math courses
BME courses (9 credits)	BME 590.01 Biomedical Device Innovation (3 credits) Select from BME offerings and constrained by BME curricular notes listed on MEng BME website (6 credits)
Engineering Elective (3 credits)	BME 490 Special Topics in BME Design (3 credits)
Other technical electives (6 credits)	Completion of MS1 Basic Sciences fulfills this requirement)
Internship, Project or Equivalent (zero credits)	MENG 550 Internship or Applied Research* Project MENG 551 Internship/Project Assessment*
BME seminar (zero credits)	EGRMGMT 501 Engineering Management Seminar

\*Students perform internship as described in this proposal.

**Application Requirements and Process:** All applications should be submitted using the online application to the Pratt School of Engineering. The current application requirements are

- a bachelor's degree in engineering or science from an accredited institution (transcripts required, including an estimated GPA)
- Statement of Purpose
- Résumé
- Three letters of recommendation
- Graduate Record Exam (GRE) results
- Test of English as a Foreign Language (TOEFL) results (international applicants only)
- A nonrefundable application fee of \$75 US, to be paid via check made out to Duke University or via credit card if using our online application

MD/MEng students should also indicate on their application that they will be pursuing MEng as a concurrent degree. Although the application deadline is June 15, students interested in this program should apply before April 1 of the MS2 year.

**Additional Requirements:** The MS2 applicant must be in good standing with the School of Medicine.

**Graduation:** Since this is a concurrent degree and Medical School courses are being used to fulfill MEng degree requirements, the MEng degree will be granted simultaneous to the granting of the MD degree, typically at the end of the 5th year. If a MD/MEng student leaves the MD program before completing both degrees, a case-by-case analysis may be performed to determine if the MEng degree may be granted independently or if additional coursework is required to independently fulfill the MEng degree requirements. Since no accommodation has been made to the MD requirements, students withdrawing from the MEng degree will not impact MD degree requirements.

## MD/MSc in Global Health

**Name of Degree:** Master of Science in Global Health (two years)

**Options/Tracks within the Degree Program:** Elective options in disease causation and prevention, global environmental health, global health policy and management, and population sciences

**Course of Study:** Two to three semesters of coursework, a field experience to apply learned research methods, and a research-based thesis are required. The first year is leave of absence and the second year is the official Third Year.

**Location:** Duke Global Health Institute (DGHI)—must be approved by third year committee prior to start of program

**Length of Program:** Typically four semesters

**Total Time to Graduation:** Typically five years, could be accomplished in four and a half years

**Tuition Arrangements:** Full tuition for both programs is paid independently to the two schools

**Financial Aid:** Eligible and can apply for financial aid at each program for each year enrolled in that program.

**Contact for more information:** Dennis Clements, MD, PhD, MPH, Study Program Director, or Lysa MacKeen, [lisa.mackeen@duke.edu](mailto:lisa.mackeen@duke.edu); or visit <https://globalhealth.duke.edu/programs/master-science-global-health>.

## Master of Management in Clinical Informatics: MD/MMCi (Duke or UNC)

The School of Medicine offers this one-year degree program to develop the expertise needed by health care as information technology becomes more critical to the delivery of quality patient care and research. Through this unique multi-disciplinary program, students acquire the knowledge and skills to merge technology with research and patient care and help improve human health. The MMCi program is tightly linked with informatics leadership and practice within Duke Medicine. The program meets every other Friday and Saturday for twelve months, from August to August, over four 12-week academic terms. A research experience and project that fulfills third year requirements is substituted for the applied practicum. Tuition for MMCi is paid in addition to medical school tuition. For more information, contact Lawrence Crawford, MD, [lawrence.crawford@duke.edu](mailto:lawrence.crawford@duke.edu), Third Year Program Director for MMCi, or visit <https://mmci.duke.edu/>. Alternative contact is Randy Sears, MBA, [r.sears@duke.edu](mailto:r.sears@duke.edu).

## Master of Professional Science in Biomedical and Health Informatics (UNC) - CHIP (Carolina Health Informatics Program)

The dual-degree program in informatics at The University of North Carolina at Chapel Hill is available to third-year medical students. With a focus on implementation science, the MPS is designed to be terminal degree—i.e. a PhD is not required as in other Medical Informatics programs. The Carolina Health Informatics Program (CHIP) coordinates with Library School, Computer Sciences, Nursing, Public Health, School of Medicine, and Kenan Business School.

**Name of Degree:** Master of Professional Science in Biomedical and Health Informatics

**Options/Tracks within the Degree Program:** Clinical and Public Health. CHIP can customize the degree program if several MDs/students are going through it at same time. Clinical track grew out of a certificate program developed in conjunction with Duke (Ed Hammond) for creating a subspecialty for physicians interested in informatics and the new informatics board.

**Application Process:** Follow normal process applying through Graduate School and CHIP. Physicians/medical students can use their MCAT scores instead of GREs.

**Length of Program:** 12 to 18 months with a practicum—12 months can be done by Duke students with a full load. Starts at end of August.

**Required Research:** Project paper that could become a thesis. Presentations and posters (online) are required.

**Focus:**

- Data – from acquisition to analysis – health data, statistics, validity, quality, etc.
- Systems – deploy and create systems, systems design, usability, systems analysis
- Human/societal – how health care works and the systems within it

The program is more residential as opposed to commuter; it is very hands-on, with students working closely with faculty throughout the program.



Assigned mentors, as well as faculty advisors, work with students on the practicum. Students begin identifying a mentor and project in their first semester. Mentors can be from UNC, industry, or other relevant settings, including Duke—others have been from SASS, RTI, Quintiles, and BCBS.

Compared to Duke's MMCi degree, which is 50 percent business school courses and 50 percent informatics, the UNC MSP degree is more focused on informatics with business related electives and has more focus on healthcare as a system than business skills.

For more information, contact Larisa Rodgers, CHIP Coordinator, or Director Javed Mostafa, PhD, Professor School of Information and Library Science, joint appointment Biomedical Research Imaging Center. He is also adjunct faculty in Duke CFM.

## The Medical Historian Program

The Medical Historian Program is conducted under the auspices of the School of Medicine and The Graduate School. Individuals earning the PhD degree in history from Duke may petition the Vice Dean to receive transfer credit that can be applied to the medical school degree if the major subject area is one that is related to the discipline of medicine, health policy, or public health. The combined MD/PhD program typically extends for six years. Students complete the first two academic years in the School of Medicine (the required core basic and clinical courses) prior to taking a leave of absence to enroll in The Graduate School. A range of appropriate courses is available there through the Department of History. Following the completion of the PhD degree, the student resumes requirements for the MD degree.

### Application and Admissions Procedures

Applicants must meet the requirements for admission to the School of Medicine and The Graduate School in the Department of History. Candidates who have completed two years of medical school are also considered. In addition to the minimum requirements established by the School of Medicine and The Graduate School, courses in history and in the history and philosophy of science count in the selection of candidates.

Applicants should complete and submit an application form to the Duke University School of Medicine and to The Graduate School for admission to the Department of History.

For more information, contact Margaret Humphreys, MD, PhD, Box 90719, Department of History, Duke University, Durham, NC 27708; [meh@duke.edu](mailto:meh@duke.edu).

## MD/MBA

**Name of Degree:** Master of Business Administration (two years)

**Options/Tracks within the Degree Program:** Many; health sector management may be most relevant to medical students.

**Course of Study:** Four semesters of coursework, and the summer between the two years is often devoted to practical work in business as well.

**Location:** The Fuqua School of Business or an approved business school at another university. Must be approved by the Third Year Committee prior to beginning any away program. Leave of absence required for first year of program for first year at any location except Duke Fuqua School of Business.

**Length of Program:** Usually two years, with requirements of third-year medical school accomplished in second year of degree

**Total Time to Graduation:** Typically five years

**Tuition Arrangements:** Students are responsible for full tuition at the School of Medicine and at Fuqua. Students who are simultaneously enrolled and being charged tuition through Fuqua and the School of Medicine are required to take 65 credits rather than the 79 normal credits. The first year, students take classes at Fuqua and Fuqua handles the financial aid for that year. The second year, the student takes classes at both the School of Medicine and Fuqua. The Medical School financial aid office handles the financial aid for that year.

**Financial Aid:** Eligible and can apply for financial aid at each program for each year enrolled in that program.

For more information, contact Kevin P. Shah, MD, [kevin.shah@duke.edu](mailto:kevin.shah@duke.edu), Study Program Director or (919) 684-3841.

## MD/JD

**Name of Degree:** Juris Doctor (three years)

**Options/Tracks within the Degree Program:** Varies

**Course of Study:** Six semesters of coursework

**Location:** Duke University School of Law. Must be approved by third year committee

**Length of Program:** usually three years, with requirements of third year medical school accomplished in third year of degree program (students are on leave of absence status while completing the first year of the JD)

**Total Time to Graduation:** Typically six years

**Tuition Arrangements:** Full tuition for both programs is paid independently to the two schools.

**Financial Aid:** Eligible and can apply for financial aid at each program for each year enrolled in that program

For more information, contact David Edelman, MD, MHS, [dedelman@duke.edu](mailto:dedelman@duke.edu), Study Program Director.

## MD/MPH

**Program Director:** Kathryn M. Andolsek, MD, MPH

The Epidemiology and Public Health Study Program is designed for students pursuing third year opportunities in public health through obtaining a Masters of Public Health degree as part of their Duke third year medical school requirements. Students interested in this track should consult with Dr. Kathryn Andolsek as early as possible, ideally in their first year or very early in their second year.

This study track combines formal coursework in epidemiology, social drivers of health, and population health, allowing students an opportunity to participate in the quantitative research design and/or analysis of a research study. Participants will practice skills related to research design, statistical analyses, assessment, health policy, and comparative effectiveness so that they can be effective contributors

to improve health and the system of health care. The focus may be on improved health of the patient or a discrete population but should be transferable to local, state, national and/or global health issues.

Students should select an appropriate Duke Faculty mentor in consultation with the study track director, or if they wish to work with an external mentor, confirm they are approved/arrange to have them approved as an acceptable mentor by Dr. Andolsek and the third-year committee. For most students who obtain their MPH at the University of North Carolina, having a Duke mentor is strongly encouraged.

**Eligibility:** Students enrolled in the School of Medicine, after satisfactory completion of the first two years of the regular curriculum, may seek a Master of Public Health degree at the University of North Carolina Gillings School of Global Public Health (Chapel Hill) or an alternate accredited school of public health. These two pathways differ. Please see below for the two pathways.

1. **University of North Carolina Gillings School of Global Public Health:** For students seeking a Master of Public Health at the University of North Carolina Gillings School of Global Public Health (Chapel Hill): <https://sph.unc.edu/resource-pages/master-of-public-health/>
  - a. Several concentrations at the UNC Gillings School of Global Public Health have been “pre-approved” by the Third-Year committee. Some of these may be able to be completed within a calendar year; **HOWEVER, THE THIRD YEAR COMMITTEE STRONGLY RECOMMENDS STUDENTS TAKE THESE DEGREES OVER A TWO-YEAR TIME PERIOD.** This two-year time period gives adequate time for Step 1 study, taking full advantage of the MPH curriculum, having a robust research experience, and decompressing re-entry into the fourth year of Duke SoM. In general, these curricula include: 12 credits in a core curriculum; 15 credits in a concentration curriculum, and 3 credits in a practicum. The pre-approved concentrations include
    - [Master of Public Health with Leadership in Practice Concentration \(Public Health Leadership Program\)](#)
    - [Master of Public Health in Applied Epidemiology](#)
    - [Master of Public Health in Health Policy](#)
    - [Master of Public Health in Maternal, Child, and Family Health](#)
    - [Master of Public Health in Nutrition](#)
  - b. In addition, there are several other concentrations that could probably easily be “pre-approved” if a student were interested and worked with Dr. Andolsek to bring to the committee (Masters of Public Health in Global Health; Master of Public Health in Population Health; Master of Public Health in Health Equity/Social Justice/Human Rights). Students should consult the UNC Gillings School of Global Public Health website carefully to make certain the most up to date information, including application deadlines is known.
  - c. UNC also offers Master of Science degrees in several concentrations which require 60 credit hours (compared with 42) for those interested in a more comprehensive degree. In the past, only a few Duke students have pursued this option.
  - d. Students (ideally) should identify a Duke approved mentor and research topics by January-March of the year in which they begin their third year. Most students have been able to use that project for some of the UNC’s requirements, should they desire. Ideally, Duke IRB approval is obtained at the same time recognizing that IRB approval is usually necessary through both Duke and the other pertinent institutions. Coursework continuously informs their research project. If their desired Duke mentor is not already approved, students should describe their project and send the potential mentor’s NIH biosketch to Dr. Andolsek to present to the Third Year Committee for approval as soon as possible. Mentor expectations can be found at the [Third Year website](#) but usually can include a faculty member at the associate professor rank (or higher), track record of successful mentoring, and research funding (sufficient that they will have protected time to mentor).
  - e. The UNC MPH tuition will depend on whether a student is determined to meet UNC’s “in-state for tuition purposes” criteria and applies accordingly. Interested students should do what they can to maximize their ability to meet these criteria as soon as they believe that have an interest.
  - f. Each student is required to complete their MPH Requirements and fulfill Duke’s third year requirements (submitting to Duke a completed thesis, grant, or manuscript consistent with Duke Third Year requirements, and a poster for AOA day).
  - g. UNC makes the determination of whether a student is considered “in-state” for tuition purposes. For details, see <https://sph.unc.edu/mch/mch-student-information/residency/>. This determination can be made on a semester by semester basis. A student who is turned down, may wish to appeal. If turned down for first semester can apply for subsequent semester(s).
  - h. UNC School of Global Public Health has their own programs of scholarship and other support; students should apply as interested.
1. **A Master of Public Health NOT at the University of North Carolina Gillings School of Global Public Health:**
  - a. Students who wish to apply to an alternate school of public health need to present their proposal to the Duke Third Year Committee as a Study Away Proposal, consistent with the process for all other Study Away Timelines. The Third Year Committee, in general, supports two-year master’s programs, so that the students have an adequate research experience in addition to required coursework. If the course of MPH study is a single year, then the Third Year Committee generally looks more favorably on student requests that include a “second” third year of research. Students generally select a research project and a mentor at the MPH granting Institution. Supporting materials must be presented to the Duke Third Year Committee as a Study Away Proposal, consistent with Study Away Proposal Timelines. Alternatively, students may identify an approved Duke mentor they will work with “remotely;” supporting information will be made part of the Duke Study Away proposal.

- b. Each student will have the equivalent of ten to twelve months' participation in research. Students should identify a mentor, a research topic by Spring of the year in which they begin their third year. Ideally, Duke IRB approval is obtained at the same time, recognizing that IRB approval is usually necessary through both Duke and other pertinent institutions. Coursework continuously informs their research project. Each student will be required to produce an in-depth thesis analyzing an area of epidemiology, health service research, health systems, or health policy. This research activity extends throughout the year, culminating with the acceptance of the completed thesis, grant, or manuscript consistent with Duke Third Year requirements.

This study track is for students participating in an MPH. For MPH students, the student must apply to the relevant MPH program within the public health school, and satisfy their requirements and the Third Year Requirements before progression to year 4 of Duke's curriculum.

PCLT students have additional expectations regarding the community engagement of their projects and should consult Dr. Anh Tran. Students should consider carefully:

- The timing of their plans to "re-enter" fourth year, especially with regard to clinical rotations and sub-internships.
- Their projected study plan for USMLE Step 1.

Students may instead choose to spend a research year within the field of public health (but without pursuing a second MPH degree) through other Third Year options: The Clinical Research Study Program, headed by Dr. Vivian Chu, in Global Health with Dr. Dennis Clements, or in an area of qualitative research through the Medical Humanities Study Program, headed by Dr. Margaret Humphreys. In addition, students may propose an individually tailored Study Away option. Students interested in the MPH may want to compare and contrast this opportunity with Masters of Public Policy or Masters of Health Sciences (through CRTP) with Dr. David Edelman. Another opportunity is the Masters of Business Administration, headed by Dr. Jennifer Perkins or the new Duke Master's in Population Health.

Faculty from a number of study programs provide mentorship of students in the study away programs.

**Tuition:** All students are responsible for both Duke SOM Third Year tuition and the tuition for their MPH degree. This policy is subject to change.

For more information, contact Dr. Kathryn Andolsek, MD, MPH, Third Year Study Program Director, at [kathryn.andolsek@duke.edu](mailto:kathryn.andolsek@duke.edu). A list of faculty can be found on the [Third Year website](#).

## MD/MPP

**Name of Degree:** Master of Public Policy (one to two years) but must be organized and discussed early in second year to allow time for applications and approvals.

**Options/Tracks within the Degree Program:** Varies

**Course of Study:** Three to four semesters of coursework; master's thesis is required in both schools.

**Location:** Duke Sanford School of Public Policy (must be approved by the Third Year Committee prior to the start of the program)

**Length of Program:** Usually two years (leave of absence the first year), with requirements of third year of medical school accomplished in second year of degree program; under carefully considered circumstances and with special permission/effort can be completed in sixteen months.

**Total Time to Graduation:** Typically five years, but can be four (see above)

**Tuition Arrangements:** Full tuition for both programs is paid independently to the two schools.

**Tuition Arrangements (at a MBA study away institution):** Full tuition for both programs is paid independently to the two schools.

**Financial Aid:** Eligible and can apply for financial aid at each program for each year enrolled in that program

For more information, contact David Edelman, MD, Study Program Director, at [dedelman@duke.edu](mailto:dedelman@duke.edu).

## Courses of Instruction

(Course offerings and course directors are subject to change.)

### Anesthesiology

**Interim Chair:** Joseph P. Mathew, MD, MHSc, MBA

**Assistant:** Melinda Macalino

**Business Manager:** John Borrelli

**Campus PO Box:** 3094

**Phone:** (919) 681-6646

**Fax:** (919) 681-2923

### Second Year, Two-Week Selectives

**ANESTH-220C. Clinical Anesthesiology.** (Operating Room) - Students will participate in the pre-, intra-, and post-operative anesthetic management of patients while assigned 1:1 to an anesthesiologist. Clinical assignments will include the general and cardiothoracic Operating Rooms, as well as subspecialty areas and pain management. Additional hands-on practice will occur in the Patient Safety Center (human simulator). Didactic sessions will include pre-operative patient evaluation and perioperative risk, anesthetic techniques and monitoring, airway management, pharmacology, physiology, and anatomy; and procedures may include vascular access, airway management, and selected others; Grand Rounds; and other conferences. For more information, please contact Dr. Grace McCarthy ([grace.mccarthy@duke.edu](mailto:grace.mccarthy@duke.edu)). Secondary contact: Elizabeth Futrell ([elizabeth.futrell@duke.edu](mailto:elizabeth.futrell@duke.edu)) or 919-668-3400. Credit: 2; Max: 4, Min: 1. *Grace McCarthy, MD*

**ANESTH-221C. Pain Management.** Students will participate in both outpatient and inpatient chronic pain management. Each student is assigned daily to an individual fellow or attending physician who supervises the student's active involvement. This course emphasizes

a multidisciplinary approach appropriate for the individual patient. The effect of pharmacotherapy, interventional procedures, physical therapy, and psychological therapy is stressed. Students will observe and assist in various interventional procedures. Students will also attend the weekly pain conference. The course is offered throughout the year. If more than 1 absence is anticipated, the elective should be re-scheduled. Location: Duke Pain Clinic, 4309 Medical Park Drive, Durham, NC 27704; Durham VA Pain Clinic, 508 Fulton Street, Durham, NC 27705. Location: Durham VA Medical Center; arrive first day of rotation @8:00 a.m. NOTE: Students must complete required VA paperwork no less than 30 days prior to the first day of their rotation. For questions, contact [Clyde.Meador@va.gov](mailto:Clyde.Meador@va.gov). A VA Badge is required. Students with questions may contact: Dr. Lance Roy ([lance.roy@duke.edu](mailto:lance.roy@duke.edu)) or they may contact Lindsay Waters at [lindsay.waters@duke.edu](mailto:lindsay.waters@duke.edu). Contact Dr. Roy 1 week before the start of the selective. Credit: 2. Enrollment: max 2, min 1. *Lance Roy, MD; and Arun Ganesh, MD*

## Clinical Science Electives

**ANESTH-401C. Cardiothoracic Intensive Care Sub-Internship.** The cardiothoracic intensive care sub-internship will allow fourth year medical students to be exposed to and participate in the care of the post-operative and critically ill cardiac and thoracic surgery patient. This patient population has the highest rate of invasive monitoring, echocardiographic and hemodynamic assessment, and advanced circulatory support including utilization of inotropes, vasopressors, and mechanical circulatory support devices (LVAD, RVAD, IABP). A working knowledge of these concepts will be critical to a future career in Anesthesiology, Critical Care Medicine, or Surgery. This sub-internship level course will allow students to participate in patient care 6 days a week. This will be an in-depth experience in cardiac critical care medicine. Students will be evaluated on their knowledge, skills, and ability to facilitate patient care in this environment. Students will be expected to take a high degree of ownership of their patients, communication between the critical care, surgery, and anesthesia teams will be emphasized. This sub-internship course will not fulfill acute care curriculum requirement. For more information, contact Dr. Sharon McCartney at [sharon.mccartney@dm.duke.edu](mailto:sharon.mccartney@dm.duke.edu) or Jacole Hairston, [jacole.hairston@duke.edu](mailto:jacole.hairston@duke.edu). Permission of the instructor is required for enrollment. Credit: 5. Enrollment: Max-2 Min-1. *Sharon McCarney, MD; Raquel Bartz, MD; Kamrouz Ghadimi, MD; Jack Haney, MD; Nazish Hashimi, MD; Ehimemen Iboaya, MD; Jerrold Levy, MD; Mihai Podgoreanu, MD; Jacob Schroeder, MD; Madhav Swaminathan, MBBS; Annemarie Thompson, MD; and Ian Welsby, MBBS, BSc*

**ANESTH-402C. Cardiothoracic Intensive Care Elective.** The cardiothoracic intensive care elective will allow fourth year medical students to be exposed to and participate in the care of the post-operative and critically ill cardiac and thoracic surgery patient. This patient population has the highest rate of invasive monitoring, echocardiographic and hemodynamic assessment, and advanced circulatory support including utilization of inotropes, vasopressors, and mechanical circulatory support devices (LVAD, RVAD, IABP). A working knowledge of these concepts will be critical to a future career in Anesthesiology, Critical Care Medicine, or Surgery. This elective level course will allow students to participate in patient care 5 days a week. This will be an in-depth experience in cardiac critical care medicine. Students will be evaluated on their knowledge, skills, and ability to facilitate patient care in this environment. This elective will fulfill acute care curriculum requirement. For more information, contact Dr. Sharon McCartney at [sharon.mccartney@duke.edu](mailto:sharon.mccartney@duke.edu) or Jacole Hairston, [jacole.hairston@duke.edu](mailto:jacole.hairston@duke.edu). Permission of the instructor is required for enrollment. Credit: 4. Enrollment: Max-4 Min-1. *Sharon McCartney, MD; Raquel Bartz, MD; Kamrouz Ghadimi, MD; Jack Haney, MD; Nazish Hashimi, MD; Ehimemen Iboaya, MD; Jerrold Levy, MD; Mihai Podgoreanu, MD; Jacob Schroeder, MD; Madhav Swaminathan, MBBS; Annemarie Thompson, MD; and Ian Welsby, MBBS, BSc*

**ANESTH-430C. Diving and Hyperbaric Medicine.** Students participate actively in assigned patient care and clinical projects. Well-focused segments of ongoing clinical work provide intensive exposure to clinical physiology and pharmacology. Students will be assigned an attending physician (mentor), desk and computer space in the Hyperbaric Center. Consultative services are provided for inpatients and outpatients from orthopedics, medicine, radiation oncology, intensive care units, and preoperative and postoperative care units. Specific indications for hyperbaric oxygen therapy are used in clinical care and in developing translational projects. Students are guided in producing concrete clinical presentations and reports related to the field. For more information, please contact Dr. Derrick ([bruce.derrick@duke.edu](mailto:bruce.derrick@duke.edu)). Secondary contact: Dr. Jake Freiburger, 668-0032. Students should meet for rounds on the first day of classes promptly at 7:30 a.m. The location is Hyperbaric Center Library, 0588 White Zone, CR II Building. Credit: 4. Enrollment Max 1. *Bruce Derrick, MD, and staff*

**ANESTH-440C. Clinical Anesthesiology.** The student will participate in the pre-, intra-, and post-operative anesthetic management of patients while assigned to an individual resident or attending anesthesiologist. The student will spend time in the general operating rooms, the cardio-thoracic operating rooms, and in various subspecialty areas, such labor and delivery, pediatric operating rooms, neurosurgical operating rooms, regional anesthesiology service, and/or acute pain management. Learning opportunities will include pre-operative patient evaluation, anesthetic technique selection, airway management, pharmacology, physiology, and anatomy, as well as procedures such as vascular access, ultrasound, and patient monitoring. These areas will be reinforced by problem-based learning discussions, Grand Rounds, and other conferences. In the summer and fall, priority in registration is given to students considering careers in Anesthesiology. Students MUST attend the first day of the section, and are strongly advised not to miss any of the first week. More than 4 absences are not permitted. Schedules for the class will be emailed out prior to the start of the course. For questions and to obtain permission numbers, please contact Elizabeth Futrell ([elizabeth.futrell@duke.edu](mailto:elizabeth.futrell@duke.edu)) or 919-668-3400. Permission is required for enrollment during summer section 44 and for fall section 41. (Not offered during summer section 43). Enrollment for other sections will be on a first come/first served basis effective summer 2021. Enrollment Max: 4. Credit: 4. *Elizabeth Malinzak, MD, Grace McCarthy, MD, and Staff*

**ANESTH-441C. Subinternship in SICU.** This course is designed to broaden the student's knowledge and experience in managing critically ill surgical patients. Under supervision, students function as sub-interns in the Surgical Intensive Care Unit (SICU) in 6 West DMP. Students are assigned their own patients and actively participate in daily rounds as part of the SICU team. The ICU Fellows provide lectures on multiple aspects of critical care. Students take call one night in four and work on a one-on-one basis with SICU house staff in the supervised management of critically ill patients. There is emphasis on teaching of procedures and techniques necessary for the management of critically ill patients including vascular access, airway management, hemodynamic assessment and monitoring, cardiovascular resuscitation and use of vasoactive drugs, ventilator management, prevention and management of



nosocomial infections, and ethical decision making in ICU. Students are formally evaluated by the SICU house staff and the attending physician. C-L: SURGERY 441C. Credit: 5. Enrollment: max 2. *Christopher Young, MD; Amy Alger, MD; Suresh Agarwal, MD; Raquel Bartz, MD; Kelli Brooks, MD; Joe Fernandez-Moure, MD; Krista Haines, MD; Taylor Herbert, MD; Melanie Hollidge, MD; George Kasotakis, MD; Nancy Knudsen, MD; Vijay Krishnamoorthy, MD; Nitin Mehiratta, MD; Sean Montgomery, MD; Jamie Privratsky, MD; Lisa Pickett, MD; Quintin Quinones, MD; Susan Rowell, MD; Vanessa Schroder, MD; Arturo Suarez, MD; Steven Vaslef, MD, PhD; Cory Vatsaas, MD; and Paul Wischmeyer, MD*

**ANESTH-445C. Physiology & Medicine of Extreme Environments.** Advanced topics in the physiology and medicine of: altered ambient pressure, immersion, gravity, temperature, breathing gas composition and hibernation. Environments considered include: diving and hyperbaric medicine; hot/cold terrestrial and water operations; microgravity and high-g acceleration; high altitude; space. Basic mechanisms and medical management of associated diseases are examined including: decompression sickness, altitude sickness, hypothermia and hyperthermia, hypoxia, carbon dioxide and carbon monoxide poisoning, oxygen toxicity. Practical applications: pressure vessel design and operation, life support equipment, cardiorespiratory physiology measurements at low and high pressure, simulated dive and flight (optional). Reading: *The Biology of Human Survival Life and Death in Extreme Environments*, Claude A Piantadosi (author) Prerequisites: Human anatomy and physiology. Attendance, either on-line via webex or in person is MANDATORY unless otherwise approved by the course director, in order to receive credit. Examinations are open notes / open book short essay. The course will meet weekly on Thursday evenings from 5:00pm until 7:30pm beginning in January, in the Hyperbaric Center Library (room 0584). Basement, White Zone, Bldg. CR II. For more information, contact Dr. Bruce Derrick: email [bruce.derrick@duke.edu](mailto:bruce.derrick@duke.edu). Email permission of instructor is required. Credit: 1, Non-Direct Patient Care credit. Enrollment: max 15, min. 10. *Bruce Derrick, MD, and Richard Moon, MD*

**ANESTH-446C. Acute and Chronic Pain Management.** Students will participate in both inpatient and outpatient pain management. Each student is assigned daily to an individual fellow or attending physician who supervises the student's active involvement. This involvement emphasizes a multidisciplinary approach appropriate for the individual patient. Topics reviewed include pharmacotherapy including opioid management, interventional procedures such as epidural and peripheral nerve catheter placement, nerve blocks, neurolytic procedures, as well as implantable devices. The benefits of physical and psychological therapy are stressed. Students will observe and/or participate in various interventional procedures. In addition to this clinical work, students attend daily anesthesia conference and weekly grand rounds. The course is offered each elective period throughout the year. More than two absences must be made up, and if more than five absences are anticipated, the elective should be re-scheduled. Student with questions may contact Dr. Lance Roy ([lance.roy@duke.edu](mailto:lance.roy@duke.edu)) or Elizabeth Futrell ([elizabeth.futrell@duke.edu](mailto:elizabeth.futrell@duke.edu)). This rotation assignment includes clinic assignments at the Durham VA Medical Center. If you do not have a PIV badge, you will need to complete the required VA paperwork at least 30 days prior to the start of the rotation. A VA Badge is required. For questions about the VA paperwork, please contact Clyde Meador ([clyde.meador@va.gov](mailto:clyde.meador@va.gov)) Credit: 4. Enrollment: max 2, min 1. *Lance Roy, MD and Arun Ganesh, MD*

## Dermatology

**Chair:** Suephy C. Chen, MD, MS

**Assistant:** Tria Smothers

**Business Manager:** Virginia King-Barker

**Campus PO Box:** 3135

**Phone:** (919) 684-3110

**Fax:** (919) 684-3002

### Second Year, Two-Week Clinical Selectives

**DERMATOL-220C. Introduction to Dermatology.** The dermatology selective is a two-week introduction to dermatology. Each student's schedule will be individualized to reflect the student's interests (eg. surgery or pediatrics) and will include time in the outpatient clinics and inpatient dermatology consults. A study course is provided that includes on-line modules as well as textbook readings. Students will be given the opportunity to identify a mentor and/or opportunities for research. Credits: 2. Enrollment Max: 1, unless otherwise noted. *Caroline Rao, MD*

### Clinical Science Electives

**DERMATOL-401C. Dermatology Inpatient Consults.** Dermatology Inpatient Consults offers an option for fourth year students who are interested in a brief introduction to dermatology. Students will participate in the evaluation and management of hospitalized patients and will have the opportunity to work directly with the dermatology chief resident and consult attending. Please note students are given a 4-week period to complete the clinical requirements for this is a 2-credit course. Students select 10 weekdays to round with the consult team. This course is ideally taken as a 2-week block, but non-consecutive days within the 4 week course are permissible. Students will be contacted prior to the start date to Dr. Caroline Rao is the course director and may be reached at [caroline.rao@duke.edu](mailto:caroline.rao@duke.edu) or 681-3590 Secondary contact: Jessica Braddock, ([jessica.braddock@duke.edu](mailto:jessica.braddock@duke.edu)). Credit: 2. Enrollment: max 1. *Caroline Rao, MD; Adela Cardones, MD; Sabrina Shearer, MD; Adam Brys, MD*

**DERMATOL-450C. Clinical Dermatology.** The elective in clinical dermatology is designed to prepare students to perform an accurate skin examination, formulate appropriate differential diagnoses, and choose relevant diagnostic or therapeutic interventions. This course is valuable to any student interested in improving their ability and confidence in the cutaneous exam. Students in the rotation spend two weeks working in the outpatient dermatology clinics, one week on the inpatient consult service at Duke, and one week at the Durham VA Medical Center. The outpatient clinical experience includes general dermatology clinics as well as a variety of specialty clinics such as pediatric dermatology, HIV dermatology, cutaneous oncology. Patient care is supplemented with lectures designed to provide the student with a foundation in dermatologic principles, and students are encouraged to attend weekly departmental teaching conferences. Student evaluations are based on the development of clinical skills as assessed by faculty and residents, and by a brief case review. Students are to report to the Dermatology Clinic, VA Medical Center clinic 8A on 8:30 a.m. on the first day of the rotation

for orientation. NOTE: Students are responsible for ensuring access to the VA electronic medical record. Please contact (contact Clyde Meador at [clyde.meador@va.gov](mailto:clyde.meador@va.gov)) no less than 60 days from the first day of the section in which he/she is enrolled. Dr. Caroline Rao is the course director and may be reached at [caroline.rao@duke.edu](mailto:caroline.rao@duke.edu). Secondary contact: Jessica Braddock, ([jessica.braddock@duke.edu](mailto:jessica.braddock@duke.edu)). Credit: 4. Enrollment: max. 3, except where otherwise indicated. Sole Enrollment. Students may not enroll in any other daytime courses while enrolled in this course. *Caroline Rao, MD, Sabrina Shearer, MD; Tara Jaleel MD; Amber Fresco, MD and other staff*

## Family Medicine and Community Health

**Chair:** Anthony Viera, MD, MPH  
**Assistant:** Kaye Gardner  
**Business Manager:** Ellen O'Briant  
**Campus PO Box:** 2914  
**Phone:** (919) 681-3178  
**Fax:** (919) 681-5785

### Required Courses

**COMMFAM-205C. Family Medicine.** This basic course in Family Medicine consists of a four-week clinical clerkship in the second year. The course goal is to provide students with an understanding of the principles of Family Medicine and how these apply in community practice. The course emphasizes continuous and comprehensive health care for people of both sexes and all ages, within the context of their social groups and communities. Particular attention is paid to the diagnosis and treatment of common medical problems and to health maintenance, ambulatory care and continuity of care. Students gain extensive experience in diagnosing and managing patient problems in an ambulatory care setting under physician supervision. Students are placed with community-based faculty who are practicing family physicians in sites across the Triangle and across the state. A placement preference form will be sent to students prior to start of second year. If you do not have access to a reliable vehicle, please notify the Medical Student Coordinator, (919) 681-3066 or the clerkship director Nancy Weigle at least 12 weeks prior to the start of the clerkship. Changes in the rotation are not made less than 12 weeks prior to the start of the clerkship. Credit: 4. *Nancy Weigle, MD*

**COMMFAM-206C. Primary Care Leadership Track (PCLT) - Family Medicine.** This basic course in Family Medicine consists of a four-week clinical clerkship in the second year. The course goal is to provide students with an understanding of the principles of Family Medicine and how these apply in community practice. The course emphasizes continuous and comprehensive health care for people of both sexes and all ages, within the context of their social groups and communities. Particular attention is paid to the diagnosis and treatment of common medical problems and to health maintenance, ambulatory care and continuity of care. Students gain extensive experience in diagnosing and managing patient problems in an ambulatory care setting under physician supervision. Students are placed with community-based faculty who are practicing family physicians in sites across the Triangle and across the state. A placement preference form will be sent to students prior to start of second year. If you do not have access to a reliable vehicle, please notify the Medical Student Coordinator, (919) 681-3066 or the clerkship director Nancy Weigle at least 12 weeks prior to the start of the clerkship. Changes in the rotation are not made less than 12 weeks prior to the start of the clerkship. Credit: 4. *Nancy Weigle, MD*

**COMMFAM-209C. Longitudinal Integrated Curriculum (LIC) - Family Medicine.** This basic course in Family Medicine consists of a four-week clinical clerkship in the second year. The course goal is to provide students with an understanding of the principles of Family Medicine and how these apply in community practice. The course emphasizes continuous and comprehensive health care for people of both sexes and all ages, within the context of their social groups and communities. Particular attention is paid to the diagnosis and treatment of common medical problems and to health maintenance, ambulatory care and continuity of care. Students gain extensive experience in diagnosing and managing patient problems in an ambulatory care setting under physician supervision. Students are placed with community-based faculty who are practicing family physicians in sites across the Triangle and across the state. A placement preference form will be sent to students prior to start of second year. If you do not have access to a reliable vehicle, please notify the Medical Student Coordinator, (919) 681-3066 or the clerkship director Nancy Weigle at least 12 weeks prior to the start of the clerkship. Changes in the rotation are not made less than 12 weeks prior to the start of the clerkship. Credit: 4. *Nancy Weigle, MD*

### Second Year, Two-Week Clinical Selectives

**COMMFAM-220C. Occupational Medicine: Prevention and Populations.** This selective provides hands-on experiences in the broad, interdisciplinary field of Occupational Medicine. The focus is to apply key principles of Preventive Medicine, Population Health Management, and Prospective Health through participating in a broad range of Occupational Medicine activities. In clinic visits students will examine patients, interpret multiple types of information (beyond typical medical data), and communicate with key parties. Throughout the Durham area, they will assess worksite/environmental hazards and assist in reporting on them. Working with faculty mentors, students will find and draw upon information resources (many of which may be new to them) to address complex questions. All students will engage in interactive learning modules on prevention, attend didactic sessions on key aspects of Occupational Medicine, and perform problem/project-based learning. Students will complete their own health risk assessments, as well as helping with health promotion activities and health risk communications to patients. Prerequisite: Permission of instructor is required. Please contact the second year coordinator. Credit: 2. Enrollment Max. 1. *Carol Epling, MD/MSPH; Dennis Darcey, MD, MPH*

**COMMFAM-225C. Travel Medicine at Duke Student Health.** Health education, immunizations, and medications pertinent to the traveler compose a distinct area of medical knowledge that has not been otherwise addressed in the curriculum. The medical student taking this course will review the major infectious illnesses of concern for each travel area. They will be responsible for the medical knowledge base and patient education needs about the mode of transmission and typical presentation of these illnesses, available behavioral intervention prevention methods, available vaccine prevention, options of chemical prophylaxis, and treatment if prevention is not successful. Students cannot take 2-week selective and 4-week elective. Permission of the instructor is required. Meet at 8:00 am first day at Student Health 305 Towerview Dr. Credit: 2. Enrollment max: 1. *Melanie Trost, MD*

**COMMFAM-101C. Community Clinic Immersion Elective - Fremont.** Over the course of both semesters students will work in a community-based clinic providing care to patients for both urgent and chronic conditions. Students will practice skills with history-taking, physical examination, and when appropriate differential diagnosis and management, under the supervision of a supervising clinician and senior DUSOM medical student. Students will receive direct feedback from supervisory senior students and clinic faculty. Finally, students will learn about the provision of care within community-based clinics and the issues facing specific local communities. This elective is for first year students only. Credit; zero; Enrollment max;10. Permission of Instructor is required. *Barbara Sheline MD*

**COMMFAM-102C. Community Clinic Immersion - Holton.** Over the course of both semesters students will work in a community-based clinic providing care to patients for both urgent and chronic conditions. Students will practice skills with history-taking, physical examination, and when appropriate differential diagnosis and management, under the supervision of a supervising clinician and senior DUSOM medical student. Students will receive direct feedback from supervisory senior students and clinic faculty. Finally, students will learn about the provision of care within community-based clinics and the issues facing specific local communities. This elective is for first year students only. Credit; zero; Enrollment max;10. Permission of Instructor is required. Course Coordinator: *Virgil Mosu, NP*

## Clinical Science Electives

**COMMFAM-101C. Community Clinic Immersion Elective - Fremont.** Over the course of both semesters students will work in a community-based clinic providing care to patients for both urgent and chronic conditions. Students will practice skills with history-taking, physical examination, and when appropriate differential diagnosis and management, under the supervision of a supervising clinician and senior DUSOM medical student. Students will receive direct feedback from supervisory senior students and clinic faculty. Finally, students will learn about the provision of care within community-based clinics and the issues facing specific local communities. This elective is for first year students only. Credit; zero; Enrollment max;10. Permission of Instructor is required. *Barbara Sheline MD*

**COMMFAM-102C. Community Clinic Immersion - Holton.** Over the course of both semesters students will work in a community-based clinic providing care to patients for both urgent and chronic conditions. Students will practice skills with history-taking, physical examination, and when appropriate differential diagnosis and management, under the supervision of a supervising clinician and senior DUSOM medical student. Students will receive direct feedback from supervisory senior students and clinic faculty. Finally, students will learn about the provision of care within community-based clinics and the issues facing specific local communities. This elective is for first year students only. Credit; zero; Enrollment max;10. Permission of Instructor is required. Course Coordinator: *Virgil Mosu, NP*

**COMMFAM-401C. Sub-Internship in Family Medicine.** Sub internship in Family Medicine. This course provides senior medical students with an intense patient and population-oriented clinical rotation with responsibilities and autonomy similar to that of an intern. This clerkship will provide a unique opportunity to participate in the departments effort to test new models of care in the delivery of team-based chronic disease management in the ambulatory and community setting. Students will see patients supervised by senior faculty at Duke Family Medicine Center and have an opportunity to see patients with the duke family medicine residents in clinic and the long term care setting. Each clerk will participate in a PDSA project in conjunction with the Population Health team. At least 50% of the rotation will be direct clinical care in the Duke Family Medicine Center at Pickens or North Duke Street. The remaining will occur with the Population Health Resident, independent projects, home visits, or long term care facility. Clinical instruction and supervision on each patient encounter is provided by senior level house staff and faculty members of the Department of Community and Family Medicine. Students are advised to contact the department as early as possible for course approval (at least eight weeks in advance). No drops are permitted within 60 days of the first day of the rotation. Priority will be given to students with an interest in a career in primary care. For more information, please contact the Medical Student Coordinator, at 919-681-3066. Permission is required. Credit: 5. Enrollment: max 1 per session. 2nd student accepted when clinic space allows. *Brian Halstater, MD; Lorraine Sease, MD, and Nancy Weigle, MD*

**COMMFAM-403C. Community Clinic Leadership Elective - Holton Clinic.** Over the course of the both semesters students will provide leadership to the DSOM Holton Clinic, operating at Holton Wellness Center from 5:30-9:30pm on Fridays. Under the supervision of a clinician, students will lead the clinical team through overseeing the care of patients, developing care management plans, and supervising MS1s. Students will be responsible for weekly operations of the clinic, such as scheduling students, follow-up with patients, and coordinating with clinic staff. Additionally, students will define goals for learner development and patient care, and engage in quality improvement that impact learners (i.e. developing teaching modules). Offered to approved 3rd and 4th year medical students. Third year students must obtain approval to enroll from their third year mentor. Third year students will receive one clinical credit toward their fourth year upon successful completion. NOTE: Students may only sign up for the Holton Clinic or the Fremont Clinic. Students may not enroll in both courses. This is a longitudinal course. A grade of "Z" will be entered in the fall term and credit will be awarded in the spring term. Credit: 1; Enrollment Max.: 6. Prerequisite: Permission of instructor is required. Course is graded "Credit or No Credit". Course Coordinator: *Virgil Mosu, NP*

**COMMFAM-404C. Community Clinic Leadership Elective - Fremont Clinic.** Over the course of the both semesters students will provide leadership to the Fremont Clinic, operating at Fremont Clinic from 7:30am-1:30pm on Saturdays, once a month. Under the supervision of a clinician, students will lead the clinical team through overseeing the care of patients, developing care management plans, and supervising MS1s. Students will be responsible for monthly operations of the clinic, such as scheduling students and preceptors and handling any clinic supplies needed. Additionally, students will define goals for learner development and patient care, and engage in quality improvement that impact learners (i.e. developing teaching modules). This course is offered to approved 3rd and 4th year medical students. Third year students must obtain approval to enroll from their third year mentor. Third year students will receive one clinical credit toward their fourth year upon successful completion. NOTE: Students may only sign up for the Holton Clinic or the Fremont Clinic. Students may not enroll in both courses. This course is considered longitudinal. A "Z" grade and zero credit will be entered for the fall term. Credit (CR) will be awarded with one credit upon successful completion during the spring term. Credit: 1; Enrollment Max. 6. Prerequisite: Permission of instructor is required. Course is graded "Credit or No Credit". *Barbara Sheline, MD*

**COMMFAM-410C. Travel Medicine at Duke Student Health.** Health education, immunizations, and medications pertinent to the traveler compose a distinct area of medical knowledge that has not otherwise been addressed in the curriculum. The medical student



taking this course will review the major infectious illnesses of concern for each travel area. They will be responsible for the medical knowledge base and patient education needs about the mode of transmission and typical presentation of these illnesses, available behavioral intervention prevention methods, available vaccine prevention, options of chemical prophylaxis, and treatment if prevention is not successful. Students that took this course as a 2 week selective cannot take this course as a four-week elective. Permission is required. Enrollment max: 1. Credit: 2. Contact: the Medical Student Coordinator, at 919-681-3066 for permission. Please Note: 8:00am will be the start time unless otherwise instructed by Dr. Trost and you will need to meet at the Student Health Center, 305 Towerview Drive. *Melanie Trost, MD*

**COMMFAM-423C. Occupational and Environmental Medicine.** This elective is designed to enhance the student's skills in several important areas related to occupational medicine: occupational injury and illness prevention, epidemiology, health management for employee populations including COVID response for employee exposures, industrial toxicology, worksite wellness, and prevention programs. During this four-week rotation, students will complete readings related to these areas, observe surveillance exams and prospective health planning visits, participate in lectures and seminars, learn to conduct computerized database searches concerning industrial toxicology, and (as available) visit industrial sites. Students will also complete at least one project involving one of the topics above. Upon completion of the rotation, students can expect to have practical and useful skills applicable to occupational medicine and work site health programs. Credit: 4. Two months advance notice and permission from instructor is required. Permission is required for enrollment. Enrollment: max 1 student per month. All interested students should contact the Coordinator of Medical Student Programs, at 681-3066. *Satish Subramaniam MD, Dennis Darcey, MD, Carol Epling MD*

**COMMFAM-433C. Community Health.** This elective introduces students to the concepts and practice of community-engaged and population health improvement. Population-based health care is becoming increasingly important in addressing the health needs of the United States. This elective will help students understand how Duke University Health System serves communities through collaborative, innovative, interdisciplinary clinical services, educational programs, and applied research. By allowing students to participate in actual programs, role modeling and experiential learning are used to supplement and apply what is learned in the required text-based materials of the course. Because the specific course activities depend upon the student's particular interests and the community health activities ongoing at the time of the elective, each student's experience will be individually designed. Participation in this course requires instructor permission. Students must contact Dr. Anh Tran, Program Director, at least six weeks prior to the start of the course via email at [anh.tran@duke.edu](mailto:anh.tran@duke.edu). At that time, Dr. Tran and the student, along with community programming faculty and staff, will plan the specific activities that will be undertaken by that student, and establish the requirements for the student's successful completion of the course. For more specific information about the course, students may contact Jan Willis ([jan.willis@duke.edu](mailto:jan.willis@duke.edu)), Training Coordinator in the Division of Community Health, at 919-681-7007. Details on course meeting location, days and time will be communicated prior to the first day of class. Credit: 4; Enrollment max: 1. *Anh Tran, PhD, MPH, Course Director*

**COMMFAM-435C. Health Promotion and Disease Prevention.** This elective is an intensive clinical experience in health promotion and disease prevention. Students see patients in the Duke Family Medicine Center, Duke Affiliated Programs, and Duke Community Health Programs. They will participate in a variety of activities designed to help them provide excellent health maintenance care. Specific content areas addressed include risk assessment, counseling skills in nutrition, safe sex practices, and smoking and alcohol cessation, as well as screening tests and immunizations. Students will be introduced to the practical implementation of preventative care in the clinical and community setting. Prerequisite: Successful completion of Family Medicine Clerkship (Commfam 205C). All interested students should contact the Coordinator of Medical Student Programs, at 919-681-3066. Permission is required. Credit: 4. Enrollment: max 1 per session. 2nd student accepted when clinic space allows. *Brian Halstater, MD and Nancy Weigle, MD*

**COMMFAM-448C. Introduction to Informatics.** This elective provides students with an opportunity to explore the integration of medicine and information technologies in an experiential manner by working on an ongoing or self-initiated medical IT project. In doing so, students will gain an understanding of the field of clinical informatics and the role it plays in the national effort to improve quality of care and eliminate medical errors. Additionally, topics students will explore include: Electronic medical systems (e.g. EHR, PHR, CPOE, CDS); Role of health IT in patient safety; Health information standardization (e.g. HL7); and Medical Information Terminologies/Taxonomies (e.g. SNOMED). For more information about the course, students should contact the Duke Center for Health Informatics, Vivian West, PhD via email at [vivian.west@duke.edu](mailto:vivian.west@duke.edu), or by phone, 919-668-0189. Offered during spring section 42 only. Permission is required. Credit: 4, Non-Direct Patient Care credit. Enrollment: max: 8. *Ed Hammond, PhD*

**COMMFAM-449C. Community and Family Medicine Preceptorship.** An individually tailored preceptorship which allows students to observe and participate in aspects of the broad scope of Community and Family Medicine, including delivery of care to individuals, families, and populations within the context of the community in which they live. The rotation supplements and complements the second-year core clerkship, and allows the student further exploration of specific areas of interest. A variety of practice types and geographic locations are typically available based on preceptor availability; students may choose from a list or nominate a new site. All interested students should contact the Coordinator of Medical Student Programs, at 681-3066 to arrange a rotation in their area of interest. Because of the necessity for site approval and prior arrangements with preceptors, it is essential that this contact be made as soon as possible and AT LEAST SIX MONTHS prior to the desired rotation. Drops are not accepted. Prerequisites: Permission of instructor is required. Enrollment max. 1. Credit: 4. *Nancy Weigle, MD and staff*

## Free Time

### Clinical Science Electives

**FREETIME-450C. Free Time.** Students with no classes scheduled for a particular section should sign up for free time.



## Head and Neck Surgery and Communication Sciences

**Interim Chair:** Howard Francis, MD, MBA

**Assistant:** Irish Hamilton

**CAO:** Chris W. Tobias

**Campus PO Box:** 3805

**Phone:** (919)681-8069

### Second Year, Two-Week Clinical Selective

**OTOLARYN-220C. Surgical Treatment of Diseases of the Head and Neck, Ears, Nose and Throat.** This otolaryngology, head and neck surgery selective is designed to introduce the second year medical student to the medical and surgical aspects of comprehensive head and neck surgery, including: pediatrics, otology, laryngology, rhinology, benign and malignant disease of the neck (including thyroid), benign and malignant disease of the upper aerodigestive tract, microvascular reconstruction, and craniomaxillofacial trauma. There will be didactic instruction with patient care exposure in the clinic, emergency department and operating room settings. Credit: 2. Enrollment Max: 3. Location: Duke North Ward 6300 - 6:30 a.m. Contact: Please contact the OHNS resident on call at 970-1320 the night before the rotation starts to confirm the exact time and place to meet. *Janet Lee, MD*

### Clinical Science Electives

**OTOLARYN-401C. Sub-Internship in Otolaryngology Head and Neck Surgery.** This course is a full educational experience in OHNS with duties and responsibilities similar to a first year resident. This course provides the student with a comprehensive survey of clinical activities, inpatient care, assisting in the operating room and emergency room call. The student participates in ward rounds and in various conferences held by the Department. At the end of the rotation, the student will present at Grand Rounds Conference a 20-30 minute presentation on the topic of his/her choice (usually based on a patient the student has taken care). For more information on where to report or questions, please email Dr. Janet Lee ([janet.w.lee@duke.edu](mailto:janet.w.lee@duke.edu)). Credits: 5. Enrollment max: 2. *Janet Lee, MD*

**OTOLARYN-402C. Communication Sciences within Otolaryngology - Head & Neck Surgery.** The purpose of this course is to provide exposure to the multidisciplinary teams that play an integral role in the care of Otolaryngology patients. The complex interplay of disease processes with smell, vision, hearing, balance, speech, swallowing, and physical appearance make Otolaryngology - Head & Neck Surgery a unique subspecialty. This elective allows a more in-depth interaction with our colleagues in audiology, vestibular therapy, speech and language pathology, nutrition, and care management for both adults and children. The elective will be graded "Credit/No Credit." If you have questions, please email Dr. Kahmke, [russel.kahmke@duke.edu](mailto:russel.kahmke@duke.edu). Enrollment Max. 2; Credit: 2. *Russel Kahmke, MD*

**OTOLARYN-403C. Clinical Otolaryngology.** This 4-week course provides the senior student with a comprehensive survey of clinical otolaryngology, from oncology to pediatrics to otology to laryngology. Duties include intern-level participation in both outpatient clinic activities and inpatient care, including assisting in the operating room. The student participates in daily ward rounds and in weekly conferences held by the division. Students are expected to schedule call each week and give a 15-20 minute grand rounds style presentation on their selected OHNS topic at the end of the rotation. Students should report at 6:30 a.m. on 6300 for the first day of classes. For more information on where to report or basic questions, please refer to the OHN consult pager, 970-1320 or contact Lori Allsbrook ([lori.allsbrook@duke.edu](mailto:lori.allsbrook@duke.edu)) or 919-681-6588. Credit: 4. Enrollment: max: 2. *Janet Lee, MD*

### Independent Academic Development

**IAD-101B. Year 1 Independent Academic Development.** This status is a semester term-based, noncredit-bearing enrollment status while completing a scholarly experience. It can be elected up to three terms. This status enables a student to explore various aspects of academic medicine, including scholarly activity. Students may pursue independent academic development resulting in poster and platform presentations at regional and national academic meetings, authorship of journal articles, and participation in existing clinical projects. An application consisting of a description of your scholarly project and approval by your Advisory Dean is required. A brief report to the advisory dean on the progress of the project is required at the end of each semester. Full-time student status is maintained during this enrollment, and the student is eligible for the benefits of enrollment, including loan deferment, eligibility for student health services and insurance, and financial aid for living expenses. Students may not be enrolled in any other course work while enrolled in this status. A continuation fee of \$500 per term is charged for this status.

**IAD-201C. Year 2 Independent Academic Development.** This status is a semester term-based, noncredit-bearing enrollment status while completing a scholarly experience. It can be elected up to three terms. This status enables a student to explore various aspects of academic medicine, including scholarly activity. Students may pursue independent academic development resulting in poster and platform presentations at regional and national academic meetings, authorship of journal articles, and participation in existing clinical projects. An application consisting of a description of your scholarly project and approval by your Advisory Dean is required. A brief report to the advisory dean on the progress of the project is required at the end of each semester. Full-time student status is maintained during this enrollment, and the student is eligible for the benefits of enrollment, including loan deferment, eligibility for student health services and insurance, and financial aid for living expenses. Students may not be enrolled in any other course work while enrolled in this status. A continuation fee of \$500 per term is charged for this status.

**IAD-401C. Year 4 Independent Academic Development.** This status is a semester term-based, noncredit-bearing enrollment status while completing a scholarly experience. It can be elected up to three terms. This status enables a student to explore various aspects of academic medicine, including scholarly activity. Students may pursue independent academic development resulting in poster and platform presentations at regional and national academic meetings, authorship of journal articles, and participation in existing clinical projects. An application consisting of a description of your scholarly project and approval by your Advisory Dean is required. A brief

report to the advisory dean on the progress of the project is required at the end of each semester. Full-time student status is maintained during this enrollment, and the student is eligible for the benefits of enrollment, including loan deferment, eligibility for student health services and insurance, and financial aid for living expenses. Students may not be enrolled in any other course work while enrolled in this status. A continuation fee of \$500 per term is charged for this status.

## Interdisciplinary

### Required Courses

**INTERDIS-107B. Introduction to the Medical School Profession.** This course is required for all entering medical students. It is designed to provide a broad overview of the profession from a variety of perspectives. It will also aim to clarify the goals, expectations, demands and professional requirements placed upon you as you transition from undergraduate school to a physician-in-training. The course will meet for most of each day and will involve both large and small group experiences. No Credit. Graded Credit (CR) or No Credit (NC). *Caroline Haynes, MD/PhD*

**INTERDIS-109B. Clinical Skills Training Immersion.** The Clinical Skills Training Immersion course is a two-week experience in basic clinical skills training, leadership, team-work across disciplines, and wellness strategies. The aim is to develop clinical practice and reasoning skills from day 1, framed around the patient as the priority. The course will provide the basic clinical and reasoning skills that serve as the foundation for the clinically oriented biomedical sciences curriculum in year 1. Graded Credit/No Credit. Enrollment Max: 125; Credit: 2. *Julian Hertz, MD*

**INTERDIS-111B. Moral Moments in Medicine: Pandemics, Race, Social Justice.** This MS1 elective will bring the resources of the medical humanities and ethics to bear on the twin pandemics of COVID-19 and systemic racism. All students will participate in one of several monthly evening small groups led by 1-2 faculty. Some will focus on historical and contemporary narratives related to epidemics. Others will be more experiential; for example, students could complete a scholarly or creative project with oral history, documentary photography, or another form of artistic expression. Hours can also be earned through Trent Center events open to all MS1 students, such as interest groups in ethics and history of medicine; or book clubs/film discussions related to the course themes. Students who complete at least 20 elective hours from these activities will receive a notation on their transcript. Graded: Credit/No Credit. No credits/units awarded. *Jeffrey Baker, MD, PhD, Sneha Mantri, MD, MS, Brian Quaranta, MD, MA, Jennifer Lawson, MD, Farr Curlin, MD, John Moses, MD, Karen Jooste, MD, and Margaret Humphreys, MD, PhD*

**INTERDIS-112B. Foundations of Patient Care 1.** This integrated, multi-component, core preclinical course provides the foundational knowledge for the practice of medicine. The biomedical sciences focus on the scientific principles underlying the structure and function of the human body (anatomy, biochemistry, cell biology, embryology, genetics, histology, physiology, and the neurosciences) and are taught in the context of a clinical framework. The Clinical Skills Foundation component expands upon the interviewing and physical diagnosis skills initiated during the Clinical Skills Training Immersion, with an emphasis on the doctor/patient relationship. The Cultural Determinants of Health and Health Disparities component allows students to explore the contributors to health disparities among vulnerable populations and gain the knowledge and skills to mitigate provider influences on disparities. Students apply principles learned from the Leadership Education and Development (LEAD) component of the course to their interactions in team-based activities to hone their teamwork skills. Core material is presented through team-based learning, didactic lectures, scientific readings, laboratory exercises, small group discussions, standardized patients, patient visits on the wards and in clinics, clinical case based problem-solving, and clinical correlations with patients. Credit: 22. *Jennifer Carbrey, PhD, Leonard White, PhD, Andrew Alspaugh, MD, Richard Brennan, PhD, Vivian Chu, MD, Andrea Deyrup, MD, PhD, Michael Gunn, MD, Andrew Muzyk, PharmD, Victoria Parente, MD, Kenny Railey, MD, John Roberts, MD, Daniel Schmitt, PhD, Matt Velkey, PhD, Nancy Weigle, MD, Angel Zeininger, PhD*

**INTERDIS-113B. Foundations of Patient Care 2.** This integrated, multi-component, core preclinical course provides the foundational knowledge for the practice of medicine. The biomedical sciences portion begins with fundamental principles of immunology, microbiology, pathology, and pharmacology. The remaining biomedical sciences are dedicated to an integrated presentation of common human diseases organized by organ system taught in the context of a clinical framework. The Clinical Skills Foundation component expands upon the interviewing and physical diagnosis skills taught during Foundations of Patient Care 1 to focus on clinical reasoning and differential diagnosis. The Cultural Determinants of Health and Health Disparities component allows students to explore the contributors to health disparities among vulnerable populations and gain the knowledge and skills to mitigate provider influences on disparities. Students apply principles learned from the Leadership Education and Development (LEAD) component of the course to their interactions in team-based activities to hone their teamwork skills. Core material is presented through didactic lectures, laboratory exercises, small group discussions, standardized patients, patient visits on the wards and in clinics, clinical case based problem-solving, human simulation cases, and clinical correlations with patients. Credit: 23.5. *Matt Velkey, PhD, Andrew Muzyk, PharmD, Andrew Alspaugh, MD, Jennifer Carbrey, PhD, Vivian Chu, MD, Andrea Deyrup, MD, PhD, Michael Gunn, MD, Victoria Parente, MD, Kenny Railey, MD, John Roberts, MD, Daniel Schmitt, PhD, Nancy Weigle, MD, Leonard White, PhD, Angel Zeininger, PhD*

**INTERDIS-203C. Clinical Skills Assessment.** Assessment Week is an opportunity for students to demonstrate competency in clinical skill areas, and to gain insight into basic and clinical science areas needing additional development. Faculty also use data from the week to evaluate the effectiveness of clinical curriculum. During Assessment Week, students complete an eight-station clinical performance examination (CPX) with standardized patients. The CPX is fashioned after the USMLE Step 2CS exam in order to help students prepare for this licensing exam. Students are assessed on their ability to read electrocardiograms and x-rays, and to interpret lab results. At the end of the week, clinicians review the correct answers for each of these components with the students. Students complete the Comprehensive Basic Science Examination in preparation for the USMLE Step 1 licensing exam, and take an information management skills assessment. Assessment Week also allows time for reflection. Students participate in a half-day retreat with the advisory deans to

consider the education impact of the second year curriculum and provide feedback. Students who do not achieve a passing score on each component of Assessment Week must successfully remediate the component. Students must pass each component of the week before beginning the 4th year. Credit: 1. *Deborah Engle, EdD*

**INTERDIS-204C. Clinical Skills Course.** The Clinical Skills Course will assist the medical student in patient care by providing a foundation of clinical skills taught longitudinally through the clinical year to complement those taught during the required clerkships. The initial focus will be on history and physical examination skills to generate a differential diagnosis. Procedural skills, including arterial blood gas sampling, nasogastric tube insertion, and intravenous line start will be taught using simulated models. Interpretation and characteristics of diagnostic tests, including electrocardiograms and laboratory studies, will be emphasized. Advanced clinical reasoning skills and evidence-based medicine will conclude the course. Both large-group lectures and small-group sessions with applied practice will be used to instruct students. Credits: Fall Term 3, Spring Term 1. *Saumil Chudgar, MD and staff*

**INTERDIS-205C. Clinical Skills Foundation 2 (CSF2).** Year two in the Clinical Skills Foundation course students develop advanced communication skills and reflect on ward experience in a small group setting. Discussion topics include ethics, spirituality, pain, professional identity formation, and end of life issues. Credit: 1. *Nancy Weigle, MD*

**INTERDIS-207C. Primary Care Leadership Track (PCLT).** The Longitudinal Integrated Clerkships will produce physicians with knowledge of the health care system, understanding of longitudinal chronic illness care, and skills to work effectively in teams to care for patients and improve systems of care. *Barbara Sheline, MD*

**INTERDIS-208C. Primary Care Seminar.** This small group tutorial will cover patient care in a holistic manner from the complete care of the patient to understanding the clinical and basic science behind disease processes. Emphasis will be focused on looking at an illness from the patient's perspective with treatment plans that consider social and cultural issues, community resources, cost effectiveness, and health care systems issues such as transitional care between different sites. Students will consider the various different roles of the primary care provider in the care of patients. Students will also reflect on their experiences within the different longitudinal clinical learning sites and offer ongoing feedback to the program. For questions, please contact Melissa Graham ([melissa.graham@duke.edu](mailto:melissa.graham@duke.edu)). Credit: 1. *Barbara Sheline, MD and Bruce Peyser, MD*

**INTERDIS-207C. Primary Care Leadership Track (PCLT).** The Longitudinal Integrated Clerkships will produce physicians with knowledge of the health care system, understanding of longitudinal chronic illness care, and skills to work effectively in teams to care for patients and improve systems of care. *Barbara Sheline, MD*

**INTERDIS-208C. Primary Care Seminar.** This small group tutorial will cover patient care in a holistic manner from the complete care of the patient to understanding the clinical and basic science behind disease processes. Emphasis will be focused on looking at an illness from the patient's perspective with treatment plans that consider social and cultural issues, community resources, cost effectiveness, and health care systems issues such as transitional care between different sites. Students will consider the various different roles of the primary care provider in the care of patients. Students will also reflect on their experiences within the different longitudinal clinical learning sites and offer ongoing feedback to the program. For questions, please contact Melissa Graham ([melissa.graham@duke.edu](mailto:melissa.graham@duke.edu)). PCLT students enrolled spring/summer. Credit and grade awarded in summer term. Credit: 1. *Barbara Sheline, MD and Bruce Peyser, MD*

**INTERDIS-211C. Longitudinal Integrated Clerkships (LIC).** The Longitudinal Integrated Clerkships will produce physicians with knowledge of the health care system, understanding of longitudinal chronic illness care, and skills to work effectively in teams to care for patients and improve systems of care. *Poonam Sharma, MD*

**INTERDIS-212C. Longitudinal Integrated Clerkships Seminar.** This small group tutorial will cover patient care in a holistic manner from the complete care of the patient to understanding the clinical and basic science behind disease processes. Emphasis will be focused on looking at an illness from the patient's perspective with treatment plans that consider social and cultural issues, community resources, cost effectiveness, and health care systems issues such as transitional care between different sites. Students will consider the various different roles of the primary care provider in the care of patients. Students will also reflect on their experiences within the different longitudinal clinical learning sites and offer ongoing feedback to the program. Credit: 1. *Poonam Sharma, MD*

**INTERDIS-213C. Cultural Determinants of Health and Health Disparities Course Year 2.** The overall goal of the Cultural Determinants of Health and Health Disparities (CDHD) Course is to explore cultural humility, health disparities, and sociocultural influences on health and wellness. The first year of the course delivered to preclinical phase students served as an introduction to health disparities and highlighted the complex interplays of identity and culture on patients and providers alike. The clinical phase of the CDHD course aims to build upon concepts introduced in the first year. Year 2 will facilitate clerkship specific explorations into relevant material with a focus on high yield strategies to improve patient care, professionalism, peer interactions, and preparation for residency training. Time and location for the initial meeting will be determined. For questions, please contact Dr. Railey, ([Kenyon.railey@duke.edu](mailto:Kenyon.railey@duke.edu)). The course is graded as "Credit/No Credit". Credit: 0.5; Enrollment max: 130. *Kenyon Railey, MD and Victoria Parente, MD, MPH*

**INTERDIS-300B. Quantitative Medicine and Decision Making - Medical Statistics.** The Quantitative Medicine and Decision Making - Medical Statistics is a required component of the Quantitative Medicine and Decision Making course that offers joint training in evidence based medicine and medical statistics by interleaving related topics from both content areas during the 3rd year of medical school. Active participation will be possible for students who are on and off campus during the 3rd year, and all course materials will be archived and accessible. All students must complete Quantitative Medicine and Decision Making - Medical Statistics. Students may receive credit for Quantitative Medicine and Decision Making II-Medical Statistics through prior completion or concurrent enrollment in another training program that provides similar education (e.g. MPH degree programs at accredited institutions, masters level training through the Duke Global Health Institute, the Duke Clinical Research Training Program, or a science-related PhD earned prior to attending Duke School of Medicine). Waivers will be granted for Quantitative Medicine and Decision Making - Medical Statistics only. All students must complete Quantitative Medicine and Decision Making II-Evidence Based Medicine (EBM). Credit: 1. *Jesse Troy, MD; Megan Van Noord*



**INTERDIS-310C. Quantitative Medicine and Decision Making I - Evidence Based Medicine YR3.** The Quantitative Medicine and Decision Making - Evidence Based Medicine course is a required component of the two-part Quantitative Medicine and Decision Making course. EBM is an essential clinical tool and is intended as a method or process for healthcare providers to identify clinical questions and then find, critically appraise, and apply the best available evidence to the care of individual patients. Students will develop clinical questions, explore articles of therapy, diagnosis, harm, prognosis, and synthesis. Students will interpret results of articles, including relative and absolute risk reduction, numbers needed to treat/harm, risk ratios and odds ratios, likelihood ratios, and forest plots. Students will practice applying the results back to patient cases. QMDM EBM takes place over 8 sessions in the Spring semester of MS3. Enrollment Max: 130; Credit: 1. For more information please contact Megan Von Isenburg ([meganvoniseburg@duke.edu](mailto:meganvoniseburg@duke.edu)). *Jane Gagliardi, MD, MHS, FACP, FAPA and Megan Von Isenburg*

**INTERDIS-305C. Clinical Skills Continuity Clinic.** A continuity ambulatory (outpatient) care experience, the course is required of third year students and is designed to teach students patient outcomes over time. Study away, dual degree, and scholarship students who may not be able to take the course in their third year must take its equivalent in their fourth year. The outpatient clinic experience is 34 weeks, one-half day a week. Twenty-two weeks are required in an approved continuity ambulatory site. Specialty care sites (medicine or surgery) may be approved, if at least 50 percent of the patients are seen on a continuing basis with typical follow-up in 1-3 months for the 22 weeks. Approval is required by the Course Director prior to beginning clinic and attendance must be documented by the preceptor. Students may arrange to use 12 of the 34 weeks to pursue non-continuity outpatient clinic experiences (e.g., specialty clinics that do not see patients back before three months). A student may choose to do all 34 weeks at the same approved site. Credit: 3.0. *Nancy Weigle, MD*

**INTERDIS-312B. Research Ethics.** Research Ethics is due 30 days after the student begins their research. This is true even if the student is completing research and studying for the boards simultaneously.

**INTERDIS-450C. Capstone.** This mandatory course for all fourth year medical students will provide important information and tools to prepare medical students for their first year of residency. Topics covered include the following: providing compassionate and effective patient care, learning practical intern tips, further developing medical knowledge about established and evolving biomedical clinical and cognate sciences, honing interpersonal and communication skills with patients/families/other health professionals, professionalism relative to responsibilities, adherence to ethical principles, sensitivity to a diverse patient population, and understanding systems-based practices. As part of this course, medical students will participate in an ACLS and/or PALS provider course. For more information, students should contact Dr. Aimee Chung ([aimee.chung@duke.edu](mailto:aimee.chung@duke.edu)) or Dr. Stephen Bergin ([stephen.bergin@duke.edu](mailto:stephen.bergin@duke.edu)). This is a longitudinal course. Students must enroll in the course for the Fall term and select "0" credits. They also will need to enroll for the Spring term and select 4 credits. The final grade and credits will be awarded in the Spring term. If you have additional questions, please contact [SOMCapstone@dm.duke.edu](mailto:SOMCapstone@dm.duke.edu). Credit: 4. Enrollment max. 125. *Aimee Chung, MD and Stephen Bergin, MD*

## Basic Science Elective

**INTERDIS-114B. Advanced Clinically-Centered Education in Spanish (ACCES).** This is a clinically-centered educational experience in Spanish designed to help medical students become Spanish-speaking healthcare providers. Students will build a foundation of medical terminology in Spanish, practice assuming the role of a Spanish-speaking provider, and build skills to provide patient-centered care for Hispanic/Latino patients as Duke medical students. No Credit. A notation of "Credit/No Credit" will be entered on the student transcript at the conclusion of the course. Students meet every other Wednesday, 5:30pm - 6:30pm throughout the fall/spring terms. Class will meet in Classroom 4. Please contact Dr. Leonor Corsino ([Leonor.corsino@duke.edu](mailto:Leonor.corsino@duke.edu)) or Dr. Liza Genao ([liza.genao@duke.edu](mailto:liza.genao@duke.edu)) if you have questions about the course. Pre-requisite: Permission of the instructor is required for enrollment. Enrollment minimum is 10; maximum: 20. *Leonor Corsino, MD and Liza Genao, MD*

## Clinical Science Electives

**INTERDIS-175C. Clinical Experience - Cancer Care Experience Year 1.** This non-credit bearing experience is an oncology-care-focused clinical and didactic elective program for first-year medical students at Duke SoM. Enrollment information is provided during the spring term and evening sessions are typically held January – June. Course information is sent to students in November prior to the spring registration period, by the course director. Students must be approved by the course director and then must complete the form for enrollment in INTERDIS 175C. The approved form is routed to the SoM Registrar's Office for enrollment. No grade or credit is awarded. *Matthew Labriola, MD*

**INTERDIS-400C. Independent Study.** Independent Study is a four-week term-based, non-credit bearing enrollment status used when the student is engaged in medical education-related activity that is relevant to the degree (e.g. structured USMLE preparation, medical volunteerism, internship at organization related to training). An application consisting of a brief description of the activity and advisory dean approval is required of fourth year students. A brief report to the advisory dean on the progress of the activity is required at the end of each four-week section. The Independent Study option for third year students is included on the 3rd year registration form for those students taking the board preparation course. The four-week study period must be approved in advance by the student's third year mentor, study program director, and mentor. The four-week period for study time is not guaranteed. Students enrolled in Independent Study are eligible for benefits of insurance, but are not eligible for financial aid for living expenses. Completion of the Independent Study form and permission of advisory dean is required in order to be enrolled. Approved enrollments will be processed by the Registrar's Office upon receipt of the completed Independent Study form.

**INTERDIS-401C. Acute Care Curriculum.** Critical Care is not limited by location and focuses on the care of patients with acute life-threatening illnesses. Every practitioner needs the ability and fundamental knowledge to quickly recognize and initiate appropriate, timely management which can prevent further patient deterioration and end-organ damage and recognize when help is needed. Multidisciplinary care depends on respect and communication for the best outcomes. The cost of health care continues to grow and much of it is spent in the intensive care setting, often in the last months of life. The use of technology must be tempered with sound judgment and quality versus quantity must be addressed. The course should be taken simultaneously with the four-week, four-credit course that will satisfy the acute care course requirement as the courses build on the clinical environment and vice versa. Offered summer 42 (minimum of 5 students/no drops); 43, and 44; fall 41, 42, and 43; spring 41, 42, and 44. Primary Contact Dr. Sharon



McCartney ([sharon.mccartney@duke.edu](mailto:sharon.mccartney@duke.edu)). No Credit. Enrollment max: 18; min: 4. *Sharon McCartney, MD*

**INTERDIS-402C. Introduction to Healthcare Markets and Policy for Practitioners.** The purpose of this elective is to provide students with a working understanding of the business and policies that drive the U.S. healthcare system. The course structure is designed to be engaging with interactive case studies, small group discussion, and visiting faculty lecturers from the Duke-Margolis Center and Duke University's Fuqua School of Business. The 90-minute sessions will take place on weekday evenings in the Trent-Semans Center, once per month from September to April. Students are expected to attend or view a recording (with written summary) of 9/9 sessions. Student may utilize the "online view and review" option no more than three times. For more information, please contact Don Bradley ([don.bradley@duke.edu](mailto:don.bradley@duke.edu)). Credit: 1, Non-Direct Patient Care Credit. Enrollment max: 115; min: 10. Note: credit will be awarded in the spring term. *Don Bradley, MD*

**INTERDIS-403C. Narrative Medicine for Medical Learners.** This elective course is a fourth year clinical elective where students will discuss selected works of literature that address the human condition in a way that is meaningful to physicians-in-training. The course is open to third and fourth year medical students. The aim is to incorporate literature into the medical training experience, give students the opportunity to practice reflective writing, and the space to explore the humanistic roots of medicine. In this course we will examine the intersection between the domains of narrative and medicine through the study of diverse representations of medical issues. Among the questions we will ask are: how does narrative give us greater insight into illness, medical treatment, doctor-patient relationships, and other aspects of health and medicine? How do illness and other experiences within the realm of medicine influence ways of telling stories? How do doctors' perspectives and patients' perspectives differ, and what, if anything, should be done to close those differences? Attendance to all sessions is mandatory. However, with advanced approval from the course director, a student may miss one session, but the student must submit a written reflection of the readings for the missed session, as outlined by the course director, in order to receive credit for the course. This course will be offered during the first eight weeks of the spring term. The course will meet once a week for eight weeks, on Wednesday evenings, starting in January, from 5:15p - 7:15p. For questions, please contact Dr. Quaranta via email, [brian.quaranta@duke.edu](mailto:brian.quaranta@duke.edu). Credit: 1, Non-Direct Patient Care credit. Enrollment Max.:10; Min: 8. *Brian Quaranta, MD*

**INTERDIS-406C. Physician Leadership: From Daily Challenges to Global Crises.** This course will be a seminar-type offering, with guest lectures, readings and video content providing the basis for discussions on the leadership challenges physicians face at all levels during times of crisis at the local, regional, national and international level. The course will include presentations from local and international leaders addressing issues physician leaders will face daily and in times of crisis. The course will contribute 40 hours to Leadership Certificate Pathway. Course schedule: - 8 week course; meets virtually once a week (Thursdays, 6pm - 8pm), 120 min per session: Each session will be broken down in to intro/guest lecture presentation(s), breakout sessions of 5-6 students, and sharing from breakouts. Enrollment Max.: 40; Credit: 1. Course directors: *Joe Doty, PhD and Dean Taylor, MD. Faculty: Lee Diehl, MD; Tal Lassiter, MD; Walter Lee, MD; Diana McNeill, MD; Chan Park, MD; Cecily Peterson, MD; Lisa Pickett, MD; Fatima Syed, MD; Erica Taylor; MD*

**INTERDIS-407C. Duke Design Health Fellows Program.** The Duke University Design Health Fellows Program is an interdisciplinary, patient-focused program that discovers pressing needs in healthcare and assembles teams from across engineering, business, medicine and other disciplines to create solutions. The program provides an immersive learning experience to undergraduate, graduate and postgraduate fellows who actively identify, validate, prioritize and solve problems that have an impact on human health. At its foundation, the program seeks to educate students in innovation through immersion and project-based learning. It also aspires to serve as a source of identified needs and intellectual property that feeds into other design and entrepreneurship activities at Duke and beyond. Maximum Enrollment: 10; Credit: 1-4. *Eric S. Richardson, PhD*

**INTERDIS-422C. Exploring Medicine: Cross-Cultural Challenges to Medicine in the 21st Century.** The purpose of this course is to promote understanding the cultural background of the people of Latin America (particularly Honduras) and how that impacts the delivery of medical care. The course content is designed to facilitate understanding how art, history, literature, music, geography, ethics and religion influence the practice of medicine in the Latin American Culture. The Classes will be given by multidisciplinary faculty from Duke, the University of Colorado, and local experts. Medical Spanish instruction is included in each class to facilitate understanding the culture and facilitate encounters with Spanish speaking patients in our own environments as well as in Honduras. The course will be held as a 2 hour seminar for 12 weeks (begins in early January) with the trip to Honduras as an optional laboratory experience. There will be 20 hours of instruction. For more information, please contact Dr. Clements via email ([dennis.clements@duke.edu](mailto:dennis.clements@duke.edu)) or 684-7790. Secondary contact: Rosa Solorzano, ([Rosa.Solorzano@dm.duke.edu](mailto:Rosa.Solorzano@dm.duke.edu)). Students meet for the first day of classes in the School of Nursing Amphitheater the first Tuesday of the Spring Semester at 6:00 p.m. This fourth year elective was approved, effective spring 2013, for third and fourth year medical students. Third year students must obtain mentor approval. Non-direct patient care elective. Credit: 1 Enrollment - up to 10 students. *Dennis Clements, MD/PhD*

**INTERDIS-423C. Honduras Trip.** A 10-day trip to Honduras is planned to begin the end of April with approximately 15 students invited. Interdis 422C is a prerequisite for this trip. A certain number of students with Spanish fluency are needed for the trip. Those traveling to Honduras will visit a local Honduran hospital and additionally provide medical care to patients in the Gracias area during 6 days of the trip. A trip to Copan and an indigenous Mayan community is also planned. There is a \$3000 fee that is required for this course and will be charged upon enrollment. For more information and permission, please contact Dr. Clements at 684-7790 or via email at [Dennis.Clements@duke.edu](mailto:Dennis.Clements@duke.edu). Secondary contact: Rosa Solorzano, [Rosa.Solorzano@dm.duke.edu](mailto:Rosa.Solorzano@dm.duke.edu). This fourth year elective has also been approved to be taken by third year medical students, effective spring 2013. However, third year students MUST obtain permission from their mentor, study program director, and advisory dean, (Prior to the trip) to be away for 10 days. ORIENTATION AND SELECTION FOR THIS TRIP TAKES PLACE IN OCTOBER THROUGH A SEPARATE EMAIL REQUEST. For information concerning spring trip dates, please reach out to Dr. Clements. Permission of the instructor is required for the trip. Credit 1. Enrollment up to 15. *Dennis Clements, MD/PhD*

**INTERDIS-470C. MSTP Clinical Experience.** Clinical experience for MSTP student's only. 0 credit.

**INTERDIS-475C. Clinical Experience.** This course is designed for students that elect to explore clinical experiences while enrolled in dual degree programs or the Community Clinic Leadership electives at the Fremont or Holton clinics at Duke. This course is for students that wish to refresh their clinical skills in a patient setting. This course is not for students in the Medical Scientist Training Program (MSTP). 0 credit.

## Medicine

**Chair:** Kathleen Cooney, MD

**Assistant:** Elsie Souder

**Business Manager:** Amy Porter-Tacoronte, MBA

**Campus PO Box:** 3703

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### Required Courses

**MEDICINE-205C. Medicine.** During the second year clerkship in medicine, students each will be assigned two four-week blocks to a team taking care of patients on the Internal Medicine Wards at Duke University Hospital, Duke Regional Hospital, or the Durham Veterans Administration Hospital. The Internal Medicine Clerkship is an opportunity for the student to consolidate knowledge from the first year and apply it to patient care. Functioning within teams allows students to observe, practice, acquire, and refine basic humanistic and clinical skills while acquiring some of the factual information used in the practice of medicine. Students are assigned patients to evaluate and follow; these patients become representative learning experiences in a case-study model. Goals of the Medicine clerkship are to teach a method of patient evaluation and care and to provide a firm foundation in medical problem-solving that will be helpful throughout the student's future career. Students are expected to take primary responsibility for the care of their patients, following them daily, writing progress notes in the chart, keeping track of what has happened to their patients since last seen, and having a good understanding of the rationale for and outcomes of all diagnostic tests and therapeutic interventions. Methods of assessment include clinical evaluations by residents and attendings, a clinical performance exam, ECG interpretation exam, Lab interpretation exam, online case-based examination, and the NBME Medicine shelf exam. Credit: 8. *Poonam Sharma, MD; Jenny Van Kirk, MD; and staff*

**MEDICINE-206C. Primary Care Leadership Track (PCLT) - Medicine.** During the second year clerkship in medicine, students each will be assigned two four-week blocks to a team taking care of patients on the Internal Medicine Wards at Duke University Hospital, Duke Regional Hospital, or the Durham Veterans Administration Hospital. The Internal Medicine Clerkship is an opportunity for the student to consolidate knowledge from the first year and apply it to patient care. Functioning within teams allows students to observe, practice, acquire, and refine basic humanistic and clinical skills while acquiring some of the factual information used in the practice of medicine. Students are assigned patients to evaluate and follow; these patients become representative learning experiences in a case-study model. Goals of the Medicine clerkship are to teach a method of patient evaluation and care and to provide a firm foundation in medical problem-solving that will be helpful throughout the student's future career. Students are expected to take primary responsibility for the care of their patients, following them daily, writing progress notes in the chart, keeping track of what has happened to their patients since last seen, and having a good understanding of the rationale for and outcomes of all diagnostic tests and therapeutic interventions. Methods of assessment include clinical evaluations by residents and attendings, a clinical performance exam, ECG interpretation exam, Lab interpretation exam, online case-based examination, and the NBME Medicine shelf exam. Credit: 8. *Poonam Sharma, MD; Jenny Van Kirk, MD; and staff*

**MEDICINE-209C. Longitudinal Integrated Curriculum - Medicine.** During the second year clerkship in medicine, students each will be assigned two four-week blocks to a team taking care of patients on the Internal Medicine Wards at Duke University Hospital, Duke Regional Hospital, or the Durham Veterans Administration Hospital. The Internal Medicine Clerkship is an opportunity for the student to consolidate knowledge from the first year and apply it to patient care. Functioning within teams allows students to observe, practice, acquire, and refine basic humanistic and clinical skills while acquiring some of the factual information used in the practice of medicine. Students are assigned patients to evaluate and follow; these patients become representative learning experiences in a case-study model. Goals of the Medicine clerkship are to teach a method of patient evaluation and care and to provide a firm foundation in medical problem-solving that will be helpful throughout the student's future career. Students are expected to take primary responsibility for the care of their patients, following them daily, writing progress notes in the chart, keeping track of what has happened to their patients since last seen, and having a good understanding of the rationale for and outcomes of all diagnostic tests and therapeutic interventions. Methods of assessment include clinical evaluations by residents and attendings, a clinical performance exam, ECG interpretation exam, Lab interpretation exam, online case-based examination, and the NBME Medicine shelf exam. Credit: 8. *Poonam Sharma, MD; Jenny Van Kirk, MD; and staff*

### Second Year, Two-Week Clinical Selectives

**MEDICINE-221C. A Taste of Palliative Care.** Palliative care focuses on helping patients and their families achieve the best quality of life, regardless of the length of life. Attention to suffering, excellent symptom management, and compassionate communication skills are paramount. Students will have the opportunity to observe and work alongside various palliative care practitioners in community, inpatient, outpatient and hospice settings. The importance of multi-disciplinary teamwork will be emphasized. Concepts to be explored include common fears and challenges that terminally ill people face, biopsychosocial models of care, palliative care symptom management, the family interface, grief, and bereavement. Students should contact Jennifer Bowen, [jennifer.bowen@duke.edu](mailto:jennifer.bowen@duke.edu), for questions about where to report and their schedules prior to the first day of classes. Primary Contact: Alisha Benner, MD, [alisha.benner@duke.edu](mailto:alisha.benner@duke.edu), or 919-668-7215. Credit: 2. Enrollment Max. 1. Location: Duke University Hospital, Duke Regional Hospital, Duke Home Care & Hospice. *Alisha Benner, MD; Yu Lin (Amy) Lee, MD*

**MEDICINE-223C. Gastroenterology Selective.** In order to expose students to the field of Gastroenterology, students will rotate on two services. Students will spend one week on the Gastroenterology Consult Service at Duke Hospital or at the Durham VA Medical Center. On these services, students will perform inpatient consults and be able to see a variety of general gastroenterology procedures. Students will also spend one week on the Biliary Service and/or Hepatology service at Duke. Students will see patients with biliary disorders and be able to see ERCP and endoscopic ultrasound procedures. Credit: 2. Enrollment Max. 2. Location: DMP lobby at the information desk - Promptly at 8:00 a.m. For more information, please contact Jill Rimmer, 684-2819 or via email at [jill.rimmer@duke.edu](mailto:jill.rimmer@duke.edu). *Cecelia Zhang, MD and Staff*

**MEDICINE-225C. Introduction to Hospital Medicine.** The student on the Hospital Medicine selective will help manage acutely ill patients as a member of the Hospital Medicine Service. Four major learning areas will be emphasized. 1) General Medicine consultations for management of hypertension, tachycardia, delirium, diabetes, hypoxia, perioperative risk assessment. 2) Procedures including thoracentesis, paracentesis, and lumbar puncture through direct observation, simulation, and viewing of procedure videos. 3) Inpatient care working directly with a Hospital Medicine attending. 4) Late evening and overnight patient care with Hospital Medicine attendings with the opportunity to participate in patient admissions, cross cover emergencies, and transitions of care. Credit: 2. Enrollment Max: 1. Prerequisite: MED2 205C (Medicine Clerkship). Permission of the course director is required: *Saumil Chudgar, MD*

**MEDICINE-229C. Adult Nephrology.** This selective course will provide the learner with the opportunity to experience the practice of nephrology in a variety of clinical settings. This course will allow the student to learn inpatient consultative nephrology by joining the inpatient acute nephrology service. The student will be expected to see a new consult, perform a focused history and physical, and determine the assessment and plan with the help of the fellow and attending on the service. The course will also include outpatient opportunities such as nephrology consultation clinic, home hemodialysis clinic, and outpatient dialysis rounds. Students report to Duke North Dialysis Unit 7800 on first day of class. Students must notify the course director via email at ([john.roberts@duke.edu](mailto:john.roberts@duke.edu)) 1 week prior to your selective to confirm enrollment in the selective. In that email, also identify TWO learning goals or special interests. We will try our best to take these into account for your selective experience. Credits: 2. Enrollment Max: 2. *John Roberts, MD*

**MEDICINE-226C. Introduction to Endocrinology.** This selective serves as a general introduction to Endocrinology. The student on the Endocrinology Selective will help manage both acutely ill patients on our inpatient consultative service the first week and then follow patients in our clinics on an outpatient basis the second week. Learning areas emphasized include: 1) diabetes care including a) acute management; b) long term management; c) medication use and familiarity, especially insulin; 2) general thyroid disease and 3) exposure to metabolic bone disease, lipidology, adrenal diseases and pituitary diseases. Class meets Monday thru Friday 8am-5pm. Meeting location for first day: Student should meet Dr. Hong at Clinic 1A for orientation on Monday, first day of rotation at 8am. Credit: 2. Enrollment Max. 1. *Beatrice Hong, MD and Susan Spratt, MD*

**MEDICINE-227C. Introduction to Consultative Cardiology.** Student will work as a member of the consultative cardiology team at either Duke or the VA and will have the opportunities to participate in some of the following: EKG/rhythm strip reading, stress testing, echocardiography, cardioversion, cardiac catheterization, pacemaker placement and overall care of inpatients with cardiac disease. Secondary Contact: Dawne Smith via email, [dawne.t.smith@duke.edu](mailto:dawne.t.smith@duke.edu). Pre-requisite: Students must have successfully completed Medicine 205C prior to taking this selective offering. Permission of instructor required. For more information or a permission number, please contact Dawne Smith via email, [dawne.t.smith@duke.edu](mailto:dawne.t.smith@duke.edu). Credit: 2. Enrollment: max 1. *Anna Lisa Crowley, MD*

**MEDICINE-231C. Introduction to Infectious Diseases.** The Infectious Disease (ID) Elective will give second year medical students the opportunity to gain exposure to and participate in care of patients on the Duke Hospital ID service. They will work as a part of the team taking part in the care of patients with a wide variety of infectious diseases in the inpatient and outpatient settings of critical illness. This patient population spans a wide range of disease causes, both common and rare, including iatrogenic, transplant, immunosuppression induced, HIV, community acquired, and drug-resistant cases. Unlike the 4th year elective this selective course will allow student(s) extensive exposure to high maintenance Infectious Diseases experience in Transplantation. Students should report to workroom 6W70 in the Duke Medicine Pavilion (or VA ID workroom, 8th floor DVAMC, if assigned to VA) at 8:00am on the first day of classes. Hours are 8:00am - 5:00pm, M-F. For more information, please contact Dawn Sikes ([dawn.sikes@duke.edu](mailto:dawn.sikes@duke.edu)). Requisite: Permission of Instructor is Required. Max. Enrollment: 1; Credit: 2. *Micah McClain, MD*

**MEDICINE-232C. Introduction to Rheumatology.** This is a 2-week elective designed to introduce second-year medical students to the field of rheumatology. Learn about the diagnosis and treatment of complex disease in an outpatient environment. Students will take part in the division's didactic and educational activities, such as Journal Club. Other educational modalities such as instructional videos and podcasts will be used. By the end of the rotation, students will learn (a) how to distinguish symptoms from autoimmune diseases from other causes (b) how to perform a detailed physical exam with emphasis on musculoskeletal exam. Credit: 2; Max. Enrollment: 1. Pre-requisite: Permission of instructor is required. If the course is full/unavailable during a specific section where you have interest, please email the course director and we will try to make accommodations. Students should meet at Clinic 1J on the first day of the rotation. For more information, please contact Dr. Jayanth Doss via email, [jayanth.doss@duke.edu](mailto:jayanth.doss@duke.edu). *Jayanth Doss, MD; Nancy Allen, MD; Lisa Criscione-Schreiber, MD; Ryan Jessee, MD; Ankoor Shah, MD; William St. Clair, MD; and Sophia Weinmann, MD*

**MEDICINE-233C. Interventional Pulmonology.** Interventional pulmonary involves the use of both rigid and flexible bronchoscopes and diagnostic tools such as endobronchial ultrasound, autofluorescence bronchoscopy, electromagnetic navigation bronchoscopy, and pleuroscopy. Minimally invasive procedures include, airway ablation, airway stent placement, endobronchial valve placement, percutaneous dilation trachelectomy, pleurodesis and photodynamic therapy. Interventional pulmonary is attractive for the low rate of complications and most cases are done in the outpatient setting. Students will have the ability to experience out-patient pulmonary clinics, procedures in bronchoscopy, attend interdisciplinary research conferences, and be an integral part of the interventional pulmonary team. Pre-requisite: Permission of the instructor is required. Students should report at 7:30am to Duke Pulmonary and Specialty services in the DMP Bronchoscopy suite (ground floor near radiology) on the first day. Credit: 2; Maximum Enrollment: 1. *Coral X. Giovacchini, MD*

## Clinical Science Electives

**MEDICINE-401C. Internal Medicine Sub-Internship (Duke/VA).** Course Goals: To provide an internal medicine inpatient care experience at the intern level. (2) How Goals Are Achieved: Students are assigned to an inpatient service at Duke or the Durham VA. These services include the general medicine services at both hospitals, where internal medicine residents and attendings supervise the students; students may also rotate in the medical intensive care unit, on the cardiology service, or on the oncology service at Duke Hospital. The student functions as an intern on that service with the exception that orders must be countersigned by a resident or attending. Overnight duty consisting of night float responsibilities may be included over the course of the four-week schedule. The supervising resident or attending determines the number of patients assigned with anticipated increases over the four weeks. (3)



Methods of Evaluation: Students are evaluated by their residents, fellows, and attendings. The evaluation form is made available to each student at the beginning of the rotation. Prerequisites: permission of instructor is required in order to add the course and permission is required in order to drop the course. In order to drop the course, students must provide at least 14 days advanced notice and permission of instructor are required. Failure to do so will result in a grade of Incomplete ("I") or a Withdrawal ("W") may be assigned. Please contact Sheila Gainey at 681-5258 or via email at [sheila.gainey@duke.edu](mailto:sheila.gainey@duke.edu) for more information. Course is not available for visiting medical students. Credit: 5. Enrollment: max: varies by term. *Jenny Van Kirk, MD, Saamil Chudgar, MD and staff*

**MEDICINE-402C. Medical Sub-Internship in Hematology-Oncology.** (1) Course Goals: This is an intensive experience in the care of inpatients with serious hematologic and oncologic disorders. The student learns to interpret peripheral blood films, how to use and interpret other specialized laboratory tests (e.g., bone marrow aspirate/biopsy, serum electrophoresis, coagulation studies, tumor markers, leukemia cell markers), and how to approach the evaluation and treatment of hematologic and solid tissue malignancies and their complications. (2) How Goals Are Achieved: Under supervision of a Hematology/Oncology fellow and a division staff member, the student is given considerable responsibility in the care of inpatients on one of the Hematology/Oncology or Experimental Therapeutics wards in Duke Hospital. They receive instruction and guidance in performing diagnostic and therapeutic procedures and gain experience in the use of chemotherapeutic drug regimens. Specific issues such as quality of life, care of the aging patient with malignancy, and decisions regarding DNR status are addressed by the patient-care team. In addition, students receive a series of core lectures, receive training in chemotherapy, and attend the ongoing clinical, research and didactic divisional conferences. (3) Methods of Evaluation: Students are evaluated by their preceptors on the basis of their ability to obtain a history, perform a physical examination, evaluate hematologic and other laboratory data, and propose assessments and plans of action. For more information, please contact Nyasia Lloyd at 684-2287 or via email at [nyasia.lloyd@duke.edu](mailto:nyasia.lloyd@duke.edu). Credit: 5. Enrollment: max 1. *Richard Riedel, MD and Medical Oncology staff*

**MEDICINE-404C. Cardiac Care Unit Sub-Internship.** (1) Course Goals: Primary - To provide an in-depth experience in the evaluation and care of inpatients with various cardiovascular problems. Secondary -To refine student understanding of the cardiovascular history, physical examination and non-invasive and invasive laboratory testing in evaluating and managing patients with known or suspected cardiovascular disease. (2) How Goals Are Achieved: Students are assigned to the Duke CCU or to a cardiology inpatient service at Duke, and, in concert with the house staff, cardiology fellows, and senior staff attendings, work up and manage patients admitted to these various services. They also participate in a core curriculum experience, including individually assigned times to work with HARVEY, the cardiology patient simulator, and various computer assisted instruction programs. (3) Methods of Evaluation: Students are evaluated by all resident, fellow, and senior staff with whom they work. The evaluation form is available at the beginning of the elective. Depending on circumstances, students may also be evaluated by written and practical examinations at the beginning and/or end of the elective. For more information, please contact Dawne Smith at 668-1524 or via email at [dawne.t.smith@duke.edu](mailto:dawne.t.smith@duke.edu). Prerequisite: Successful completion of an accredited internal medicine clerkship. Credit: 5. Enrollment: max 2. *Anna Lisa Crowley, MD/FACC and cardiology staff*

**MEDICINE-405C. Intensive Care Medicine Sub-Internship (Duke).** Course Goals: (1) Primary - To introduce the student to a pathophysiologic approach to critically ill adults. Secondary - To provide an opportunity for students to perform selected procedures. (2) How Goals Are Achieved: Students function as sub-interns in a very active intensive care unit. Students perform patient evaluations, procedures, and develop diagnostic treatment plans under the direct supervision of the junior assistant resident, critical care fellow, and attending physician. Night call occurs every third night. Physiology and biochemistry based approach to critical care medicine is stressed. Emphasis is placed on bedside teaching with easy access to attending physicians and critical care fellows for the discussion of specific patient oriented questions. Preferences for the month of rotation are honored, if possible. Questions should be directed to Dr. Young, [katherine.a.young@duke.edu](mailto:katherine.a.young@duke.edu). (3) Methods of Evaluation: Each student's performance is assessed by the course director through direct observation of the student in the clinical and didactic environments. Input from the residents, fellows, and other attending physicians is obtained, and provides the primary basis for grade assignment. Requisite: Permission of the Instructor is required to enroll. IMPORTANT: Students may need to take care of COVID patients and need to be vaccinated for COVID in order to take the rotation. For more information, please contact Donna Permar at 681-5919 or via email at [donna.permar@duke.edu](mailto:donna.permar@duke.edu). Credit: 5. Enrollment: max 3. *Katie Young, MD and critical care staff*

**MEDICINE-406C. Intensive Care Medicine Sub-Internship (Durham VA Hospital).** (1) Course Goals: Primary - To provide training in clinical, physiologic, and pharmacologic principles of the care of the critically ill. Secondary - To develop students' skills in performance and interpretation of diagnostic procedures. (2) How Goals Are Achieved: Under the supervision of senior assistant residents, the pulmonary fellow and the critical care attending physician, students function as sub-interns and are responsible for patient work-ups and daily bedside presentations. Students are given responsibilities for procedures and decision-making in direct proportion to the development of their patient management skills. Daily radiology and bedside attending rounds stress an integrated physiologic approach to the management of critically ill patients with emphasis on triage, resuscitation, acute respiratory care, hemodynamic monitoring, acid-base balance, nutritional support, palliative care, patient safety, and end-of-life care. Each student is provided a document linking selected readings that supplement the didactic and bedside discussions on diagnosis, pathophysiology, and recognition and management of critical illness. The student on-call schedule is every fourth night for the duration of this four-week course. The student registered for MEDICINE 406C may drop the course up to one month before the start date. After that time, the student should arrange for a replacement if dropping the course. (3) Methods of Evaluation: Student evaluations are done by the fellows and faculty attending on the MICU and are based on observed performance. For more information, please email [martha.carraway@va.gov](mailto:martha.carraway@va.gov). Secondary contact: Dr. Karen Welty-Wolf, 684-4938 or via email at [welty001@mc.duke.edu](mailto:welty001@mc.duke.edu). Students are to meet in the VA MICU's MD workroom for orientation by the on-service fellow or attending on the first day of the rotation at 0800 a.m., 5A (5th floor A wing), Durham VAMC, after emailing the course director at least two weeks before as a reminder of the start date. NOTE: Students must contact the course director at least 4 weeks before the first day of their scheduled rotation in order to have the allotted time necessary for the VA to get them back into the system. Each student rotating through Medicine 406C must complete the required VA "paperwork" (contact Clyde Meador at [clyde.meador@va.gov](mailto:clyde.meador@va.gov)) no less than 60 days from the first day of the section in which he/she is enrolled. Credit: 5. Enrollment: max 1. *Martha Carraway, MD and critical care staff*



**MEDICINE-407C. Sub-Internship in Internal Medicine/Psychiatry.** This course is an intensive clinical experience in the diagnosis and treatment of acute co-morbid medical and psychiatric disorders requiring inpatient hospitalization. Students participating in this four-week elective based in Duke University Hospital are expected to function at intern-level, assuming care of a small census of complex patients. The Medicine/Psychiatry faculty on the GenMed 12 service provides direct supervision. The goal of the elective is to refine and then clinically apply basic knowledge from the fields of Internal Medicine and Psychiatry. Participation at selected case conferences and didactic sessions is expected. Students are invited to attend the intern lecture series during Psychiatry Academic Half-day and educational offerings in Internal Medicine, including Intern Report. For more information, please contact Dr. Kristen Shirey via email, [kristen.shirey@duke.edu](mailto:kristen.shirey@duke.edu). Secondary Contact: Cathy Lefebvre, [cathy.lefebvre@duke.edu](mailto:cathy.lefebvre@duke.edu). Preference is given to students considering a career in combined Medicine-Psychiatry. Prerequisite: permission of instructor and successful completion of PSYCHTRY-205C and MEDICINE-205C. C-L PSYCHTRY 407C. Credit: 5. Enrollment: max 1. *Kristen Shirey, MD*

**MEDICINE-412C. Hospital Medicine.** The student on the Hospital Medicine elective will help manage acutely ill patients as a member of the Hospital Medicine Service. Three major learning areas will be emphasized. 1) Procedures including thoracentesis, paracentesis, and lumbar puncture through participation and direct observation, simulation, and viewing of procedure videos. 2) Management of inpatients on the Hospital Medicine service. 3) Overnight patient care with Hospital Medicine attendings with the opportunity to participate in patient admissions, cross cover emergencies, and transitions of care. This course is a two-week course. When contacting the course director with interest, please indicate if you prefer the first or second two weeks of the four-week block. Prerequisite: Permission of course director is required. Contact [saamil.chudgar@duke.edu](mailto:saamil.chudgar@duke.edu) for permission to enroll. Enrollment Max.: 2. Credit: 2. *Saamil Chudgar, MD, MS*

**MEDICINE-414C. Introduction to Outpatient Primary Care Internal Medicine.** The rotation is best suited for students interested in pursuing a career in primary care or internal medicine due to the faster pace of clinic. Course Goals: At the end of the experience, students should be able to 1) Diagnose and manage a number of common internal medicine and primary care problems including a wide variety of diseases that are generally seen only in the ambulatory setting 2) Be familiar with current USPSTF guidelines for preventive services and cancer screening, 3) Competently and efficiently take a problem-focused history, perform a directed physical exam and perform some office-based procedures. How Goals Are Achieved: The student will work with faculty preceptors within Duke Primary Care, Duke Outpatient Clinic, and other community-based offices spending one or more days per week seeing patients with a preceptor. The student will see patients at multiple different sites with multiple preceptors. Clinical sites are located both at Duke and in the surrounding communities. A diverse mix of patients and conditions are seen in the outpatient setting. Patients present for preventive services, as well as, management of chronic diseases such as diabetes, hypertension, heart disease, osteoporosis, and common mental health conditions. In addition, patients are seen for acute illnesses such as pneumonia, pharyngitis, sinusitis and urinary tract infections on a same day basis. Patients routinely present with symptoms that have not been previously evaluated or diagnosed, allowing students to truly sharpen their clinical skills. The student evaluates selected patients first then presents and discusses the case with the attending. The student must outline in writing five goals that he or she wishes to accomplish during this rotation. The student's goals should be emailed to Dr. Waite at least three weeks before the rotation begins. Methods of Evaluation: The faculty preceptor who works directly with the student does the student evaluation. Grades are based on the student's interactions with patients, his or her clinical thinking regarding diagnosis and management of their problems, and documented records. Professionalism, fund of knowledge, and commitment to learning are highly weighted. Prerequisites: Students must be enrolled in their fourth year of medical school at Duke and must have completed first, second, and third year requirements as demonstrated by advancement by the Promotions Committee to fourth year student status. Students must have access to the Duke Maestro Care computer system to effectively function in clinic. Students must contact Dr. Kathleen Waite via email ([waite001@mc.duke.edu](mailto:waite001@mc.duke.edu)) to determine time and location for initial meeting. They must also contact Dr. Waite in advance of the course start date to create goals and schedule. Dr. Waite can also be reached by phone at 919-660-6746 Credit: 1 (10 clinic sessions, 4 hours each session over a four-week block) or 2 (20 clinic sessions, 4 hours over a four-week block). Due to scheduling issues if in not possible to complete this elective in a 1- or 2-week period of time. Please note that this is a 1 or 2 credits only. Enrollment: max 1 student for 2 credits. *Kathleen Waite, MD; Raneë Chatterjee, MD; Kevin Shah, MD; Sharon Rubin MD, Lynn Bowlby MD; and other outpatient faculty*

**MEDICINE-415C. Clinical Management of Obesity.** The unique blend of clinical and research programs related to obesity at Duke provides an opportunity for students to learn how to evaluate and manage obesity in many ways. This elective involves attendance in outpatient clinics or residential programs related to obesity or obesity-related co-morbidities including Lifestyle and Weight Management Center, Keto Medicine Clinic Residential Programs (Diet and Fitness Center), Bariatric Surgery and Endoscopic Bariatric Procedures, Cardiometabolic Prevention, Non-alcoholic Fatty Liver Clinic, Pediatric Diabetes, Pediatric Endocrinology, and Sleep Clinic. Students will have the opportunity to observe ongoing studies and attend lectures at various clinical and research conferences. In consultation with the course director, an independent project related to obesity will be completed. For more information, please contact Dr. Yancy at 681-2863 or via email at [william.yancy@duke.edu](mailto:william.yancy@duke.edu). Credit: 4. Enrollment: 1. *William Yancy, MD/MHS, Eric Westman, MD/MHS; and Dana Portenier, MD*

**MEDICINE-416C. Effective Clinical Teaching.** The course aims to make students more effective clinical teachers in preparation for their role as teachers during residency. Strategies include classroom discussion of adult learning theory, facilitating small-group learning, teaching at the bedside, teaching using clinical cases, and giving effective feedback. Weekly participation in role plays of teaching scenarios is required. The final project is an 8-10 minute video-recorded "chalk talk" on the topic of one's choice. Students self-reflect on the talk and obtain feedback from their classmates and instructor to develop a teaching improvement plan. Attendance at course sessions is mandatory. Permission of instructor is required. The classes meet once weekly from 5:00p - 7:30p. Students should contact Dr. Saamil Chudgar at [saamil.chudgar@duke.edu](mailto:saamil.chudgar@duke.edu) to obtain a permission number. Credit: 1. Enrollment: max 12, min 6. *Saamil Chudgar, MD, MS*

**MEDICINE-423C. Rheumatology.** (1) Course Goals: For students to learn the basics of the evaluation and management of patients with inflammatory and non-inflammatory arthritis, autoimmune and immunological disorders. Diseases seen include the various forms of arthritis and other inflammatory diseases such as lupus and other connective tissue diseases, vasculitis, scleroderma, and myositis. Students will also learn to interpret specialized laboratory studies relating to the evaluation of patients with rheumatic and

immunological disorders. Students are exposed to joint aspiration and injection, synovial fluid analysis, musculoskeletal radiology, and histopathological analysis. (2) How Goals Are Achieved: Two weeks of the rotation are spent in the Duke Rheumatology faculty clinics located in Duke South Clinics and in our South Durham or Brier Creek (Raleigh) location. Two weeks are spent as part of the rounding team on the Duke Hospital inpatient rheumatology consultation service. Because of COVID-19 and the inability to physically distance in clinics, there will be more consult time allotted to students. The inpatient consultation team includes a faculty member, a fellow, and a student. Students are expected to perform three new inpatient consultation each week. Rounds focus on oral presentation of patients including detailed review of history, physical examination findings, pertinent laboratory, x-ray and pathological findings. Students attend divisional conferences including weekly Rheumatology and Immunology Grand Rounds, Rheumatology Fellows Core Curriculum Conference, Journal Club, and Rheumatology/Radiology Conference. Students are expected to watch two introductory videos, one on the approach to the rheumatology patient and one on the rheumatologic musculoskeletal examination. Justification for a grade of honors includes the following: Evidence through direct observation of house officer-level clinical skills in rheumatology; demonstrated by completion of the log of learning points and questions; attendance at conferences listed above; evidence of additional reading through case presentations to faculty members; faculty evaluations; demonstration of exemplary interest and effort during the rotation. Students are assigned primary house officer level responsibilities on the Consultation Service and the Outpatient Clinics at Duke South/South/Durham/Brier Creek. (3) Methods of Evaluation: Students are evaluated by the primary faculty and fellows with whom they work. Evaluations are based on students' performance on rounds and in the clinics, including history and physical examination skills and conference attendance. For more information, please contact Dr. Doss ([jayanth.doss@duke.edu](mailto:jayanth.doss@duke.edu)). Students may also contact Nyasia Lloyd ([nyasia.lloyd@duke.edu](mailto:nyasia.lloyd@duke.edu)). If the course is full when you attempt to enroll, please contact Dr. Doss. Credit: 4. Enrollment: max 1. *Jayanth Doss, MD/MPH; David Caldwell, MD; Megan Clouse, Ryan Jessee, MD; Atul Kapila, MD; David Leverenz, MD; Jennifer Rogers, MD; Ankoor Shah, MD; William St. Clair, MD; Terri Tarrant, MD; Rebecca Sadun, MD; Kai Sun, MD; Sophia Weinmann, MD. Sole Enrollment*

**MEDICINE-424C. Fluids and Electrolytes.** The Fluids and Electrolytes Course will consist of eight sessions on both the physiology of fluid, electrolyte, and acid-base homeostasis and on the pathophysiology of fluid, electrolyte, and acid-base disorders. Emphasis will be placed on the clinical application of these concepts: from the rational administration of intravenous fluid, to the interpretation of arterial blood gases, to the diagnosis of primary hyperaldosteronism. This course will be of value to just about any student who plans to take care of patients. Students must verify that there is no time conflict with other courses offered during the same time period. Course Faculty: John Roberts, MD (Course Director) and Dr. Michael Berkoben. Enrollment is open to all eligible students, no permission from course faculty is required to enroll. The course is offered during the Spring section 81 only (roughly early January to end of February). We understand many students are traveling for interviews during this section. In 2021, we will conduct the course via Zoom, so students will be able to participate in live sessions even while traveling. You will need a working computer/tablet/smartphone and internet access to participate in the course. We do allow one unexcused absence. Excused absences will need to be cleared by the Course director. Classes will be held on Wednesday evenings from 5:30p - 7:30p. Credit: 1. Enrollment: min: 8; max.: 35. To enroll after the course has filled, you will need special permission from the Course director, please contact Dr. John Roberts at [john.roberts@duke.edu](mailto:john.roberts@duke.edu) to do so. *John K. Roberts, MD*

**MEDICINE-425C. Clinical Coagulation.** (1) Course Goals: Primary - To teach the clinical and laboratory approach to patients with a hemorrhagic or thrombotic disorders. The student learns to evaluate clinical coagulation disorders and become familiar with coagulation laboratory testing and interpretation. Secondary - To expose the student to recent advances in the area of coagulation research. (2) How Goals Are Achieved: The student spends four weeks on the Hematology Consult Service under the direction of hematology division faculty. The student is expected to work up inpatients with coagulation problems referred to the Coagulation Service as well as participate in a half day a week Coagulation Outpatient Clinic. Patients generally present with complex diagnostic as well as therapeutic problems. The rotation includes Coagulation lab rounds during which the student learns to interpret lab tests and review abnormal results. The student is expected to read standard texts regarding their patients' problems, as well as relevant reviews provided by the attending physician. The student may also interact with the Anticoagulation Management Service to gain a better understanding of various approaches to outpatient management of anticoagulant therapy. Students electing to do an eight-week rotation have a more extensive laboratory and clinic research experience. (3) Methods of Evaluation: The student's performance is evaluated by the hematology attending with input from the fellow and/or medicine resident on the service. The evaluation is based on observation of the student's ability to do careful histories and physical examinations, to appropriately assess the problem and develop a logical diagnostic and therapeutic plan, and to demonstrate an increase in knowledge regarding laboratory tests and their application to clinic problems. For more information, please call Nyasia Lloyd at 681-4510, or by email at [nyasia.lloyd@duke.edu](mailto:nyasia.lloyd@duke.edu). Credit: 4. Enrollment: max 1. *Richard Riedel, MD; and hematology staff*

**MEDICINE-427C. Hospice and Palliative Medicine.** Hospice and Palliative Medicine is a specialty that is focused on the treatment of patients living with serious illness. Comprehensive care- including physical (primarily symptom management), psychological, and spiritual care- is provided by an interdisciplinary team to patients and families to help alleviate suffering and promote quality of life. This 2-week, 2 credit elective provides students the opportunity to observe and work alongside palliative care practitioners in inpatient settings including the palliative care consult services at Duke University Hospital and Duke Regional Hospital, as well as inpatient hospice exposure through Duke Home Care & Hospice. The importance of multi-disciplinary teamwork will be emphasized. A schedule will be sent to you by email prior to the first day. Students that want to enroll should reach out to Dr. Benner or Jennifer Bowen to let them know your two-week preference during the section. There is no guarantee that they will be able to accommodate the two-week preference. For more information contact the course director Dr. Alisha Benner and the educational admin Jennifer Bowen via email at [alisha.benner@duke.edu](mailto:alisha.benner@duke.edu) & [jennifer.bowen@duke.edu](mailto:jennifer.bowen@duke.edu). Credit: 2. Enrollment max: 2. *Alisha Benner, MD; R. Morgan Bain, MD; J. Trig Brown, MD; David Casarett, MD; Farr Curlin, MD; Anthony Galanos, MD; Nathan Gray, MD; Megan Jordan, MD; Kristin Meade, MD; Laurence Andy Mumm, MD; Robin Turner, MD, Sarah Gall, MD; Karen Jooste, MD; Jennifer Gentry, DNP; Tara Coleman, PA, Paula McKinzie, NP; Lindsey Jackson, NP and Leigh Howard, NP*

**MEDICINE-428C. Metabolism and Endocrinology.** Course Goals: Primary - The student has an in-depth experience in the evaluation and management of patients with endocrine disorders. Secondary - The student learns basic principles of hormone physiology and

applies these concepts in clinical settings. (2) How Goals Are Achieved: Each student is introduced to patient problems by working with the Endocrine faculty. The student is exposed to clinical endocrine disorders by seeing patients in endocrine outpatient clinics (Diabetes/ General Endocrine) as well as experiencing the inpatient Diabetes Management/General Endocrine Consult Service. The student has the opportunity to review general literature on common endocrinologic conditions and endocrinologic emergencies, as well as learning basic assessment skills of the patient with diabetes, thyroid disease, and other common endocrinologic presentations. Division conferences include Grand Rounds, Case Conference, and Inpatient Consult Rounds with opportunities to integrate basic concepts with clinical applications. (3) Methods of Evaluation: A written critique is provided by the student's preceptors with comments from other members of the division as appropriate. For more information, including where to report on the first day of classes, please contact via email Dr. Beatrice Hong at [beatrice.hong@duke.edu](mailto:beatrice.hong@duke.edu) Secondary contact: Dr. Spratt ([susan.spratt@duke.edu](mailto:susan.spratt@duke.edu)). Credit: 4. Enrollment: max 2. *Beatrice Hong, MD, Susan Spratt, MD and endocrinology staff*

**MEDICINE-430C. Pulmonary Medicine.** MEDICINE-430C. Pulmonary Medicine. . (1) Course Goals: Primary - To provide training in clinical aspects of pulmonary medicine. The primary diseases emphasized include asthma, chronic obstructive lung disease, pulmonary vascular diseases including pulmonary embolus, acute respiratory failure, hypersensitivity, interstitial and immunologic lung diseases and pulmonary manifestations of systemic illnesses, i.e., sarcoid, scleroderma, cystic fibrosis, etc. Secondary - To provide experience with pulmonary laboratory techniques including pulmonary function testing, cardio-pulmonary exercise testing, chest radiology, and bronchoscopy. (2) How Goals Are Achieved: Students are assigned to the Pulmonary Inpatient and Consult Services at Duke Hospital. They have primary responsibility for workup and presentation of selected patients on these services. All patients are presented and followed at daily rounds with fellows and faculty. Students are expected to attend the following conferences at Duke Hospital during their rotation unless clinical duties supersede: Tuesday Fellows Lecture series, Wednesday Chest Conference; and Thursday ILD conference. Students are otherwise encouraged to attend General Medicine Noon Conferences. (3) Methods of Evaluation: Formative feedback: It is expected that students seek out personalized feedback at least weekly to bi-monthly with both the fellow and faculty on the rotation. Also, students will take a pre and post-test (20 questions) on Pulmonary Medicine. This will be strictly for self-assessment and will not be factored into their final grade. Summative feedback: Student summative evaluations are done by fellows and faculty assigned to the Consult Services during the period of the course and is based on observed performance in regards to patient presentations, participation during rounds, and oral presentations on self-selected pulmonary topics Questions should be directed to Tina Van Nevel, via email at [tina.vannevel@duke.edu](mailto:tina.vannevel@duke.edu) or by phone at 919-684-0435. Dr. Marshall can be reached via email at [Harvey.marshall@duke.edu](mailto:Harvey.marshall@duke.edu). Credit: 4. Enrollment: min 1, max 1. *Harvey Marshall, MD and pulmonary staff*

**MEDICINE-431C. Adult Allergy and Clinical Immunology.** Enrollment Requisite: Students must contact Dr. Lugar prior to enrolling in the course. The adult allergy and clinical immunology elective consists of direct patient care, didactic sessions, independent readings and hands-on training of various clinical and laboratory test modalities that are used in clinical practice. This elective will provide exposure to patients with various allergic and immunologic disorders including allergic rhinitis, sinusitis, asthma, hypersensitivity pneumonitis, allergic conjunctivitis, diseases associated with autoimmunity, immunodeficiencies and allergic skin diseases. Additionally, the student will obtain hands-on practice with allergy skin testing as well as conducting other immunology labs. The schedule and content can be individualized on the basis of the student's needs and goals. Students must contact the course instructor, Dr. Patricia Lugar, [patricia.lugar@duke.edu](mailto:patricia.lugar@duke.edu), to arrange meeting location. Secondary contact: Jason Bullock at 919-613-5707. Credit: 4. Enrollment max: 1. *Patricia Lugar, MD*

**MEDICINE-432C. Introduction to Duke Medical Intensive Care Unit.** Course Goals Introduce students to the principles of the diagnosis and care of critical illness. By the end of the course students should be able to recognize the pathophysiologic processes underlying shock and respiratory failure, should be able to recognize basic principles of mechanical ventilation and have explored death and dying issues as they apply in the ICU. How Goals Are Achieved Students perform patient evaluations and procedures as well as diagnostic and treatment planning under the direct supervision of a junior medical resident, pulmonary fellow, and critical care attending. Educational material is available on the Duke MICU website ([sites.duke.edu/micu](http://sites.duke.edu/micu)) but patient-oriented, evidence-based, bedside training is the primary teaching method. Evaluation The attending physician, critical care fellows and residents primarily assess each student's performance. Input from junior medical residents working with each student is also obtained, as is the input of the course director. For questions or to obtain a permission number to enroll, please contact Dr. Young via email, [katherine.a.young@duke.edu](mailto:katherine.a.young@duke.edu). Requisite: Students that take this course are not eligible to enroll in MEDICINE 405C. This course does not satisfy the Acute Care Course requirement. The course will be graded "Credit/No Credit". Permission of the instructor is required for enrollment. Course Credit: 2; Maximum Enrollment: 2 per section. *Katie Young, MD; Stephen Bergin, MD and Christopher Cox, MD*

**MEDICINE-434C. Outpatient Hematology-Oncology (Duke or Durham VA).** (1) Course Goals: To give the student experience in the diagnosis, long-term treatment, and supportive care of patients with hematologic and oncologic disorders in the outpatient setting. The use and interpretation of peripheral blood films and other specialized laboratory tests (e.g., bone marrow aspirate/biopsy, serum electrophoresis, coagulation studies, tumor markers, leukemia cell markers), as well as an approach to the evaluation and treatment of common hematologic problems (anemias, bleeding and clotting disorders, hematologic and solid tissue malignancies) are included. Issues such as quality of life and care of the geriatric oncology patient are addressed. (2) How Goals Are Achieved: The student is assigned a staff member as preceptor with whom to work in the Hematology/Oncology clinic one to three half-days per week in clinic, depending on the student's schedule and the availability of physicians in clinic. Alternatively, the student may work with several preceptors in the Hematology/Oncology clinic for five full days per week during a four-week block. If desired, preceptors who concentrate mainly on hematology or oncology may be arranged. (3) Methods of Evaluation: Students are evaluated by their preceptors on the basis of their ability to obtain a history, perform a physical examination, evaluate hematologic and other laboratory data, and propose assessments and plans of action. NOTE: Students cannot drop the course 2 weeks prior to the course start date. For more information, please call Nyasia Lloyd at 684-2287 or via email, [nyasia.lloyd@duke.edu](mailto:nyasia.lloyd@duke.edu). Credit: 4. Enrollment: max 2. *Richard Riedel, MD, and Hematology, Medical Oncology and Cell Therapy staff*

**MEDICINE-435C. Gastroenterology.** (1) Course Goals: Primary - To provide an experience from which the student can develop a fundamental approach to the diagnosis and management of digestive diseases. (2). Goals Are Achieved: Through participation in the care of patients under the guidance of the fellows and faculty on the GI Consult Services (Duke Hospital), Liver Service (Duke), Biliary



Service (Duke), VA Hospital GI consults and Outpatient GI Clinics. (3) Methods of Evaluation: Evaluations are completed by the course director, attendings, and fellows working with the student and include assessment of clinical skills, fund of medical knowledge, and the ability to apply this knowledge to the care of patients. Course meets at 8:00 am, Monday through Friday. No holiday or weekend coverage for students. Prior to the start of rotations, students will receive an email detailing their specific schedule, assigned supervising fellow and meeting location. For more information, please contact Jill Rimmer at 684-2819 or via email at [jill.rimmer@duke.edu](mailto:jill.rimmer@duke.edu). Credit: 4. Enrollment: max 2. *Cecelia Zhang, MD and GI department staff*

**MEDICINE-437C. Rheumatology.** This is a 2-week elective for 4th year medical students who are looking to demystify the field of rheumatology. This rotation will be especially helpful for future internal medicine, family medicine, dermatology and orthopedic residents. Students will rotate through multiple rheumatology clinics, learning how to manage complex disease in an outpatient environment. Due to COVID-19 and the inability to physically distance in clinics, inpatient consult time may replace clinics. Students will take part in the division's didactic and educational activities, such as Journal Club. Other educational modalities such as instructional videos and podcasts will be used. By the end of the rotation, students will learn (a) how to distinguish symptoms from autoimmune diseases from other causes (b) how to perform a detailed physical exam with emphasis on musculoskeletal exam (c) how to order and interpret common autoimmune labs (d) basics of how rheumatologists use immunosuppression to manage autoimmune disease. Students that take the 2nd year, two credit Rheumatology selective are not eligible to enroll in this course. Students must have taken Medicine 205C in order to be eligible. Credit: 2; Maximum Enrollment: 1. The course is graded "Credit/No Credit". Interested students: If the course is full when you attempt to enroll, please reach out to Dr. Doss ([jayanth.doss@duke.edu](mailto:jayanth.doss@duke.edu)). *Jayanth Doss, MD; Lisa Criscione-Schreiber, MD; Ankoor Shah, MD; William St. Clair, MD; Sophia Wienmann, MD; and Ryan Jessee, MD*

**MEDICINE-438C. Clinical Hematology and Oncology Consults (Duke or Durham VA).** (1) Course Goals: Students learn how to interpret peripheral blood films, how to use and interpret other specialized laboratory tests (e.g., bone marrow aspirate/biopsy, serum electrophoresis, coagulation studies, tumor markers, leukemia cell markers), and how to approach the evaluation and treatment of common hematologic problems (anemias, bleeding and clotting disorders, hematologic and solid tissue malignancies). (2) How Goals Are Achieved: Students receive a series of core lectures, gain familiarity with chemotherapy regimens and administration, and attend the ongoing clinical, research, and didactic divisional conferences. Clinical duties include the performance of inpatient consults under the supervision of a fellow and staff member. This course may be taken for four or eight weeks. (3) Methods of Evaluation: The students are expected to perform and present initial evaluations of consult cases including peripheral blood film on daily rounds, and to perform limited literature searches and evaluations of chosen clinical topics. For more information, please contact Nyasia Lloyd at 684-2287 or via email at [nyasia.lloyd@duke.edu](mailto:nyasia.lloyd@duke.edu). Credit: 4. Enrollment: max 2. *Richard Riedel, MD and hematology/oncology staff*

**Medicine 439C. Grief and Bereavement 101.** This course will address the need for physicians to be able to understand personal and professional grief in order to help their patients, their patients' families, and themselves. We will review the typical symptoms experienced when people suffer the loss of a friend, partner, or family member. We will emphasize the cognitive, emotional and physical effects of bereavement. We will review the typical symptoms associate with "prolonged grief disorder", a new DSM-5-TR diagnosis. Prolonged Grief Disorder will be contrasted with the symptoms of Major Depression Disorder and PTSD. Students will consider what impact grief has on their patient care as a resident and beyond. Credit: 1 Non-Direct Patient Care Credit. Maximum Enrollment: 12; Minimum 4. *Anthony N. Galanos, MD and Paul A Riordan, MD*

**MEDICINE-440C. Clinical Infectious Diseases.** The objectives of this course are learning principles in Infectious Diseases and Antibiotic Stewardship and will be specifically achieved through the consult service cases and teaching by the Infectious Disease Fellows and Attendings. The students will be able to work-up and present cases to Fellows and Faculty and attend multiple conferences that occur each week (Journal Clubs, Grand Rounds and Case Conferences). The basic principles of Infection Management and Antibiotic Stewardship will be taught by Fellow and/or Attending Physician and this education should provide a platform to utilize during house officer training and care in most medical and surgical specialties. The teaching methods will be: case presentations, rounding daily on the Infectious Diseases Service, Didactic teaching sessions on core topic areas in Infectious Diseases, attending Clinical Microbiology Rounds, and attending Infectious Diseases Conferences. This course strives to allow the student to appreciate the clinical "thought processes and principles around diagnosis and management of Infectious Diseases". Grading criteria are subjective and the direct responsibility of the individual attending physician on the service. There are no objective tests to support the grade. The student is encouraged to be involved and attempt to learn as much as possible. This enthusiasm for learning is the expectation of Fellows and Faculty for the student. The feedback for students may be gathered by direct interaction with the attending physician. NOTE: This elective may require students to complete some rotations at the VA Medical Center. Please note that you must complete the required VA paperwork no later than 30 days from the 1st day of your scheduled class in order to participate. Paperwork should be obtained from the course director or their designated staff. Permission of the Instructor is required for enrollment. For more information and/or to obtain a permission number, please call Dawn Sikes at 668-6053 or email [dawn.sikes@duke.edu](mailto:dawn.sikes@duke.edu). Credit: 4. Enrollment max. 6. *Micah McClain, MD/PhD*

**MEDICINE-442C. Clinical Arrhythmia Service.** (1) Course Goals: Primary - To provide students with an in-depth exposure to the diagnosis and management of cardiac arrhythmias, electrophysiologic studies, ablation of arrhythmias, cardiac pacemakers, and implantable defibrillators; to help students to understand the electrophysiologic events that result in arrhythmias and ECG changes. Special emphasis will be placed on ECG interpretation. This course is not designed to be a substitute for the general cardiology elective (MEDICINE 404C and 445C). Secondary - To familiarize the student with certain basic techniques of arrhythmia diagnosis; (2) How Goals Are Achieved: The student spends four weeks working on the Clinical Arrhythmia Service. The student makes rounds on the inpatient Clinical Electrophysiology Service on patients with arrhythmias. The student is encouraged to attend electrophysiologic studies and assist in the analysis of data from these studies. Attendance at electrophysiologic surgical procedures is also encouraged. The student is responsible for the work-up of patients admitted to the Arrhythmia Service as well as inpatient consults and plays an important role in the follow-up of these patients while they are in the hospital. The student may elect to see outpatients during Arrhythmia Clinics that meet on Monday, Tuesday, Wednesday, and Thursday in the PDC (Duke Clinic). The student assists in the evaluation of patients for permanent pacemaker and defibrillator implantation. Students are responsible for reviewing the literature on subjects related to the patients that they have seen on the clinical service. Didactic conferences are given on Monday and



Wednesday mornings; (3) Methods of Evaluation: Students are evaluated on their clinical skills in taking histories, performing physical examinations interpretation of the ECG as well as in their presentation and assessment of the patient's problem. They are also assessed on their ability to read and understand the relevant literature and their ability to assume a responsible role in the care of patients on the Clinical Arrhythmia Service. Students should meet at Conference Room 7451A Duke North Hospital at 7:30 a.m. and page Dr. Grant (970-6656) if he is not there shortly after 7:30 a.m. STUDENTS MUST CHECK IN WITH DR. GRANT OR HE WILL NOT BE ABLE TO COMPLETE THE GRADE EVALUATION FOR THE COURSE. For more information, please email Dr. Grant at [grant007@mc.duke.edu](mailto:grant007@mc.duke.edu). Secondary Contact: Diane Mangum, 919-681-3815. Credit: 4. Enrollment: max 1. *Augustus Grant, M.B., CH.B., PhD ; Ruth Greenfield, MD; Tristram Bahnon, MD; and Sana Al-Khatib, MD/MHS*

**MEDICINE-444C. Clinical Heart Failure and Cardiac Transplantation.** This course is designed to allow the student to gain a broad experience in the fields of heart failure and cardiac transplantation. The student will participate in both inpatient rounds and outpatient clinics. There will also be an opportunity to participate in the surgical management of heart failure including the use of mechanical circulatory support devices, high-risk palliative cardiac surgical procedures and cardiac transplantation. The learning objectives of the course are supplemented by multidisciplinary rounds, cardiac transplant listing conference and cardiac pathology rounds. For more information, please contact Dr. Agarwal at [richa.agarwal@duke.edu](mailto:richa.agarwal@duke.edu), or by phone, 919-684-3854. Secondary Contact: Patti Gentry, [patti.gentry@duke.edu](mailto:patti.gentry@duke.edu), or 919-684-3854. Credit: 4. Enrollment: max 2. *Richa Agarwal, MD and other Heart Failure Faculty*

**MEDICINE-445C. Consultative Cardiology.** (1) Course Goals: Primary - To refine and further develop the skills necessary for eliciting an accurate, complete CV history and for performing an accurate, complete CV physical examination: To refine student understanding of normal and pathologic cardiovascular physiology while functioning in the role of a consultant for inpatients and outpatients with various cardiovascular problems; Secondary - to develop the skills necessary to quickly and accurately interpret ECGs (both 12-lead ECGs and rhythm strips). (2) How Goals Are Achieved: Students are assigned to the consult service at either the Durham VA Center or Duke, where, in concert with the resident, fellow and senior staff attending, they evaluate the operative risk for cardiac and non-cardiac surgery as well as make decisions concerning the evaluation and treatment of patients with a wide variety of heart diseases. Students participate in reading ECGs and a core curriculum experience including individually assigned times to work with HARVEY, the cardiology patient simulator, and various computer assisted instruction programs. (3) Methods of Evaluation: Students are evaluated by the resident, fellow, and senior staff with whom they work. The evaluation form is made available at the beginning of the elective. Depending on circumstances, students may also be evaluated by written and practical examinations at the beginning and/or end of the elective. NOTE: Students enrolled in this course may be required to complete their rotation at the DVAMC. The required paperwork for the DVAMC must be completed at least 30 days prior to the first day of classes for the section/term the student is enrolled. Contact the department to obtain required paperwork. For more information, please contact Dawne Smith, 668-1524 or via email at [dawne.t.smith@duke.edu](mailto:dawne.t.smith@duke.edu). Prerequisite: none. Credit: 4. Enrollment: max 5 (unless otherwise noted). *Anna Lisa Crowley, MD/FACC; and cardiology staff*

**MEDICINE-446C. Nephrology.** (1) Course Goals: Primary: To provide clinical experience in the diagnosis and treatment of patients with kidney diseases, fluid and electrolyte disorders, and hypertension. Secondary: To integrate physiology, immunology, pathology, and biochemistry into the evaluation and management of patients with renal disease. (2) How Goals Are Achieved: The students are integrated into the patient care team consisting of attending physician, nephrology fellows, and medical residents. They will participate in both inpatient and outpatient care of patients with a wide range of kidney diseases, fluid and electrolyte problems, and difficult to manage hypertension. Students will round on three major nephrology services: the Acute ICU Service which cares balanced exposure to all facets of nephrology including patients in the intensive care units at Duke, the Transplant Service which focuses on patients with kidney or combined kidney-pancreas transplants, and the Acute Floor Service which provides care to patient with acute kidney injury, acid base and electrolyte disturbances. The student participates in work rounds with the residents and fellows each day, daily rounds with the attending physician, and weekly nephrology conferences. These conferences include Journal Club where the latest clinical and basic science literature is reviewed, the weekly Nephrology Didactic Lecture Series focusing on pathophysiological principles of clinical nephrology, and Grand Rounds encompassing Pathology Conference, Clinical Case Conference, and seminars by fellows, faculty and/or visiting professors. This combination of broad-based clinical experience, coupled with formal didactics, provides the student with a comprehensive educational opportunity. (3) Methods of Evaluation: Written evaluation from faculty preceptor. For more information please contact Dr. Jessica Morris via email at [jessica.morris.1@duke.edu](mailto:jessica.morris.1@duke.edu) or by phone at 681-2298. Students should meet on the first day at Duke Hospital, Dialysis Unit, 7th floor near 7900. Unit phone: 681-7800. Please meet promptly at 9:00 a.m. Acute Fellow page: 970-7746. Credit: 4. Enrollment: max 4. *Jessica Morris, MD, and nephrology staff*

**MEDICINE-447C. Practitioners and Patients: The History of Clinical Medicine.** How has the physician-patient relationship changed over time, and what are its possibilities for the future? This class will consider these questions using a variety of sources including medical memoirs, patient narratives, short stories, and other media. We will identify the critical historical processes (scientific, social, and cultural) that account for the structure of medical practice today, as well as examine the ethical tensions and controversies that have resulted. Priority given to MS3 students; class may be taken individually or as part of longitudinal MS3 medical humanities sequence. Location to report on the first day: Conference Room, Trent Center for Bioethics, Humanities, and History of Medicine, Room 108 Seeley G Mudd Building (Medical Center Library). Classes will meet on Tuesday evenings 5:15pm - 7:15pm. Permission of instructor is required for enrollment - students must obtain permission number from the course director. Third Year students must also obtain email approval from their mentor. The email approval from the mentor should be sent to [thirdyear@dm.duke.edu](mailto:thirdyear@dm.duke.edu) and the course director. Enrollment Max.: 16; Enrollment Min.: 8. Credit: 1, Non-Direct Patient Care credit. Offered during fall section 82. *Jeffrey P. Baker, MD/PhD; Margaret Humphreys, PhD*

**MEDICINE-449C. Geriatric Medicine.** 1) Course Goals: Primary - To enable the student to become familiar with the principles of caring for the geriatric patient. Secondary - To familiarize the student with the physiology and diseases of aging. (2) How Goals Are Achieved: This elective is offered by the interdepartmental faculty of the Division of Geriatric Medicine. The student works with faculty, fellows, and housestaff in a number of settings involved in the care of the geriatric patient. These include the Geriatric Evaluation and Treatment Clinic (Duke), Geriatrics Consultation Service (Duke Hospital), The Forest at Duke Clinic, Community Living Center (Durham VA Medical Center) and other subspecialty clinics. Principles to be stressed are biology and pathophysiology of aging, multiple

clinical problems in the elderly, interdisciplinary team approach to evaluation, planning and treatment, goals of maximal functional achievement and independence for the elderly. Specific clinical problems that students encounter include dementia, delirium, polypharmacy, gait instability and falls, urinary incontinence, pressure sores, and chronic pain. The student participates actively in the work-up and management of patient's inpatient extended care and outpatient settings. Familiarity with the growing literature in geriatric medicine is encouraged. The student participates in seminars, lectures and team meetings at the appropriate sites. (3) Methods of Evaluation: Evaluation is by consensus of instructors and fellows at the various training sites and the papers submitted during the rotation and at the conclusion of the rotation. It is based on discussions and presentations throughout the course period. If students are registering for the course within 15 days of starting the rotation, they must contact Dr. Liza Genao at 919-970-8965 to notify her of their late registration and request permission to enroll. Permission will be based upon availability of clinical experiences for the team identified. No students will be accepted for registration after 4PM on the Wednesday before a Monday rotation start. As noted above, students registering within 15 days of the rotation start are expected to call the Dr. Genao immediately to notify her and request permission. Prerequisite: Successful completion of first and second year of medical school. NOTE: Students taking this course may be required to complete rotations at the Durham VA Medical Center. Please contact the department to obtain the required paperwork. Paperwork must be completed 30 days prior to the first day of the section in which the student is enrolled. Students that have not completed the paperwork will not be allowed to work at the Durham VA Medical Center. Course contact: Dr. Liza Genao, ([liza.genao@duke.edu](mailto:liza.genao@duke.edu)). Secondary contact: Dr. Gwendolen Buhr ([gwendolen.buhr@duke.edu](mailto:gwendolen.buhr@duke.edu)). Credit: 4. Enrollment: max 1. *Liza Genao, MD; Gwendolen Buhr, MD; Mitchell Heflin, MD/MHS; Kenneth Lyles, MD; and other staff*

**MEDICINE-452C. Clinical Medical Ethics: What Would a Good Physician Do?** What is medicine for? What standards and norms reasonably guide physicians' actions? This course will consider rival answers to these questions, and then follow clinical ethical cases to grapple with questions about: the clinician-patient relationship, the limits of medicine, the meaning of autonomy, the place of judgment in the physician's work, the difference between an intended effect and a side effect, proportionality, sexuality and reproduction, the beginning of life, disability, end-of-life care, and death. Priority given to MS3 students; class may be taken individually or as part of longitudinal MS3 medical humanities sequence. Third year students must obtain approval of their mentor in order to take the course. Email approvals should be sent to [thirdyear@dm.duke.edu](mailto:thirdyear@dm.duke.edu) and the course director. Meeting Location: Conference Room, Trent Center for Bioethics, Humanities, and History of Medicine, Room 108 Seeley G Mudd Building (Medical Center Library) – OR BY ZOOM CONFERENCE, AS NEEDED GIVEN COVID PANDEMIC. To be held Wednesday evenings, 5:15pm, -7:15pm. Credit: 1. Non-Idrect Patient Care credit. Enrollment Max.: 16; Enrollment Minimum: 8. *Farr A. Curlin, MD*

**MEDICINE-453C. Medicine, Humanities and the Arts.** How do the humanities and the arts help us understand the human experience of illness, suffering, and dying? How does skilled storytelling improve our ability to guide families facing complicated decisions and uncertainty? Can literature improve our ability to care for patients from different cultures and backgrounds? Drawing on a wide range of disciplines in the humanities, this course will emphasize concrete ways in which the humanities and the arts can teach us to be better doctors. Priority given to MS3 students; class may be taken individually or as part of longitudinal MS3 medical humanities sequence. Pre-requisite: Permission of the Instructor is required - Instructor must provide permission number. Third year students must also obtain email approval from their mentors in order enroll. The email approval should be sent to the [thirdyear@dm.duke.edu](mailto:thirdyear@dm.duke.edu) and to the course director. Enrollment Max.: 16; Minimum Enrollment: 8. Credit: 1. – Non-Direct Patient Care credit. Offered spring 82; virtual during spring 2021. Wednesday Evenings, 5:15pm - 7:15pm. *Sneha Mantri, MD*

## Neurology

**Chair:** Richard J. O'Brien, MD, PhD  
**Assistant:** Teikko Artis  
**Business Manager:** JT Solomon  
**Campus PO Box:** 2900  
**Phone:** (919) 684-0079

### Required Courses

**NEURO-205C. Neurology.** This four-week experience in clinical neurology teaches the principles and skills underlying the recognition and management of the neurologic diseases a general medical practitioner is most likely to encounter in practice. The clerkship is comprised of two, two-week rotations with one rotation centered in outpatient neurology, and the other in inpatient neurology. Online topic lectures will address major clinical issues in neurology, and case vignettes sessions will address differential diagnosis of neurological symptoms, review pertinent neuroanatomy, diagnostic testing, test utilization, and management of emergent and routine neurologic problems. Secondary contact: Chris Berry at 613-0314 or via email, [christine.berry@duke.edu](mailto:christine.berry@duke.edu). Credits: 4. *Karissa Gable, MD*

**NEURO-206C. Primary Care Leadership Track (PCLT)-Neurology.** This four week experience in clinical neurology teaches the principles and skills underlying the recognition and management of the neurologic diseases a general medical practitioner is most likely to encounter in practice. The clerkship is comprised of two, two-week rotations with one rotation centered in outpatient neurology, and the other in inpatient neurology. Student conferences will address major clinical issues in neurology, and patient-oriented problem sessions will address differential diagnosis of neurological symptoms, review pertinent neuroanatomy, diagnostic testing, test utilization, and management of emergent and routine neurologic problems. Secondary Contact: Christine Berry ([christine.berry@duke.edu](mailto:christine.berry@duke.edu)). Credits: 4. *Karissa Gable, MD*

**NEURO-209C. Longitudinal Integrated Curriculum - Neurology.** This basic required course provides an introductory to clinical neurology with a focus of learning neurological symptoms, signs, and diseases. With this course, students will learn and hone the neurological examination and integrate this in clinical practice moving forward. For this clerkship, there will be an intensive two-week inpatient clinical experience. LIC students will participate in the case discussions, neurology on-call, and neurology lectures. LIC students will see neurologic cases in their other outpatient clinics, in Urgent Care, and the Emergency Room shifts. These outpatient clinical experiences will provide further instruction of neurological illnesses, diagnostic tools needed to diagnosis these illnesses, and treatments for this diseases. Secondary Contact: Chris Berry ([Christine.berry@duke.edu](mailto:Christine.berry@duke.edu)) Credit: 4. *Karissa Gable, MD*

## Second Year, Two-Week Clinical Selective

**NEURO-220C. Neurocritical Care.** The Neurocritical Care Elective will give second year medical students the opportunity to gain exposure to and participate in care of patients in the Neurologic ICU. They will work as a part of the multidisciplinary team taking part in the care of patients with a wide variety of neurologic processes, both common and rare, and is a burgeoning field of active research amongst neurosurgeons, neurologists and intensivists. A permission number is required for enrollment. For more information about the course and to obtain a permission number, required to take the course, contact Dr. Shreyansh Shah, at [Shreyansh.shah@duke.edu](mailto:Shreyansh.shah@duke.edu). Secondary contact: Chris Berry ([christine.berry@duke.edu](mailto:christine.berry@duke.edu)). Meeting location for first day of classes: Duke Central Tower, 7th floor, Neuro ICU at 6:45am. Credit: 2. Enrollment Max: 1. *Shreyansh Shah, MD*

## Clinical Science Electives

**NEURO-401C. Neurology Sub-Internship.** (1) Course Goals: To provide a neurological patient care experience at the intern level. Students have the opportunity to apply neurological examination skills learned in the second year to direct patient care situations. Students are exposed to a variety of neurological problems, procedures, and therapies. This course is recommended for the student interested in neurology, psychiatry, internal medicine, neurosurgery, neuropathology or ophthalmology. (2) How Goals Are Achieved: Students are assigned to a Duke Hospital inpatient neurology service for two or four weeks with an option to be assigned to the Neuroscience Intensive Care Unit for two weeks. Students attend Neuroscience Grand Rounds, Neurology Subspecialty Conferences and participate in all ward or NICU activities. Full time participation is expected. (3) Methods of Evaluation: Resident and staff physicians provide a written evaluation and grade. For more information, please contact Chris Berry via email at [christine.berry@duke.edu](mailto:christine.berry@duke.edu). Prerequisite: Neuro 205C or 402C. Permission is required. Credit: 5. Enrollment: max 2. *Jordan Mayberry, MD and neurology faculty*

**NEURO-402C. Neurology Clerkship.** This course is restricted to those students who did not take a Neurology clerkship (Neuro 205C or 206C) in their second year. It provides the student with a firm understanding of the neurological examination, formulation of clinical neurological problems, and practice with written and oral communications in a hospital setting. The student has the opportunity to apply the neuroanatomy, neurophysiology, neurochemistry, and neuropathology learned in the first year to the evaluation and care of his or her patients. The patients are drawn from the neurology services at Duke Hospital or the Durham VA Medical Center. The students elicit a history and perform a physical examination. The student records the findings in the hospital charts and presents the findings at regular staff rounds. The student then participates with a clinical team of faculty and house officers in the hospital evaluation of the patients. The student is encouraged to participate in all diagnostic procedures such as lumbar puncture. The student has the opportunity to follow patients through neuro-radiological and neuro-surgical procedures forming part of evaluation and treatment. The specific expectations for the student are: (a) to perform and record a competent neurological and history examination on each admitted patient; (b) to be competent in the hospital management of neurological patients including diagnostic evaluations such as hematological and urine evaluations, lumbar puncture and appropriate electrical studies; (c) to assume responsibility as the primary care person for his or her patients; (d) to participate in daily work rounds with an assigned team of house officers and faculty; (e) to be sufficiently knowledgeable to participate in patient care decisions; (f) to attend faculty attending rounds and to present patients to faculty within 24 hours after admission; and (g) to participate in neurology service rounds and conferences during the course. A written evaluation is provided to the students by faculty and house staff. For more information, please contact Christine Berry via email at [christine.berry@duke.edu](mailto:christine.berry@duke.edu). VA student credentialing is required prior to registration. Permission is required. Credit: 4. Enrollment: max 1. *Karissa Gable, MD and neurology faculty*

**NEURO-403C. Clinical Neurology Subspecialties.** (1) Course Goals: To provide the student clinical exposure to a specific subspecialty in neurology. (2) How Goals Are Achieved: The student focuses on one or more specific subspecialty in neurology and attends clinics for approximately 4 days per week. During that time the student participates in the clinical evaluation of patients with a member of the neurology faculty. Clinical experience in epilepsy and sleep disorders, headache/pain, memory disorders, movement disorders, and neuromuscular disorders are available. Appropriate reading material is utilized to complement the clinical experience. Neuro 205C, 206C, or 402C are prerequisites for this course. (3) Method of Evaluation: Standard written evaluation form by faculty supervisor. Approval by the course director is required in order to ensure access to the desired neurologic subspecialty. For more information, please contact Christine Berry via email, [christine.berry@duke.edu](mailto:christine.berry@duke.edu). VA student credentialing is required prior to registration. Permission is required. Credit: 1-2. Enrollment: max: 2 (if participating in different subspecialties). *Karissa Gable, MD and neurology faculty*

**NEURO-404C. Consultative Neurology.** (1) Course Goals: To introduce senior medical students to the diagnostic and treatment issues encountered on the consultative neurology service. (2) How Goals Are Achieved: The student becomes part of the inpatient neurology consultation team either at Duke Hospital or the Durham VA Medical Center. This team consists of rotating neurology faculty as well as a neurology and/or medicine house officer. Consultations are performed by the student under the guidance of the house staff and then are presented to the attending on rounds. The student is responsible for performing a neurologic history and physical as well as assisting in the interpretation of all important laboratory data. The student continues to follow the patient's course as required. The student also attends rounds when other patients are presented by the house officers. Appropriate reading material is utilized to compliment the clinical experience. Attendance at Neurology Grand Rounds and various Neurologic Subspecialty Conferences is required. (3) Method of Evaluation: Standard written evaluation by faculty supervisor with house staff input. VA student credentialing is required prior to registration. Permission is required. Credit: 4. Enrollment: max 1. For more information, please contact Christine Berry via email, [christine.berry@duke.edu](mailto:christine.berry@duke.edu). *Karissa Gable, MD and neurology faculty*

**NEURO 405C. The Neurobiology of Aging.** The proportion of older adults in the population is rapidly increasing in all parts of the world. Advances in medicine and public health, rising standards of living, and improvements in education and nutrition have lengthened the human lifespan. This elective will survey the biochemical, physiological, and behavioral changes associated with normal aging versus changes associated with pathologic conditions such as Alzheimer's disease. Course is available for MS4 students. The course will meet once a week for 16 weeks, on Tuesday evenings, 5:30pm - 7:30p. For more information regarding the number of



sessions, where to meet, etc., please contact Dr. Simon Davis ([simon.davis@duke.edu](mailto:simon.davis@duke.edu)). Students that successfully complete the course receive one Non-Direct Patient care credit (the maximum number of non-direct patient care credits that count toward MS4 graduation credits is 4). Permission of the instructor (permission number) is required for enrollment. The course director will provide the permission numbers. *Simon W. Davis, PhD; Laurie Sanders, PhD; Alexandra Badea, PhD; Michael Lutz, PhD; Andrew Liu, MD/MS; Robert O'Brien, MD/PhD; and Roberto Cabeza, PhD*

## Neurosurgery

**Interim Chair:** Allan Friedman, MD

**Assistant:** Tami Tuck

**Business Manager:** Kathy Tobin

### Second Year, Two-Week Clinical Selective

**NEUROSUR-220C. Neurosurgical Intervention in the Modern Era.** This neurosurgery selective is designed to introduce the second year medical student to the medical and surgical aspects of comprehensive neurosurgery, including the subspecialties (Neuro-oncology, Vascular, Functional, Spine, and Pediatrics). There will be didactic instruction with patient care exposure in the clinic setting, the Emergency Department, on the neurosurgical wards and in the operating room. Credit: 2. Enrollment Max. 4. Location: DMP 8 West, 5:45 a.m. Contact: For questions and to confirm meeting time and location, please contact Dr. Steven Cook via email at [steven.cook@duke.edu](mailto:steven.cook@duke.edu). Secondary contact: Sherolyn Patterson, ([sherolyn.patterson@dm.duke.edu](mailto:sherolyn.patterson@dm.duke.edu)). The standard meeting location is Monday at 5:45 am at DMP 8 West conference room across from HUC. *Steven Cook, MD*

### Clinical Science Electives

**NEUROSUR-401C. Sub-Internship in Neurological Surgery.** This course is designed for those students with a career interest in neurological surgery. Duties include the work-up and care of inpatients, evaluation of clinic patients, assistance in the operating room, daily rounds, and approximately every 3rd-night call. Students will be expected to assume intern-level responsibilities. Students round with the neurosurgical team in the mornings then participate in the OR or attend one of the neurosurgery clinics after rounds. Students attend the Wednesday academic day neurosurgical conferences covering topics within neurosurgery, neurology, neuropathology and neuroradiology, as well as twice monthly Brain School conferences. For more information, please contact Sherolyn Patterson at 684-3053 or contact her via email, [sherolyn.patterson@duke.edu](mailto:sherolyn.patterson@duke.edu). First Day of Classes: Students are to meet the residents at Duke Central Tower (DCT), 3rd Floor - room 3B55, at 5:45 am; Credit: 5. Enrollment max: 5. Course Director: *Steven Cook, MD; Alan Friedman, MD (Chairman); Allan Friedman, MD; John Barr, MD; Patrick Codd, MD; Peter Fecci, MD, PhD; Herbert Fuchs, MD, PhD; Fernando Gonzalez, MD; Rory Goodwin, MD, PhD; Oren Gottfried, MD; Michael Haglund, MD, PhD; Erik Hauck, MD; Isaac Karikari, MD; Jordan Komisarow, MD; Nandan Lad, MD, PhD; Christopher Shaffrey, MD; Derek Southwell, MD, PhD; Khoi Than, MD; Eric Thompson, MD; Dennis Turner, MD; Matthew Vestal, MD; Chester Yarbrough, MD; and Ali Zomorodi, MD*

**NEUROSUR-402C. Intermediate Clinical Neurosurgery.** Intermediate Clinical Neurosurgery. This elective is intended as an intermediate experience that focuses on the clinical presentation of common neurosurgical disorders, radiographic evaluation, and therapeutic options including the indications and contraindications for surgical intervention. The student sees patients each morning with the neurosurgical team and chooses one or two patients to evaluate in more detail. The student attends one of the neurosurgery clinics or participates in the OR each morning after rounds, and attends the Wednesday academic day neurosurgical conferences. Most students attend Monday - Friday for half days beginning at 5:45 am. For more information please contact Sherolyn Patterson at 684-3053 or via email, [sherolyn.patterson@duke.edu](mailto:sherolyn.patterson@duke.edu). First Day of Classes: Students are to meet at 5:45 am, at Duke Central Tower (DCT) 3rd Floor - room 3B55. Credit: 2. Enrollment max: 4. Course Director: *Steven Cook, MD; Faculty: Alan Friedman, MD(Chairman); Allan Friedman, MD; John Barr, MD; Patrick Codd, MD; Peter Fecci, MD, PhD; Herbert Fuchs, MD, PhD; Fernando Gonzalez, MD; Rory Goodwin, MD, PhD; Oren Gottfried, MD; Michael Haglund, MD, PhD; Erik Hauck, MD; Isaac Karikari, MD; Jordan Komisarow, MD; Nandan Lad, MD, PhD; Christopher Shaffrey, MD; Derek Southwell, MD, PhD; Khoi Than, MD; Eric Thompson, MD; Dennis Turner, MD; Mttthew Vestal, MD; Chester Yarbrough, MD; and Ali Zomorodi, MD*

**NEUROSUR-404C. Neuro-Oncology.** This 4-week advanced rotation will provide medical students an opportunity to experience to Medical Neuro-Oncology. Students will rotate in the Brain Tumor Center (BTC) Clinic, located in Cancer Center Clinic 3-1, with medical neuro-oncology faculty. Students will develop a clinical foundation in the care of brain tumor patients and will have the chance to care of patients during all times of the illness trajectory (at diagnosis, during treatment, stable disease, at tumor progression, and transitioning to palliative care). Attendance at weekly neuro-oncology tumor board, weekly neuropathology consensus conference, monthly journal club, monthly research educational meeting, and monthly interesting case conference are encouraged for all students in this rotation. For more information, please contact Dr. Peters via email at [katherine.peters@duke.edu](mailto:katherine.peters@duke.edu) or you may contact her assistant, Kelly Seagroves at [kelly.seagroves@duke.edu](mailto:kelly.seagroves@duke.edu) or by phone, 919-684-6173. Permission is required. Credit: 4 credits. Enrollment max.: 1 student. *Katy Peters, MD PhD FAAN Other faculty: David Ashley MD, Patrick Codd MD, Steven Cook MD, Annick Desjardins MD, Peters Fecci MD, Allan Friedman MD, Henry Friedman MD, Margaret Johnson MD, Mustafa Khasraw, MD, Daniel Landi MD, and Dina Randazzo DO. Students will also interact with staff in the Preston Robert Tisch Brain Tumor Center, Neuropathology faculty, and Neuro-Oncology Fellows*



## Obstetrics and Gynecology

**Chair:** Matthew D. Barber, MD, MHS

**Assistant:** Laverne Alston

**Business Manager:** Jim Morgridge, MBA, CPA

**Campus PO Box:** 3084

**Phone:** (919) 668-3948

**Fax:** (919) 668-5547

### Required Courses

**OBGYN-205C. Obstetrics and Gynecology.** This second year clerkship is required of all second-year students and consists of six weeks in general obstetrics and gynecology. Students attend lectures, work daily in the general and special outpatient clinics, and are assigned patients on the obstetric and gynecologic wards. Students share in patient care, teaching exercises, and in daily tutorial sessions with the faculty. Clinical conferences, a gynecologic-pathology conference, endocrine conferences, and correlative seminars and lectures are included. Secondary Contact: Cescille Geshner ([cescille.gesher@duke.edu](mailto:cescille.gesher@duke.edu)). Credit: 6. *Sarah Dotters-Katz, MD*

**OBGYN-206C. Primary Care Leadership Track (PCLT) - Obstetrics and Gynecology.** This second year clerkship is required of all second-year students in the Primary Care Leadership Track (PCLT). The course consists of six weeks in general obstetrics and gynecology. Students attend lectures, work daily in the general and special outpatient clinics, and are assigned patients on the obstetric and gynecologic wards. Students share in patient care, teaching exercises, and in daily tutorial sessions with the faculty. Clinical conferences, a gynecologic-pathology conference, endocrine conferences, and correlative seminars and lectures are included. Credit: 6. *Sarah Dotters-Katz, MD*

**OBGYN-209C. Longitudinal Integrated Curriculum - Obstetrics and Gynecology.** This second year clerkship is required of all second-year students in the Longitudinal Integrated Clerkship. The course consists of an inpatient and outpatient obstetrics and gynecology. Students attend lectures, work daily in the general and special outpatient clinics, and are assigned patients on obstetric and gynecologic wards. Students share in patient care, teaching exercises, and in daily tutorial sessions with faculty. Clinical conferences, a gynecologic-pathology conference, endocrine conferences, and correlative seminars and lectures are included. Secondary Contact: Program Coordinator, 613-5156. Credit: 6. *Sarah Dotters-Katz, MD*

### Second Year, Two-Week Clinical Selectives

**OBGYN-220C. Prenatal Diagnosis.** Students will spend 2 weeks in one of the prenatal diagnostic units within Duke. They will divide their time between diagnostic ultrasound and genetic counseling. There will be time allotted for lab time in the cytogenetics lab. The student will be expected to learn common fetal malformations, genetic disorders and syndromes and be able to discuss their etiologies and evaluation. The student will be expected to understand common screening techniques in the prenatal period including pedigree analysis and risk assessment. Enrollment Max. 1. Location: Fetal Diagnostic Center is located at Lofts at Lakeview, 2608 Erwin Road, Suite 200 (above Chipotle Grill), at 8:15 a.m. For more information, please contact Dr. Brita Boyd via email at [brita.boyd@duke.edu](mailto:brita.boyd@duke.edu) and/or Regan Matthews at [challoo2@mc.duke.edu](mailto:challoo2@mc.duke.edu) regarding start time. Dr. Boyd can be reached by phone at 919-684-2595. Students should meet at 8:30am in the Fetal Diagnostic Center reading room the first Monday of the rotation. *Brita Boyd, MD*

**OBGYN-221C. Introduction to Reproductive Endocrinology.** This course is a short introduction to reproductive endocrinology for students interested in a career in reproductive medicine. Because of the short duration of the course, each student is encouraged to focus either on the clinical or laboratory aspects of the service. During the course, each student will research a focused question in reproductive endocrinology and present his/her findings at a division meeting. Students must contact the instructor prior to registration. Permission of the instructor is required for registration. Credit: 2. Enrollment Max. 1. Location: 5704 Fayetteville Road, Durham, NC 27713. Please contact Cescille Geshner ([cescille.gesher@duke.edu](mailto:cescille.gesher@duke.edu)) for more information about the meeting time. *Sarah Dotters-Katz, MD; Kelly Acharya, MD*

### Clinical Science Electives

**OBGYN-404C. Preparation for ObGyn Residency.** This two-credit course is designed to build on the foundation laid in the Capstone Course to further prepare students specifically for OB/GYN residency, though it is open to other students as well. Emphasis is placed on knowledge/skills necessary to succeed as PGY-1. Coursework includes high yield patient management didactics, review of common obstetric and gynecologic surgeries and procedures, critical appraisal of the literature / journal club, basic surgical skills (gowning, gloving, prepping, draping, suturing, knot tying), simulation of obstetric emergencies, practice pages, and Resident-as-teacher sessions, as well as time to work directly with faculty and residents. The course will be graded Credit/No Credit. Credit 2. Enrollment max 20; Enrollment Min: 2. Students should meet at 248 Baker House on the first day. For questions about the time to meet, and/or the class dates in April, please contact Dr. Sarah Dotters-Katz ([sarah.dotters-katz@duke.edu](mailto:sarah.dotters-katz@duke.edu)). *Sarah Dotters-Katz, MD, Beverly Gray, MD, and associated departmental faculty*

**OBGYN-405C. Gynecologic Cancer Sub-Internship.** This course presents a clinical experience in the management of patients with a gynecologic malignancy. This will include operating room, inpatient unit and clinic experiences. The student assumes the role of a sub-intern. Outpatient, inpatient, and operative exposure to these patients is extensive. The student should report to the 6300 work room at 6:00am. Permission of the instructor is required. Credit: 5 Enrollment: max 1. *Brittany Davidson, MD; Andrew Berchuck, MD; Rebecca Previs, MD; Angeles Alvarez Secord, MD; and gynecologic oncology fellows*

**OBGYN-407C. Female Pelvic Medicine and Reconstructive Surgery Sub-Internship.** For students preparing for obstetrics and gynecology, general practice, surgery, and urology. Emphasis is placed on the outpatient assessment and inpatient or ambulatory management of patients with acute and chronic Urogynecologic disorders including pelvic floor dysfunction, pelvic organ prolapse, urinary and fecal incontinence, and others. Students have the opportunity to work closely with faculty members in the Division of Urogynecology. Participation in the operative care of Urogynecologic patients is desired. Time for independent study is planned. The student is expected to utilize this time to review and present a specific clinical problem with frequent guidance and input from a

member of the Urogynecology Division with similar interests. Permission of the instructor is required. Credit: 5. Enrollment: max 1. Contact: [Alison.weidner@duke.edu](mailto:Alison.weidner@duke.edu). Enrollment Max. 1; Credit: 5. Prior to the first day, the student should contact Cynthia Paylor, Duke Urogynecology, 5324 McFarland Drive, Suite 310, Duke Medicine Patterson Place, Durham, NC 27707; Phone: 919-401-1001. Students meet at the Patterson Place location at 8:30am on the first day of the rotation. *Alison Weidner, MD; Cindy Amundsen, MD; Matthew Barber, MD/MHS; John Jelovsek, MD; Amie Kawasaki, MD; Nazema Siddiqui, MD; Anthony Visco, MD; and urogynecology fellows*

**OBGYN-408C. Minimally Invasive Gynecologic Surgery.** For students preparing for obstetrics and gynecology, general practice, and surgery. Emphasis is placed on the outpatient assessment and inpatient or ambulatory management of patients with acute and chronic gynecologic disorders including menorrhagia, dysmenorrhea, myomas, endometriosis, and others. Students have the opportunity to work closely with faculty members in the Division of Minimally Invasive Gynecology (MIGS). Participation in the preoperative, surgical, and post-operative management of MIGS patients is another critical aspect of the rotation. Time for independent study is planned. The student is expected to utilize this time to review and present a specific clinical problem with frequent guidance and input from a member of the MIGS Division with similar interests. Contact: [Arleen.song@duke.edu](mailto:Arleen.song@duke.edu). Credit: 4. Enrollment: max 1. *Arleen Song, MD; Amy Broach, MD; Andrew Rivara, MD; and Craig Sobolewski, MD*

**OBGYN-447C. Maternal-Fetal Medicine Sub-Internship.** This course is for students preparing for general practice of medicine, pediatrics, or obstetrics and gynecology. This course studies the relationship of clinical factors during pregnancy, labor, and delivery. Emphasis is placed on abnormal conditions of pregnancy as related to the infant. Current problems in the maternal-fetal relationship are outlined. The student functions on an intern level and takes part in activities of the house staff and faculty in the inpatient and outpatient arenas. Opportunities for experience in prenatal ultrasound, diagnosis and genetic counseling available. Meet on the 5th floor of Duke Hospital, L&D workroom at 6:45AM on the rotation's first day (rounds begin at 7:10AM). For more information, please contact Dr. Sarah Dotters-Katz at [sarah.dotters-katz@duke.edu](mailto:sarah.dotters-katz@duke.edu). Secondary Contact: Cescille Gesher ([cescille.gesher@duke.edu](mailto:cescille.gesher@duke.edu)). Permission of the instructor required. Credit: 5. Enrollment: max 2. *Sarah Dotters-Katz, MD and Brenna Hughes, MD*

## Ophthalmology

**Chair:** Edward Buckley, MD  
**Assistant:** Michele Clifton  
**CAO:** Elizabeth Hunter, MHA  
**Campus PO Box:** 3802  
**Phone:** (919) 684-5846  
**Fax:** (919) 681-6343

## Second Year, Two-Week Clinical Selective

**OPHTHAL-220C. Ophthalmology.** This ophthalmology selective is designed to introduce the second year medical student to the medical and surgical aspects of comprehensive ophthalmology, including subspecialties (neuro-ophthalmology, external disease, oculoplastics, cornea, refractive surgery, pediatrics, strabismus, glaucoma, and vitreoretinal disease). There will be didactic instruction and case-based learning with patient care exposure in the clinic setting and operating room. Credit: 2. Enrollment max. 5. Location: Duke Eye Center, Hudson Building, 3rd floor Surgery Check-in Waiting. Please contact Teresa Perry, ([teresa.perry@duke.edu](mailto:teresa.perry@duke.edu)) for more information. *Jullia Rosdahl, MD*

## Clinical Science Electives

**OPHTHAL-420C. Medical Ophthalmology.** This lecture series emphasizes common ophthalmic conditions. The ophthalmic signs and symptoms of ocular and systemic diseases are presented in a lecture series. No clinic or operating room exposure or hands on experience. Oriented for those students interested primarily in family medicine, pediatrics, internal medicine, or ophthalmology. This clinical science course can be audited. Lectures will be given every Tuesday and Thursday from 12 to 1pm. This course is offered during sections 41-42 (over 8 weeks); students are expected to attend 16 lectures over the 8-week period. For more information students may contact Teresa Perry ([Teresa.perry@duke.edu](mailto:Teresa.perry@duke.edu)). Credit: 1. Enrollment: min 8, max 20. *Jullia Rosdahl, MD/PhD*

**OPHTHAL-422C. General Ophthalmology.** A clinical preceptorship in which the student participates and observes the regular house staff activities including night call, conferences, lectures, patient care, and treatment including surgery. The use of specialized ophthalmic apparatus is emphasized. Students should report to the 2nd floor lobby of the Duke Eye Center, Hudson Building @ 8:30am to see Teresa Perry ([Teresa.perry@duke.edu](mailto:Teresa.perry@duke.edu)) or Crystal Wright. Credit: 4. Enrollment: max 4. *Jullia Rosdahl, MD/PhD*

**OPHTHAL-425C. Pediatric Ophthalmology.** A clinical preceptorship in which the student participates in the outpatient pediatric ophthalmology and strabismus clinic. The student will encounter the more common ocular disorders of childhood including ocular motility disturbances (strabismus), amblyopia, congenital cataracts, glaucoma, and congenital genetic and metabolic disorders. In addition, adult motility disorders such as those related to childhood strabismus, stroke, thyroid eye disease and cranial nerve palsies will be encountered. The diagnosis and treatment aspects are emphasized heavily and opportunities to observe surgery are provided. The course meets by arrangement and requires a minimum of 5 days per credit. For more information, please call Brittany Jones, 919-684-4584 or via email, [Brittany.jones244@duke.edu](mailto:Brittany.jones244@duke.edu). Credit: 1 or 2. Enrollment: max 2. *Sharon Freedman, MD; Edward Buckley, MD; Laura Enyedi, MD; Grace Parkalapakorn, MD; and Federico Velez, MD*

## Optional Research Studies

**OPTRS-101B. Optional Research Studies.** Optional Research Studies is a semester term-based, non-credit bearing enrollment status used when the student is conducting a new/different research project with a new mentor at Duke or away from Duke. It can be elected for up to three semesters. An application consisting of a brief research project description and approval by the mentor and the advisory dean is required. A brief report to the advisory dean on the progress of the project is required at the end of each semester. Full-time

student status is maintained during this enrollment, and the student is eligible for the benefits of enrollment, including loan deferment, eligibility for student health services, insurance and financial aid for living expenses. A continuation fee is charged for this status.

**OPTRS-401C. OPTIONAL RESEARCH STUDIES.** Optional Research Studies is a semester term-based, non-credit bearing enrollment status used following the required scholarly experience when the student is conducting a new research project with a new mentor at Duke or away from Duke. It can be elected for up to three semesters. An application consisting of a brief research project description and approval by the mentor and the advisory dean is required. A brief report to the advisory dean on the progress of the project is required at the end of each semester. Full-time student status is maintained during this enrollment, and the student is eligible for the benefits of enrollment, including loan deferment, eligibility for student health services, insurance and financial aid for living expenses. ORS should be due to an extension of the third year research into a new area of investigation due to a change of career plans or a desire to enhance research skills, not to delay graduation. A continuation fee is charged for this status. No Credit.

## Orthopaedics

**Chair:** Ben Alman, MD

**Assistant:** Melanie Allen

**Business Manager:** Dara Purvis

**Campus PO Box:** 104002

**Phone:** (919)613-6935

**Fax:** (919)684-8280

### Second Year, Two-Week Clinical Selective

**ORTHO-221C. Physical Medicine and Rehabilitation.** Physical Medicine & Rehabilitation is the medical specialty that focuses on treating patients with physical disabilities, whether it be from stroke, sports injury, spinal cord injury, traumatic brain injury, or congenital musculoskeletal conditions. PM&R physicians are known as physiatrists. Physiatrists focus on a holistic approach to healthcare, focusing on how to improve a patient's function and manage their pain. Physiatrists often lead interdisciplinary rehabilitation teams and work closely with neurologists, psychiatrists, and orthopedic surgeons. Thus, students who participate in this selective will take part in a collaborative practice, build on their medical knowledge, and develop basic MSK and neurological exam skills. Students must report to their designated assignments (VA, Duke North, NCOC) on the first Monday of the section at 8:00am. The class meets M-F, 8am - 5pm. Students attend Grand Rounds on Wednesday from 6:30am - 7:30am (Bryan Center). Students must contact Dr. Guo ([h.michael.guo@duke.edu](mailto:h.michael.guo@duke.edu)) prior to registering and for questions about schedules or course information. Enrollment Max. 2; Credit: 2. *H. Michael Guo, MD; Gloria Liu, MD; Christopher D. Lunsford, MD; and Paul J.W. Tawney, MD*

**ORTHO-222C. Orthopaedic Surgery Experience.** This course involves a rigorous experience working on the Orthopaedic Surgery Service. Duties include inpatient care, outpatient examination, operating room experience, and emergency room call. Conference attendance is required during both weeks. regular discussions are conducted with attending staff and residents. This course will emphasize broad concepts of orthopaedics and will be useful for all students regardless of their career choices. For more information and to obtain a permission number, please contact Wendy Thompson at 684-3170 or via e-mail at [wendy.thompson@duke.edu](mailto:wendy.thompson@duke.edu). Credit: 2, Enrollment max: 3. *Elizabeth W. Hubbard, MD*

### Clinical Science Electives

**ORTHO-421C. Fractures/Musculoskeletal Trauma.** Students participate in the emergency management of patients through the Duke Emergency Room. Principles of fractures and trauma are given during emergency room assignment. Requirements are attendance at one outpatient clinic per week, two nights per week on call in the emergency room, and conference attendance. Students planning to apply for orthopaedic residency are required to complete 429C prior to taking this elective. For more information and to obtain a permission number, please contact Wendy Thompson at [wendy.thompson@duke.edu](mailto:wendy.thompson@duke.edu) or 684-3170. Permission is required. Credit: 3. Enrollment: maximum 2 students per four-week section. *Elizabeth Hubbard, MD; Robert Fitch, MD and Duke Orthopaedic Staff*

**ORTHO-429C. Sub-Internship in Orthopaedic Surgery.** A full educational experience in orthopaedic surgery with duties and responsibilities similar to a first year resident. Students will have the opportunity to rotate through various orthopaedic subspecialties including trauma, joint arthroplasty, sports medicine, and foot and ankle. Inpatient care, outpatient examination, operating room experience, and emergency room call are expected. Individual or group discussions are conducted each day with attending staff/residents. Conference attendance and emergency room call are required. For more information and to obtain a permission number, please contact Wendy Thompson at [wendy.thompson@duke.edu](mailto:wendy.thompson@duke.edu) or 684-3170. NOTE: This course requires that students complete one week of rotations at the VA Medical Center. Students must complete the required paperwork no later than 30 days prior to the first day of the section in which they are enrolled. Failure to do so may result in the student not being eligible to participate in the elective or sub-internship experience. Permission is required. Credit: 5. Enrollment: max 4 for 4 weeks. Summer section 41, maximum of 2 students. Interested visiting students must contact the Visiting Student Coordinator, [scott.campbell@duke.edu](mailto:scott.campbell@duke.edu), to inquire about the process for applying. *Elizabeth W. Hubbard, MD and orthopaedic staff and house staff*

**ORTHO-430C. Orthopaedic Sports Medicine.** This elective is ideal for students interested in orthopaedic surgery, but also relevant to occupational medicine, and rehabilitation. Students participate in clinic and operating room. They learn about anatomy, pathology, physical exam, and treatment of a wide range of musculoskeletal presentations in patients from young to old, including athletes. Attendance at educational conferences is required. Students are also encouraged to participate in school physicals and game coverage to gain a full experience. For more information and to obtain a permission number, please contact Wendy Thompson at [wendy.thompson@duke.edu](mailto:wendy.thompson@duke.edu) or 684-3170. Permission required. Credit: 4; Enrollment max: 1. Prerequisite: Ortho 429C. *Dean Taylor, MD; Ned Amendola, MD; Oke Anakwenze, MD; Richard Mather, MD; and Alison P. Toth, MD*



**ORTHO-431C. Hand/Upper Extremity Surgery.** This elective is especially suitable for students interested in orthopaedic surgery, but also relevant to plastic surgery and emergency medicine. Trauma and microvascular are emphasized. Students participate in all aspects from outpatient visits to operative procedures and inpatient rounds. They also spend time in the Hand and Upper Extremity Anatomy Lab. Attendance at educational conferences is required. For more information and to obtain a permission number, please contact Wendy Thompson at [wendy.thompson@duke.edu](mailto:wendy.thompson@duke.edu) or 684-3170. Permission Required. Credit: 4. Prerequisite: Ortho 429C. Enrollment max: 1. *David Ruch, MD; Richard Goldner, MD; and Marc Richard, MD*

**ORTHO-432C. Musculoskeletal Oncology.** Students gain an understanding of benign and malignant musculoskeletal neoplasms in an interdisciplinary team approach. They learn relevant anatomy, histopathology, radiology, and clinical skills related to the evaluation and management of patients from children to adults. Students participate fully in the daily activities of the orthopaedic oncology service including outpatient visits, operative procedures, and inpatient rounds. Attendance at clinical and basic science conferences is required. For more information and to obtain a permission number, please contact Wendy Thompson at [wendy.thompson@duke.edu](mailto:wendy.thompson@duke.edu) or 684-3170. Prerequisite: Ortho 429C. Permission is required. Credit: 4. Enrollment max: 1. *Brian Brigman, MD and William Eward, DVM, MD*

**ORTHO-433C. Pediatric Orthopaedics.** Students learn about a wide range of pediatric orthopaedic conditions from birth defects to sports injuries and fractures. Emphasis is placed on understanding the pediatric skeletal anatomy, acquisition of physical examination skills, and relating pathology to structure/function relationship in the pediatric patient. Students participate fully in all aspects of care including outpatient visits, operative procedures, and inpatient rounds. Attendance at educational conferences is required. For more information and to obtain a permission number, please contact Wendy Thompson at [wendy.thompson@duke.edu](mailto:wendy.thompson@duke.edu) or 684-3170. Prerequisite: Ortho 429C. Permission is Required. Credit: 4. Enrollment max: 1. *Robert Fitch, MD; Robert Lark, MD, Elizabeth Hubbard, MD, and Benjamin Alman, MD*

## Pathology

**Chair:** Jiaoti Huang, MD, PhD

**Assistant:** Patricia Lea

**Business Manager:** Amy Orange

**Campus PO Box:** 3712

**Phone:** (919) 684-9929

**Fax:** (919) 681-0778

## Second Year, Two-Week Clinical Selective

**PATHOL-220C. What Does A Pathologist Really Do?.** The major objective of this selective is to provide the student with answers to the following questions: a) What are the major areas that comprise the practice of pathology and laboratory medicine? What is Anatomic Pathology? Clinical Pathology (Laboratory Medicine)? What are the recognized sub-specialties in pathology? b) How does the pathologist function as part of the health care team? What role does a pathologist play in clinical decision making? c) If you practice Internal Medicine / Surgery / Pediatrics / Ob-Gyn / Primary Care, what can the pathologist do for you? d) What is the pathologist's role as a teacher? Students will participate in several learning experiences (1-2 days each) that involve working with faculty and residents in various sub-disciplines of pathology [e.g., surgical pathology (frozen section diagnostic service, specimen accessioning/gross descriptions service, diagnostic services), hematopathology/flow cytometry, neuropathology, dermatopathology, cytopathology/fine needle aspiration service, molecular diagnostics, cytogenetics, immunopathology/transplantation pathology, transfusion medicine, and others]. The exact set of experiences will depend on student interests, faculty availability, and number of students on the service. In each case, every attempt will be made to give the student the types of experiences that allow for fulfillment of the course objectives. Students will attend selected conferences and seminars and will meet with the course director (or representative) at least twice during the selective. The majority of learning experiences will be in the Department of Pathology at DUMC. A few are located at DVAMC. Enrollment Max. 4. Location: 227 MA (second floor, Davison, Duke S.) Dr. Buckley will contact students prior to the start of the selective to arrange a short (less than 30 min) orientation. Contact: please email Dr. Buckley at [patrick.buckley@duke.edu](mailto:patrick.buckley@duke.edu) should you have questions. *Patrick Buckley, MD/PhD*

## Clinical Science Electives

**PATHOL-423C. Autopsy Pathology.** The course is intended to introduce students to the autopsy as an investigative tool. Anatomic-clinical correlation is emphasized. Students work directly with one or more members of the pathology department. They first view autopsies and then assist in the performance of autopsies under supervision. They work up these cases with particular attention to correlations with clinical and experimental medicine, help prepare the final autopsy reports, and work essentially at the level of a house officer. Students are expected to write up one full autopsy report for an autopsy they participated in as their final project. For more information, please contact: Meridith Hennessey, M.H.S., [meridith.hennessey@duke.edu](mailto:meridith.hennessey@duke.edu). Credit: 4. Enrollment: max 2. *Carolyn Glass, MD*

**PATHOL-448C. Practical Surgical and Cytopathology.** This course is intended as an introduction to the practice of diagnostic surgical pathology. Clinical and morphologic aspects of disease are emphasized in rotations through the different specialty services (GI, Gyn path Hemepath, Neuropath, etc.) Students will participate (with residents and staff) in the evaluation of gross specimens, interpretations of glass slides (with ancillary studies), and the preparation of the final report. The course can be tailored to individuals planning a career in pathology or those pursuing other specialties. Rotations through the Fine Needle Aspiration and Exfoliative Cytology services can be scheduled depending on the student's interest. Please contact Dr. Hall at least two weeks prior to starting the rotation, at [allison.hall@duke.edu](mailto:allison.hall@duke.edu). Secondary contact: Jawanna Bell ([jawanna.bell@duke.edu](mailto:jawanna.bell@duke.edu)). Students meet on the first day in the pathology department at 9:00 a.m. Credits: 4. Enrollment: max 2. *Rami Al\_Rohil, MD and staff*



## Pediatrics

**Chair:** Ann M. Reed, MD; Samuel L. Katz Distinguished Professor of Pediatrics; Physician-in-Chief, Duke Children's

**Assistant:** Theresa Harris

**Business Manager:** Susan Kline

**Campus PO Box:** 3352

**Phone:** (919) 681-4080

**Fax:** (919) 681-2714

### Required Courses

**PEDS-205C. Pediatrics.** The basic course in pediatrics for all students is a six-week clerkship in the second year. Its principal aim is to provide an exposure to the field of child health. The student has a varying series of experiences which should give a grasp of the concepts that underlie the discipline. Goals include acquiring familiarity and competence with the basic tools of information-gathering (history, physical examination, and laboratory data) and developing an approach to the integration of this material for the solution of problems of health and illness in infancy, childhood, and adolescence. This should be accomplished with continuing reference to the basic principles of pathophysiology encountered in the first year courses. Those patients to whom the student is assigned provide the focus for case studies. In addition to the careful history and physical examination which must be recorded, the student is expected to organize an appropriate differential diagnosis and to seek and read pertinent reference material relevant to each patient. The student should learn to present each case verbally in an organized and succinct fashion, to follow the patient's progress, and to interpret all studies which are performed. The student is expected to learn from a number of sources: Internet accessible multimedia clinical cases, standard textbooks and journals, current publications and conferences, and also from people -- house staff, faculty, nurses, parents, and all others with whom contact is made in the clinical setting. Objectives include an understanding of the roles played in pediatrics by other members of the health care team, both in the ambulatory and hospital settings. Patient care may involve nurse, social worker, recreation therapist, psychologist, physiotherapist, dietitian, and others. The six weeks are divided to include time in several of the following settings: (a) Duke outpatient clinics and emergency room, (b) Duke inpatient, (c) Duke Regional Hospital, (d) Duke nursery, and (e) Lincoln Community Health Center. Credit: 6. *Samrat Das, MD*

**PEDS-206C. Primary Care Leadership Track (PCLT) - Pediatrics.** The basic course in pediatrics for all students is a six-week clerkship in the second year. Its principal aim is to provide an exposure to the field of child health. The student has a varying series of experiences which should give a grasp of the concepts that underlie the discipline. Goals include acquiring familiarity and competence with the basic tools of information-gathering (history, physical examination, and laboratory data) and developing an approach to the integration of this material for the solution of problems of health and illness in infancy, childhood, and adolescence. This should be accomplished with continuing reference to the basic principles of pathophysiology encountered in the first year courses. Those patients to whom the student is assigned provide the focus for case studies. In addition to the careful history and physical examination which must be recorded, the student is expected to organize an appropriate differential diagnosis and to seek and read pertinent reference material relevant to each patient. The student should learn to present each case verbally in an organized and succinct fashion, to follow the patient's progress, and to interpret all studies which are performed. The student is expected to learn from a number of sources: Internet accessible multimedia clinical cases, standard textbooks and journals, current publications and conferences, and also from people -- house staff, faculty, nurses, parents, and all others with whom contact is made in the clinical setting. Objectives include an understanding of the roles played in pediatrics by other members of the health care team, both in the ambulatory and hospital settings. Patient care may involve nurse, social worker, recreation therapist, psychologist, physiotherapist, dietitian, and others. The six weeks are divided to include time in several of the following settings: (a) Duke outpatient clinics and emergency room, (b) Duke inpatient, (c) Duke Regional Hospital, (d) Duke nursery, and (e) Lincoln Community Health Center. Credit: 6. *Samrat Das, MD*

**PEDS-209C. Longitudinal Integrated Curriculum.** The basic course in pediatrics for all students is a 2-week inpatient clerkship and a longitudinal outpatient component in the second year. Its principle aim is to provide an exposure to the field of child health. The student will have a varying series of experiences to give them a grasp of the underlying concepts of the field. Goals include acquiring familiarity and competence with the basic tools of information-gathering (history, physical examination, and laboratory data) coupled with developing an approach to the integration of this material toward the solution of problems of health and illness in infancy, childhood, and adolescence. The course helps integrate the basic principles of pathophysiology encountered in the first year courses. The patients assigned to the student provide the focus for case studies. In addition to the careful recorded history and physical examination, the student is expected to develop an appropriate differential diagnosis and read pertinent reference material relevant to each patient. The student should learn to present each case verbally, in an organized and succinct fashion, to follow the patient's progress, and to interpret all performed studies. The student is expected to learn from a number of sources: Internet accessible multimedia clinical cases, standard textbooks, journals, current publications, conferences, and with the house staff, faculty, nurses, parents, and others with whom contact is made in the clinical setting. Objectives also include an understanding of the roles played in pediatrics by other members of the health care team, both in the ambulatory and hospital settings. Credit: 6. *Samrat Das, MD*

### Second Year, Two-Week Selectives

**PEDS-220C. Clinical Genetics and Metabolism.** The students will join the clinical genetics and metabolism service for DUMC and participate in all the activities of the team - outpatient clinics, inpatient consults, case conferences and didactic presentations. They will perform history-taking, pedigree construction, physical examination (including dysmorphology assessment) and construct a differential diagnosis using reading materials, internet resources and databases. They will observe genetic counseling sessions. Credit: 2. Enrollment Max. 2. Location: Genetics Clinic in Children's Health Center, Level 2, workroom D. Please email Dr. Marie McDonald the week before for the schedule. *Marie McDonald, MD*

**PEDS-221C. Child Abuse and Family Violence.** This selective provides students the opportunity to learn about child abuse and family violence, the effect of these issues on individual health needs of patients, the impact of these issues on public health, and the role of the physician to address these issues. Students will participate in the evaluation of patients in an outpatient medical child abuse

clinic, observe inpatient child abuse consults, and participate in case reviews to determine medical conclusions and recommendations for patients. Other learning opportunities may include observation of court proceedings and participation in multi-agency case review meetings, when available. Students will choose a topic in child abuse or family violence for further study and present their findings to the Child Abuse team. This selective is appropriate for all students interested in learning more about family violence in adult or pediatric clinical medicine and/or public health. Credit: 2. Enrollment Max. 1. Location: Duke Child Abuse and Neglect Medical Evaluation Clinic located at Duke Children's Primary Care Clinic, 4020 N. Roxboro Road, Durham, NC 27704. For more information and the meeting time, please contact Mr. Scott Snider, Clinical Coordinator, at 919-479-2694 or [scott.snider@duke.edu](mailto:scott.snider@duke.edu). *Aditee Pradhan Narayan, MD*

**PEDS-222C. Overview of Pediatric Hematology-Oncology.** This selective will be offered through the Division of Pediatric Hematology-Oncology within the Department of Pediatrics. During the two-week course, students will experience an overview of pediatric hematology-oncology. Students will be expected participate in outpatient care provided in the Children's Health Center. Students also will be asked to attend conferences, including patient care conferences, psychosocial rounds, and didactic conferences. In addition, students will meet with individual faculty and staff members daily in clinic to discuss specific topics including: sickle cell disease, anemia, leukemia, lymphoma, solid tumors and disorders of the coagulation system as well as psychosocial and ethical issues based on the patients evaluated in clinic each day. Credit: 2. Enrollment Max. 1. Location: 4902 Children's Health Center. Mailing box number: 102382. Contact: For more information, please contact Susan Kreissman, M.D., at 684-3401 or via email [susan.kreissman@duke.edu](mailto:susan.kreissman@duke.edu). *Susan Kreissman, MD*

**PEDS-224C. Developmental Care of Sick Newborns - A Multidisciplinary Approach.** This selective will introduce the student to the more "general pediatric" aspect of neonatology, including complex convalescent medical and developmental care, as well as promote the importance of teamwork in caring for premature and sick babies. Students will gain an appreciation of the importance of a well-coordinated hospital discharge and early intervention services, both in the hospital and after discharge for high-risk infants. They will participate in the activities of the medical and developmental team in the intensive care and transitional care nurseries and learn the important role played by psychologists, therapists and social workers in caring for these infants and their families. They will attend developmental/discharge planning rounds, Special Infant Care Clinic and shadow members of the developmental team. Credit: 2. Enrollment Max. 2. Location: Contact Dr. Malcolm ([william.malcolm@duke.edu](mailto:william.malcolm@duke.edu)) for more information. *William Malcolm, MD*

**PEDS-226C. Pediatric Neurology.** Students will partake in the evaluation and management of both hospitalized and ambulatory pediatric patients with neurological disorders. Emphasis is placed on the neurodevelopmental history, neurological examination, the use of laboratory tests and radiological tools and pharmacotherapy in the diagnosis and management of childhood neurological disorders. Students will also attend and participate in conferences, including pediatric neurology conference, pediatric neuroradiology conference, and neuroscience core curriculum. For more information, please contact Dr. Kansagra via email at [sujay.kansagra@duke.edu](mailto:sujay.kansagra@duke.edu). Credit: 2. Enrollment max.: 1. *Sujay Kansagra, MD*

**PEDS-227C. Adolescent Medicine.** This selective will provide medical students with an introductory experience in the care of adolescents and young adults. This realm of care encompasses a unique blend of acute care, chronic disease management, prevention, and consultative assessments. A distinct priority is placed on effective interpersonal interactions, patient-centered interviewing, and patient education and counseling. Adolescent Medicine by nature is exquisitely multi-disciplinary, and this selective will provide students with a view into the intricacies of such interdisciplinary care across a variety of outpatient settings. Clinical experiences will be complemented by case-based didactic sessions, supervised reading, and a focused academic project. Credit: 2. Enrollment Max: 1, may not be available during some sections. Location: Duke Health Center at Roxboro Street, 4020 N. Roxboro Street. PERMISSION OF INSTRUCTOR IS REQUIRED. Contact Dr. Chung for more information at [richard.chung@dm.duke.edu](mailto:richard.chung@dm.duke.edu). *Richard J. Chung, MD; Naomi Duke, MD; Gary Maslow, MD; John Moses, MD; Nirmish Shah, MD; Betty Staples, MD; and Charlene Wong, MD*

**PEDS-228C. Pediatric Gastroenterology.** This course offers an excellent clinical and endoscopic exposure in the field of pediatric gastroenterology with significant opportunity for one to one interaction with the pediatric GI faculty. The student spends the majority of the time in the outpatient setting and the interested student will be exposed to the inpatient setting. For more information, please call Dr. Venkat 684-5068. Administrative contact is Cheryl Chervinko, 919-684-4831 or Nicole Sall at 919-668-2577. Students should meet on the 3rd floor of the Children's Health Center, Pediatric Gastroenterology clinic, at 9am. Enrollment Max. 1; Credit: 2. Note: Students that take this selective may not take the four week elective, PEDS 402C. *Narayanan Venkatasubramani, MD/MRCPH/MBBS; Nancy McGreal, MD; Richard Noel, MD/PhD; Leon Reinstein, MD; Megan Butler, MD; Mary Boruta, MD; and Alisha Mavis, MD*

**PEDS-229C. Pediatric Congenital Cardiology.** In Pediatric Congenital Cardiology, medical students will observe and participate in the care of a unique patient population through a multidisciplinary approach. Students will have the unique opportunity of caring for pediatric patients with congenital heart disease from an interventional side, a clinical side, and a surgical side. In doing so, they will get a brief introduction into the importance of a team approach to complicated medical decisions and procedures in a field at the cutting edge of modern medicine. Students should meet at Dr. Fleming's office at 7:30am on the first day, 7506 -B, Duke Hospital North, across from the pediatric cath labs. Please contact Dr. Fleming by email, [gregory.fleming@duke.edu](mailto:gregory.fleming@duke.edu) prior to the first day to confirm the meeting time. Credit: 2. Enrollment: max 1, min 1. *Gregory Fleming, MD*

**PEDS-232C. Pediatric Infectious Diseases.** Students will be introduced to the evaluation, diagnosis, management, and follow-up of children with possible infectious diseases. Students will work closely with the pediatric infectious diseases team, especially the fellows and attendings, both in the clinic and on the inpatient services. They will attend the weekly clinical case discussions with the members of the Division of Pediatric Infectious Diseases, and learn about the varied career pathways within the field. Students meet at the Office of Pediatric Infectious Diseases, Room T0915, Children's Health Center, at 7:30am the first day. Pre-Requisite: Permission of the instructor is required. Contact Dr. McGann at [kathleen.mcgann@duke.edu](mailto:kathleen.mcgann@duke.edu). Maximum Enrollment: 1; Credit: 2. *Kathleen McGann, MD*

## Clinical Science Electives

**PEDS-401C. Pediatric Sub-Internship.** This course is designed to provide the student with an intensive, in-depth exposure to the diagnosis and management of pediatric patients hospitalized at Duke. Students are responsible for admissions, management

throughout the hospitalization, and discharge planning. The student functions as an intern throughout the rotation; however, notes and orders must be co-signed by the resident or attending physician on the team. Students are evaluated by their residents and attending physicians. This course cannot be taken in conjunction with any other course. Students must obtain the permission of Dr. Dana Clifton ([dana.clifton@duke.edu](mailto:dana.clifton@duke.edu)) to register for or to drop this course. Prior to the start of the sub-internship, the assigned inpatient team will be provided to the student as well as details regarding sub-internship orientation activities. Secondary Contact: Julia Marrone, [julia.marrone@duke.edu](mailto:julia.marrone@duke.edu). Credit: 5. Enrollment: Max: 4. *Dana Clifton, MD; Aditee Narayan, MD and faculty*

**PEDS-402C. Pediatric Gastroenterology.** This course offers an excellent clinical and endoscopic exposure in the field of pediatric gastroenterology with significant opportunity for one to one interaction with the pediatric GI faculty. The student spends majority of the time in the outpatient setting and the interested student will be exposed to the inpatient setting. For more information, please call Dr. Venkat 684-5068. Administrative contact is Cheryl Chervinko, 919-684-4831 or 919-668-2577. Credit: 3-4. Enrollment max: 1. Note: Students that have previously taken the two-week selective, PEDS 228C, are not eligible to enroll in PEDS 402C. *Narayan Venkatasubramani, MD/MRCPPH/ MBBS; Richard Noel, MD/PhD; Leon Reinstein, MD; Megan Butler, MD, Nancy McGreal, MD; Mary Boruta, MD; Rajitha Venkathesh, MD*

**PEDS-403C. Med-Peds Ambulatory Rotation.** - Full immersion experience in outpatient adult and pediatric medicine. - Students will see patients of all ages for a variety of visit types (follow-ups, physicals/well child checks, urgent care visits), hone their history and PE skills, formulate assessment and plans for common outpatient problems, gain an understanding of healthcare maintenance/preventive care, experience continuity of care, and learn about community resources in the outpatient setting. Enrollment Max: 1. Credit 3-4. Permission of instructor is required. Students should report to Duke Health Center, 4020 N. Roxboro Street, Durham, NC 27704 on the first day. Please contact Dr. Aimee Chung ([aimee.chung@duke.edu](mailto:aimee.chung@duke.edu)) to confirm start time. *Aimee Chung, MD*

**PEDS-404C. Advanced Adolescent Medicine.** This elective will provide medical students with a foundational experience in the care of adolescents and young adults -- a unique blend of acute care, chronic disease management, prevention, and consultative assessments. A distinct priority is placed on effective interpersonal interactions, patient-centered interviewing, and patient education and counseling. Adolescent Medicine by nature is exquisitely multi-disciplinary, and this selective will provide students with a view into the intricacies of such interdisciplinary care across a variety of outpatient settings. Clinical experiences will be complemented by case-based didactic sessions and supervised study. Enrollment Max: 1; Credit: 2. Permission of instructor is required. On the first day of classes, students should meet at Duke Health Center, 4020 N. Roxboro Street. Please contact Dr. Richard Chung ([richard.chung@duke.edu](mailto:richard.chung@duke.edu)) to confirm meeting time. *Richard Chung, MD; Naomi Duke, MD PHD, Nirmish Shah, MD; John Moses, MD; Betty Staples, MD, Gary Maslow, MD, and Charlene Wong, MD*

**PEDS 408C. Child Advocacy Lab.** The lack of understanding and cooperation between the fields of medicine and law lead to missed opportunities to advocate for children's rights and improved health outcomes. The Child Advocacy Lab offers a unique opportunity to join a dynamic, collaborative learning environment where medical and law students engage in team discussion and projects related to child advocacy, with particular focus on recent changes in mandated reporting laws that have greatly affected all professionals working with children. Lessons learned from working cooperatively with other disciplines as interprofessional team members will directly translate to enhanced career skills for interdisciplinary practice. Meeting location: TBD based on COVID safety procedures. Scott Snider, LCSW, will contact all enrolled medical students the week prior to class to communicate time and location for the initial meetings. Credit: 1 Non-Direct Patient Care. Maximum enrollment: 8; Minimum Enrollment: 2. Offered during the evenings, spring 81. Note: If the course enrollment is at maximum capacity and you are interested in enrolling, please reach out to Dr. Narayan. *Aditee Naryan, MD/MPH; Crystal Grant, JD/MSW; and Scott Snider, LCSW*

**PEDS-409C. Pediatric Palliative Care and Quality of Life.** This course provides an introduction to pediatric palliative care for 4th year medical students. The course aims to help students to hone their skill in providing patient and family centered care, in particular communication (breaking bad news) and medical decision making. This course will also provide an opportunity to learn the fundamentals of symptom management such as pain, nausea and constipation. It enables students to identify psychosocial and spiritual distress as well as cultural beliefs that will affect health care decisions. Students meet on the first day of class at 8:50am for table rounds - page attending at 970-4357 to verify meeting location. Enrollment max; 2 per four week block. Schedule determined by course director and Jennifer Bowen. For more information, please contact Jennifer Bowen at 919-668-2362 or [jennifer.bowen@duke.edu](mailto:jennifer.bowen@duke.edu). Credit 2. *Megan Jordan, MD; Other faculty: Margarita Bidegain, MD; Sarah Gall, MD; Karen Jooste, MD; and Rose Sharpe, NP*

**PEDS-411C. Pediatric Emergency Medicine.** The fourth-year elective in Pediatric Emergency Medicine is designed to enhance the medical student's learning by allowing the student to develop a proficient and rational approach to the sick child patient. The student will become familiar with the rapid assessment of ill patients and the development of a knowledge base and technical skills allowing for the management of pediatric emergencies. Also, the student will learn how to prioritize patient care, to recognize patients requiring emergent interventions, and to decide which patients need admission or outpatient care. By the end of the rotation, the student will be capable of (1) obtaining an appropriate problem-oriented history and physical, (2) creating a differential diagnosis based on available information, and (3) developing an appropriate management plan. Students will be contacted by Dr. Ellis via email approximately one-to-two weeks prior to the start date of their rotation with orientation materials. Prompt reply to this email is expected as time-sensitive information will be included. Students are to report to the Pediatric Emergency Department at Duke University Medical Center no later than the time of his/her first scheduled shift. Students will be expected to work four per credit hour requested with each shift being eight hours. Students are expected to attend required didactic sessions/activities during the entire four-week block, even if scheduled for fewer than four credits. Required activities have historically included simulation and didactic lectures on various mornings. If students are unable to attend these sessions, additional assignments must be completed in order to pass the rotation. Students are allowed to ask for three off-days during their month (with an additional two requests during interview season). These are by no means guaranteed, but every effort will be made to accommodate these requests. Schedule requests for time away must be cleared by the elective course director four weeks before the start date of the rotation. Permission of the instructor is required for enrollment. Requests to drop the course must be approved at least four weeks prior to the start of the scheduled rotation. Failure to do so may result in a failing grade for the course. Please contact Dr. Donald Ellis (course director) for questions. NOTE: It is sometimes possible that the



course director may be able to accommodate an additional student for any single term. If the course is shown as “full” in DukeHub and you are interested, you are encouraged to contact Dr. Ellis ([donald.ellis@duke.edu](mailto:donald.ellis@duke.edu)) to inquire. Permission is required. Variable Credit: 3-4 credits. Enrollment max: 2. *Donald Ellis, MD; W. Clay Bordley, MD, MPH; Kyle Cecil, MD; James Fox, MD; Emily Greenwald, MD; Rachel O'Brian, MD; MD; Emily Sterrett, MD, MS-CTR; Neel Subramanian, MD; and Linton Yee, MD*

**PEDS-412C. Introduction to Pediatric Pulmonary and Sleep Medicine.** This course provides two weeks of experience in the evaluation, diagnosis, and management of patients with respiratory and sleep related problems. Students will work closely with the pediatric pulmonary team both in the clinic and on the inpatient service. Students will have the opportunity to provide the initial assessment and management plans for patients referred for pulmonary or sleep problems. Please contact Dr. Richard Kravitz, ([richard.kravitz@duke.edu](mailto:richard.kravitz@duke.edu)) if you have questions. Pre-requisite: Permission of instructor is required. Credit: 2; Enrollment max: 1. *Richard Kravitz, MD and faculty in the Division of Pulmonary and Sleep Medicine*

**PEDS-413C. Pediatric Pulmonary and Sleep Medicine.** This course provides three to four weeks of experience in the evaluation, diagnosis, management of patients with respiratory and sleep related problems. Students will work closely with the pediatric pulmonary team both in the clinic and the inpatient services. Students will have the opportunity to provide the initial assessment and management plans for patients referred for pulmonary or sleep problems. For more information or questions, please contact Dr. Richard Kravitz, ([richard.kravitz@duke.edu](mailto:richard.kravitz@duke.edu)). Pre-requisite: Permission of the instructor is required for enrollment. Credit: 3-4; Maximum Enrollment: 1. *Richard Kravitz, MD and faculty in the Division of Pulmonary and Sleep Medicine*

**PEDS-420C. Introduction to Pediatric Infectious Diseases.** This two-week course provides an exposure to the evaluation, diagnosis, management, and follow-up of patients with possible infectious diseases. Students will work closely with the pediatric infectious diseases team on the general infectious diseases service, especially the fellow and attendings, both in the clinic and inpatient service. They will have the opportunity to provide the initial assessment and management plans for patients referred to pediatric infectious diseases. Students that elect to take this two credit option are not eligible to enroll in PEDS 421C for the 3-4 credit option. For more information, please contact Dr. Robert Drucker ([robert.drucker@duke.edu](mailto:robert.drucker@duke.edu)). Secondary contact: Dr. Steinbach, 684-6335. Administrative contact is Betsy Faust ([betsy.faust@duke.edu](mailto:betsy.faust@duke.edu)), 684-6335. Students should meet on the first day at Dr. Drucker's Office T0919, Children's Health Center) at 8:00 a.m. Peds ID fellow pager: 970-7420. Permission is required. Credit: 2. Enrollment Max: 2. *Robert Drucker, MD, and division faculty*

**PEDS-421C. Pediatric Infectious Diseases - Comprehensive.** This course provides three to four weeks of experience in the evaluation, diagnosis, management and follow-up of patients with possible infectious diseases. Students will work closely with the infectious disease team on the general infectious diseases service, especially the fellow and attendings, both in the clinic and inpatient service. They will have the opportunity to provide the initial assessment and management plans for patients referred to pediatric infectious diseases. There may be an opportunity to spend some time with the transplant infectious diseases term. Students that take this course are not eligible to enroll in PEDS 420C. For more information, please contact Dr. Drucker at [Robert.drucker@duke.edu](mailto:Robert.drucker@duke.edu). Secondary contact: Dr. Steinbach, 684-6335. Administrative contact is Betsy Faust ([betsy.faust@duke.edu](mailto:betsy.faust@duke.edu)), 684-6335. Students should meet on the first day at Dr. Drucker's Office T0919, Children's Health Center) at 8:00 a.m. Peds ID fellow pager: 970-7420. Permission is required. Credit: 3 to 4. Enrollment: max 2. *Robert Drucker, MD, and division faculty*

**PEDS-424C. Introduction to Pediatric Endocrinology and Diabetes.** Students attend in the Pediatric Endocrine, Diabetes, Lipid, Transgender and Insulin Resistance/Obesity Clinics and assume active roles in the evaluation and management of in-patients admitted to the Endocrine Service. Emphasis is placed upon the evaluation of growth and sexual development, thyroid function, and diabetes mellitus. Students will complete a pediatric endocrine handout during their rotation, which will cover core topics. Students also participate in a weekly endocrine division conference and monthly diabetes journal club. Students will start the rotation at Lenox Baker Hospital on their first Monday, at 9AM. They should email Dr. Robert Benjamin, course director, to confirm this the week prior to their rotation. His contact email is [robert.benjamin@duke.edu](mailto:robert.benjamin@duke.edu). Enrollment Max: 1; Credit: 1-2, with 1 credit for every week of the course. *Robert Benjamin, MD; Michael Freemark, MD; Deanna Adkins, MD; Nancie J. MacIver, MD/PhD; Laura Page, MD; and Pinar Gumus, MD*

**PEDS-425C. Endocrine Disorders in Children.** Students participate in the Pediatric Endocrine, Diabetes, Lipid, Transgender and Insulin Resistance/Obesity Clinics and assume active roles in the evaluation and management of in-patient consultations and of in-patients admitted to the Endocrine Service. Emphasis is placed upon the evaluation of several endocrine issues, including diagnosis and management of Type 1 and Type 2 Diabetes Mellitus, growth and sexual development, transgender management, lipid disorders, thyroid disorders, pituitary disorders, and calcium and vitamin D disorders. Students will complete a pediatric endocrine handout during their rotation, which will cover core topics. Students also participate in a monthly diabetes journal club and in weekly intra- and interdepartmental endocrine clinical and research conferences. Students will make a presentation to the endocrine group at the end of the rotation. Students will start the rotation at Lenox Baker Hospital on their first Monday, at 9AM. They should email Dr. Robert Benjamin, course director, to confirm this the week prior to their rotation. His contact email is [robert.benjamin@duke.edu](mailto:robert.benjamin@duke.edu). Credit: 3 to 4, with 1 credit for every week of the course. Enrollment: max 1. *Robert Benjamin, MD; Michael Freemark, MD; Deanna Adkins, MD; Nancie J. MacIver, MD/PhD; Laura Page, MD; and Pinar Gumus, MD*

**PEDS-426C. Neonatology.** Students have patient care responsibilities as well as exposure to a broad range of clinical problems in the Duke Intensive Care Nursery. The course involves direct participation in patient care under the supervision of the faculty and house staff. Emphasis is placed understanding the pathophysiologic approach to the assessment and management of the critically ill neonate, with special attention to ethical and psychosocial issues surrounding their care. This is a sole-enrollment course and, as such, cannot be taken in conjunction with any other course. The exception is INTERDIS 401C - Acute Care Curriculum. Prerequisite: PEDS and contact Dr. Susan Izatt at [susan.izatt@dm.duke.edu](mailto:susan.izatt@dm.duke.edu) or by phone at 919-681-6024. Secondary contact: Dr. Ronald Goldberg, 681-6024. Students are to meet on the first day at the Neonatal Intensive Care Unit, Duke North, 5th floor. Meet promptly at 7:00 a.m. The course director will contact the student prior to the start date to clarify meeting location, attending service, and additional information. Credit: 5. Enrollment: max 1. *Susan Izatt, MD; Ronald Goldberg, MD; Samia Aleem, MD; Kamlesh Athavale, MD; Eric Benner, MD/PhD;*



*Margarita Bidegain, MD; Trevor Burt, MD; C. Michael Cotten, MD; Jeffrey Ferranti, MD/MS; Rachel Greenberg, MD; Jennifer Peterson, MD; Sharla Rent, MD; Brian Smith, MD; David Tanaka, MD; Kristin Weimer MD/PhD; and Noelle Younge, MD*

**PEDS-427C. Pediatric Hematology/Oncology.** This course includes all aspects of clinical and laboratory hematology (with a focus on sickle cell disorders) as well as the diagnostic evaluation, care, and treatment of patients with malignant diseases (childhood leukemia, lymphoma, osteosarcoma, neuroblastoma, Wilm's tumor). Emphasis will be placed on fundamental concepts of pediatric hematology/oncology. Students will spend their time in the pediatric hematology-oncology and pediatric neuro-oncology outpatient clinics evaluating new patients and seeing established patients. Students will be expected to attend divisional teaching conferences. Students will be asked to research a specific topic of their choice and deliver a short presentation at the end of their rotation. Location: Hanes House, room 382; Box number 102382. For more information, please contact Dr. Kreissman via email at [susan.kreissman@duke.edu](mailto:susan.kreissman@duke.edu). Prerequisite: Interested students must contact the course director. For questions, please contact Chenelle Headley ([chenelle.headley@duke.edu](mailto:chenelle.headley@duke.edu)). Credit: 4. Enrollment: max 1. *Susan Kreissman, MD; Dan Landi MD; Corinne Linardic MD/PhD; Kristi Pahl, MD; Jennifer Rothman MD; Nirmish Shah MD, Kristin Schroeder MD; Jessica Sun MD; David Van Mater, MD/PhD; and Lars Wagner, MD*

**PEDS-428C. Introduction to Pediatric Rheumatology.** This course provides a two-week introduction to the evaluation, diagnosis, management, and follow-up of patients with possible rheumatologic diseases. Students will work closely with the pediatric rheumatology team, especially the fellow and attendings, both in the clinic and inpatient service. They will have the opportunity to provide the initial assessment and management plans for patients referred to pediatric rheumatology. Enrollment Max.: 2; Credit: 2. Pre-requisite: Permission of Instructor is required for Enrollment. Two-credit course is graded Credit/No Credit. Students should meet at 8:00am the first morning. They must contact Dr. Dvergsten for the location. The class meets M-F. For more information, please contact Dr. Dvergsten at [jeffrey.dvergsten@duke.edu](mailto:jeffrey.dvergsten@duke.edu). *Jeffrey Dvergsten, MD and faculty in the Division of Pediatric Rheumatology*

**PEDS-429C. Pediatric Rheumatology - Comprehensive.** This course provides three to four weeks of experience in the evaluation, diagnosis, management, and follow-up of patients with possible rheumatologic diseases. Students will work closely with the pediatric rheumatology team, especially the fellow and attendings, both in the clinic and inpatient service. They will have the opportunity to provide the initial assessment and management plans for patients referred to pediatric rheumatology. Enrollment Max: 2; Credit: 3-4. Permission of the Instructor is required for enrollment. Students should meet at 8:00am on the first day and they must contact Dr. Dvergsten in advance to confirm meeting location. The class meets M-F. For more information, students must contact Dr. Dvergsten at [jeffrey.dvergsten@duke.edu](mailto:jeffrey.dvergsten@duke.edu). *Jeffrey Dvergsten, MD; Rebecca Sadun MD; and all faculty in the Division of Pediatric Rheumatology*

**PEDS-430C. Healthy Lifestyles Program: A Clinical, Family-Based Approach to Pediatric Obesity.** Comprehensive outpatient treatment for childhood obesity. Through observed and direct interactions with families, children and adolescents in an outpatient clinical setting, students will learn the causes and complications of pediatric obesity, and the approach to management. Healthy Lifestyles is a multidisciplinary clinic which allows students to interact with and observe pediatricians, nutritionists, physical therapists and mental health providers. Students are expected to attend clinic Monday through Friday, according to a calendar which will be provided by the course director at the start of the rotation. While students will receive training in motivational interviewing (MI), an evidence-based communication technique to achieve effective behavior change during this rotation, a familiarity with MI and good communication skills are strongly preferred as the clinical environment is considered an advanced communication skills rotation. Students will be expected to participate actively in weekly noon team learning seminar (Thursdays) and to present a topic of the student's choice near the end of the rotation. Lastly, the course director will provide students with a reading list on pertinent topics to be completed by the end of the rotation and discussed with course director during final feedback session. Report to Duke Children's Primary Care Clinic, 4020 Roxboro Road, second level. Students will be required to attend and participate in ONE session of a community fitness program for children, called Bull City Fit. Students will play games, sports, and/or participate in cooking classes with families. From this experience, students will gain an understanding of community engagement, health advocacy and program planning. For questions, email the course director, Dr. Sarah Armstrong ([sarah.c.armstrong@duke.edu](mailto:sarah.c.armstrong@duke.edu)) and secondary contact, Team Lead Katherine Caro PA-C ([katherine.caro@duke.edu](mailto:katherine.caro@duke.edu)), support staff Kim Yancey ([Kim.yancey@duke.edu](mailto:Kim.yancey@duke.edu)) Credit: 4. Enrollment: max. 1. *Sarah Armstrong, MD; Gabriela Maradiaga Panayotti, MD; Martha Nelson, PA-C; Katherine Caro, PA-C; Jenny Favret, MS, RD, LDN; Stephanie Bryant, MPH, RD, LDN; Andrea Hartzell, PT, DPT, MHS; Heidi Pongracz, MPH, PT; Victoria Smith, PT, DPT, PCS; Lisa Honeycutt, LPC*

**PEDS-431C. Clinical Pediatric Cardiology.** This Medical Student rotation provides a learning experience in the clinical diagnosis and management of heart disease in children. The student will have the opportunity to see and participate in the management of children referred for cardiology evaluation or follow-up via clinic or consultation. There are also experiences available observing cardiovascular procedures in the Pediatric Cardiac Catheterization and Electrophysiology Laboratory, the Pediatric Echocardiography Laboratory and the operating room. Cardiology clinics are located in Raleigh, Apex, Greensboro, in addition to the Children's Health Center, and assignments can be expected in many of these clinics to create a diverse experience. This is primarily an outpatient rotation, but there is the option of attending inpatient rounds in the Pediatric Cardiac Intensive Care Unit if desired. Experiences in subspecialty clinics such as Pediatric Heart Failure/Transplant and Inherited Arrhythmia clinic are generally available if interested. Please note that procedural experiences are all observational due to complexity (participation is generally a Fellow level experience). Scope: history, physical examination, and special diagnostic techniques (echocardiography, electrocardiography, cardiac catheterization, and cineangiography). Students participate in outpatient clinics or procedural observational experiences five days per week as well as weekly cardiology/cardiovascular surgery conference. Prerequisite: PEDS 205C. For more information, please call the course director, Dr. Zebulon Spector, at 919-681-6772 or by email, [zebulon.spector@duke.edu](mailto:zebulon.spector@duke.edu). Secondary Contact: Dr. Michael J. Campbell, [michael.campbell2@duke.edu](mailto:michael.campbell2@duke.edu), or 919-684-3574. Credit: 4. Enrollment: max 1. *Zebulon Spector, MD; Other faculty: Piers C.A. Barker, MD; Richard J. Boruta, MD; Michael G.W. Camitta, MD; Michael J. Campbell, MD; Michel P. Carboni, MD; Gregory Fleming, MD; Kevin Hill, MD; Salim F. Idriss, MD/PhD; Sonja Kirmaini, MD; Andrew Landstrom, MD, PhD; Jennifer S. Li, MD; Andrew McCrary, MD; Angelo Milazzo, MD; Stephen Miller, MD; Patsy Park, MD; Neeta Sethi, MD; Gregory Tatum, MD; and McAllister Windom*

**PEDS-433C. Allergy and Clinical Immunology.** Clinical appraisal and practice in use of methods of diagnosis and treatment of allergic and immunologic disorders including the atopic diseases, immunologic deficiency states, and bone marrow transplantation.

Scope: in-depth seminars, history, physical examination, skin testing, a variety of clinical immunologic tests, and Clinical Research Unit experience. For more information, please contact the Program Director, Dr. Amy Stallings via email at [amy.stallings@duke.edu](mailto:amy.stallings@duke.edu). An alternate contact is Debra Preddy. You may reach her via email at [debra.preddy@dm.duke.edu](mailto:debra.preddy@dm.duke.edu). Please contact Debbie Preddy at least one week prior to your rotation to set up a meeting to receive information packet and information about where to go on first day Credit: 4. Enrollment: max 2. *John Sleasman, MD (Division Chief), Amy Stallings, MD; Rebecca Buckley, MD; Talal Mousallem, MD, M. Louise Markert, MD/PhD, and Julie Kim-Chang, MD*

**PEDS-434C. Clinical Genetics/Metabolism.** The student becomes familiar with evaluation and management of various genetic disorders including malformation syndromes and biochemical disorders. History-taking, pedigree construction and analysis, specialized aspects of the dysmorphological physical examination, diagnostic techniques, routine and specialized laboratory methods (cytogenetic, biochemical, molecular), and reference materials (texts and computer programs) are covered. Students participate in weekly teaching and clinical conferences. For more information, please call 684-2036. First Day of Classes: Students should meet at the Genetics Clinic at 8:00 a.m., CHC level 2, Room 2924A. Credit: 4. Enrollment: max 2. *Marie McDonald, MD*

**PEDS-436C. Pediatric Neurology.** Students will partake in the evaluation and management of both hospitalized and ambulatory pediatric patients with neurological disorders. Emphasis is placed on the neurodevelopmental history, neurological examination, the use of laboratory tests and radiological tools and pharmacotherapy in the diagnosis and management of childhood neurological disorders. Administrative contacts: Kristin Johnson ([kristin.johnson@dm.duke.edu](mailto:kristin.johnson@dm.duke.edu)) at 681-4658. Students should report to the PEDS Neuro office in the CHC room T0913. Please meet promptly at 8:00 a.m. Pre-requisite: students must contact Dr. Kansagra ([sujay.kansagra@duke.edu](mailto:sujay.kansagra@duke.edu)) prior to enrollment. Credit: 4. Enrollment: max 2. *Sujay Kansagra, MD*

**PEDS-440C. Advanced General Pediatrics-Intensive Care.** This advanced course is designed to allow students a four-week experience in the Pediatric Intensive Care Unit (PICU). Clinically, students will first have a several day period of shadowing non-physician ICU staff (RNs, RTs, SWs), followed by several weeks of participating in the physician team caring for PICU patients. Overnight and weekend call is not expected. Academically, students are asked to choose a project (written case presentation or critical appraisal of a published study) to be completed by the end of the rotation. Emphasis is placed on the development of the pathophysiologic approach to the diagnosis and therapy of a broad spectrum of pediatric illnesses as they present in acute care settings. Pre-requisite: PEDS 205C. Credit: 4. Enrollment: max 1. For more information, please contact Dr. Straube via email at [tobias.straube@duke.edu](mailto:tobias.straube@duke.edu). Students may also contact Alicia (Lisa) Bynum ([alicia.bynum@duke.edu](mailto:alicia.bynum@duke.edu)), at 681-3550. *Tobias Straube, MD; Sameer Kamath, MD; Karan Kumar, MD; Palen Mallory, MD; Caroline Ozment, MD; David Turner, MD; Kevin Watt, MD; and Kanecia Zimmerman, MD, MPH*

**PEDS-441C. Pediatric Nephrology.** Students actively participate in assigned patient care, and prepare didactic presentations as a part of instruction. Clinical work provides the students with exposure to clinical nephrology and basic renal physiology. The course will provide experience in diagnosis, interpretations of laboratory tests, natural history, and treatment of acute and chronic disorders of the kidney in children. The student will participate in the management of fluid and electrolyte disorders in infants and children. Consultative services are provided for inpatients and outpatients from general and subspecialty disciplines in pediatrics, intensive care units, and the transplant services. For more information, please contact Dr. Wigfall at 684-4246 or via email at [wigfa001@mc.duke.edu](mailto:wigfa001@mc.duke.edu). Credit: 4. Enrollment: max 1. *Delbert Wigfall, MD; Eileen Chambers, MD; Annabelle Chua, MD; R. Gbadegesin, MD; Reeti Kumar, MD; and Shashi Nagaraj, MD/MBBS*

**PEDS-446C. Pediatric Stem Cell Transplant Unit.** This four week elective is designed to give medical students experience in all aspects of clinical hematopoietic stem cell transplantation including the diagnostic evaluation, care, and treatment of transplant patients. Emphasis is placed on fundamental concepts of hematopoietic stem cell transplantation. Students will accompany the inpatient team on the ward rounds for 3 weeks of the rotation with the remaining time spent in the clinic evaluating new patients and seeing established patients. Students also are expected to attend divisional teaching conferences and give informal presentations on topics in hematopoietic stem cell transplantation. Students should join the Division meeting on Monday at 8:00 a.m. in the Division offices on the first floor of the Old Duke Credit Union (1400 Morreene Rd) on the first day of classes. For more information, contact Dr. Martin at [paul.martin@duke.edu](mailto:paul.martin@duke.edu), or pager, 970-3758. Secondary contact: Tim Driscoll, 668-1120. Credit: 4. Enrollment: max 2. *Paul Martin, MD/PhD; Joanne Kurtzberg, MD; Tim Driscoll, MD; Suhag Parikh, MD; Vinod Prasad, MD; and Kristin Page, MD*

## Psychiatry

**Chair:** Moira Rynn, MD

**Chief Administrative Officer:** Jennifer Ellis

**Campus PO Box:** 3950

**Phone:** (919) 684-5616

**Fax:** (919) 681-5489

## Required Courses

**PSYCHTRY-205C. Psychiatry.** This course is a required four-week clerkship in clinical psychiatry for second year medical students. Students assume limited responsibility with supervision for the diagnosis and treatment of patients with common and severe psychiatric illnesses. Educational settings include inpatient psychiatry services at four different hospitals, psychiatry consultation services in three different hospitals, psychiatry outpatient clinics, and the psychiatry emergency rooms of two hospitals. Students participate in a series of core didactic lectures and didactic modules which expose them to basic psychopathologic entities, differential diagnosis of psychiatric symptoms, practical application of treatment modalities, and issues of cost effectiveness in diagnosis and treatment. Students also participate in lectures, rounds, and clinical case conferences particular to their rotation site. Students are encouraged to observe psychotherapy and to participate in supervised psychological treatments wherever appropriate opportunities can be provided. Secondary Contact: Cathy Lefebvre ([cathy.lefebvre@duke.edu](mailto:cathy.lefebvre@duke.edu).) Credit: 4. *Kathy Niu, MD*

**PSYCHTRY-206C. Primary Care Leadership Track (PCLT) - Psychiatry.** This course is a required four-week clerkship in clinical psychiatry for second year medical students. Students assume limited responsibility with supervision for the diagnosis and treatment of patients with common and severe psychiatric illnesses. Educational settings include inpatient psychiatry services at four different hospitals, psychiatry outpatient clinics, and the psychiatry emergency rooms of two hospitals. Students participate in a series of core didactic lectures and didactic modules which expose them to basic psychopathologic entities, differential diagnosis of psychiatric symptoms, practical application of treatment modalities, and issues of cost effectiveness in diagnosis and treatment. Students also participate in lectures, rounds, and clinical case conferences particular to their rotation site. Students are encouraged to observe psychotherapy and to participate in supervised psychological treatments wherever appropriate opportunities can be provided. For more information about the PCLT program, please contact Melissa Graham, ([melissa.graham@duke.edu](mailto:melissa.graham@duke.edu)). Credit: 4. *Kathy Niu, MD*

**PSYCHTRY-209C. Longitudinal Integrated Curriculum - Psychiatry.** LIC students will complete 3 weeks of inpatient psychiatry. Students assume limited responsibility with supervision for the diagnosis and treatment of patients with common and severe psychiatric illnesses. Educational settings include inpatient psychiatry services and the psychiatry emergency rooms. Student participate in a series of core didactic lectures and didactic modules which expose them to basic psychopathologic entities, differential diagnosis of psychiatric symptoms, practical application of treatment modalities, and issues of cost effectiveness in diagnosis and treatment. Students also participate in lectures, rounds, and clinical case conferences particular to the rotation site. Students are encouraged to observe psychotherapy and to participate in supervised psychological treatments wherever appropriate opportunities can be provided. LIC students will participate in a 16-week Behavioral Health Seminar during the LIC portion of the year. This seminar is run by psychiatry faculty and includes case presentations by students of patients they are seeing in the LIC outpatient settings. Secondary Contact: For more information about the LIC schedule or program, please contact Melissa Graham ([melissa.graham@duke.edu](mailto:melissa.graham@duke.edu).) Credit: 4. *Kathy Niu, MD*

## Second Year, Two-Week Clinical Selectives

**PSYCHTRY-221C. Clinical Intro to Child Psychiatry.** This two-week course will be an opportunity to observe and learn about the specialty of child psychiatry. A series of clinical experiences with children and adolescents who are experiencing mental health problems and disorders will be offered in both an outpatient and inpatient setting. Medical Students will have opportunities to observe comprehensive evaluations, consultations, and treatments. Participation in a weekly Evidence Based Medicine seminar and didactic sessions in child psychopathology will be included. Enrollment Max. 1. Location: Duke University Hospital North, 5100 unit- 8:30 a.m. *Alison Manning, MD*

**PSYCHTRY-222C. Geriatric Psychiatry.** Objective: To provide exposure to the psychiatric care of geriatric patients. Students can rotate through a variety of settings, depending on clinical interests. Settings can include memory disorders clinic, outpatient geriatric psychiatry clinic at Duke, inpatient unit at Central Regional Hospital, VA geropsychiatry clinic, and Geriatric Evaluation and Treatment Clinic. Students will learn about comprehensive psychiatric evaluation of older patients with a variety of psychiatric diagnoses including mood disorders, dementia, psychotic disorders, and personality disorders, usually in the context of significant medical co-morbidity. Students will also learn the bio-psycho-social approach to managing various disorders. Students will participate in ongoing weekly didactic seminars. Enrollment Max. 2. Location: Please email Dr. Holsinger via email, [tracey.holsinger@va.gov](mailto:tracey.holsinger@va.gov) for location and more information. *Tracey Holsinger, MD*

## Clinical Science Electives

**PSYCHTRY-401C. Sub-Internship in Psychiatry.** This course is an intensive clinical experience in the diagnosis and treatment of severe and incapacitating psychiatric disorders. The student is given more clinical responsibility than the comparable second year inpatient rotation. Patient care responsibilities include management of ward milieu. Treatment approaches emphasizing psychotropic medication, individual, and family psychotherapy are part of the clinical experience. Participation at patient care conferences and didactic lectures is expected. Call is taken on the weekend. For more information, please contact Dr. Shelley Holmer via email at [shelley.holmer@duke.edu](mailto:shelley.holmer@duke.edu). Pre-requisites: instructor approval and satisfactory completion of PSC-205C (or equivalent for visiting students). Secondary contact: Cathy Lefebvre, email at [cathy.lefebvre@duke.edu](mailto:cathy.lefebvre@duke.edu) or phone at 684-2274. Credit: 5. Enrollment: max 2. *Shelley Holmer, MD*

**PSYCHTRY 402C. Cultural Contexts of Substance Use Disorder Treatment.** This course will help students to develop a foundational knowledge in the historical and cultural contexts of substance use, the impact of systemic bias on treatment and criminalization of substance use disorders, explore the intersection of substance use with wide-ranging medical specialties, and to develop strategies to advocate for the care of patients suffering from SUD through treatment and harm-reduction strategies. Course participants will participate in buprenorphine waiver training ("X waiver") and will engage in self-reflection and advocacy activities. Maximum Enrollment: 15; Credit: 1 Non-Direct Patient Care. Classes will be held once a week, two hours per week, 5p-7p. Day of the week to be determined. *Nicole Helmke, MD*

**PSYCHTRY-407C. Sub-Internship in Internal Medicine-Psychiatry.** This course is an intensive clinical experience in the diagnosis and treatment of acute co-morbid medical and psychiatric disorders requiring acute hospitalization. Students participating in this four-week elective based in Duke University Hospital are expected to function at intern-level, assuming care of a small census of complex patients. The Medicine/Psychiatry faculty on the GenMed 12 service provides direct supervision. The goal of the elective is to refine and then clinically apply basic knowledge from the fields of Internal Medicine and Psychiatry. Participation at selected case conferences and didactic sessions is expected. Students are invited to attend the intern lecture series during Psychiatry Academic Half-day and educational offerings in Internal Medicine, including Intern Report. Call is taken in both Medicine and Psychiatry in alternating fashion every fifth night. For more information, please contact Dr. Kristen Shirey, [kristen.shirey@duke.edu](mailto:kristen.shirey@duke.edu); Secondary Contact: Cathy Lefebvre, (via email at [cathy.lefebvre@duke.edu](mailto:cathy.lefebvre@duke.edu)), 684-2274. Preference is given to students considering a career in combined Medicine-Psychiatry. Prerequisite: successful completion of PSYCHTRY-205C and MEDICINE-205C. C-L MEDICINE 407C. Permission is required. Credit: 5. Enrollment: max 1. *Kristen Shirey, MD*



**PSYCHTRY-443C. Addiction Psychiatry.** Students are based at the Durham VA Health Care System's Substance Use Disorders Clinic. Experiences include diagnostic evaluation, pharmacological management, and individual, group, and family psychotherapy. Emphasis is placed on motivational interviewing, medication-assisted treatment for alcohol- and opioid-use disorders and understanding the relationships between addictive disorders and other psychiatric and medical conditions. Students function as members of the multidisciplinary treatment team. For more information and for approval, please contact [cathy.lefebvre@duke.edu](mailto:cathy.lefebvre@duke.edu) or Teresa Purdy, [teresa.purdy@va.gov](mailto:teresa.purdy@va.gov). Credit: 4. Enrollment max 1. *Teresa Purdy, MD*

**PSYCHTRY-445C. Consultation-Liaison Psychiatry.** The Psychiatry Consultation-Liaison Service at Duke University Hospital offers a clinical clerkship in the evaluation and management of psychiatric disorders in the medical and surgical setting. The student performs psychiatric consultations for medical and surgical services under direct supervision of residents and senior staff. Topics in psychosomatic medicine, psychopharmacology and medico-legal issues are discussed. Unique issues in psychiatric presentations of medical illness and adaptation to illness are reviewed. Students may attend an outpatient psychiatric consultation clinic in addition, upon request and pending availability. Students attend the weekly MedPsych conference and Psychiatry Academic Half-day educational offerings. Hours are generally 8am-6pm M-F. Call the consult pager to arrange meeting place on first day (970-PSYC). Students need to check with Dr. Shirey in advance via email at [kristen.shirey@duke.edu](mailto:kristen.shirey@duke.edu) or the secondary contact, Cathy Lefebvre, [cathy.lefebvre@duke.edu](mailto:cathy.lefebvre@duke.edu), to confirm the availability of this rotation. Prerequisites: instructor approval and satisfactory completion of PSC-205C. Credit: 4. Enrollment: max 1. *Kristen Shirey, MD and Shelley Holmer, MD*

## Radiation Oncology

**Chair:** Christopher G. Willett, MD

**Assistant:** Donna Wimberley

**Campus PO Box:** 3085

**Phone:** (919) 668-5640

**Fax:** (919) 688-7345

### Second Year, Two-Week Clinical Selective

**RADONC-220C. Brief Experience in Clinical Radiation/Oncology.** Radiation therapy plays an important role in the care of patients with cancer. Students will begin this course with an orientation lecture, review of an educational syllabus, and several audio-visual educational programs. This will be followed by clinical instruction in the ambulatory clinics of the radiation oncology department at Duke. Students will have an opportunity to observe/participate in the evaluation, treatment planning, and care of patients before, during, and after their radiation. Credit: 2. Enrollment Max. 3. Location: Room 05121A Basement level, Morris Clinic. Meet promptly at 8:00 a.m. For more information, please contact Bette Walker at 668-7432. *Nicole Larrier, MD*

### Clinical Science Elective

**RADONC-415C. Clinical Radiation Oncology.** Radiation oncology plays a crucial role in the management of patients with cancer. The student begins this course with lectures, individual tutorials, and audio-visual education programs to review the crucial elements of radiation biology, medical radiation physics, and dosimetry. This is followed by clinical instruction based in the ambulatory clinics of the Radiation Oncology Department as well as participation in brachytherapy procedures, care of inpatients, and new patient consultations. This course provides an introduction to the role of radiation therapy in the treatment of malignant disease. For more information, please contact Dr. Larrier at 668-7342 or via email at [larri003@mc.duke.edu](mailto:larri003@mc.duke.edu). Secondary contact: Bette W. Clack, email, [walkeo98@mc.duke.edu](mailto:walkeo98@mc.duke.edu) or phone, 668-6693. NOTE: This elective does require student to complete rotations at the VA Medical Center. Students applying for this rotation MUST complete all VA paperwork no later than one month prior to the first day of classes. Students should report to Room 005113 [Sub-basement, White Zone, Duke Clinic] at 7:45am on the first day of the rotation. Credit: 4. Enrollment: max 2. *Nicole Larrier, MD and staff*

## Radiology

**Chair:** Erik Paulson

**Chief Administration Officer:** Maria Nelson

**Campus PO Box:** 3808

**Phone:** (919) 684-7293

**Fax:** (919) 613-5716

### Required Course

**RADIOL-205C. Radiology.** The core clerkship in Radiology will emphasize evidenced-based strategies for optimized utilization of imaging, teach diagnostic skills for the interpretation of medical images, and provide an understanding of the costs (financial and health risks), benefits, and signature characteristics of radiography, computed, tomography, magnetic resonance, sonography, angiography, fluoroscopy, and nuclear medicine as applied in routine clinical care across the disciplines of abdominal, breast, cardiothoracic, neurological, musculoskeletal, pediatric, and interventional radiology and nuclear medicine. Students will learn basic principles of image acquisition, working in the Department of Radiology and will be taught normal and both common and emergent abnormal imaging findings. Credits: 4. *Jonathan Martin, MD and Robert French, MD*

**RADIOL-209C. Longitudinal Integrated Curriculum - Radiology.** Students in the Longitudinal Integrated Curriculum program will have the opportunity to have specific patient-centered education in radiology. This holistic approach to radiology education allows for students to follow patients on their census through the clinical discussion regarding ordered imaging exams, the performance of said radiology exams, discussing the imaging findings/conclusions with members of the radiology department, and finally reporting



back to clinical mentors with a summary and plan for next steps in management. The expectation would be for the student to complete this exercise for a total of 40 patient centered radiology encounters over the course of their second year. Credit: 4. *Robert French, MD; Jonathan Martin, MD*

**RADIOL-429C. Basic Radiology Clerkship.** This course is designed to provide an overview of the various imaging modalities of diagnostic and interventional radiology and their clinical utility. The elective consists of: (a) a high-quality lecture series (b) review of preselected teaching cases, (c) participation in multispecialty conferences and grand rounds, and (d) rotation time in subspecialty areas in diagnostic and interventional radiology. On these sub-rotations, students are allowed an opportunity to participate in imaging examination acquisition and interpretation. Through this they can gain empathy for patients undergoing imaging procedures and can learn the indications/contraindications and utility of a large variety of diagnostic and therapeutic imaging procedures. There is extensive required reading, materials are provided by the department. Students will be assessed in large part on their clinical performance and formal PowerPoint case presentation. For more information, please contact the course coordinators, Peg Helminski ([peg.helminski@duke.edu](mailto:peg.helminski@duke.edu)) and Debbie Griffin ([deborah.griffin@duke.edu](mailto:deborah.griffin@duke.edu)) via email. If pertinent, you can contact the course directors Dr. Robert French ([robert.french@duke.edu](mailto:robert.french@duke.edu)) and Dr. Jonathan Martin ([jonathan.g.martin@duke.edu](mailto:jonathan.g.martin@duke.edu)) via email. Enrolled students will receive an email regarding orientation time and meeting details. NOTE: STUDENTS THAT HAVE TAKEN RADIOLOGY 205C ARE NOT ELIGIBLE TO ENROLL IN RADIOL 429C. This course is open to PCLT students only. \*\*\*Special permission from the course director is required to enroll in the course during Fall Section 44, and Spring Sections 41 and 42. Credit: 4. Enrollment: min 1, max 3. *Jonathan Martin, MD and Robert French, MD*

## Second Year, Two-Week Clinical Selective

**RADIOL-222C. Vascular & Interventional Radiology.** Vascular and Interventional Radiology (VIR) has established a residency program. The 2nd-year selective in VIR is designed to provide medical students an opportunity to learn more about the practice of Vascular and Interventional Radiology. The students will be involved in: (1) pre-procedural patient care: via focused inpatient and outpatient patient assessment, review of imaging, and informed consent process; (2) intra-procedural care: devices, terminology, and technique; (3) post-procedural patient care: focused patient assessment in the radiology recovery room, as well as in the inpatient setting, (4) procedural documentation/reporting, and (5) patient follow-up care planning. By the end of the rotation, the students will be knowledgeable about the most common procedures performed by VIR, and pre- and post- procedure patient care. NOTE: Students that take this two week selective may not take the fourth year course equivalent, RADIOL 404C. For more information about the course or if you have registered for the course, please contact Dr. Martin at [jonathan.g.martin@duke.edu](mailto:jonathan.g.martin@duke.edu). Enrollment Max: 2; Credit 2. *Jonathan G. Martin, MD*

## Clinical Science Electives

**RADIOL-402C. Breast Imaging.** The 4th year elective in Breast Imaging is designed to enhance the medical student's learning by teaching a rational approach to symptoms and concerns involving the breast, and the implementation of oncologic and surgical care after biopsy proven pathology is identified. The student will be exposed to full field digital mammography, breast ultrasound, breast MRI, and image guided interventional procedures such as needle localization prior to surgical biopsy, and stereotactic, ultrasound, and MRI-guided core biopsies. Students will also observe and have opportunity to practice skills at providing compassionate patient care through patient interactions to promote breast health, during tense encounters such as breast biopsy, and potentially high-anxiety situations such as discussing potentially abnormal mammographic results. The elective can be customized based on the student's interests and plans for residency. This course would be beneficial to students interested in Radiology, Family Medicine, or Obstetrics & Gynecology. For questions please contact Dr. Kim via email at [connie.kim@dm.duke.edu](mailto:connie.kim@dm.duke.edu) or Beverly Harris ([beverly.harris@dm.duke.edu](mailto:beverly.harris@dm.duke.edu)), 919-684-7645. Credits: 2. Enrollment max: 2 (1 student per two-week period). This two-week course is not available to visiting students. *Connie Kim, MD; Jay A. Baker, MD; Sujata Ghate, MD; Lars Grimm, MD; Karen S. Johnson, MD; Mary Scott Soo, MD; Michael Taylor Cho, MD; Ruth Walsh, MD; and Sora Yoon, MD*

**RADIOL-403C. Genitourinary Imaging.** The 4th year elective in Genitourinary Imaging (GUI) is designed to educate medical students pursuing a career in urology about the most common procedures within the field of GUI. The students will be involved in: (1) education about the diverse imaging modalities used in GUI; (2) imaging indications and techniques unique to GUI; and (3) review and interpretation of various studies. Documentation skills will be taught. By the end of the rotation, the student should be capable of preliminary interpretation of GU imaging studies. Permission of the instructor is required for enrollment. Credit: 4. Enrollment max: 1. Direct questions about the course to Dr. Leder, [richard.leder@dm.duke.edu](mailto:richard.leder@dm.duke.edu). Secondary contact: Deborah Griffin ([deborah.griffin@duke.edu](mailto:deborah.griffin@duke.edu)). *Richard Leder, MD; Other Abdominal Imaging Faculty*

**RADIOL-404C. Vascular and Interventional Radiology.** All physicians will encounter patients who will undergo interventional procedures. The 4th year elective in Vascular and Interventional Radiology (VIR) is designed to educate medical students about the most common procedures performed by VIR. The students will be involved in: (1) pre-procedural patient care: focused patient assessment (in a clinic setting, as well as in the inpatient consult setting), review of imaging, and informed consent process; (2) intra-procedural care: devices, terminology, and technique; and (3) post-procedural patient care: focused patient assessment (in the radiology recovery room, as well as in the patient setting), procedural documentation/reporting, and patient follow-up plan. Documentation skills will be taught. By the end of the rotation, the student should be capable of determining whether a procedure is needed routinely, urgently, or emergently; will be able to select the most indicated procedure based on patient presentation (develop a management plan); and will be knowledgeable about pre- and post-procedure patient care. This two-week, two-credit course is not available to visiting medical students. For more information about the course or if you have registered for the course, please contact Course Director: Jonathan G Martin, MD, [jonathan.g.martin@duke.edu](mailto:jonathan.g.martin@duke.edu). Secondary Contact: Deborah Griffin, [deborah.griffin@duke.edu](mailto:deborah.griffin@duke.edu). Students that took Radiol 222C during the second year are not eligible to take RADIOL 404C. Credits: 2. Enrollment max: 1. *Jonathan G. Martin, MD; Nicholas Befera, MD; Charles Kim, MD; Waleska Pabon-Ramos MD/MPH; James Ronald, MD/PhD; Alan Sag, MD; Tony Smith, MD; and Paul Suhocki, MD*

**RADIOL-405C. Fourth Year Subspecialty Radiology Rotation for the Longitudinal Integrated Curriculum.** This course

completes the LIC student's final two weeks of the educational requirement in the area field of radiology. The student will select a subspecialty area for study and clinical experience based on their personal interest. Choices include imaging of the following systems or modalities: Abdomen (Adult CT/MRI/US/GI fluoroscopy), Breast, Cardiothoracic, Musculoskeletal, Neurologic, Pediatric, Nuclear Medicine, and Vascular Interventional. Students will have two weeks of clinical experience in which they will participate in imaging examination preparation, acquisition and interpretation. Course Directors: Jonathan G Martin, MD, [jonathan.g.martin@duke.edu](mailto:jonathan.g.martin@duke.edu) and Robert French, MD [robert.french@duke.edu](mailto:robert.french@duke.edu). Secondary Contact: Deborah Griffin, [deborah.griffin@duke.edu](mailto:deborah.griffin@duke.edu). Credit: 2; Maximum enrollment: 2. *Jonathan Martin, MD; Robert French, MD Caroline Carrico: Logan Bisset, Pediatrics; Lisa Ho and Chad Miller, Adult abdominal imaging; Joe Mammarappallil, Cardiothoracic imaging; Michael Malinzak, Neuroradiology; Chuck Spritzer, Musculoskeletal imaging; Brandon Howard, Nuclear Medicine imaging; Jonathan Martin, Vascular and Interventional; Connie Kim, Breast imaging*

**RADIOL-406C. Advanced Vascular and Interventional Radiology.** All students will encounter patients who will undergo interventional procedures. The 4th-year elective in Vascular and Interventional Radiology (VIR) is designed to educate medical students about the most common procedures performed by VIR. The students will be involved in: (1) pre-procedural patient care: focused patient assessment (in a clinic setting, as well as in the inpatient consult setting), review of imaging, and informed consent process; (2) intra-procedural care: devices, terminology, and technique; and (3) post-procedural patient care: focused patient assessment (in the radiology recovery room, as well as in the inpatient setting), procedural documentation/reporting, and patient follow-up plan. Documentation skills will be taught. By the end of the rotation, the student should be capable of determining whether a procedure is needed routinely, urgently or emergently; will be able to select the most indicated procedure based on patient presentation (develop a management plan); and will be knowledgeable about pre- and post- procedure patient care. Pre-requisites: Permission of the instructor is required. Students that take the two-credit Vascular & Interventional Radiology (VIR) course are not eligible to take this four credit elective. Enrollment Max. 2; Credit: 4. Course Director: Jonathan G Martin, MD, [jonathan.g.martin@duke.edu](mailto:jonathan.g.martin@duke.edu). Secondary Contact: Deborah Griffin, [deborah.griffin@duke.edu](mailto:deborah.griffin@duke.edu). *Jonathan G. Martin, MD; Nicholas Befera, MD; Charles Kim, MD; Waleska Pabon-Ramos MD/MPH; James Ronald, MD/PhD; Alan Sag, MD; Tony Smith, MD; and Paul Suhocki, MD*

**RADIOL-420C. Pediatric Radiology.** Pediatric radiology is unique from other radiology subspecialties in that almost all imaging modalities (plain film, ultrasound, fluoroscopy, CT, MR examinations) and organ systems (e.g. brain and spine, chest, gastrointestinal tract, musculoskeletal system) are evaluated on a daily basis. Moreover, there are many disease processes and presentations that are unique to children. The importance of understanding normal vs abnormal development is also unique to pediatric imaging. Students can learn by observing patients, nurses, technologists and radiologists during image acquisition in pediatric fluoroscopy, ultrasound, CT and MRI as well as in the reading room observing and helping the radiology residents, fellows and attendings protocol, interpret, and discuss pediatric imaging cases. The imaging modalities used to evaluate a child's injury or illness are openly discussed, during film interpretation. Each history is reviewed, clinical question addressed, and the exams are formulated to optimize obtainable information while minimizing patient risks (e.g. radiation exposure or need for sedation). Other learning tools include computer access to teaching file cases, online teaching files, daily case conferences and subspecialty multispecialty case conferences. Medical students are encouraged to ask questions and participate in preliminary film interpretation and to dictated several live cases that will be staffed by an attending radiologist. Two cases are to be selected and briefly presented at an interesting case conference. A rubric for the case presentation expectations will be provided. This case will be added to the division's electronic teaching file. There is an extensive "to do" list to guide study and encourage physician and patient interaction. This "to do" list is to be completed and turned in for assessment. A copy of Pediatric Radiology by Lane Donnelly is available for loan during the rotation, assigned reading also includes some selected articles from the pediatric radiology literature. An introductory text is available on loan from the pediatric radiology division. A written or oral exam may be given at the end of the course. Two days of absence are allowed. For more information, please contact Dr. Caroline Carrico at 919-684-7514 or [carrio26@mc.duke.edu](mailto:carrio26@mc.duke.edu) or her assistant Candie Stewart. Course begins at 8:30 a.m. in Pediatric Radiology Division, 1st Floor Children's Health Center - 1905B. Credit: 4. Enrollment: max 1 (more than one is possible with special permission some months). Pediatric Radiology Faculty include: *Caroline Carrico, MD (course director); Charles Maxfield, MD Division Chief, Donald Frush, MD, Logan Bisset, MD, Ana Gaca, MD*

**RADIOL-421C. Clerkship in Neuroradiology.** A specialized program of detailed instruction in neuroradiology. The program includes participation in many interdepartmental conferences and the performance and interpretation of a variety of examinations including cerebral angiography, computerized axial tomography, magnetic resonance images, and myelography. This is mainly an observational rotation. There is an optional honors presentation available for credit. Grade is based on reading room attendance and conference attendance. For more information, please contact Dr. James Eastwood at (919)684-7466 or via email at [eastwo04@mc.duke.edu](mailto:eastwo04@mc.duke.edu). Secondary contact: Babbie Williams, (919) 684-7406. Due to Covid-19, the course will be virtual for now. Students will be doing virtual readouts, via Webex readouts, and conferences. Students may contact (919-684-7213 to obtain the attendings Webex addresses for readouts. For more information and meeting times, please reach out to Babbie Williams ([babbie.williams@duke.edu](mailto:babbie.williams@duke.edu).) Credit: 4. Enrollment: max 2. *James Eastwood, MD and staff*

**RADIOL-437C. Musculoskeletal Imaging.** During this four week elective, the student will be exposed to conventional x-rays in bone radiology, emergency room bone films, bone tumor films and musculoskeletal MRI. At the conclusion, the student will be able to identify fractures and have a working knowledge of musculoskeletal radiology. A case presentation will be required. There is a test at rotation's end. For more information, please contact Dr. Charles Spritzer via email at [chuck.spritzer@duke.edu](mailto:chuck.spritzer@duke.edu). Secondary Contact: Kisha Young ([kisha.young@duke.edu](mailto:kisha.young@duke.edu)). Credit 4. Enrollment: max. 2. *Charles Spritzer, MD; Caroline Carrico, MD; Drs. R. Lee Cotheran, Jr., MD; Clyde Helms, MD; Erin McCrum, MD; Nick Said, MD; and Emily Vinson, MD*

## Study Away

### Clinical Science Electives

**STDYAWAY-410C. Extra-Mural Clinical.** Approved fourth year experience at another location.

**STDYAWAY-411C. Study Away at UNC.** Fourth year clinical elective at UNC. Upon receipt of the acceptance letter from UNC, and approval of the 4th Year Visiting Student application, the School of Medicine Registrar's Office staff will process the enrollment for study away at UNC.

**STDYAWAY-421C. Study Away at Wake Forest University School of Medicine.** Fourth year clinical elective at Wake Forest University (WFU). Upon receipt of the acceptance letter from WFU, and approval of the 4th Year Visiting Student application, the School of Medicine Registrar's Office staff will process the enrollment for study away at WFU.

**STDYAWAY-431C. Study Away at East Carolina University School of Medicine.** Fourth year clinical elective at East Carolina University School of Medicine (ECU). Upon receipt of the acceptance letter from ECU, and approval of the 4th Year Visiting Student application, the School of Medicine Registrar's Office staff will process the enrollment for study away at ECU.

**STDYAWAY-440C. Externship in Inpatient Care at Teaching Hospital Karapitiya and Mahamodara Galle in Sri Lanka.** Management of patients admitted to the Medicine/Surgical wards at Teaching Hospital Karapitiya and Teaching Hospital Mahamodara Galle in Sri Lanka. The student will function under the guidance of Professor P.L. Ariyananda. The extern would assist with admissions, and day to day care of patients. Outpatient care will also be important. Independence and innovation by the student will be particularly important. Credit: 4 Max: 2 *Truls Ostbye, MD, MPH, MBA, PhD*

## Surgery

**Chair:** Allan D. Kirk, MD, PhD, FACS; David C. Sabiston, Jr. Professor of Surgery

**Assistant:** Stephanie Belvin

**Chief Administration Officer:** Katherine Stanley

**Campus PO Box:** 3704

**Phone:** (919) 681-3445

**Fax:** (919) 681-2779

### Required Courses

**SURGERY-205C. Surgery.** The required course in surgery is given in the second year and consists of an eight-week clinical clerkship. The primary goal is to provide a rich experience in the discipline of surgery while introducing students to the practice and principles of surgery. The objectives of this course are satisfied in a variety of ways. Students are actively incorporated into the surgical services. Students are divided into two groups, one at Duke University and the other at the Veterans Administration Medical Center, and each works with Duke Surgical residents and members of the surgical faculty in the traditional surgical disciplines and surgical specialties. Students are assigned patients on the surgical wards where they serve a crucial role in the care, diagnosis, management, and follow-up of their patients. Clinical rounds are made daily and provide real-time patient care experience and instruction. The fundamental topics which form the foundation of surgical practice are presented at bi-weekly seminars with presentations by senior staff of the Duke University Department of Surgery. The subjects discussed include a broad range of topics in general, thoracic, transplant and vascular surgery in addition to the surgical specialties encompassing neurosurgery, orthopaedics, otolaryngology, plastic surgery, and urology/ Students are also given an opportunity to re-inforce their knowledge of anatomy and physiology. These fundamental principles are discussed during dissections of fresh tissue performed in the Duke University of Surgery Fresh Tissue Laboratory. Students are also given an opportunity to test their hand eye coordination in the Surgical Education and Activities Lab. The entire experience is consolidated during various sessions in experimental surgery, during which each student serves as the anesthesiologist, first assistant, and operating surgeon in performance of surgical procedures on experimental animals. For questions, please contact Thomas Latta, Program Coordinator, via email, [thomas.latta@duke.edu](mailto:thomas.latta@duke.edu). Credit: 8. *Cory Vatsaas, MD*

**SURGERY-206C. Primary Care Leadership Track (PCLT) - Surgery.** The required course in surgery is given in the second year and consists of an eight-week clinical clerkship. The primary goal is to provide a rich experience in the discipline of surgery while introducing students to the practice and principles of surgery. The objectives of this course are satisfied in a variety of ways. Students are actively incorporated into the surgical services. Students are divided into two groups, one at Duke University and the other at the Veterans Administration Medical Center, and each works with Duke Surgical residents and members of the surgical faculty in the traditional surgical disciplines and surgical specialties. Students are assigned patients on the surgical wards where they serve a crucial role in the care, diagnosis, management, and follow-up of their patients. Clinical rounds are made daily and provide real-time patient care experience and instruction. The fundamental topics which form the foundation of surgical practice are presented at bi-weekly seminars with presentations by senior staff of the Duke University Department of Surgery. The subjects discussed include a broad range of topics in general, thoracic, transplant and vascular surgery in addition to the surgical specialties encompassing neurosurgery, orthopaedics, otolaryngology, plastic surgery, and urology/ Students are also given an opportunity to re-inforce their knowledge of anatomy and physiology. These fundamental principles are discussed during dissections of fresh tissue performed in the Duke University of Surgery Fresh Tissue Laboratory. Students are also given an opportunity to test their hand eye coordination in the Surgical Education and Activities Lab. The entire experience is consolidated during various sessions in experimental surgery, during which each student serves as the anesthesiologist, first assistant, and operating surgeon in performance of surgical procedures on experimental animals. For questions, please contact Thomas Latta, Program Coordinator, via email, [thomas.latta@duke.edu](mailto:thomas.latta@duke.edu). Credit: 8. *Cory Vatsaas, MD*

**SURGERY-209C. Longitudinal Integrated Curriculum - Surgery.** The required course in surgery is given during the second year and consists of a two-week inpatient clinical clerkship and a longitudinal outpatient component. The primary goal is to provide a rich



experience in introducing students to the practice and principles of surgery. The objectives of this course are satisfied in a variety of ways. Students are actively incorporated into the surgical services at Duke Regional Hospital inpatient service. Students work with Duke Surgical residents and members of the surgical faculty in the traditional surgical disciplines and surgical specialties. Students are assigned patients on the surgical wards where they serve a crucial role in the care, diagnosis, management, and follow-up of their patients. Clinical rounds are made daily and provide real-time patient care experience and instruction. LIC students will participate when possible in the bi weekly seminars presented by senior staff of the Duke University Department of Surgery. The subjects discussed include a broad range of topics in general, thoracic, transplant and vascular surgery in addition to the surgical specialties encompassing neurosurgery, orthopedics, otolaryngology, plastic surgery, and urology. Students are also given an opportunity to reinforce their knowledge of anatomy and physiology. For questions, please contact Thomas Latta, Program Coordinator, via email, [thomas.latta@duke.edu](mailto:thomas.latta@duke.edu). Credit: 8. *Cory Vatsaas, MD*

## Second Year, Two-Week Clinical Selectives

**SURGERY-223C. From Cosmesis to Reconstruction, from Infants to the Elderly.** This plastic surgery selective is designed to introduce the second year medical student to the medical and surgical aspects of comprehensive plastic surgery, including the subspecialties (hand, aesthetics, extremity salvage, soft tissue coverage, craniomaxillofacial, reconstructive microsurgery). There will be didactic instruction with patient care exposure in the clinic setting, outpatient surgery center and the operating room. Secondary Contact: Colleen McDowell via email [colleen.mcdowell@duke.edu](mailto:colleen.mcdowell@duke.edu). Permission is required for enrollment. Please contact Colleen McDowell for permission number. Clinical Contact for students: Erica Sudyk, ([erica.sudyk@duke.edu](mailto:erica.sudyk@duke.edu)). Credit: 2. Enrollment Max. 2, unless otherwise noted. Location and time: Duke North 6300 ward at 6:00am. *Geoffroy Sisk, MD and Erica Sudyk, PA-C*

**SURGERY-224C. Surgical Critical Care in the Modern Era.** The Surgical Critical Care Selective introduces the second year medical student to the comprehensive care of the critically ill surgical patient. Students participate in the care of: the postoperative patient, the septic patient, the patient after multiple trauma, the patient suffering from multi-system organ failure, and the patient with acute lung injury/acute respiratory distress syndrome. Students are part of the Surgical Critical Care team. Students present on rounds, participate in didactic sessions, and experience direct patient care exposure in the Surgical Intensive Care Unit (SICU) setting. Students will be able to learn from attendings, fellows, residents, PA/NPs, and other ancillary staff. Usual shifts are 6am-6pm including signout. Students are advised to experience one week of night call during the selective in order to maximize one's experience. Please plan on attending fellow lectures, journal club, critical care grand rounds, and other opportunities during your time in the SICU. Credit: 2. Enrollment Max. 3. Location: DMP - 6W, SICU- 6:00 a.m. Please report to the resident at the computer stations on the high-numbered side of the SICU for sign out at 6:00am. The fellow and attendings rotate weekly and will help facilitate your first day. For more information and to confirm meeting location and time, please contact: Dr. Cory Vatsaas via email, [cory.vatsaas@duke.edu](mailto:cory.vatsaas@duke.edu). Students should contact Dr. Vatsaas one week prior to the selective to discuss expectations and to clarify their first day plan. *Cory Vatsaas, MD*

**SURGERY-225C. Modern General Thoracic Surgery: Multidisciplinary Approach to Complex Thoracic Disorders.** This thoracic surgery selective is designed to introduce the second year medical student to the multidisciplinary approaches to thoracic surgery, with a focus on minimally invasive surgery, thoracic surgical oncology, and robotics. Students will be involved in the evidence-based evaluation and management of lung cancer, esophageal cancer, mediastinal tumors, and other malignant as well as benign thoracic disorders. There will be extensive exposure to patient care in the operating room, the hospital and the clinic, in addition to didactic instruction. Credit: 2. Enrollment Max.4. Location: DMP, time to be arranged. Contact: Students should contact Dr. D'Amico at Phone (919) 681-0491 or via email at [thomas.damico@duke.edu](mailto:thomas.damico@duke.edu). *Thomas A. D'Amico, MD*

**SURGERY-226C. Modern Cardiac Surgery: From CABG to Gene Therapy.** This cardiothoracic surgery selective is designed to introduce the second year medical student to the medical and surgical aspects of comprehensive cardiothoracic surgery, including some of the most commonly performed heart operations in adults such as coronary artery bypass grafting (CABG) and aortic valve replacement (AVR). There will also be opportunities to be exposed to other cardiothoracic operations, such as mitral valve surgery, heart and lung transplantation, minimally invasive cardiothoracic surgery, congenital cardiac repair, redo cardiothoracic surgery, and robotic cardiac surgery. Students will be provided didactic instructions, with patient care experience in the clinic setting, hospital wards, and the operating room. Credit: 2. Enrollment Max. 4. Course Director: Shu S. Lin, M.D; PhD. Contact: Please email Dr. Lin at [shu.lin@duke.edu](mailto:shu.lin@duke.edu) and copy Melissa Nystrom ([melissa.nystrom@duke.edu](mailto:melissa.nystrom@duke.edu)) for more information and to find out the time and location for the first day of classes. *Shu S. Lin, MD/PhD*

**SURGERY-227C. Urology.** This urology selective is designed to introduce the second year medical student to the medical and surgical aspects of comprehensive urologic surgery, including the kidneys, ureters, bladder and male reproductive system and its subspecialties (pediatric, incontinence in the male and the female, sexual dysfunction, benign disease of the urogenital tract, malignant disease of the urogenital tract, reconstruction after tumor surgery, trauma). There will be didactic instruction with patient care exposure in the clinic setting, emergency department, outpatient surgery center and the operating room. Please contact Dr. Karen Baker at [karen.baker@duke.edu](mailto:karen.baker@duke.edu).one week prior to starting the rotation. Secondary contact: Apryl Graham ([apryl.graham@duke.edu](mailto:apryl.graham@duke.edu)). Credit: 2. Enrollment Max. 2. *Karen Baker, MD*

**SURGERY-229C. Early Experience in Emergency Medicine.** The American College of Emergency Physicians defines emergency medicine as "the medical specialty with the principal mission of evaluating, managing, treating and preventing unexpected illness and injury." In this selective, students will gain firsthand exposure to the approach to the undifferentiated emergency medical patient, including essential diagnostic and therapeutic measures. Students will be paired with emergency medicine attending physicians or senior emergency medicine residents to gain exposure to the principles of emergency diagnosis, treatment, and disposition. Students will work 7 shifts in the emergency department which will be a variety of morning, afternoon, and overnight time slots and will include both weekdays and weekends. Most shifts will be at Duke University Hospital while a few may take place at the Durham VA Emergency Department. Didactic lectures typically occur on Monday and Thursday mornings. Credit 2. Enrollment max. 2 (but may vary in different sections). Location: Will be provided in an introductory email but is typically 1pm in conference room 2619 in the 2nd floor administrative suite above the ED. Contact: Students should contact Dr. Gordon with any questions via email [davidc.gordon@duke.edu](mailto:davidc.gordon@duke.edu). Secondary contact: Kristin Campbell ([kristin.l.campbell@duke.edu](mailto:kristin.l.campbell@duke.edu)). *David Gordon, MD*



**SURGERY-230C. Trauma and Acute Care Surgery.** This course is designed to provide students interested in trauma and acute care surgery with further experience in the emergency department and the operating room. The course emphasizes patient care in the areas of trauma and emergency general surgery. Students will be able to assist and observe the triage and resuscitation of leveled trauma patients in the emergency department, operative care of patients with multi-system trauma injuries, operative care of patients with acute surgical problems, and participate in overall patient care of these critically ill patients. Students will work closely with attendings, fellows, residents, and PA/NPs to care for our patients in a multi-disciplinary manner. Operative exposures vary but will be numerous during the course. Other educational opportunities will include M/W/F multidisciplinary rounds, 7:00am morning report, and Thursday morning trauma lecture educational series. Students will work alongside residents with a 6:00am-6:00pm shifts plus sign out. Students are encouraged to consider participating with night call from 6:00pm-6:00am at some time during the rotation. Students will be expected to participate and present educational topics during our weekly trauma educational series. Credit: 2. Enrollment: max 1. Please report to the general surgery resident workspace on Duke North 2100 at 6:00am. You will meet and work closely with the trauma chief. Attendings rotate weekly and residents rotate monthly but the trauma chief will help facilitate your first day. For more information and to confirm meeting location and time, please contact: Dr. Cory Vatsaas via email, [cory.vatsaas@duke.edu](mailto:cory.vatsaas@duke.edu). *Cory Vatsaas, MD*

**SURGERY-231C. Essentials of Pediatric Surgery.** The objective of this course is to present the student to a wide array of pediatric surgical conditions. The student will be introduced to various congenital anomalies and pediatric surgical pathophysiology. Curriculum consists of exposure to inpatient (operating room, wards, intensive care units), emergency room, and outpatient care. The student is expected to attend all conferences, lectures, and become an integral part of the surgical team. Credit: 2. Enrollment Max: 2. Location: Pediatric Surgery Office (HAFS 6680), 6:00am. Course contact: *Tamara Fitzgerald, MD/PhD* ([tamara.fitzgerald@duke.edu](mailto:tamara.fitzgerald@duke.edu)); Other faculty: *Henry Rice, MD; and Elisabeth Tracy, MD*

**SURGERY-232C. Introduction to Endocrine Surgery.** The Endocrine Surgery Selective will allow second year medical students to be exposed to, and participate in, the preoperative, intraoperative, and postoperative care of endocrine surgery patients. This patient population encompasses a wide variety of benign, malignant, hormonally active, and hereditary endocrine diseases of the thyroid, parathyroid, adrenal, and neuro-endocrine pancreas/systems which are evaluated in a multidisciplinary clinic along with medical endocrinology, oncology, pathology, genetics, and radiology. A working knowledge of these diseases and their multidisciplinary management is critical to a career in internal medicine or surgery, in particular. Credit: 2. Enrollment: max 2, min 1. *Randall P. Scheri, MD; Hadia Kazaure, MD; Jennifer Perkins, MD; Michael Stang, MD*

### Required Second Year Elective (PCLT and LIC tracks)

**SURGERY-242C. Emergency Medicine: Longitudinal Experience.** This course provides an emergency medicine/acute care experience for students enrolled in the Primary Care Longitudinal Track (PCLT) or Longitudinal Integrated Clerkship (LIC). Students will work a total of 13 clinical shifts across different sites: Duke University Hospital (DUH) Emergency Department, Durham VA Emergency Department, and Duke Urgent Care. At least one of these shifts will be spent in the resuscitation area of DUH Emergency Department participating in the care of critically ill patients. Through this course students will develop their skills in evaluating undifferentiated patients, performing focused patient assessments, developing differential diagnoses, and recognizing high-acuity medical conditions. Enrollment will be in the spring term. Enrollment Max. 16; Credit: 4. For more information, please contact Dr. David Gordon ([davidc.gordon@duke.edu](mailto:davidc.gordon@duke.edu)). *David Gordon, MD*

### Clinical Science Electives

**SURGERY-242C. Emergency Medicine: Longitudinal Experience.** This course provides an emergency medicine/acute care experience for students enrolled in the Primary Care Longitudinal Track (PCLT) or Longitudinal Integrated Clerkship (LIC). Students will work a total of 13 clinical shifts across different sites: Duke University Hospital (DUH) Emergency Department, Durham VA Emergency Department, and Duke Urgent Care. At least one of these shifts will be spent in the resuscitation area of DUH Emergency Department participating in the care of critically ill patients. Through this course, students will develop their skills in evaluating undifferentiated patients, performing focused patient assessments, developing differential diagnoses, and recognizing high-acuity medical conditions. Enrollment will be in the spring term. The course will be graded P/F. Enrollment Max. 16; Credit: 4. For more information, please contact Dr. David Gordon ([davidc.gordon@duke.edu](mailto:davidc.gordon@duke.edu)). *David Gordon, MD*

**SURGERY-401C. Advanced Surgical Clerkship.** The course aims to provide an intense educational experience with graded responsibility of surgical care. The student selects a specific surgeon mentor and is expected to attend multidisciplinary conferences, e.g. gastrointestinal, vascular, transplant, endocrine, oncology, etc. The student is expected to evaluate surgical patients in an outpatient setting as well as participating in inpatient and operative patient care. Attendance at clinical research conferences, case conferences, grand rounds, and sub-specialty conferences is required. Graded patient care responsibility under supervision is encouraged to prepare the student for future assumption of duties as a house officer able to diagnose and treat surgical diseases. Students must verify with the specific attending that he/she is available during the time the student wishes to enroll in Surgery 401C. Only one student can work with a specific attending during any one-time period. Permission of instructor is required. For information about the course, please contact Dr. Kevin N. Shah at [kevin.n.shah@duke.edu](mailto:kevin.n.shah@duke.edu) or by phone at 684-6553. To obtain permission (and permission numbers) to enroll in the course, students should contact Ben Latta via email at [thomas.latta@duke.edu](mailto:thomas.latta@duke.edu). Credit: 5. Enrollment: min. 1, max 8. *Kevin N. Shah, MD. Available mentors: Suresh Agarwal, MD; Peter Allen, MD; Andrew Barbas, MD; Trey Blazer, MD; Benjamin Bryner, MD; Mitchell Cox, MD; Thomas D'Amico, MD; Georgia Beasley, MD; Jeffrey Gaca, MD; Donald Glower, MD; Rachel Greenup, MD; John Haney, MD; David Harpole, Jr., MD; Sandhya Lagoo, MD/PhD; Shelly Hwang, MD/MPH; Stuart Knechtle, MD; Michael Lidsky, MD; Andrew Lodge, MD; Christopher Mantyh, MD; John Migaly, MD; Theodore Pappas, MD; Dana Portenier, MD; Kadiyala Ravindra, MD; Henry Rice, MD; Laura Rosenberger, MD; Randall Scheri, MD; Jacob Schroder, MD; Cynthia Shortell, MD; Julie Thacker, MD; Elisabeth Tracy, MD; Betty Tong, MD; Steven Vaslef, MD/PhD; Cory Vatsaas, MD; and Sabino Zani, MD*

**SURGERY-402C. Emergency Medicine Sub-Internship.** This sub-internship is designed for students with a career interest in emergency medicine. Students will hone their approach to the emergency medical patient, including essential diagnostic and

therapeutic measures. The experience will encourage the development of skills important to the practice of emergency medicine including differential diagnosis, managing multiple patients, communicating with consultants, and making appropriate dispositions. Efforts are made to coordinate the majority of a student's shifts with a core group of faculty to provide mentorship. Students will attend weekly medical student lectures, Thursday morning resident conferences, and deliver a final case presentation. For more information, please contact Dr. David Gordon at 681-2820 or via email, [davidc.gordon@duke.edu](mailto:davidc.gordon@duke.edu). Secondary Contact: Kristin Campbell ([Kristin.l.campbell@duke.edu](mailto:Kristin.l.campbell@duke.edu)). Prerequisites: Students must have already completed a prior emergency medicine rotation and permission of the instructor is required. Please try to contact the course director at least several weeks in advance of enrollment to help guarantee availability. First day meeting: 1:00 p.m. in the conference room located in the emergency services administrative suite above the emergency department. Credit: 5. max: variable. Offered in summer 43 only, summer 44 only, and all fall sections. *David Gordon, MD*

**SURGERY-403C. Sub-Internship Plastic Surgery Integrated Program.** This course is designed for students who have an interest in plastic surgery as a career. Duties are similar to a first year resident. This course provides the student with an in-depth overview of clinical activities, emergency room call, inpatient care and assisting in the operating room, ward rounds and conference participation. This course will also provide primary responsibility for patient care similar to an internship in a supervised fashion. This rotation will involve more time commitment than our regular rotation with additional call and work responsibilities of up to 80 hours a week. Pre-requisite: Permission is required. For more information and/or to obtain a permission number, students should contact Colleen McDowell ([colleen.mcdowell@duke.edu](mailto:colleen.mcdowell@duke.edu)). Clinical Contact for Students: Erika Sudyk ([erika.sudyk@duke.edu](mailto:erika.sudyk@duke.edu)) Enrollment Max: 3. Credits: 5. *Geoffroy Sisk, MD and Erika Sudyk, PA-C*

**SURGERY-405C. Introduction to Point of Care Ultrasound.** The 4th year elective in Point of Care Ultrasound aims to educate medical students in the core applications of bedside ultrasound. The students will be introduced to both the skills of image acquisition and image interpretation. The course will consist of: (1) education about uses and indications for point of care ultrasound with didactics; (2) hands on teaching about the acquisition of images with both simulators and live emergency department patients; (3) time dedicated to learning image interpretation of bedside ultrasounds. By the end of rotation, the student will have an introductory understanding of the indications for, skills to perform, and the clinical integration of bedside ultrasound into patient care. During spring 2020 section 42, the course will be offered in one-week periods. Students will rank their preferred weeks once enrollment has ended to determine their final schedules. For more information, please contact Dr. Peethumnongsin via email, [erica.peethumnongsin@duke.edu](mailto:erica.peethumnongsin@duke.edu). Credit: 1. Enrollment: max:6; min: 2. If the minimum number of students do not enroll in the course, that section or sections will be cancelled. Course is graded "Credit/No Credit". *Erica Peethumnongsin, MD, PhD; Kevin Gurysh, MD; Rebecca Theophanus, MD*

**SURGERY-406C. Endocrine Surgery.** The Endocrine Surgery Elective will allow fourth year medical students to be exposed to and participate in the preoperative, intraoperative and postoperative care of endocrine surgery patients. This patient population encompasses a wide variety of benign, malignant, hormonally active, and hereditary endocrine diseases of the thyroid, parathyroid, adrenal and neuro-endocrine pancreas/systems which are evaluated in a multidisciplinary clinic along with medical endocrinology, oncology, pathology, genetics, and radiology. A working knowledge of these diseases and their multidisciplinary management is critical to a career in internal medicine or surgery. Permission of the instructor is required. For more information about the course students should contact Dr. Randall Scheri at [r.scheri@duke.edu](mailto:r.scheri@duke.edu). Students should report to Dr. Scheri's office located at 463 Seeley Mudd Building on the first day of class. Credit: 4. Enrollment max: 2. *Randall P. Scheri, MD; Hadiza Kazaure, MD; and Michael Stang, MD*

**SURGERY-407C. Direct Observation and IPE Student Clinic Leadership Elective I.** Senior students provide leadership to the direct observation and IPE student clinic. Students will help define goals for the clinic, barriers to achieving these goals, and solutions to these barriers. Main roles will include leading the clinical team (responsibility for direct clinical operations, such as opening the clinic each night, selection of clinic patients, teaching and providing feedback to other learners in clinic) and engaging in quality improvement that impacts the learners (i.e. developing formal teaching modules/videos/simulations) and that impacts patients (patient access to health care, patient flow, patient satisfaction, patient outcomes and or learner). This elective will give students a direct role in shaping a clinic for patient care. Students will gain insight into important aspects of systems-based practice: from laws governing care to patients with possible emergent/urgent medical conditions, to health care finance and reform, and healthcare reimbursement. The elective will run through the entire semester and the clinic sessions are not expected to be consecutive. For one credit the students will be expected to: • 7 IPE sessions • Patient follow up activity/academic research endeavor: 2 hours, to be scheduled with Drs. Leiman/Waite. • One Multimedia Educational Project with presentation to fellow students and faculty at end of rotation. • For 2 credits the student will be expected to: • 12 IPE sessions • Patient follow up activity/academic research endeavor: 4 hours, to be scheduled with Drs. Leiman/Waite. • One Multimedia Educational Project with presentation to fellow students and faculty at end of rotation. • One significant QI project to be done longitudinally through rotation and presented at conclusion of rotation. Expectation is that this will need to be semester long in order to complete a PDSA cycle. For more information, please contact Dr. Waite at [Kathleen.waite@duke.edu](mailto:Kathleen.waite@duke.edu) or Dr. Leiman at [erin.leiman@duke.edu](mailto:erin.leiman@duke.edu). Credit. 1-2; Enrollment Max: 2. *Kathleen Waite, MD and Erin Leiman, MD*

**SURGERY-408C. Direct Observation and IPE Student Clinic Leadership Elective II.** Senior students provide leadership to the direct observation and IPE student clinic. Students will help define goals for the clinic, barriers to achieving these goals, and solutions to these barriers. Main roles will include leading the clinical team (responsibility for direct clinical operations, such as opening the clinic each night, selection of clinic patients, teaching and providing feedback to other learners in clinic) and engaging in quality improvement that impacts the learners (i.e. developing formal teaching modules/videos/simulations) and that impacts patients (patient access to health care, patient flow, patient satisfaction, patient outcomes and or learner). This elective will give students a direct role in shaping a clinic for patient care. Students will gain insight into important aspects of systems-based practice: from laws governing care to patients with possible emergent/urgent medical conditions, to health care finance and reform, and healthcare reimbursement. The elective will run through the entire semester and the clinic sessions are not expected to be consecutive. For 3 credits the student will be expected to: • 17 IPE sessions • Patient follow up activity/academic research endeavor: 6 hours, to be scheduled with Drs. Leiman/Waite. • One Multimedia Educational Project with presentation to fellow students and faculty at end of rotation. • One significant QI project to be

done longitudinally through rotation and presented at conclusion of rotation. Expectation is that this will need to be semester long in order to complete a PDSA cycle. For 4 credits the student will be expected to: • 22 IPE sessions • Patient follow up activity/academic research endeavor: 8 hours, to be scheduled with Drs. Leiman/Waite. • One Multimedia Educational Project with presentation to fellow students and faculty at end of rotation. • One significant QI project to be done longitudinally through rotation and presented at conclusion of rotation. Expectation is that this will need to be semester long in order to complete a PDSA cycle. For more information, please contact Dr. Waite at [Kathleen.waite@duke.edu](mailto:Kathleen.waite@duke.edu) or Dr. Leiman at [erin.leiman@duke.edu](mailto:erin.leiman@duke.edu). Credit: 3-4; Enrollment Max: 1 *Kathleen Waite, MD and Erin Leiman, MD*

**SURGERY-409C. Surgical Technique and Review Course (STAR).** Surgical Technique and Review (STAR) Course. This course will provide formal instruction to prepare 4th year medical students for their upcoming duties as interns in general surgery. Students will be exposed to common diagnostic scenarios, pre- and post-operative patient care, extensive technical skill training, surgical anatomy, wound management, and how to interpret surgical literature critically. This course will also feature mock pages to challenge students to respond to common surgical scenarios. It concludes with two full days performing surgery on fresh frozen human tissue under resident and attending guidance. The Department of Surgery fully funds this course with housestaff and faculty serving as instructors throughout the two weeks. Students will receive a welcome email detailing the schedule and locations including where to meet on the first day of classes. The course will be offered during spring section 44. Permission is required for enrollment. To obtain a permission number during registration for spring 2021, please email Konstantinos Economopoulos ([konstantinos.economopoulos@duke.edu](mailto:konstantinos.economopoulos@duke.edu)) and include the following information: name, email address, cell phone number and wireless company, (e.g. Verizon, AT&T, etc.) - needed for the mock pages, and include what residency you applied for or will apply for (e.g. general surgery, urology, etc.) Credit: 2. Enrollment max.: 20. *John Migaly, MD and Elisabeth Tracy, MD*

**SURGERY-412C. Emergency Medicine.** The American College of Emergency Physicians defines emergency medicine as “the medical specialty with the principal mission of evaluating, managing, treating and preventing unexpected illness and injury.” Course Goals: 1) Students will see patients with the full range of chief complaints that present to the Duke Hospital Emergency Department. 2) Students will gain experience in making initial evaluations as well as diagnostic and treatment plans with an emphasis on detecting and treating immediate life threatening conditions. 3) Students’ ability to rapidly obtain critical facets of a history and physical examination will improve. 4) Students will mature as clinical problem-solvers by seeing several patients per day with undifferentiated chief complaints. How Goals Are Achieved: 1) Students will work with attendings and residents during approximately 13 eight-hour shifts per month. A mixture of day, evening, and overnight shifts will be assigned that include both weekdays and weekends. 2) Medical student lectures will be held each week. 3) Students will attend resident conferences on Thursday mornings, 8am to 1pm. Methods of Evaluation: Attendings and residents will give feedback to students verbally and through shift evaluation cards. For more information, please contact Dr. David Gordon at 919-681-2820 or by email, [davidc.gordon@duke.edu](mailto:davidc.gordon@duke.edu). Secondary Contact: Kristin Campbell ([kristin.l.campbell@duke.edu](mailto:kristin.l.campbell@duke.edu)). Prerequisites: none. First day meeting: 1:00 p.m. in the conference room located in the emergency services administrative suite above the emergency department. Duke medical students must make sure that their VA credentials are active prior to the course as they may be assigned a shift at the Durham VA Medical Center. Credit: 4. Enrollment: max varies by term. *David Gordon, MD*

**SURGERY-420C. General Surgical Oncology.** The course is designed for the student interested in surgical oncology. Students will typically spend 1-2 weeks on 2-3 different services. Students will rotate on services with a focus on Hepatobiliary, Pancreas, Breast, Endocrine, Colorectal, Soft Tissue Sarcoma, and Melanoma disease sites. The students are involved in patient care with a specific surgeon but, in addition, are expected to attend multidisciplinary conferences related to the disease site of interest that week. These multidisciplinary conferences involve medical and radiation oncology as well as surgical oncology. The student is also expected to evaluate surgical patients in an outpatient setting as well as participating in inpatient and operative patient care. There is no overnight call responsibility. For more information, please contact Dr. Trey Blazer via email, [trey.blazer@duke.edu](mailto:trey.blazer@duke.edu) or contact Ben Latta at ([thomas.latta@duke.edu](mailto:thomas.latta@duke.edu)) or Peggy Moore ([peggy.r.moore@duke.edu](mailto:peggy.r.moore@duke.edu)). Permission is required. Credit: 4. Enrollment: min 1, max 2. *Trey Blazer, MD*

**SURGERY-423C. Advanced Surgery-Emphasis Cardiovascular/Thoracic.** Advanced concepts in surgery are presented in seminars and in ward, clinic, and operating room experiences. Fifty to 75 percent of the time is devoted to cardiovascular/thoracic surgery and related basic topics and the remainder to surgery generally. For more information, please contact Dr. D’Amico at 681-0491. Credit: 4. Enrollment: min 1, max 5. *Thomas D’Amico, MD; Jeffrey G. Gaca, MD; Donald Glower, MD; John C. Haney MD, David Harpole, MD; Matthew G. Hartwig, MD; Chad Hughes, MD; Joseph Klapper, MD; Andrew Lodge, MD; Carmelo Milano, MD; Ryan Plichta, MD Jacob Schroder, MD; Peter K. Smith, MD; and Betty C. Tong, MD*

**SURGERY-426C. Advanced Clerkship in Pediatric Surgery.** This course is designed to familiarize the student with the whole range of surgical problems in children, but with emphasis on the pathophysiology of surgical and related problems in the newborn infant and the total care of the child with a malignancy. The student is encouraged to participate fully in the patient care aspects of the service and is considered an integral part of the patient care team. At the end of the clerkship, the student is required to give a formal presentation of a pediatric surgical topic of his or her choice. The student may tailor the clerkship month to include various aspects of pediatric surgery (neonatology, cardiac surgery, etc.) depending on the interests of the student. For more information, please contact Maria Fryar at 681-5077 or via email at [maria.fryar@duke.edu](mailto:maria.fryar@duke.edu). Credit: 4. Enrollment: max 1. *Tamara Fitzgerald, MD/PhD; Henry Rice, MD; Obinna Adibe, MD; Elisabeth Tracy, MD*

**SURGERY-441C. Sub-Internship in Surgical Intensive Care.** This course is designed to broaden the student’s knowledge and experience in dealing with a wide array of critically ill patients. Under supervision, students function as sub-interns in the Surgical Intensive Care Unit (SICU). Students are assigned their own patients and actively participate in daily rounds as part of the SICU team which includes intensivists, fellows, APPs, and residents. There are on-line didactic lectures which are expected to be completed during the month on core aspects of critical care, as well as weekly Critical Care Grand Rounds and ICU fellow conferences. Students rotate among the different teams with typically 3 weeks of daytime service coverage and a week of overnight coverage to maximize your education and experience. Shifts are 12 hours not including sign out of the service to the oncoming team. Students will work with SICU



fellows and house staff in the supervised management of critically ill patients. Four weeks are spent in the SICU at Duke University Medical Center (trauma, vascular surgery, liver-kidney-pancreas transplantation, general surgery, surgical subspecialties, MICU and NICU overflow). There is emphasis on teaching of procedures and techniques necessary for the management of all critically ill patients including hemodynamic assessment and monitoring, cardiovascular resuscitation and use of vasoactive drugs, ventilator management including ARDS, prevention and management of nosocomial infections, and nutritional support. Students are formally evaluated by the SICU house staff and the attending physician. For more information, please contact Dr. Cory Vatsaas at 684-3636 or via email, [cory.vatsaas@duke.edu](mailto:cory.vatsaas@duke.edu). Further information and direction may be provided by the SICU fellow and attending of the week. The schedule is available in the SICU or by calling the SICU at 681-2241 to find out who is rounding that week. House staff sign out begins at 6:00 a.m. in the SICU. C-L: ANESTH-441C. Credit: 5. Enrollment: max 3. *Cory J. Vatsaas, MD and staff*

**SURGERY-443C. Trauma Service.** This course is designed to provide students interested in trauma care and emergency general surgery with further experience both in the Emergency Department and on the Inpatient Trauma Service. The course emphasizes both triage and resuscitation for major and minor emergency problems in the Emergency Department and also pre- and postoperative care on the Inpatient Trauma Service. There are opportunities to enhance the student's education by participating with the acute care surgery service, emergency general surgery consultation, and coverage of acute care general surgery operations. The student has a full-time experience by assuming duties and responsibilities similar to a sub-intern. Emphasis is placed on developing skills in the care of patients with multi-system injuries in the Emergency Department, Inpatient Service, and Operating Room. Students work in conjunction with the attending staff, residents on the Trauma Service, and our advanced practice providers. Students will typically spend three weeks covering daytime trauma service obligations and one week of night coverage to maximize your education and experience. For more information, please contact Dr. Cory Vatsaas at 684-3636 or via email at [cory.vatsaas@duke.edu](mailto:cory.vatsaas@duke.edu). Additional information can be obtained by the Trauma Chief, who is the senior resident on the service, pager 970-9995. Students should meet in the General Surgery Resident bunker/lounge on the 3rd floor DMP across from the DMP OR entrance at 6:00 a.m. on the first day of the rotation. Credit: 4. Enrollment: max 3. *Cory Vatsaas, MD and staff*

**SURGERY-444C. Introduction to Plastic, Reconstructive and Maxillofacial Surgery.** This course is designed for students who may have a future interest in plastic surgery. Duties include the preoperative evaluation of patients, assisting in the operating room, making daily ward rounds, and participation in conferences. Permission is required for enrollment. For more information and permission numbers, please contact Colleen McDowell via email [colleen.mcdowell@duke.edu](mailto:colleen.mcdowell@duke.edu). Clinical Contact for Students: Erika Sudyk ([erika.sudyk@duke.edu](mailto:erika.sudyk@duke.edu)). Credit: 4. Enrollment: max 2. *Geoffroy Sisk, MD and Erika Sudyk, PA-C*

**SURGERY-451C. Sub-Internship in Urologic Surgery.** Students will participate in the diagnosis, management, and surgical treatment of a broad range of urologic disorders in adults and children. In addition to a busy general urology practice, Duke provides state-of-the-art, specialized care for urinary stones, infertility, reconstruction, oncology and pediatric urology. Surgical experiences include open, endoscopic, robotic, microscopic, and minimally invasive surgical techniques. The goal of our sub-internship is to provide motivated students with a rich and authentic experience in the breadth and rewards of a Urology career. To that end, students will assume intern-level responsibilities to include managing inpatients, seeing clinic, actively participating in surgery, and evaluating, treating and dispositioning consult and on-call patients. Please contact Dr. Baker at [Karen.Baker@duke.edu](mailto:Karen.Baker@duke.edu) for more information and to obtain your permission number. Secondary contact: Apryle Graham ([apryle.graham@duke.edu](mailto:apryle.graham@duke.edu)). Prerequisite: Permission is required. Credit: 5. Enrollment max: 3. *Karen Baker, MD and urology staff*

## Thesis

**THESIS-301B. Thesis.** Graduation from Duke School of Medicine (or continuation with fourth year rotations after completion of third year research) requires completion of an acceptable thesis describing quantitative research. The thesis is in the form of a scientific manuscript of approximately 3,000 to 6,000 words (15-25 double-spaced pages). Length does not include figure legends, cover page, reference citations or tables. Tables and figures may be included in line with the text, or gathered into separate sections at the end. For either option, captions should always accompany each table and figure. The requirement can also be fulfilled with the submission of a Manuscript Alternative (including a 3-5 page addendum) to a peer review journal. Proof of submission is also required, but it does not actually have to be accepted or by a Grant Proposal. It should include an abstract, introduction with hypothesis, materials and methods, discussion, results and references. The cover page is signed by the student, the mentor and the study program director, and must be submitted to the Third Year Coordinator prior to submission of the Thesis. Thesis submission dates vary depending on the original starting date of the Scholarly Experience. In addition, instructions and details on the formatting of the thesis are located on the Thesis Requirements section in Duke Box. The thesis will receive a separate grade and number of credits from the research course. The student's third year is not complete until the thesis and cover page have been submitted. Promotion to the fourth year and graduation may be delayed if the thesis is not received on time. Also, students' registration in fourth year clinical courses will be revoked if the thesis is not turned in on time. Credit: 3. *Daniel Laskowitz, MD*



# Basic Science Departments

## Biochemistry

**Chair:** Richard Brennan, PhD  
**Assistant:** Peggy Wilkinson  
**Business Manager:** Esther Self  
**Campus PO Box:** 3711  
**Phone:** (919) 681-8804  
**Fax:** (919) 684-8885  
<https://www.biochem.duke.edu/>

## Biostatistics and Bioinformatics

**Chair:** David Page, PhD  
**Assistant:** Terry Hales  
**Senior Business Manager:** Monica Elam  
**Campus PO Box:** 2721  
**Phone:** (919) 668-8828  
**Fax:** (919) 668-7061  
<https://biostat.duke.edu/>

## Cell Biology

**Chair:** Scott Soderling, PhD, George Barth Geller Professor of Research in Molecular Biology  
**Assistant:** Jodi A. Belanger  
**Business Manager:** Mollie Sykes  
**Campus PO Box:** 3709  
**Phone:** (919) 684-8085  
**Fax:** (919) 684-8592  
<https://www.cellbio.duke.edu/>

## Immunology

**Chair:** Michael S. Krangel, PhD  
**Assistant:** Jennifer Goins  
**Business Manager:** Todd Leovic  
**Campus Box:** 3010  
**Phone:** (919) 684-3578  
**Fax:** (919) 684-8982  
<https://immunology.duke.edu/>

## Molecular Genetics & Microbiology

**Chair:** Joseph Heitman, MD, PhD  
**Assistant:** Melissa Palmer  
**Business Manager:** Cynthia “Kris” Mathews  
**Campus Box:** 3546  
**Phone:** (919) 684-2814  
**Fax:** (919) 684-5458  
<https://mgm.duke.edu/>

## Neurobiology

**Chair:** Stephen G. Lisberger, PhD  
**Business Manager:** Melissa Segal  
**Campus Box:** 3209  
**Email:** [neurobio@duke.edu](mailto:neurobio@duke.edu)  
<https://www.neuro.duke.edu/>

## Pharmacology and Cancer Biology

**Interim Chair:** Colin Duckett, PhD  
**Assistant:** Trena Martelon  
**Business Manager:** Sharon Dowell-Newton  
**Campus PO Box:** 3813  
**Phone:** (919) 684-6035  
<https://pharmacology.duke.edu/>

## Population Health Sciences

**Chair:** Lesley Curtis, PhD

**Assistant:** Angelique Kosempa

**Business Manager:** Teri-Lynne Sennett

**Campus PO Box:** 104023

**Phone:** (919) 681-6709

<https://populationhealth.duke.edu/>

## Thesis

### Basic Science Elective

**THESIS-301B. Thesis.** Graduation from Duke School of Medicine (or continuation with fourth year rotations after completion of third year research) requires completion of an acceptable thesis describing quantitative research. The thesis is in the form of a scientific manuscript of approximately 3,000 to 6,000 words (15-25 double-spaced pages). Length does not include figure legends, cover page, reference citations or tables. Tables and figures may be included in line with the text, or gathered into separate sections at the end. For either option, captions should always accompany each table and figure. The requirement can also be fulfilled with the submission of a Manuscript Alternative (including a 3-5 page addendum) to a peer review journal. Proof of submission is also required, but it does not actually have to be accepted or by a Grant Proposal. It should include an abstract, introduction with hypothesis, materials and methods, discussion, results and references. The cover page is signed by the student, the mentor and the study program director, and must be submitted to the Third Year Coordinator prior to submission of the Thesis. Theses submission dates vary depending on the original starting date of the Scholarly Experience. In addition, instructions and details on the formatting of the thesis are located on the Thesis Requirements section in Duke Box. The thesis will receive a separate grade and number of credits from the research course. The student's third year is not complete until the thesis and cover page have been submitted. Promotion to the fourth year and graduation may be delayed if the thesis is not received on time. Also, students' registration in fourth year clinical courses will be revoked if the thesis is not turned in on time. Credit: 3. *Daniel Laskowitz, MD*

## Special Interdisciplinary Training Programs

### Anesthesiology, Surgery & Environmental Physiology

**ASEP-301B. RESEARCH IN ASEP.** Program Director: Richard Moon, MD. While the university offers a range of opportunities from biochemistry to organ physiology, anesthesiology, surgery, and critical care integrate these multiple systems into a larger perspective of human pathophysiology and pharmacology. Students have opportunities for research in cardiovascular and respiratory physiology, molecular pharmacology, neurobiology, and environmental science. Regardless of ultimate career choice, investigation in anesthesiology, surgery, critical care, medicine, and environmental physiology provides strong basic science grounding and application of research principles. Students meet with the Study Program Director to monitor progress in the laboratory. The Course Directors meet regularly regarding individual progress of students in the laboratories. At the end of the year, each student is expected to present his or her work at a meeting. Publication of an article by each student in a peer-reviewed journal is expected.

The Department of Anesthesiology offers a unique opportunity for the students to present projects in a formal setting moderated by an external reviewer of national stature. A course in Physiology and Medicine of Extreme Environments is available in the spring of each year. FACULTY: Alexander Allori, MD; Benjamin Alman, MD; Nicholas Andersen, MD, BS; Aravind Asokan, PhD; Andrew Barbas, MD, BSE; Eric Benner, MD, PhD; Andrew Berchuck, MD; Miles Berger, MD, PhD; Joshua Broder, MD; Linda Cendales, MD; Jeffrey Cheng, MD, BA; Qing Cheng, PhD; Seth Cohen, MD, MPH; Louis DeFrate, Sc.D.; Gayathri Devi, PhD; Anna Diehl, MD; Susan Emmett, MD, MPH; Dennis Frank-Ito, PhD; John (Jake) Freiberger, MD, MPH Ken Gall, PhD, MS, BS; Bradley Goldstein, MD, PhD; Oren Gottfried, MD, MD; Ashraf Habib, M.B.B.; Scott Hollenbeck, MD; "Chad" Hughes, MD; Eun-Sil Hwang, MD, MPH; Brant Inman, MD, BS; Michael James, MD; Ru-Rong Ji, PhD; Sven Jordt, PhD; Allan Kirk, MD, PhD, BS; Stuart Knechtle, MD; Madan Kwatra, PhD; Sandhya Lagoo-Deenadayalan, MD, PhD; Robert Lark, MD; Jeffery Lawson, MD, PhD; Howard Levinson, MD; Alexander Limkakeng, MD, MHS; Michael Lipkin, MD; William Maixner, DDS, PhD; Jeffrey Marcus, MD; Katherine Martucci, PhD, BS; Timothy McMahon, MD, PhD; Carmelo Milano, MD; Richard Moon, MD; Paul Mosca, MD, PhD, MS; Judd Moul, MD, BS; Andrea Nackley, PhD; Smita Nair, PhD; David Needham, MD, BS; William Parker, PhD; Andrew (Drew) Peterson, MD; Claude Piantadosi, MD; Thomas Polascik, MD; Glenn Preminger, MD; Jamie Privratsky, MD, PhD; Todd Purves, MD; Eileen Raynor, MD; Jonathan Routh, MD; Charles Scales, MD; Mark Stafford-Smith, MD; Heather Stapleton, PhD, MS, BS; Catherine Ann Staton, MD; Ranjan Sudan, MD; Jeff Taekman, MD; Elisabeth Tracy, MD; Joseph Turek, MD, PhD, BA; Tom Van de Ven, MD; Kyle Walsh, PhD; David Warner, MD; Ian Welsby, MBBS; David Witsell, MD, MHS

### Behavioral Neurosciences Study Program

**BSP-301B. RESEARCH IN BSP.** Program Director: Chris Marx, MD, MA. This study program is designed to help third year medical students obtain an integrative understanding of the basic processes underlying normal and pathological human and laboratory animal behavior. The course and preceptorship offerings familiarize students with significant developments in the behavioral neurosciences, investigative methodology used to examine human behavior and its neurobiological underpinnings, and the application of these findings to medicine. As an example, they are provided with the neuroanatomical, histochemical, neuroimmunological, neuropharmacological, and neurobehavioral basis of prescribing anxiolytics, antidepressants, and other neurotropic drugs.

Students select an area of research concentration that matches their interests. They will be supervised by a faculty member research preceptor. Projects focus on some determinant of human behavior which may include neurobiological, developmental, or psychosocial factors. Students spend a significant portion of their time in a closely supervised in the laboratory and in associated library research in

their area of interest resulting with the intent producing a published report of the work. Specific science interests can be augmented through seminars, guided readings, and appropriate courses providing a greater familiarity with current issues in the biobehavioral sciences. FACULTY: James Blumenthal, PhD; Gabriela Carrasquel, PhD; Geraldine Dawson, PhD; P. Murali Doraiswamy, MBB; Kafui Dzirasa, MD; PhD; Madan Kwatra, PhD; Edward Levin, PhD; Christine Marx, MD; GenaLynne Mooneyham, MD; Rajendra Morey, MD, MS, BS; Jeffrey Petrella, MD; Carolyn Pizoli, MD, PhD; Jed Rose, PhD; Mark Rosenthal, PhD; Linmarie Sikich, MD; MA; Heather Van Mater, MD; Richard Weiner, MD, PhD; William Wetsel, PhD

### Biomedical Engineering and Surgery Study Program

**BES-301B. RESEARCH IN BES.** Program Director: Bruce Klitzman, PhD. This interdepartmental study program is designed to provide third-year students with an opportunity to perform laboratory-based research in the broad area of biomedical and tissue engineering and regenerative medicine. It can be either basic science or clinically focused. The program is designed to provide research opportunities to students interested in the quantitative understanding of the physiology of cells, tissues, organs, organ systems, and whole animals or people, populations, as well as the efficacy of various therapies. The mentors have laboratories that investigate these areas at the molecular, microscopic, and macroscopic levels and utilize whole animal, organ, cellular, and molecular models or in vitro simulation of disease states. The development and employment of new instrumentation may be a component of the research effort, as well as the use of versatile cell based therapies, including adult stem cells. Emphasis in the student experience is placed upon the teaching of the quantitative method of understanding biological systems. The student is expected to learn to formulate hypotheses, to develop appropriate methods to test such hypotheses and to use statistical methods to draw conclusions from their data. Each student selects a faculty preceptor in consultation with the study program director and an individual research plan is developed. Students who wish to enter this program are not required or expected to have any engineering background. FACULTY: Alexander Allori, MD; Benjamin Alman, MD; Aravind Asokan, PhD; Oke Anakwenze, MD, MBA; Andrew Barbas, MD; Piers Barker, MD; Cameron Bass, PhD, BS; Miles Berger, MD, PhD; Michael Bolognesi, MD; Dawn Bowles, PhD; Joshua Broder, MD; David Brown, MD, PhD; Nenad Bursac, PhD, BSE; Linda Cendales, MD; Jun Chen, PhD, MS, BS; Qing Cheng, PhD; Ashutosh Chilkoti, PhD; Patrick Codd, MD; Seth Cohen, MD, MPH; Louis DeFrate, Sc.D.; Jesslyn Dunn, PhD; Gayathri Devi, PhD; Mark Dewhirst, PhD; Mark Easley, MD; Detlev Erdmann, MD, PhD, MHS; William Eward, MD; Sina Farsiu, PhD; Mark Gage, MD; Ken Gall, PhD, MS, BS; Bradley Goldstein, MD, PhD; Warren M. Grill, PhD, MS, BS; Craig Henriquez, PhD, BS; Matthew Hilton, PhD; Scott Hollenbeck, MD; Shelley Hwang, MD, MPH; Meenal Kheterpal, MD; Allan Kirk, MD, PhD, BS; Bruce Klitzman, PhD; Stuart Knechtle, MD; Howard Levinson, MD; Wolfgang Liedtke, MD, PhD; Jeffrey Marcus, MD; Amy McNulty, PhD; Barry Myers, MD, PhD, BS; Miguel Nicolelis, PhD; David Needham, MD, BS; Steven Olson, MD; David Powers, DMD, MD; Nimmi Ramanujam, PhD, MS, BS; Amanda Randles, PhD; Eileen Raynor, MD; Jonathan Routh, MD; Charles Scales, MD; Tatiana Segura, PhD; Thorsten Seyler, MD, PhD; Ric Telford, BS; George Truskey, PhD, BSE; Shryi Varghese, PhD; Tuan Vo-Dinh, PhD, BS; Jennifer West, PhD; David Witsell, MD, MHS

### Radiology, Radiation Oncology, and Medical Physics

**RROMP-301B. RESEARCH IN RROMP.** Program Director: Joseph Lo, PhD. The research in this program focuses primarily on radiology and radiation oncology, including all types of research:

- Clinical trials/evaluations: interventional radiology procedures; adaptive radiotherapy; stereotactic radiosurgery; multi-parametric MRI; hyperpolarized gas MRI for lung function
- Translational science: machine learning and radiogenomics; Alzheimer's imaging markers; optical imaging and 3D dosimetry; intra-operative imaging
- Basic laboratory science: epigenetics of radiotherapy; lung cancer proteomics; mechanisms of radiation injury

Students have the opportunity to work with a diverse group of research and clinical faculty from radiology, radiation oncology, biomedical engineering, and physics. The program emphasizes the use of quantitative methods to solve clinically significant problems. Prior experience in sciences (e.g., physics, engineering) are helpful, but the program also welcomes students of all backgrounds.

Program students have published approximately 70 papers over the past 5 years in many of the field's top journals, including: Radiology; AJR American Journal of Roentgenology; and Int J Radiation Oncology, Biology, Physics. FACULTY: Jay Baker, MD, BA; Rachel Blitzblau, MD, PhD; Joshua Broder, MD; Bastiaan Driehuis, PhD; William Eward, MD; Sina Farsiu, PhD; Scott Floyd, MD, PhD; Lars Grimm, MD, MHS, BS; Rajan Gupta, MD; Scott Huettel, PhD; Charles Kim, MD; David Kirsch, MD, PhD; Igor Klem, MD; Bridget Koontz, MD, BS; Joseph Lo, PhD; Daniele Marin, MD; Rendon Nelson, MD; Waleska Pabon-Ramos, MD, MPH; Edward Patz, MD, BS; Jeffrey Petrella, MD; James Provenzale, MD; Geoffrey Rubin, MD, MBA, FACR, FSCBTMR, FNASCI; Martin Tornai, PhD; Timothy Turkington, PhD

### Clinical Research Study Program

**CRSP-301B. RESEARCH IN CLINICAL RESEARCH.** Clinical Research Study Program Director Vivian Chu, MD, MHS. This study program offers students the opportunity to explore the quantitative and methodological principles of clinical research. Under the direction of a clinical investigator and a statistician, students use the methods and techniques of biostatistics and related disciplines to address a clinical research question. Designated courses may be taken with the approval of the student's preceptors. FACULTY: S. Alam, PhD; Gowthami Arepally, MD; Andrew Armstrong, MD, BSE; Daniel Benjamin, MD, PhD, MPH; G. Bennett, MD, PhD; Andrew Berchuck, MD; Miles Berger, MD, PhD; Perry Blackshear, MD, PhD; Gerard Blobe, MD, PhD; Diego Bohorquez, PhD; Blanche Capel, PhD; Marc Caron, PhD; Maria Ciofani, PhD; Thomas Coffman, MD; Thomas Coffman, MD; Michael Cohen-Wolkowicz, MD, PhD; Christopher Counter, PhD, BS; David D'Alessio, MD; Sandeep Dave, MD; Brittany Davidson, MD; Gayathri Devi, PhD; Bastiaan Driehuis, PhD; William Eward, MD; Peter Fecci, MD, PhD; Liping Feng, MD; Donald Fox, PhD, BS; Michael Freemark, MD, BA; Katherine Garman, MD; Matthias Gromeier, MD; Chad Grottegut, MD; Brent Hanks, MD, PhD; Joseph Heitman, MD, PhD; Matthew Hilton, PhD; Shiao-Wen Hsu, MD; Michael Kelley, MD; David Kirsch, MD, PhD; Christopher Kontos, MD; Sally Kornbluth, PhD; Chay Kuo, MD, PhD; Joanne Kurtzberg, MD; Madan Kwatra, PhD; Robert Lefkowitz, MD; Chuan-Yuan Li, DSc; Rodger Liddle, MD, BS; Corinne Linardic, MD, PhD; Jeffrey Marks, PhD; Hiroaki Matsunami, PhD; Donald McDonnell, PhD; James McNamara, MD; Mohamed Mikati, MD; Paul Mosca, MD, PhD, MS; Deborah Muoio, PhD; Christopher Nicchitta, PhD; Andrew Nixon, PhD; Thomas

Ortel, MD, PhD; Edward Patz, MD, BS; Ann Pendergast, PhD; Thomas Petes, PhD; Salvatore Pizzo, MD, PhD; Rebecca “Becca” Previs, MD; Thomas Price, PhD; Jatin Roper, MD; John Sampson, MD, PhD, MBA; Tracy Setji, MD; Svati Shah, MD, MHS; Jason Somarelli, PhD; Bruce Sullenger, PhD; Beth Sullivan, PhD; Raphael Valdivia, PhD; Antonius VanDongen, PhD, MS, BS; Emmanuel Walter, MD, MPH, BS; Xiao-Fan Wang, PhD, BS; David Warner, MD; Joe Weinberg, MD, BS; Kris Wood, PhD, BS; Tso-Pang Yao, PhD; Jennifer Zhang, PhD, BS

## Cardiovascular Study Program

**CVS-301B. RESEARCH IN CVS.** Program Director: Neil J. Freedman, MD. This interdepartmental study program is designed to provide third year medical students with an in-depth basic science research experience in one area of the broad discipline of cardiovascular science. The program is directed at those students potentially interested in a career in cardiovascular research. Faculty members in this study track come from numerous departments, including Medicine, Biochemistry, Cell Biology, Immunology, Pathology, and Pharmacology and Cancer Biology. Students who elect this study program undertake a research project in a laboratory under the guidance of a faculty preceptor. In addition, with the permission of their mentor and study program director, students may take course work each term to complement their research interests. Because a wide range of research opportunities is available, course work is individually tailored by the faculty preceptor to the interests of the student. FACULTY: Gowthami Arepally, MD; Nicholas Andersen, MD, BS; Marc Caron, PhD; Thomas Coffman, MD; Steven Crowley, MD; Victor J. Dzau, MD; Neil Freedman, MD; Michael Gunn, MD; William Hammond, PhD; Matthew Hartwig, MD; Barton Haynes, MD; Conrad Hodgkinson, PhD; Christopher Holley, PhD, MD; William Jones, MD; Raymond Kim, MD, MS; Igor Klem, MD; Bruce Klitzman, PhD; Christopher Kontos, MD; William Kraus, MD; Mitchell Krucoff, MD; Madan Kwatra, PhD; Andrew Landstrom, MD, PhD; Robert Lefkowitz, MD; Robert McGarrah, MD; Timothy McMahon, MD, PhD; Carmelo Milano, MD; Andrew Muir, MD, MHS; Christopher Newgard, PhD; Steven Olson, MD; Eric Peterson, MD; Claude Piantadosi, MD; Jonathan Piccini, MD, MHS; Mihai Podgoreanu, MD; Sudarshan Rajagopal, MD, PhD; Howard Rockman, MD; Sudha Shenoy, PhD; Kevin Southerland, MD, BS; Matthew Sparks, MD; Robert F. Spurney, MD; Jonathan Stiber, MD; Albert Sun, MD; Marilyn Telen, MD; Kevin Thomas, MD; Antonius VanDongen, PhD, MS, BS; Deepak Vooora, MD; Myles S. Wolf, MD; Xiao-Fan Wang, PhD, BS

## Epidemiology and Public Health Study Program

**EPH-301B. RESEARCH IN EPI & PUBLIC HEALTH.** Program Director: Kathryn M. Andolsek, MD, MPH. The Epidemiology and Public Health Study Program is designed for students pursuing third year opportunities in public health through obtaining a Masters of Public Health degree as part of their Duke third year medical school requirements. Students interested in this track should consult with Dr. Kathryn Andolsek as early as possible, ideally in their first year or very early in their second year.

This study track combines formal coursework in epidemiology, social drivers of health, and population health, allowing students an opportunity to participate in the quantitative research design and/or analysis of a research study. Participants will practice skills related to research design, statistical analyses, assessment, health policy, and comparative effectiveness so that they can be effective contributors to improve health and the system of health care. The focus may be on improved health of the patient or a discrete population but should be transferable to local, state, national and/or global health issues.

Students should select an appropriate Duke Faculty mentor in consultation with the study track director, or if they wish to work with an external mentor, confirm they are approved/arrange to have them approved as an acceptable mentor by Dr. Andolsek and the third-year committee. For most students who obtain their MPH at the University of North Carolina, having a Duke mentor is strongly encouraged.

**Eligibility.** Students enrolled in the School of Medicine, after satisfactory completion of the first two years of the regular curriculum, may seek a Master of Public Health degree at the University of North Carolina Gillings School of Global Public Health (Chapel Hill) or an alternate accredited school of public health. These two pathways differ. Please see below for the two pathways.

1. **University of North Carolina Gillings School of Global Public Health:** For students seeking a Master of Public Health at the University of North Carolina Gillings School of Global Public Health (Chapel Hill): <https://sph.unc.edu/resource-pages/master-of-public-health/>
  - a. Several concentrations at the UNC Gillings School of Global Public Health have been “pre-approved” by the Third-Year committee. Some of these may be able to be completed within a calendar year; however, the Third Year Committee strongly recommends students take these degrees over a two-year time period. This two-year time period gives adequate time for Step 1 study, taking full advantage of the MPH curriculum, having a robust research experience, and decompressing re-entry into the fourth year of Duke SoM. In general, these curricula include: 12 credits in a core curriculum; 15 credits in a concentration curriculum, and 3 credits in a practicum. The pre-approved concentrations include
    - [Master of Public Health with Leadership in Practice Concentration \(Public Health Leadership Program\)](#)
    - [Master of Public Health in Applied Epidemiology](#)
    - [Master of Public Health in Health Policy](#)
    - [Master of Public Health in Maternal, Child, and Family Health](#)
    - [Master of Public Health in Nutrition](#)
  - b. In addition, there are several other concentrations that could probably easily be “pre-approved” if a student were interested and worked with Dr. Andolsek to bring to the committee (Masters of Public Health in Global Health; Master of Public Health in Population Health; Master of Public Health in Health Equity/Social Justice/Human Rights). Students should consult the UNC Gillings School of Global Public Health website carefully to make certain the most up to date information, including application deadlines is known.
  - c. UNC also offers Master of Science degrees in several concentrations which require 60 credit hours (compared with 42) for those interested in a more comprehensive degree. In the past, only a few Duke students have pursued this option.
  - d. Students (ideally) should identify a Duke approved mentor and research topics by January-March of the year in which they begin their third year. Most students have been able to use that project for some of the UNC’s requirements, should



they desires. Ideally, Duke IRB approval is obtained at the same time recognizing that IRB approval is usually necessary through both Duke and the other pertinent institutions. Coursework continuously informs their research project. If their desired Duke mentor is not already approved, students should describe their project and send the potential mentor's NIH biosketch to Dr. Andolsek to present to the Third Year Committee for approval as soon as possible. Mentor expectations can be found at the [Third Year website](#) but usually can include a faculty member at the associate professor rank (or higher), track record of successful mentoring, and research funding (sufficient that they will have protected time to mentor).

- e. The UNC MPH tuition will depend on whether a student is determined to meet UNC's "in-state for tuition purposes" criteria and applies accordingly. Interested students should do what they can to maximize their ability to meet these criteria as soon as they believe that have an interest.
  - f. Each student is required to complete their MPH Requirements and fulfill Duke's third year requirements (submitting to Duke a completed thesis, grant, or manuscript consistent with Duke Third Year requirements, and a poster for AOA day).
  - g. UNC makes the determination of whether a student is considered "in-state" for tuition purposes. For details, see <https://sph.unc.edu/mch/mch-student-information/residency/>. This determination can be made on a semester by semester basis. A student who is turned down, may wish to appeal. If turned down for first semester can apply for subsequent semester(s).
  - h. UNC School of Global Public Health has their own programs of scholarship and other support; students should apply as interested.
1. **A Master of Public Health NOT at the University of North Carolina Gillings School of Global Public Health:**
- a. Students who wish to apply to an alternate school of public health need to present their proposal to the Duke Third Year Committee as a Study Away Proposal, consistent with the process for all other Study Away Timelines. The Third Year Committee, in general, supports two-year master's programs, so that the students have an adequate research experience in addition to required coursework. If the course of MPH study is a single year, then the Third Year Committee generally looks more favorably on student requests that include a "second" third year of research. Students generally select a research project and a mentor at the MPH granting Institution. Supporting materials must be presented to the Duke Third Year Committee as a Study Away Proposal, consistent with Study Away Proposal Timelines. Alternatively, students may identify an approved Duke mentor they will work with "remotely;" supporting information will be made part of the Duke Study Away proposal.
  - b. Each student will have the equivalent of 10-12 months' participation in research. Students should identify a mentor, a research topic by Spring of the year in which they begin their third year. Ideally, Duke IRB approval is obtained at the same time, recognizing that IRB approval is usually necessary through both Duke and other pertinent institutions. Coursework continuously informs their research project. Each student will be required to produce an in-depth thesis analyzing an area of epidemiology, health service research, health systems, or health policy. This research activity extends throughout the year, culminating with the acceptance of the completed thesis, grant, or manuscript consistent with Duke Third Year requirements.

This study track is for students participating in an MPH. For MPH students, the student must apply to the relevant MPH program within the public health school, and satisfy their requirements and the Third Year Requirements before progression to year 4 of Duke's curriculum.

PCLT students have additional expectations regarding the community engagement of their projects and should consult Dr. Anh Tran. Students should consider carefully:

- The timing of their plans to "re-enter" fourth year, especially with regard to clinical rotations and sub-internships.
- Their projected study plan for USMLE Step 1.

Students may instead choose to spend a research year within the field of public health (but without pursuing a second MPH degree) through other Third Year options: The Clinical Research Study Program, headed by Dr. Vivian Chu, in Global Health with Dr. Dennis Clements, or in an area of qualitative research through the Medical Humanities Study Program, headed by Dr. Margaret Humphreys. In addition, students may propose an individually tailored Study Away option. Students interested in the MPH may want to compare and contrast this opportunity with Masters of Public Policy or Masters of Health Sciences (through CRTP) with Dr. David Edelman. Another opportunity is the Masters of Business Administration, headed by Dr. Jennifer Perkins or the new Duke Master's in Population Health.

Faculty from a number of study programs provide mentorship of students in the study away programs.

**Tuition:** All students are responsible for both Duke SOM Third Year tuition and the tuition for their MPH degree. This policy is subject to change.

For more information, contact Dr. Kathryn Andolsek, MD, MPH, Third Year Study Program Director, at [kathryn.andolsek@duke.edu](mailto:kathryn.andolsek@duke.edu). A list of faculty can be found on the [Third Year website](#).

## Global Health Study Program

**GHS-301B. GLOBAL HEALTH STUDY PROGRAM.** Program Director: Dennis Alfred Clements, MD, PhD, MPH. The Global Health Study Program (GHSP) was approved in February 2008 to meet the growing demand from Duke medical students for a centralized resource for information, mentors, funding, and research opportunities related to Global Health (GH). In collaboration with the Duke Global Health Institute (DGHI), the GHSP facilitates connections for students with research opportunities at Duke's GH field sites, including international partners and locations offering appropriate opportunities. The Institute focuses on seven signature research initiatives with global reach. The program also connects students to Duke faculty with GH expertise, such as those whose research focuses on infectious diseases, epidemiology, clinical microbiology, translational medicine and social science. The GH Study Program, as with all Third Year Study Programs, requires a thesis that demonstrates quantitative expertise, regardless of the discipline chosen. Students will work with a project mentor, usually a Duke Faculty member, to develop and conduct research that is of benefit

both to the community collaborator and to the educational goals of the student. DGHI and SOM collaborate to provide pre-departure orientation and academic support while students are engaged in their work. For more information, please contact the GH Third Year Study Program Coordinator.

**NOTE:** Students wishing to conduct research at an international site that is not related to global health and/or health disparities, or who would be best mentored under another study program, may find more appropriate mentorship through another Third Year Study Program.

Limited funding will be available for Third Year students undertaking research projects related to global health. While preference will be given to students participating in the GH Study Program and working at DGHI partner sites, all relevant proposals will be considered. Global Health funding opportunities for Third Year for Medical Students are found here. Please contact the GH Third Year Study Program Coordinator to learn more.

### **Dual-Degree Option: Master of Science in Global Health**

DGHI has developed an interdisciplinary Master of Science in Global Health (MSc-GH) that launched in fall 2009. The 38-unit curriculum includes six core courses, five electives, a funded 10-week (minimum) field experience to apply learned research methods, and a research-based scholarly thesis. Upon completion of the MSc-GH, graduates will be prepared to engage in clinical, epidemiological, social-behavioral, and policy-oriented research, as well as contribute to the design, implementation, and management of health programs. Each year, the School of Medicine and the Graduate School will grant limited tuition scholarships to at least two students wishing to earn the MSc-GH. Applicants to the program will be automatically considered for these scholarships when an application for the MSc-GH is submitted to the Graduate School.

For more information and application instructions, please contact DGHI or visit the MSc-GH website. **FACULTY:** John Bartlett, MD; Dennis Clements, MD, PhD, MPH; John Crump, MB, CH.B; Dorothy Dow, MD; Susan Emmett, MD, MPH; Tamara Fitzgerald, MD, PhD; Lauren Franz, MD; Michael Haglund, MD, PhD; Megan Huchko, MD, MPH; Peter Kussin, MD; Sandhya Lagoo-Deenadayalan, MD, PhD; Thuy Le, MD, PhD; David Lobach, MD, PhD, MS; David Matchar, MD; Michael Merson, MD; Christopher Newgard, PhD; Wendy O'Meara, MD; Truls Ostbye, MD, MPH; Mihai Podgoreanu, MD; Henry Rice, MD; Matthew Rubach, MD; Kristin Schroeder, MD, MPH; Svati Shah, MD, MHS; Mina Silberberg, PhD; Ralph Snyderman, MD; Catherine Staton, MD, MS; Steve Taylor, MD; Nathan Thielman, MD, MPH; Krishna Udayakumar, MD; David Walmer, PhD, MD; Christopher Woods, MD; Syed Zafar, MD

### **Human Genetics and Genomics Study Program**

**HGP-301B. RESEARCH IN HGP.** Program Director: Rasheed Gbadegesin, MBBS, MD. Our genetic makeup plays a large role in dictating our health. With our improved knowledge of human genetics and genomic variation, we have tremendous opportunity to dissect the genetic determinants of human diseases such as heart disease, psychiatric conditions, cancer, and osteoarthritis to name a few. Once these genetic contributions are understood, the physician will have a powerful means at his or her disposal for realizing personalized medicine by identifying individual risk factors and offering lifestyle modifications. The study program in human genetics offers third year medical students an integrated program for understanding research in human genetics, its application to human genetic disease for risk assessment, genetic counseling, potential therapeutics, and ethical and legal implications for this research on the patient, the family, and society. We anticipate that students in this program will follow one of several broad paths, utilizing either a molecular approach or a statistical approach to understanding and treating human genetic disease.

Research opportunities are available in laboratories studying such diverse topics as positional cloning of human disease genes, gene therapy, biochemical genetics, animal models of genetic diseases, development and developmental defects, epigenetics, and genetic epidemiology. At the end of the year, students are expected to produce a thesis summarizing their work.

In addition to the research project and thesis, the program requirements include a year-long seminar series held weekly targeting current topics in human genetic research. Other elective courses may be taken with the permission of the program director and the student's preceptor. **FACULTY:** Alison Ashley-Koch, PhD; Blanche Capel, PhD; Jen-Tsan Chi, MD, PhD; Maria Ciofani, PhD; Kathleen Cooney, MD; Gregory Crawford, PhD; Sandeep Dave, MD; Kaamal ElMallah, MD; Katherine Garman, MD; Rasheed Gbadegesin, MBBS; Elizabeth Hauser, PhD; Michael Hauser, PhD; Matthew Hilton, PhD; Priya Kishnani, MB BS; John Klingensmith, PhD; Dwight Koeberl, MD, PhD; Virginia Kraus, MD, PhD; Andrew Landstrom, MD, PhD; Douglas Marchuk, PhD; Thomas Petes, PhD; Svati Shah, MD, MHS; Bruce Sullenger, PhD; Beth Sullivan, PhD; Deepak Voora, MD; Qingyi Wei, PhD, BM

### **Master of Management in Clinical Informatics**

**MMCI-301B. RESEARCH IN MMCI.** Director: James Lawrence, MD. The Master of Management in Clinical Informatics (MMCI) is offered by the Duke School of Medicine. The program is designed to train health professionals to thoughtfully apply technology in order to improve the experience and value of health care. It is clear that information technology has the capacity to transform clinical care, it is equally clear that it has not yet accomplished this vision. This program builds the core skills to lead this transformation, exposing students to core concepts in business as well as informatics to allow them to function as leaders in this emerging field, working in a health system, a start-up, a consulting firm, or a major technology firm. The curriculum has expanded to also address data visualization and data science. MMCI's unique Friday/Saturday class schedule is ideal for a third year medical student, where a third year research project can be applied to the required practicum project within MMCI. Contact Dr. Lawrence for mentors.

### **Medical Humanities Study Program**

**MEDHUM-301B. RESEARCH IN MEDHUM.** Program Director: Margaret Humphreys, MD, PhD. The Medical Humanities Study Program offers a multidisciplinary opportunity for students to explore topics in medical history, ethics, theology, and other fields within the medical humanities. Students design their own research projects under the guidance of medical humanities mentors, and tailor their third year experience around the completion of this project. While some students may participate in their mentor's ongoing research, others can pursue projects independent of (but related to) their mentor's primary areas of interest. The Master of Arts in Bioethics and Science Policy dual degree is housed within this track. Curriculum: Research. The principal component of the Medical Humanities

Study Program is an in-depth research experience within the medical humanities. The location of this research will vary with the mentor and project chosen. Some projects may be appropriately pursued in libraries and archives. Others may include interviews with or experimentation upon human subjects in the clinical or other academic setting. Like their peers in the more traditional science track, medical humanities students will explore a research question, find data to support or refute it, and write a thesis that communicates their results. Proposal: All students are expected to prepare a 3-5 page proposal by the end of spring of the second year outlining the aims of the proposed research in consultation with their chosen mentor. This proposal will state the problem to be studied, the rationale and relevance of the problem, and include a bibliography of relevant literature and sources. Courses: Students are expected to take two courses in the medical humanities during their third year. Working with their mentor, students will identify courses within the university relevant to their research question. Courses may be chosen from the Medical School, Divinity School, or Faculty of Arts and Sciences. Individual readings courses with the mentor or other faculty may be included in the courses chosen. The student must complete two semesters devoted fully to the medical humanities field of study. The student may include relevant courses from prior study to reduce the course expectation at the discretion of the study program director, but this does not minimize the two-semester requirement of dedicated humanities study. Lecture series: Students will attend the regular humanities lecture series offered through the Center for the Study of Medical Ethics and Humanities. Posters: Students are expected to submit abstracts to present results in poster or oral format at the annual Alpha Omega Alpha research day. Final thesis: Students will prepare a thesis that fulfills the usual thesis requirements (traditional, manuscript submission or grant submission format) and that represents the product of their research. This is due on the thesis deadline date set by the Registrar's Office. Publication: Students are encouraged to produce work that is of sufficient originality, importance, and quality that it will be accepted for publication by a relevant medical humanities journal. Authors of historical theses will be encouraged to submit their work for the William Osler Prize awarded by the American Association of the History of Medicine for the best essay by a medical student. The winning essay of this prize contest is traditionally published in the Bulletin of the History of Medicine. Dual-Degree Option: MD/MALS (Master of Arts in Liberal Studies) Graduate Level program for exploring diverse areas of study (social sciences, history, policy, ethics, etc.) as they relate to medicine. Students design an individual course of study that brings together their intellectual interests and professional goals. Please contact Donna Zapf, PhD, or Margaret Humphreys, MD, PhD, for further information. FACULTY: Jeffrey Baker, MD, PhD; Raymond Barfield, MD, PhD; Farr Curlin MD; Nita Farahany, PhD, MA, JD, AB; Margaret Humphreys, MD, PhD; Warren Kinghorn, MD, MTS, Dth; Thomas LeBlanc, MD; Monica Lemmon, MD; Sneha Mantri MD; Chris Simon, PhD; Gopal Sreenivasan PhD; Peter Ubel, MD, BA

### **Microbiology, Infectious Disease and Immunology Study Program**

**MIDIP-301B. RESEARCH IN MICROBIOLOGY AND INFECTIOUS DISEASE STUDY PROGRAM.** Program Director: Steve Taylor, MD. The Microbiology, Infectious Diseases, and Immunology Program (MIDIP) Study Program provides students with the opportunity to explore laboratory-based and clinical research in infectious diseases and immunology. For example, MIDIP will appeal to students interested in the public health initiatives of vaccine design, mechanisms of autoimmunity, or the management of infectious diseases. Knowledge of infectious diseases and immunology is central to the effective management of disease in a vast array of public health and clinical settings.

Duke University faculty members include world leaders in the study of microbiology and immunology, many with a strong tradition of outstanding mentorship for third year medical students. The MIDIP research experience can be focused on one of a wide variety of important clinical problems: Aberrations of immune system development can be studied using animal models of primary or acquired immunodeficiency syndromes. Diseases of chronic inflammation and autoimmunity highlight the damaging effects of exaggerated or inappropriate immune responses and can be examined through research focused on the pathogenesis of diseases such as asthma and rheumatoid arthritis. Modulation of normal immune responses is also critical to the management of solid organ and bone marrow transplantation and is becoming increasingly important in the treatment of cancer.

Faculty mentors at Duke also have outstanding research programs studying the molecular mechanisms of microbial pathogenesis in bacterial, fungal, and viral and parasitological systems. Microbial genetics can be exploited to investigate fundamental processes in genetics and molecular biology. The development of novel chemotherapies for microbial infections, particularly of prevalent or emerging infections, remains a high priority for public health. The student may also choose to pursue research pertinent to the many molecular processes that underlie normal lymphocyte development and function, and use this opportunity to master some of the new technologies available to biomedical research. Additionally, these molecular genetic tools can be used to explore the molecular epidemiology of microbes in humans, non-human hosts, and environmental samples.

The MIDIP track emphasizes original research. This program offers third year medical students an opportunity to undertake basic research and to integrate with graduate students, fellows, and faculty of the Medical Center departments contributing to this Program. Each student will select a faculty mentor, and together they will develop an original proposal within the context of the mentor's ongoing research program. The student will be expected to design experiments, critically assess the relevant literature, evaluate data, apply appropriate statistical tests, solve problems associated with the project, and communicate the research results in written and oral presentations. The faculty and staff will provide appropriate guidance and assistance within the laboratory or clinical setting.

FACULTY: James Abbruzzese, MD; James Alspaugh, MD; Deverick Anderson, MD, PhD; Gowthami Arepally, MD; Amber Atwater, MD, BS; John Bartlett, MD; Daniel Benjamin, MD, PhD, MPH; Miles Berger, MD, PhD; Adela Cardones, MD; Francis Chan, PhD; Jen-Tsan Chi, MD, PhD; Megan Clowse, MD, MPH; Kaamal ElMallah, MD; Mary Foster, MD; Genevieve Fouda, MD, PhD; Vance Fowler, MD, MHS; Michael Gunn, MD; Russell Hall, MD, BA; Gianna Hammer, PhD; Barton Haynes, MD; Joseph Heitman, MD, PhD; Maureane Hoffman, MD, PhD; Kim Huffman, MD, PhD; Sue Jinks-Robertson, PhD; Jack Keene, PhD; Garnett Kelson, PhD, MS; Meenal Kheterpal, MD; Allan Kirk, MD, PhD, BS; Dennis Ko, MD, PhD; Emily Ko, MD; Joanne Kurtzberg, MD; Thuy Le, MD, PhD; Micah Luftig, PhD; Xunrong Luo, MD, PhD; Amanda MacLeod, MD; Mary Markert, MD, PhD; Micah McClain, MD, PhD; David Montefiori, PhD; Michael Moody, MD; Evan Myers, MD, MPH; William Parker, PhD; John Perfect, MD; Sallie Permar, MD, PhD; Thomas Petes, PhD; David Pisetsky, MD, PhD; Megan Reller, MDCM; Jatin Roper, MD; Matt Rubach, MD; April Salama, MD; John Sampson, MD, PhD, MBA; Kevin Shah, MD; Sudha Shenoy, PhD; Mari Shinohara, PhD; Herman Staats, PhD; William Steinbach, MD; Neil Surana, PhD; Geeta Swamy, MD; Teresa Tarrant, MD; Gregory Taylor, PhD; Steve Taylor, MD, MPH, BS; Thomas Tedder, PhD; Marilyn Telen,



MD; Nathan Thielman, MD, MPH; Amelia Thompson, MD, MPH; David Tobin, PhD; Georgia Tomaras, PhD; Ephraim Tsalik, MD, PhD; Joe Weinberg, MD, BS; Christopher Woods, MD; Aimee Zaas, MD; Xiaoping Zhong, MD, PhD

## Molecular Medicine

Program Director: David Hsu, MD

This interdepartmental study program is designed to provide third year medical students with an in-depth basic science or translational research experience in oncological sciences, regenerative medicine, the nutritional and metabolic mechanisms of chronic disease or the molecular basis of disease. Faculty members in this study track come from numerous departments, including Medicine, Biochemistry, Cell Biology, Immunology, Pathology, and Pharmacology and Cancer Biology. Students who elect this study program undertake a research project in a laboratory under the guidance of a faculty preceptor and participate in appropriate seminar series. In addition, with the permission of their mentor and study program director, students may take course work each term to complement their research interests. Due to the wide range of research opportunities available, course work is individually tailored to the interests of the student by the faculty preceptor. There are five (5) discreet sub tracks to accommodate the diversity of interest in Molecular Medicine  
FACULTY: S. Alam, PhD; Gowthami Arepally, MD; Andrew Armstrong, MD, BSE; Daniel Benjamin, MD, PhD, MPH; G. Bennett, MD, PhD; Andrew Berchuck, MD; Miles Berger, MD, PhD; Perry Blackshear, MD, PhD; Gerard Blobe, MD, PhD; Diego Bohorquez, PhD; Blanche Capel, PhD; Marc Caron, PhD; Maria Ciofani, PhD; Thomas Coffman, MD; Thomas Coffman, MD; Michael Cohen-Wolkowicz, MD, PhD; Christopher Counter, PhD, BS; David D'Alessio, MD; Sandeep Dave, MD; Brittany Davidson, MD; Gayathri Devi, PhD; Mark Dewhirst, PhD; Bastiaan Driehuys, PhD; William Eward, MD; Peter Fecci, MD, PhD; Liping Feng, MD; Donald Fox, PhD, BS; Michael Freemark, MD, BA; Katherine Garman, MD; Matthias Gromeier, MD; Chad Grotegut, MD; Brent Hanks, MD, PhD; Joseph Heitman, MD, PhD; Matthew Hilton, PhD; Shiao-Wen Hsu, MD; Michael Kelley, MD; David Kirsch, MD, PhD; Christopher Kontos, MD; Sally Kornbluth, PhD; Chay Kuo, MD, PhD; Joanne Kurtzberg, MD; Madan Kwatra, PhD; Robert Lefkowitz, MD; Chuan-Yuan Li, DSc; Rodger Liddle, MD, BS; Corinne Linaudic, MD, PhD; Jeffrey Marks, PhD; Hiroaki Matsunami, PhD; Donald McDonnell, PhD; James McNamara, MD; Mohamed Mikati, MD; Paul Mosca, MD, PhD, MS; Deborah Muoio, PhD; Christopher Nicchitta, PhD; Andrew Nixon, PhD; Thomas Ortel, MD, PhD; Edward Patz, MD, BS; Ann Pendergast, PhD; Thomas Petes, PhD; Salvatore Pizzo, MD, PhD; Rebecca "Becca" Previs, MD; Thomas Price, PhD; Jatin Roper, MD; John Sampson, MD, PhD, MBA; Tracy Setji, MD; Svati Shah, MD, MHS; Jason Somarelli, PhD; Bruce Sullenger, PhD; Beth Sullivan, PhD; Raphael Valdivia, PhD; Antonius VanDongen, PhD, MS, BS; Emmanuel Walter, MD, MPH, BS; Xiao-Fan Wang, PhD, BS; David Warner, MD; Joe Weinberg, MD, BS; Kris Wood, PhD, BS; Tso-Pang Yao, PhD; Jennifer Zhang, PhD, BS

**MOLMED-301B. RESEARCH IN MOLMED - ONCOLOGICAL SCIENCES.** This interdepartmental study program is designed to provide third year medical students with an in-depth basic science or translational research experience in oncological science. Faculty in the study program are engaged in investigating oncogenes, tumor suppressor genes, growth factors, chromosomal abnormalities, cellular invasion and metastases, proliferation, differentiation, apoptosis, tumor hypoxia, tumor angiogenesis, chemical/radiation/viral carcinogenesis, biologic and immunotherapy principles, radiobiology and hyperthermic oncology, and the pharmacology of cancer chemotherapy. The program is directed at students potentially interested in a career in oncology and cancer research. Faculty members in this study track come from numerous departments, including Medicine, Biochemistry, Cell Biology, Immunology, Pathology, and Pharmacology and Cancer Biology. Students who elect this study program undertake a research project in a laboratory under the guidance of a faculty preceptor and participate in appropriate seminar series. In addition, with the permission of their mentor and study program director, students may take course work each term to complement their research interests. Due to the wide range of research opportunities available, course work is individually tailored to the interests of the student by the faculty preceptor.

**MOLMED-302B. RESEARCH IN MOLMED - REGENERATIVE MEDICINE.** This interdepartmental study program is designed to provide third year medical students with an in-depth basic science or translational research experience in the fields of developmental and stem cell biology. Faculty in the study program are engaged in investigating mechanisms of embryonic development, developmental genetics, stem cells in various tissues from both humans and model organisms, the factors that regulate the balance between stem cell self-renewal and differentiation, the stem cell niche, the role of cancer stem cells in human cancer and the use of stem cells for therapy. The program is directed at students potentially interested in a career in regenerative medicine. Faculty members in this study track come from numerous departments, including Medicine, Biochemistry, Cell Biology, Pediatric, Pharmacology and Cancer Biology and Radiation Oncology. Students who elect this study program undertake a research project in a laboratory under the guidance of a faculty preceptor and participate in appropriate seminar series. In addition, with the permission of their mentor and study program director, students may take course work each term to complement their research interests. Due to the wide range of research opportunities available, course work is individually tailored to the interests of the student by the faculty preceptor.

**MOLMED-303B. RESEARCH IN MOLMED - MOLECULAR BASIS OF DISEASE.** This interdepartmental study program is designed to provide third year medical students with an in-depth basic science or translational research experience in defining molecular mechanisms that underlie biological processes, using an integrated approach that combines chemistry, enzymology, biophysics, structural biology, computational biology, cell biology and genetics. Faculty members in this study track come from numerous departments, including Biochemistry, Cell Biology, Medicine, Microbiology and Medical Genetics, Pathology, and Pharmacology and Cancer Biology. Students who elect this study program undertake a research project in a laboratory under the guidance of a faculty preceptor and participate in appropriate seminar series. In addition, with the permission of their mentor and study program director, students may take course work each term to complement their research interests. Due to the wide range of research opportunities available, course work is individually tailored to the interests of the student by the faculty preceptor.

**MOLMED-304B. RESEARCH IN MOLMED - NUTRITIONAL & METABOLIC MECHANISMS OF CHRONIC DISEASES.** This interdepartmental study program is designed to provide third year medical students with an in-depth basic science or translational research experience in nutritional and metabolic mechanisms involved in the pathogenesis of chronic diseases. Faculty in the study program is engaged in investigating fundamental nutritional and metabolic regulatory mechanisms, including application of comprehensive metabolic analysis tools ("metabolomics") for the diagnosis and treatment of individuals with chronic diseases. Faculty members in this study track come from numerous departments, including Biochemistry, Cell Biology, Medicine, Microbiology and



Medical Genetics, Pathology, and Pharmacology and Cancer Biology. Students who elect this study program undertake a research project in a laboratory under the guidance of a faculty preceptor and participate in appropriate seminar series. In addition, with the permission of their mentor and study program director, students may take course work each term to complement their research interests. Due to the wide range of research opportunities available, course work is individually tailored to the interests of the student by the faculty preceptor. FACULTY: Diego Bohorquez, PhD; Nancie MacIver, MD, PhD; Larry Moss, MD; Deborah Muoio, PhD

### Neurosciences Study Program

**NSS-301B. RESEARCH IN NSS.** Program Director: C. Rory Goodwin, MD, PhD. Overview: The Neurosciences Study Program is designed to provide a multidisciplinary opportunity for third year medical students over the broad range of basic and clinical neurosciences. Many of the most intractable and prevalent diseases of our time afflict the nervous system, and in many ways research in the neurosciences represents one of the final frontiers of medicine and biomedical science. Areas of study range from molecular and cellular neuroscience, neuroimaging, developmental neurobiology, systems and cognitive neuroscience to translational neuroscience such as animal modeling of neurological disease and development of potential therapeutics. Faculty in the program are drawn from many departments including Neurobiology, Radiology, Pharmacology, Cell Biology, Psychology, Neurosurgery, Neurology, Pediatrics, Medicine, Psychiatry, and Ophthalmology, and are engaged in research that ranges from fundamental properties of ion channels and neurotransmitter receptors to cognition and perception. The program emphasizes a basic research experience under the guidance of a mentor along with opportunities to attend seminars and present results in written, oral, and poster presentations.

**Research:** The basic component of the Neurosciences Study Program is an in-depth research experience in a research laboratory under the supervision of one of the participating faculty. Students will work full-time in a laboratory pursuing an independent research project including conducting experiments, analyzing results, and communicating findings.

**Proposal:** All students are expected to prepare a 2-3 page proposal by the beginning of the third year, outlining the aims of the proposed research in consultation with their chosen mentor. This proposal should state the problem to be studied, the rationale and relevance of the problem, the specific hypotheses to be tested, a brief description of the experiments to be performed, and references. In addition, Vascular, Neurology, Neurosurgery, and Stroke Center conferences can also be attended. Although there are no specific course requirements in the Program, students may pursue their own particular interests by taking or auditing courses recommended by their mentor or relevant to their research project.

**Seminars:** Students will be able to attend regular seminar series including the Division of Neurology Research Seminar, the Neurobiology Seminar, Signal Transduction Colloquium, Cell Biology Seminar, and Brain Imaging Seminar as appropriate for their particular research project. Attendance at research seminars is encouraged.

**Meetings:** Students will attend monthly informal meetings with Dr. Lascola to discuss proposed research plans, ongoing projects and career development issues. Students will be encouraged to present and discuss data. Outside speakers may also be invited to discuss particular topics of interest.

**Posters:** Students are expected to submit abstracts to present results in poster or oral format at the annual Alpha Omega Alpha research day in August.

**Final Thesis:** At the end of the research year, students are required to write a description of their hypotheses, the outcome of their experiments, and conclusions of their work (15-25 pages).

FACULTY: David Ashley, PhD; Richard Bedlack, MD, PhD; Nicole Calakos, MD, PhD; Gregory Cogan, PhD; Carol Colton, PhD; Sharon Endow, PhD; Peter Fecci, MD, PhD; Wuwei (Wayne) Feng, MD; Anthony Filiano, PhD; (Courtney) Goodwin, MD, PhD; William Gottschalk, PhD; Simon Gregory, PhD, BASc; Warren M. Grill, PhD, MS, BS; Michael Haglund, MD, PhD; Scott Huettel, PhD; Michael James, MD; Erich Jarvis, PhD; Shivanand Lad, MD, PhD; David Lascola, MD, PhD; Daniel Laskowitz, MD; Wolfgang Liedtke, MD, PhD; Stephen Lisberger, PhD; Sneha Mantri, MD; Katherine Martucci, PhD, BS; James McNamara, MD; Mohamed Mikati, MD; Andrea Nackley, PhD; Miguel Nicolelis, MD, PhD; Jeffrey Petrella, MD; James Provenzale, MD; Dale Purves, MD; John Sampson, MD, PhD, MBA; Tatiana Segura, PhD; Jesse Skene, PhD; Derek Southwell, MD, PhD, BS; Christa Swisher, MD; Eric Thompson, MD; Kyle Walsh, PhD; Fan Wang, PhD; David Warner, MD; Marty Woldorff, PhD, MS

### Ophthalmology and Visual Sciences Study Program

**OVS-301B. RESEARCH IN OVS.** The development of the next generation of clinician-scientists is a high priority of the educational mission of the Department of Ophthalmology. To achieve this goal, the faculty offer a wide scope of research opportunities to third-year students. These range from intense, hands-on experience in molecular and cell biology, to animal surgery, to clinical prospective and retrospective studies. The student, in addition to being closely mentored by an individual faculty member, is encouraged to participate in the vast array of departmental research and clinical seminars and lectures and tutorials. These activities offer an intensive learning environment and provide a solid foundation from which to launch a successful career bridging basic and clinical sciences with the practice of medicine. FACULTY: Vadim Arshavsky, PhD, BS; Sanjay Asrani, MBBS; Catherine Bowes Rickman, PhD; Edward Buckley, MD; Pratap Challa, MD; Scott Cousins, MD, BA; Sina Farsiu, PhD; Sharon Fekrat, MD; Sharon Freedman, MD, BS; Michael Hauser, PhD; Leon Herndon, MD; Glenn Jaffe, MD; Anthony Kuo, MD; Stephen Lisberger, PhD; Paloma Liton, PhD, MSc; Goldis Malek, PhD; Felipe Medeiros, MD, PhD; Kelly Muir, MD, MHS; Grace Prakalapakorn, MD, MPD, BSE; Ponugoti Rao, PhD; Jullia Rosdahl, MD, PhD; Daniel Saban, PhD, MS; W Stamer, PhD, BS; Cynthia Toth, MD; Lejla Vajzovic, MD, BS; Joanne Wen, MD; Heather Whitson, MD, MHS

### Pathology Study Program

**PSP-301B. RESEARCH IN PSP.** Program Director: Shannon J. McCall, MD. Pathology is the study of disease through the utilization of structural and functional changes to gain information about the human organism's response to injury. The goal of the Pathology Study Program is to provide the medical student with a thorough learning experience in pathology and laboratory medicine under the guidance of a senior faculty preceptor. The essential elements of this program are: a) independent, but guided, research experience

(bench or library), and b) active participation in small group seminars. FACULTY: Soman Abraham, PhD, MS, BS; Dennis Clements, MD, PhD, MPH; Sheila Collins, PhD; Thomas Cummings, MD; Michael Datto, MD, PhD, BA; Maureane Hoffman, MD, PhD; Virginia Kraus, MD, PhD; Anand Lagoo, MD, PhD, MBBS; Giselle Lopez, MD, PhD; H. Kim Lysterly, MD; Shannon J. McCall, MD; Roger McLendon, MD, BA; Sara Miller, PhD; Salvatore Pizzo, MD, PhD; Alan Proia, MD, PhD; Herman Staats, PhD; Kyle Strickland, MD, PhD, BS, BA; Mary Sunday, MD, PhD; Shih-Hsiu Wang, MD, PhD; Joe Weinberg, MD, BS

### **Primary Care Leadership Track**

**PCLT-301B. RESEARCH IN - PRIMARY CARE AND LEADERSHIP TRACK.** Course Director: Anh N. Tran, PhD, MPH.

Overview: The Primary Care Leadership Track (PCLT) offers students committed to primary care an opportunity to develop skills needed for patient centered care and community-engaged, population-based practice. Students explore the causes of health disparities, develop a meaningful population health improvement research focus utilizing community engagement and learn leadership skills useful in redesigning clinical programs to better serve patient needs at the individual and population levels.

Curriculum: Research. The principal scholarly component of the PCLT is community-engaged population health improvement research or other forms of investigation of health systems and improvement in collaboration with community partners. Like their peers in the more traditional science track, primary care leadership program students will explore a primary research question, find data to support or refute it, and write a thesis (or a grant or manuscript alternative) that communicates their results. The third year will have a 10, 11 and 12 month option.

Proposal: All students are expected to prepare a 3-5 page proposal by the end of spring of the second year outlining the aims of the proposed research in consultation with their mentor. The proposed research is to benefit both the existing research/project team with which the student is collaborating and the educational goals of the student. This proposal will state the problem to be studied, the rationale and relevance of the problem, and include a bibliography of relevant literature and sources.

Posters: Students are expected to submit abstracts to present results in poster or oral format at the annual Alpha Omega Alpha research day along with at least one other venue.

Final Thesis: Students will prepare a thesis that represents the product of their research, no more than 25 pages in length. This is due on the thesis deadline date set by the Registrar's Office. Students are also allowed to produce, instead, a manuscript or grant alternative, as outlined by the School of Medicine.

Students will participate in a series of video-conference meetings throughout the year with other students in the PCLT study program to have an opportunity to engage in peer coaching and reflect on Third Year experiences, challenges and lessons learned. Other elective courses may be taken with the permission of the program director and the student's preceptor.

Dual-Degree Option: Yes, as long as it is population health improvement oriented.

FACULTY: Sarah Armstrong, MD; L. Ebony Boulware, MD, MPH; James Blumenthal, PhD; Lenor Corsion, MD, MHS; Christopher Cox, MD; Emily D'Agostino, DrPH, Med; Geraldine Dawson, PhD; Matthew Dupre, PhD; David Edelman, MD; Rosa Gonzalez-Guarda, MD, MPH; Kimberly Johnson, MD; Gary Maslow, MD; Aditee Narayan, MD, MPH; Kevin Oeffinger, MD; Truls Ostbye, MD, MPH; Dev Sangvai, MD, MBA; John Schmitt, MD; Kevin Shah, MD; Nirmish Shah, MD; Mina Silberberg, PhD; Geeta Swamy, MD; Anh Tran, PhD, MPH; Heidi White, MD

# Doctor of Medicine Program

## 2021-2022 Academic Calendars

### Academic Calendar Key

<b>16</b> – Full length of the term	
<b>21</b> – 1st two-week selective of term	<b>22</b> – 2nd two-week selective of term
<b>23</b> – 3rd two-week selective of term	<b>24</b> – 4th two-week selective of term
<b>25</b> – 5th two-week selective of term	<b>26</b> – 6th two-week selective of term
<b>27</b> – 7th two-week selective of term	<b>28</b> – 8th two-week selective of term
<b>41</b> – 1st four weeks of term	<b>42</b> – 2nd four weeks of term
<b>43</b> – 3rd four weeks of term	<b>44</b> – 4th four weeks of term
<b>81</b> – 1st eight weeks of term	<b>82</b> – 2nd eight weeks of term

### Approved School of Medicine Holidays for Medical Students

*(subject to change)*

Labor Day	All	Martin Luther King, Jr. Day	All
Thanksgiving Day (refer to calendar)	All	Memorial Day	All
Christmas Day (and additional days as outlined on School of Medicine academic calendar)	All	Juneteenth	All
New Year's Day	All	Independence Day	All

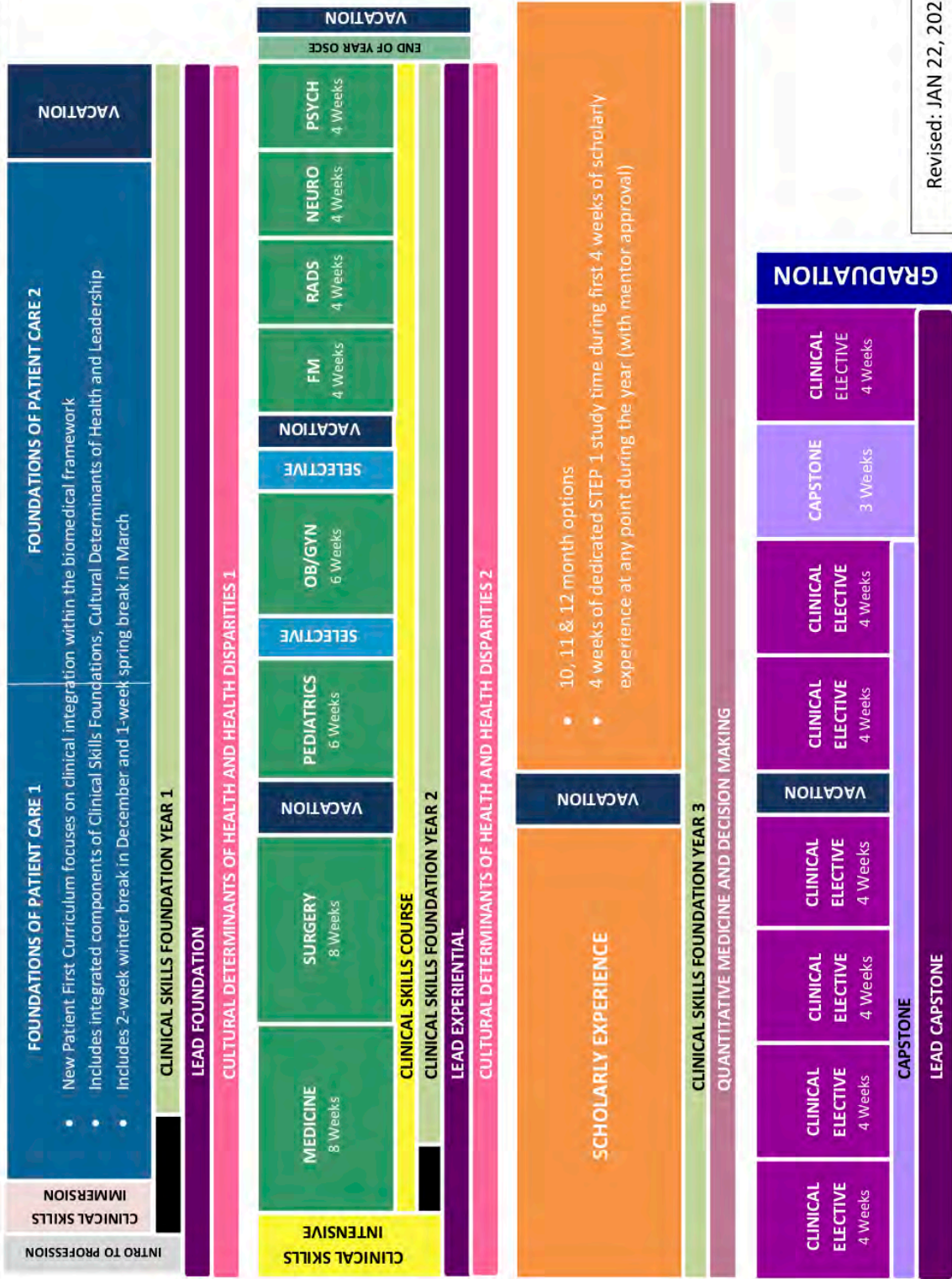


Megan Mendenhall



# Foundation for Excellence Curriculum

AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG



Revised: JAN 22, 2021



# 2021-2022 Academic Calendar

## Doctor of Medicine Program: First Year

### Fall 2021

Course Directors: Grades are due within four weeks of the last day of class for each section.

#### August

2-6 **M-F** Introduction to the Profession—Mandatory attendance

6 **F** Annual Medical Student Research Symposium—Mandatory attendance

9 **M** Begin class, Clinical Skills Training Immersion

20 **F** End class, Clinical Skills Training Immersion

23 **M** Begin class, Foundations of Patient Care 1

#### September

6 **M** Labor Day—student holiday

#### November

3 **W** 8:30 a.m. Registration for Spring term opens

9 **T** 1 p.m. Registration for Spring term closes

23 **T** 6 p.m. Begin Thanksgiving student holiday

29 **M** Resume class, Foundations of Patient Care 1

#### December

17 **F** 5 p.m. Begin Winter Break for first-year Medical Students

#### January

1 **Sa** New Year's Day—holiday observed

3 **M** Resume class, Foundations of Patient Care 1

17 **M** Martin Luther King, Jr. Day—student holiday

31 **M** at noon, End class Foundation of Patient Care 1

### Spring 2022

#### February

1 **T** Spring term begins  
Begin class, Foundations of Patient Care 2

#### March

19-27 **Sa-Su** Spring Break for MS1

28 **M** Resume class Foundations of Patient Care 2

#### May

30 **M** Memorial Day Holiday—student holiday

#### June

20 **M** Juneteenth Holiday—student holiday

#### July

1 **F** 5 p.m. End class, Foundations of Patient Care 2

(Calendar and registration dates are subject to change.)

# 2021-2022 Academic Calendar

## Doctor of Medicine Program: Second Year

### Fall 2021

Course Directors: Grades are due within four weeks of the last day of class for each section.

#### August

2	<b>M</b> 8 a.m. Begin Clinical Skills Course—Intensive
3	<b>T</b> MS2 students register online for fall selectives
6	<b>F</b> Annual Medical Student Research Symposium—Mandatory attendance
20	<b>F</b> End Clinical Skills Course—Intensive
23	<b>M</b> Begin sections 21, 41, and 81
25	<b>W</b> 3 p.m. Begin Clinical Skills Course (longitudinal)

#### September

3	<b>F</b> End section 21
6	<b>M</b> Labor Day—student holiday
7	<b>T</b> Begin sections 22
15	<b>W</b> Begin Cultural Determinants of Health & Health Disparities
17	<b>F</b> End sections 22 and 41
20	<b>M</b> Begin sections 23 and 42
22	<b>W</b> Begin Clinical Skills Foundation 2

### Spring 2022

#### January

1	<b>Sa</b> New Year's Day— student holiday observed
3	<b>M</b> Begin sections 21, 41, and 81
14	<b>F</b> End section 21
17	<b>M</b> Martin Luther King, Jr. Day—student holiday
18	<b>T</b> Begin sections 22
28	<b>F</b> End sections 22 and 41
31	<b>M</b> Begin classes in sections 23 and 42

#### February

11	<b>F</b> End classes in sections 23 and 61
14	<b>M</b> Begin section 24
23	<b>W</b> End section 81, except PEDS
25	<b>F</b> End sections 24, 42, and 81 PEDS
28	<b>M</b> Begin sections 25, 43, and 82

#### October

1	<b>F</b> End sections 23
4	<b>M</b> Begin section 24
13	<b>W</b> End section 81, except PEDS
15	<b>F</b> End sections 24, 42, and 81 PEDS
18	<b>M</b> Begin sections 25, 43, and 82
29	<b>F</b> End section 25

#### November

1	<b>M</b> Begin sections 26
3	<b>W</b> 8:30 a.m. Online registration for MS2 spring selectives opens
9	<b>T</b> 1 p.m. Online registration for MS2 spring selectives closes
12	<b>F</b> End sections 26 and 43
15	<b>M</b> Begin sections 27 and 44
24	<b>W</b> End sections 27 Noon, Begin Thanksgiving holiday
25-28	<b>Th-Su</b> No classes due to Thanksgiving holiday
29	<b>M</b> Classes resume; Begin section 28

#### December

10	<b>F</b> End sections 28, 44, and 82
11	<b>Sa</b> Begin Winter Break

#### March

9-15	<b>W-T</b> MS2 students register for summer selectives
11	<b>F</b> End section 25
14	<b>M</b> Begin sections 26
25	<b>F</b> End sections 26 and 43
28	<b>M</b> Begin sections 27 and 44

#### April

8	<b>F</b> End sections 27
11	<b>M</b> Begin section 28
20	<b>W</b> End section 82
22	<b>F</b> End sections 28, 44, and 82 PEDS
23	<b>Sa</b> Begin Spring Break
TBD	MS3 Registration for fall opens

# 2021-2022 Academic Calendar

## Doctor of Medicine Program: Second Year (continued)

### Summer 2022

#### May

1	<b>Su</b> End Spring Break
2	<b>M</b> Begin sections 21, 41, and 81
13	<b>F</b> End section 21
16	<b>M</b> Begin sections 22
25	<b>W</b> End Cultural Determinants of Health & Health Disparities
27	<b>F</b> End sections 22 and 41 Noon. Deadline for rising Third Year (MED3) Registration form to Third Year Coordinator
30	<b>M</b> Memorial Day—student holiday
31	<b>T</b> Begin sections 23 and 42

#### June

3	<b>F</b> Online registration—Third Year, fall ends
10	<b>F</b> End sections 23
13	<b>M</b> Begin section 24
15	<b>W</b> End Clinical Skills Foundation 2
20	<b>M</b> Juneteenth Holiday—student holiday observed
22	<b>W</b> End section 81, except PEDS

24	<b>F</b> End sections 24, 42, and 81 PEDS
27	<b>M</b> Begin sections 25, 43, and 82

#### July

4	<b>M</b> Independence Day—student holiday
8	<b>F</b> End section 25
11	<b>M</b> Begin sections 26
22	<b>F</b> End classes in sections 26 and 43
25	<b>M</b> Begin sections 27 and 44

#### August

5	<b>F</b> End sections 27 Annual Medical Student Research Symposium—Mandatory attendance
8	<b>M</b> Begin section 28
10	<b>W</b> End Clinical Skills
17	<b>W</b> End section 82, except PEDS
19	<b>F</b> End sections 28, 44, and 82 PEDS

**\*\*Mandatory Clinical Skills Assessment due by December 2021.**

*(Calendar and registration dates are subject to change.)*



Jared Lazarus



# 2021-2022 Academic Calendar

## Doctor of Medicine Program: Third Year

### Fall 2021

Course Directors: Grades are due within four weeks of the last day of class for each section.

#### August

6 **F** Annual Medical Student Research Symposium—Mandatory attendance

23 **M** Third Year Begins

#### September

6 **M** Labor Day—student holiday

13 **M** MS3 Begin section 42

#### October

9 **Sa** MS3 End section 42

11 **M** MS3 Begin section 43

14 **Th** MS3 Begin QMDM- Medical Statistics

#### November

3 **W** 8:30 a.m. MS3 registration for spring opens

6 **Sa** MS3 End section 43

8 **M** MS3 Begin section 44

9 **W** 1 p.m. MS3 registration for spring closes

25-28 **Th-Su** Thanksgiving student holiday

29 **M** Classes resume

#### December

9 **Th** MS3 End QMDM—Medical Statistics

10 **F** MS3 Fall term ends, section 44

11 **Sa** Winter Break begins

### Spring 2022

#### January

1 **Sa** New Year's Day—student holiday observed—end vacation

3 **M** Research resumes  
Begin Quantitative Medicine & Decision Making II

11 **T** Begin Quantitative Medicine & Dec. Making II—EBM

17 **M** Martin Luther King, Jr. Day—student holiday

#### March

TBD **W** 8:30 a.m.- **T** 1 p.m.  
Registration for MS3, summer

#### April

7 **Th** End Quantitative Medicine & Decision Making II—EBM

8 **F** End Spring term

### Summer 2022

#### April

18 **M** Begin Summer term

#### May

30 **M** Memorial Day—student holiday

#### June

20 **M** Juneteenth holiday - student holiday observed

#### July

4 **M** Independence Day—student holiday observed

#### August

5 **F** Annual Medical Student Research Symposium—Mandatory attendance

The **thesis due date** is dependent on the approved start date and track (10, 11, 12 month). Third-year start dates and thesis deadlines must be approved **PRIOR** to the third-year registration form due date.

\*\*Research Ethics due 30 days after start date.\*\*

(Calendar and registration dates are subject to change.)

# 2021-2022 Academic Calendar

## Doctor of Medicine Program: Fourth Year

### Summer 2021

Course Directors: Grades are due within four weeks of the last day of class for each section.

#### March

10-16 **W** 8:30 a.m.- **T** 1 p.m.  
Registration for rising MS4, summer  
(Dates subject to change.)

31 **W** 8:30 a.m. Registration for Rising MS4, fall opens

#### April

6 **T** 1 p.m. Registration for rising MS4, fall closes  
(Dates subject to change.)

7 **W** 8:30 a.m. Drop/Add for Fall opens

19 **M** Begin classes in sections 81 and 41

#### May

15 **Sa** Noon. End classes in section 41

17 **M** Begin classes in section 42

31 **M** Memorial Day—student holiday

#### June

1 **T** 1:00 p.m., Drop/Add ends for summer, sections 82, 43, and 44 (MS4)

12 **Sa** Noon. End classes in sections 81 and 42

14 **M** Begin classes in sections 82 and 43

#### July

5 **M** Independence Day—student holiday observed

10 **Sa** Noon, End classes in section 43

12 **M** Begin classes in section 44

30 **F** 1 p.m. Drop/Add for fall ends, sections 41, 42, and 81 (MS4)

#### August

6 **F** Annual Medical Student Research Symposium—Mandatory attendance

### Fall 2021

7 **Sa** Noon. End classes in sections 82 and 44

#### August

23 **M** MS4 Begin sections 41, 81, and Capstone

#### September

6 **M** Labor Day—student holiday

17 **Sa** MS4 End section 41

20 **M** MS4 Begin section 42

24 **Sa** Noon. MS4 Grades for 41 are due

#### October

1 **F** Drop/Add for fall, sections 82, 43, and 44 (MS4)

16 **Sa** MS4 End sections 42 and 81

18 **M** MS4 Begin sections 43 and 82

#### November

3 **W** 8:30 a.m. MS4 registration for spring opens

9 **T** 1 p.m. Registration ends

10 **W** 8:30 a.m. Drop/Add for spring opens

13 **Sa** MS4 End section 43

15 **M** MS4 Begin section 44

25-28 **Th-Su** Thanksgiving student holiday

29 **M** Classes resume

#### December

11 **Sa** MS4 End sections 44 and 82  
Winter Break begins

17 **F** 1 p.m. MS4 online Drop/Add for spring, sections 81, 41, and 42, ends

Note: All grades must be submitted to the Office of the Registrar by the specified date in order for students to be approved for graduation.

(Calendar and registration dates are subject to change.)

# 2021-2022 Academic Calendar

## Doctor of Medicine Program: Fourth Year (continued)

### Spring 2022

#### January

1	<b>Sa</b> New Year's Day—student holiday
3	<b>M</b> MS4 Begin sections 41 and 81
17	<b>M</b> Martin Luther King, Jr. Day—student holiday
29	<b>Sa</b> End section 41
31	<b>M</b> Begin section 42

#### February

4	<b>F</b> Drop/Add for spring, sections 43, 44, and 82, closes (MS4) *43 Capstone required
26	<b>Sa</b> End sections 42 and 81
28	<b>M</b> Begin section 43—CAPSTONE Mandatory

#### March

18	<b>F</b> MS4 Match Day
25	<b>F</b> MS4 End section 43—Capstone
28	<b>M</b> Begin section 44

#### April

23	<b>Sa</b> MS4 End section 44
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#### May

3	<b>T</b> All MS4 Grades are due (to clear students for graduation)
6-8	<b>F-Su</b> Graduation activities



Kevin Seifert Photography



# Doctor of Physical Therapy





## DPT Faculty

**Division Chief and Program Director:** W. Todd Cade, PT, PhD

Laura Case, PT, DPT, MS, PCS, C/NDT; Richard Clendaniel, PT, PhD; Derek Clewley, DPT, PhD, FAAOMPT; Chad E. Cook, PT, PhD, MBA, FAPTA; J. Kyle Covington, PT, DPT, PhD; Timothy D. Faw, PT, DPT, PhD; Jody Feld, PT, DPT, PhD; Carol Figuers, PT, EdD; Adam Goode, PT, DPT, PhD; Jamie Greco, PT, DPT, EdD; Tiffany Hilton, PT, PhD; Jeffrey M. Hoder, PT, DPT, NCS; Maggie Horn, DPT, MPH, PhD; Katie Myers, PT, DPT; Amy Pastva, PT, PhD; Laura Pietrosimone, PT, DPT PhD, SCS; Ashley Poole, PT, DPT, CCS; Michael Reiman, PT, DPT, PhD, OCS, SCS, ATC/L, CSCS; Marcus Roll, PT, DPT, NCS, CBIS; Corey Simon, DPT, PhD

## The Profession of Physical Therapy

Doctors of physical therapy apply knowledge of the basic sciences to the prevention and treatment of movement dysfunction resulting from disease or injury. The physical therapist screens, examines, evaluates, diagnoses, prognoses, and provides interventions across the lifespan. Patient interventions are focused on the prevention of dysfunction, the relief of pain, and the improvement of strength, endurance, flexibility, coordination, and joint range-of-motion to maximize functional potential. The variety of settings in which a physical therapist may work includes hospitals, outpatient clinics, schools, skilled nursing facilities, rehabilitation centers, sports facilities, home care agencies, and corporate businesses. With experience, additional education, and board certification, the physical therapist may choose to specialize in orthopedics, pediatrics, neurology, cardiopulmonary, sports physical therapy, clinical electrophysiology, women's health, or geriatrics. Beyond clinical practice, physical therapists may also pursue roles in education, research, and administration.

## Mission Statement of the Doctor of Physical Therapy Division

The Duke Doctor of Physical Therapy (DPT) Program is committed to enhancing the health, wellness, function, and participation in the social and civic lives of all individuals. As a community of scholars engaged in discovery, dissemination, and utilization of knowledge in the best care of patients, our mission is to educate the next generation of clinical and scientific leaders through active learning experiences that promote critical thinking, so that our graduates will be engaged professionals, experts in movement science, and grounded in the discovery of knowledge for best physical therapy practice.

## Doctor of Physical Therapy Program

The Duke DPT is a graduate professional degree program for entry into the profession of physical therapy. Upon successful completion of the didactic and clinical components of the curriculum, the student is awarded the DPT degree. The three-year full-time program, part of the Duke University School of Medicine, provides a comprehensive foundation in the art and science of physical therapy, and prepares graduates to serve as primary clinical care practitioners for patients with neuromusculoskeletal dysfunction, throughout the continuum of care. The Doctor of Physical Therapy Program at Duke University is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, VA 22314; telephone: (703) 706-3245; email: [accreditation@apta.org](mailto:accreditation@apta.org); website: <http://www.capteonline.org>.

## Admissions

Requirements for admission to the DPT Program include a baccalaureate degree, completion of prerequisite courses, 100 verified observations hours of a licensed Physical Therapist at the time of application, three recommendation letters (A professor who has taught the applicant in a collegiate academic course and can attest to the applicant's academic abilities. Letters from teaching assistants, lab instructors, academic advisors, and similar positions will NOT fulfill this requirement. A licensed physical therapist the applicant has observed and/or worked with. A person of the applicant's choice. This can be a professor, physical therapist, academic advisor, teaching assistant, lab instructor, mentor, and similar positions. Letters from family members will not be accepted.), Graduate Record Examination (GRE) Aptitude Test scores within the past five years, the filing of an application (including essays and reference letters), and upon invitation, a personal interview, and a \$50 application fee. The regular application deadline for the 2021-2021 application cycle is October 15, 2021. There is no early-decision option for admission.

\*For the 2021-2022 application cycle candidates are expected to have some observation hours but not required to have 100. Candidates should report any verified completed hours at the time of application. If observation hours are completed once the application is submitted, candidates should update the PT Observation Hours in PTCAS.

## Prerequisite Coursework

Six semester credits of biological sciences, three semester credits of human anatomy (within five years of application), three semester credits of human physiology (within five years of application), six semester credits of chemistry, six semester credits of physics (including principles of light, heat, electricity, mechanics, and sound), three semester credits of statistics, and six semester credits of psychology. All prerequisite courses must be completed with a grade of C or better.

No prerequisite credit can be given to courses showing a Pass/Fail grade. Advance Placement (AP) credit will be given if the course is listed on the applicant's official transcript. A baccalaureate degree in the natural sciences is not a requirement for admission; however, a background of coursework in the natural sciences is strongly recommended.

## Application Procedures

Information about the Duke DPT application process can be found on the DPT website at <https://dpt.duhs.duke.edu/application-requirements>.

The admissions process involves submitting a completed application through the Physical Therapy Central Application System (PTCAS) and submitting all required documentation to PTCAS. Upon evaluating these materials, the Admissions Committee may offer the applicant an interview. Following the interview, the Admissions Committee may offer the applicant acceptance into the Duke DPT Program.

Applications received after October 15 will be reviewed on a space-available basis. Only students for full-time study are accepted. State residence does not influence the admissions policies or tuition costs.

## Technical Standards for Admission

All candidates for a DPT degree must possess the intellectual ability to learn, integrate, analyze, and synthesize data. Candidates must have functional use of the senses of vision, hearing, equilibrium, and smell. Their exteroceptive (touch, movement, stereognosis, and vibratory) senses must be sufficiently intact to enable them to perform all activities required for a complete physical therapist education. Candidates must have motor-function capabilities and the emotional health to meet the demands of entry-level physical therapist education and the demands of total patient care. The candidate for the DPT degree must possess the following abilities and skills:

**Observation:** The ability to observe is required for demonstrations and visual presentations in lectures and laboratories. A candidate must be able to observe patients accurately and completely, both at a distance and closely. This ability requires functional vision and somatic sensation and that are enhanced by a sense of smell.

**Communication:** A candidate should be able to speak, hear, and observe patients in order to elicit information, perceive nonverbal communications, describe changes in mood, and communicate effectively and sensitively with patients and their families, as well as instruct patients and their families. Communication should include not only speech but also reading and writing. Communication in oral and written form with the health care team must be effective and efficient.

**Motor Function:** A candidate should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and movement of limbs, as well as to perform treatment maneuvers, which may include exercising, lifting, and transferring of patients, and assuring their safety during ambulation. A candidate should have motor function sufficient to execute movements reasonably required to provide general care and emergency treatment to patients. Such skills require coordination of gross and fine muscular movements, equilibrium, and sensation.

**Intellectual-Conceptual, Integrative, and Quantitative Abilities:** Problem solving is a critical skill demanded of physical therapists and this requires conceptual, integrative, and quantitative thinking abilities. The candidate must also be able to comprehend three-dimensional relationships and the spatial and functional relationships of structures.

**Behavioral and Social Skills:** A candidate must have the emotional health to fully use his/her/their intellectual ability, to exercise good judgment, and to complete all responsibilities attendant to the evaluation and treatment of patients.

A DPT candidate must be able to develop mature, sensitive, and effective relationships with patients, families, and colleagues. The candidate must be able to tolerate physical, and emotional stress and continue to effectively function. A candidate must possess qualities of adaptability and flexibility and be able to function in the face of uncertainty. He/she/they must have a high level of compassion for others, motivation to serve, integrity, and a consciousness of social values. A candidate must possess sufficient interpersonal skills to interact positively with people from all levels of society, all ethnic backgrounds, and all belief systems.

The faculty of the Duke University DPT Division recognizes its responsibility to present candidates for the DPT degree with knowledge and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care.

The responsibility for monitoring the compliance of applicants with these technical standards is primarily placed with the DPT Admissions Committee to select entering physical therapy students who will become candidates for the DPT degree.

## Criminal Background Check Policy

### For Admissions

All applicants to the Doctor of Physical Therapy (DPT) Program are required to disclose any misdemeanors or felony convictions, other than minimal traffic violations including deferred adjudication. Non-disclosure/falsification may lead to revocation of an offer of acceptance into the DPT Program or dismissal from the program.

A criminal background check (CBC) will be initiated at the time an applicant is accepted and matriculates to the DPT Program, or at the request of the chair of the Admissions Committee regarding anyone who is wait-listed for admission. The CBC will report on federal, state, and local records that extend back a minimum of five years. Results of the CBC will be valid for one year.

A CBC is not a component of the application, interview, or the admission decision-making process for the DPT Division. However, it is a mandatory component of the post-acceptance matriculation process. There shall be an explicitly stated contingency that the final decision about matriculation into the DPT Program will be made after the Admissions Committee review of the accepted applicant's CBC report. Final decisions about the matriculation of an accepted applicant whose CBC reveals information of concern will be made by the Division Executive Committee in consultation with the chair of the Admissions Committee.

Appropriate authorization will be received from each accepted applicant prior to initiating a CBC. This authorization will inform the accepted applicant that he/she/they may have access to CBC data about himself/herself to ensure the accuracy of the report.

No information derived from a CBC will automatically disqualify any accepted applicant from matriculation into the program. A final decision about matriculation will be made only after a careful review of factors including

- the nature, circumstances, and frequency of any offense(s);
- the length of time since the offense(s);
- documented successful rehabilitation;
- the accuracy of the information provided by the applicant in his/her/their application materials; and
- the accuracy of the CBC report.

Information from the CBC that is unrelated to decisions about admissions and continued enrollment will be maintained in a separate, nonadmission file and will not become part of the students' permanent file. All reports are considered confidential. Information obtained from the CBC will only be used in accordance with state and federal laws. The CBC reports will be kept in a locked file for the duration of the student's enrollment. This information will be destroyed upon a student's graduation from the DPT Division.

## For Enrolled Students

Following enrollment in the Duke DPT Program, students are required to disclose any misdemeanor or felony convictions other than minimal traffic violations, including deferred adjudication, within thirty days of occurrence to the Program Director. Nondisclosure or falsification may be grounds for dismissal or degree revocation.

Students enrolled in the DPT Division will be required to undergo annual CBCs. In addition, sites conducting clinical education may require students to undergo additional background checks prior to undertaking their clinical experience. The cost for such requested background checks, if not borne by the clinical site, will be incurred by the student.

The student is aware that, when applying for the CBC, he/she/they automatically releases the results to the Duke DPT Program and that the results will be shared with affiliating agencies that provide clinical experiences in the program. The Program Director will evaluate all background checks and will make the determination if the individual student can participate in clinical experiences.

## Drug Screen Policy

Students enrolled in the DPT Division will be required to undergo annual drug screens from a DPT approved facility. Results from any other agency will not be recognized. A clear drug screen is also required of students by many clinical education sites.

Failure to undergo a required drug test will result in dismissal from the program. If the drug screen comes back diluted or adulterated the student will be allowed one retest. If the student fails the second test, the student will be dismissed from the program.

The student is aware that, when applying for the drug screen, he/she/they automatically releases the results to the Duke DPT Program and that the results will be shared with the appropriate agencies that provide clinical experiences for the program.

## Tuition and Expenses

The DPT Program practices a "need-blind admissions process." Full cost of attendance budgets may be found on the Office of Financial Aid website: <https://medschool.duke.edu/education/student-services/office-financial-aid/resources>.

## Financial Aid

Qualified applicants may be eligible for federal educational loan programs or institution-based loans. A small amount of need-based scholarship awards is available for selected matriculated students. Financial aid information is available for all interested applicants by contacting the Office of Financial Aid, Box 3067, Duke University Medical Center, Durham, NC, 27710; (919) 684-6649; [finaid@dm.duke.edu](mailto:finaid@dm.duke.edu) or at the Duke University SOM Office of Financial Aid website at <https://medschool.duke.edu/education/student-services/office-financial-aid>.

## Code of Professional Conduct

Students enrolled in the Doctor of Physical Therapy Program are expected to adhere to the Duke University School of Medicine Code of Professional Conduct as detailed in the policies for all School of Medicine programs found elsewhere in this bulletin.

## Standards of Academic Conduct and Examinations

The faculty of the DPT Program expects and will require of all its students cooperation in maintaining high standards of scholarship and conduct in accordance with the Professional Expectations of the Duke University School of Medicine.

An honor system is employed during administration of all written and practical examinations and for specified assignments that are completed in other locations. In signing your name to your work, you are indicating that you neither gave nor received assistance during the examination. All examinations administered by the department are confidential communications between the student and the instructor.

Unless expressly permitted by a course instructor, students may not utilize previous forms of written examinations to assist in their preparation. Written examinations that are returned to the student are provided for the specific purpose of enhancing that individual's learning and are not to be shared with any other students.

## Health Insurance

All students are required to carry full major medical health insurance throughout their enrollment in the program. If the student does not elect to take the Duke Student Accident and Hospitalization Insurance policy, evidence of other comparable health insurance coverage must be provided. The Student Health Fee is mandatory for all students.

## Computer and Technology

Students enrolled in the physical therapy curriculum at Duke University are provided support service of any issued computing devices from the Medical Education IT Department—DPT Division (MedEDIT-DPT).

The MedEDIT provides administrative, professional, and technical expertise to the students of the School of Medicine. The School of Medicine values an open, collaborative, and congenial environment where safety is paramount. Efficient and dependable service to support state-of-the-art medical education is the goal.

All matriculating students in the School of Medicine are assessed a mandatory technology fee. This includes students enrolled in the Doctor of Physical Therapy Program. The fee will not only cover hardware such as laptop or handheld device, but service, software, and technical updates to comply with all Duke Health System compliance guidelines.

## Doctor of Physical Therapy Academic Progression

Enrolled students should refer to the DPT Student Handbook for detailed program policies. Graduate students in the DPT Program are participants in a professional educational program whose graduates assume positions of responsibility as primary clinical care practitioners. Accordingly, students are evaluated on their academic and clinical performance and also on their interpersonal communication abilities, their appearance, and their professional conduct. Deficiencies in any of these areas are brought to the student's attention and failure to correct these performance issues may result in probation or withdrawal from the program.

### Academic Progression and Requirements for Graduation

The faculty of the Doctor of Physical Therapy Division has the responsibility to define minimum acceptable standards for academic and professional behaviors performance. In all courses, minimum passing standards are defined by the course director in collaboration with the Division Chief/Program Director and faculty. These standards are communicated to the students at the beginning of each course. Doctor of Physical Therapy faculty have the responsibility of notifying students who are not meeting minimal standards for passing a course early enough for the student to be able to work toward achieving the minimal standard by the end of the course. In most cases, this is at the midterm of a course.

#### A. Promotion

All students' records are reviewed as needed and at the conclusion of each semester by the Promotions Committee. The committee members and the chair will be appointed by the Division Chief/Program Director.

The promotions committee will recommend to the Division Chief/Program Director:

- Promoting students whose work and professional behavior are satisfactory.
- Warning students whose work is less than satisfactory that they must improve their scholastic endeavor and require such students to remediate, retake, or review specific courses or undertake other actions that may assist in the correction of deficiencies, including recommending an immediate delay in further progression in the curriculum and that the student repeat coursework the following year.
- Placing on probation or suspension students whose work is unsatisfactory or who have demonstrated unprofessional behavior or requesting the resignation of any student who is considered an unpromising candidate for the degree of doctor of physical therapy.
- Removing a student on Academic Probation that has satisfactorily demonstrated scholastic requirements or professional behavior either through repeating coursework or demonstration of corrected professional behavior.
- Recommending dismissal.

The student is considered to be in Good Academic Standing if they have earned no more than one LP grade in all courses. A student may be considered in Good Academic Standing if there are no academic or professional behavior issues in a student's progression in the program. When deficiencies are identified in the student's academic or professional performance, a student may be placed on academic probation, remediation, suspension, or dismissal. The Division chief/Program Director can place students on academic probation or remediation. The Vice Dean for Education is responsible for placing individuals on suspension or dismissal.

The Vice Dean for Education, in consultation with the Dean of the School of Medicine, reserves the right to require the withdrawal of any student at any time if, in their opinion, the student should not continue in the Doctor of Physical Therapy Program.

#### B. Academic Performance

##### Grading Standards

The grading system for the DPT Program consists of two scales.



## Didactic and STEPs® Courses

For all non-APC didactic and STEPs® courses in the curriculum, the following grading system will be used:

P	Pass
LP	Low Pass
F	Fail
I	Incomplete

## Advanced Practice Courses and Terminal Clinical Experience Courses

For all second-year Advanced Practice Courses (APC) and third-year terminal clinical experience (TCE) courses in the curriculum, the following grading system will be used:

P	Pass
F	Fail
I	Incomplete

## Pass-Low Pass-Fail Grades

The rounded raw score range for establishing passing or failing grades will range from 0 to 100 with a score of 70 to 79 as a Low Pass and 80 and above established as a Pass grade. A raw score of less than 70 will result in a Fail grade. The raw scores earned for all courses will be recorded and maintained by the DPT Program and are for internal use (for program evaluation, monitoring student progress and consideration of awards) and individual student-use only. Students must demonstrate satisfactory performance of course content and pass the appropriate courses, in order to progress in the curriculum. For clinical education courses, the Director of Clinical Education, who serves as course director, will assign a grade based upon documented student performance.

A failing grade (F) is recorded on the permanent record of the student by the Registrar, once the course director has notified the Registrar that failing work has been performed by the student. Failures will not be erased from the student's permanent record. A student may appeal a failing grade and withdrawal from the program (see section E below). Should a student successfully remediate a failing course grade, the passing grade will be placed next to the failing grade on the student's transcript. If the student fails a remediation attempt, the failing grade will be placed next to the original failing grade.

P	Pass
LP	Low Pass
F	Fail
I	Incomplete

The four Clinical STEPs® courses present an integrated progression of clinical skill and professional behavior development. For integrated clinical education courses, the Director of Clinical Education who serves as course director, based upon documented student performance, will assign a grade.

A student may earn no more than one final course grade of LP in Clinical STEPs® I and Clinical STEPs® II in order to progress in the curriculum. A student who earns two final course grades of LP in Clinical STEPs® I and Clinical STEPs® II will be automatically withdrawn from the program.

A student may earn no more than one final course grade of LP in Clinical STEPs® III and Clinical STEPs® IV in order to progress in the curriculum. A student who earns two final course grades of LP in Clinical STEPs® III and Clinical STEPs® IV will be automatically withdrawn from the program.

## Incomplete Grades

An incomplete grade is given when, at the time the grades are reported, some portion of the student's work in a course is lacking for an acceptable reason, such as illness, bereavement, or impairment. Incomplete grades may be given at the instructor's or Program Director's discretion, for the following reasons:

1. Documented student illness that prevents the student from completing the required work in the semester in which the course is offered.
2. Illness of the student's immediate family member(s), which prevents the student from completing the required work in the semester in which the course is offered.
3. A student who selects alternative or additional unplanned learning experiences that will impede his/her/their ability to complete coursework in the semester in which the course is offered. Examples of such opportunities include: acceptance of a scholarship opportunity or participation in competitive sporting events.
4. A student who requires maternity or paternity leave or time to provide elder care.

A grade of incomplete may not be given to a student for the primary purpose of providing additional time so the student may elevate a course grade. Instructors who elect to give a student an incomplete grade for an acceptable reason are committing themselves to perform the additional instruction/evaluation required for the student to complete the course within one calendar year. Incomplete grades remain on the transcript with the earned grade added later.

The course director will determine the manner in which the incomplete grade will be converted to an earned grade. The course director specifies the date by which the student must have made up the incomplete, but in no case will this exceed more than one calendar year from the date the course ended or prior to matriculation into a TCE.

Incomplete grades that are not satisfied within one calendar year automatically become failing grades. If an extension to this time limit is required, an appeal in writing must be made to the Program Director just prior to expiration of the calendar year in which the incomplete grade must be completed. When the course director certifies that an incomplete has been satisfied, a passing grade is placed alongside the incomplete on the permanent and official transcript.

## C. Professional Performance

Education in professional behavior is an explicit component of the professional DPT curriculum. Students must show mastery of professional behavior in all didactic and clinical education learning environments, and at all times as enrolled students in the program. Students must also commit to complying with all regulations regarding conduct established by Duke University, the School of Medicine, and the DPT Program. The faculty retains the responsibility and authority to determine a student's fitness to continue in the program.

A student who demonstrates unprofessional behavior will receive specific feedback and instruction from faculty to assist with correction of his/her/their behavior. A pattern of professional behavior concerns may result in formal verbal and written warnings. Professional behavior that is not corrected by the student following this policy may result in withdrawal from the program.

## D. Determination of Academic Standing

All students' records are reviewed at the conclusion of each semester, and more frequently if needed, by the faculty, and each student is assigned to one of the following categories of Academic Standing listed below.

### Good Academic Standing

A student is considered to be in Good Academic Standing if they have earned no more than one LP grade in all courses and if there are no academic or professional behavior issues in a student's progression in the program.

### Academic Probation

A student is put on notice that their academic performance or behavior has created considerable cause for concern and requires critical ongoing evaluation for a period of time. The probation period will be determined by the Division Chief/Program Director. It will allow sufficient time for correction and close monitoring of the student's performance. Academic Probation is noted on the academic transcript. If a student was placed on Academic Probation at the recommendation of the Promotions Committee and the student has satisfied all the conditions of the Academic Probation specified by the Division Chief/Program Director, the Promotions Committee can make a recommendation to the Division Chief/Program Director to change the student's academic status. Upon approval by the Division Chief/Program Director, removal from Academic Probation status will be noted on their academic transcript.

The faculty of the DPT Program will use the following standards for placing students on Academic Probation:

1. A student who has earned two LP grades in any didactic courses.
2. A student who earns a grade of LP in any STEPs® course.
3. A student who is at risk for four LP grades in didactic courses (The student will return to Good Academic Standing at the end of the semester if the student does not meet any of the above warning criteria).
4. A student has received 1 written professional behavior warning.

If a student was placed on Academic Probation at the recommendation of the Promotions Committee and the student has not satisfied all the conditions of the Academic Probation specified by the Division Chief/Program Director, the Promotions Committee may recommend to the Division Chief/Program Director that the student be placed on Academic Suspension. The suspension is noted on the academic transcript.

Any student on Academic Probation is ineligible to serve in positions of student leadership or employment within the division such as class officer, SIG leader, or graduate assistant.

### Remediation

Remediation is a process through which the Promotions Committee recommends that the course director provides a student an opportunity to remediate content that the student failed to master. The Promotions Committee is responsible for outlining the criteria for the remediation process.

### Academic Suspension

A student who fails to demonstrate successful progress in academics or professional behavior will be withdrawn from the program. The Vice Dean for Education is responsible for placing individuals on suspension or dismissal upon finding of unsatisfactory academic or clinical performance:

The faculty of the DPT Division will use the following standards for placing a student on suspension from the program.

1. A student who fails any one course in the curriculum;
2. A student who earns two LP grades in STEPs® I and II courses; or two LP grades STEPs® III and IV courses;
3. A student who earns four LP grades in any didactic courses;
4. A student has received two written professional behavior warnings, or demonstrates egregious behavior as defined by the Promotions Committee.

### Dismissal

The faculty of the DPT Division will use the following standards for recommending that a student be dismissed from the program.

1. Failure of any combination of two didactic courses/clinical setting-based courses.
2. Failure of the same course twice.
3. A student may be dismissed for a serious violation of professional behavior as outlined in the School of Medicine Code of Professional Conduct or the APTA Standards of Ethical Conduct.

## E. Determination of Professional Behavior Standing

### Good Professional Behavior Standing

The student is considered to be in Good Professional Behavior Standing if they show mastery of professional behavior in all didactic and clinical education learning environments, and at all times as an enrolled student in the program.

Students must also commit to complying with all regulations regarding conduct established by Duke University, the School of Medicine, and the DPT Program. The faculty retains the responsibility and authority to determine a student's fitness to continue in the program. Faculty will utilize the DPT Professional Behavior Reporting System to track specific issues. They will also provide specific feedback and instruction to assist with correction of the student's behavior.

### Good Professional Behavior Standing with Warning

If a pattern of concerning professional behavior emerges or one particularly egregious behavior is reported through the Professional Behavior Reporting System, the Promotions Committee may recommend the student receive a verbal warning that will indicate the reasons for the warning. The warning will include the specific Generic Abilities/Behavioral Criteria and/or Professional Core Values that require improvement. (verbal warning 1) If an additional professional behavior concern or behavior is reported, the Promotions Committee may recommend a formal written notification that will indicate the reasons for the warning. The warning will include the Generic Abilities/Behavioral Criteria and/or Professional Core Values that require improvement. (written warning 1). The DPT Division Chief/ Program Director will notify the student that their behavioral performance will be monitored, and that future poor performance may result in withdrawal from the program. A third concerning professional behavioral event (written warning 2) is grounds for dismissal from the program.

### Appeals of Academic Status (Withdrawal)

A student placed on withdrawn status from the program will be notified in writing by the Vice Dean for Education. Students may appeal this decision by indicating in writing to the Vice Dean for Education: (a) reasons why the student did not achieve minimum academic standards, and (b) reasons why the student's academic standing should be changed. Each appeal will be considered on its merit. Individual cases will not be considered as precedent. All appeals must be mailed to the Vice Dean for Education via United States Postal Service Certified Mail and by email, within three weeks of notification of academic status.

Upon receipt of the appeal the Vice Dean for Education will review the appeal with consultation from the appeals committee, the student's advisor, and the appropriate course director. The Vice Dean for Education will determine if the appeal of withdrawal should be granted. If the student's appeal of his/her/their withdrawal is approved, the Vice Dean for Education will document the student's change in status and communicate in writing the conditions and plans for the student's reinstatement. If the student's appeal of his/her/their academic status is not approved, the decision of the faculty is upheld. The Vice Dean for Education will notify the student of the decision on the appeal in writing within three weeks of receipt of the appeal.

## F. Comprehensive Exams

There are two comprehensive exams that all students must pass in order to progress in the curriculum.

The first comprehensive exam is a written exam that is administered at the end of phase one, the foundations for practice phase of the curriculum. In order to pass the written comprehensive exam, a student must achieve a minimum score of 70%. If a student scores below 70%, the student will be required to re-take the exam 1 time within two weeks of the exam in order to demonstrate competency. If the student scores below 70% a second time, a comprehensive remediation plan will be developed for the student under the oversight of the Promotions Committee.

The second comprehensive exam is a practical exam that is administered toward the end of phase two, the student-centered advancement phase of the curriculum. To pass the comprehensive practical exam, a student must achieve a minimum score of 80%. If the student scores below 80%, the student will be required to retake the assessment 1 time within two weeks of the exam in order to demonstrate competency. If the student scores below 80% a second time, a comprehensive remediation plan will be developed for the student under the oversight of the Promotions Committee.

## G. Progression and Academic Standing

All first-year courses and the first comprehensive exam must be satisfactorily completed before a student may enroll in the second-year courses, and all second-year courses and the second comprehensive exam must be satisfactorily completed before a student may enroll in the third-year courses. Advanced Practice Courses require the enrollment of a minimum of five students unless special consideration is granted from the Program Director. Altered sequences for students who require remediation may be considered for approval by the Program Director.

Earned grades and professional behavior are considered in determination of the student's academic standing.

## H. Requirements for Graduation

### Academic Standards for Graduation

The following standard must be met by the student to successfully complete the DPT Program, earn the Doctor of Physical Therapy degree, and participate in all DPT graduation events: Completion of 122 course credits with a passing grade, including all required didactic and clinical education courses with satisfactory professional behavior.

### Time Limits on Meeting Requirements for Graduation

The standard required length of study to complete the above-listed academic standards is eight continuous academic semesters of full-time work (including two summer terms), completed in 33 calendar months. Under extraordinary conditions, a student may be

permitted a time limit of two semesters of full- or part-time enrollment beyond the standard required length of study to complete the program. The student must apply in writing for such consideration to the Program Director who will review each case.

The student is expected to make continuous and successful progress towards the requirements for graduation throughout the curriculum. The student must register for all required courses during each semester of the curriculum and may carry into succeeding semesters no more than one I (incomplete) course grade, except when the succeeding semester is a clinical education course. Under extraordinary circumstances, a student may apply for an exception to the typical pattern of progress towards degree requirements.

### **Requirements to Participate in the DPT Hooding and Recognition Ceremony**

Only students on track to have their degree conferred in May will be able to participate in the DPT Hooding and Recognition Ceremony. DPT leadership will consider exceptions for students whose graduation is delayed due to documented health-related concerns.

### **DPT Exit Requirements for Graduation**

In order to graduate, all DPT property distributed to the student must be returned to the DPT Division.

## **I. Voluntary Withdrawal and Leave of Absence Policy**

### **Voluntary Withdrawal Policy**

Students who voluntarily withdraw or take a leave of absence from the DPT Division will be required to submit a written request, via certified United States Mail, to the Program Director of the Division. The postmark date of the request will be the date used in determining the official date of the withdrawal or leave of absence and in determining the refund of tuition and fees and the assignment of grades.

Once the request is received, via certified United States Mail, by the Program Director, the Program Director will inform the Curriculum Coordinator who will then notify the Offices of the Registrar and Financial Aid in the School of Medicine. The student is required to contact these offices to ensure that they have completed all required interviews and have fulfilled any responsibilities with regard to this process. The Student Exit Interview/Meeting Form needs to be signed and dated by representatives from the Offices of the Registrar and Financial Aid. The student's permanent academic record will reflect that he/she/they was enrolled for the term and that he/she/they withdrew or took a leave of absence on the effective date of request.

### **Grades**

Assignment of grades for students who have voluntarily withdrawn or taken a leave of absence is made on the basis of current grading policies detailed in the DPT Student Handbook. Students leaving the program prior to 70 percent of the completed semester will receive a W (withdraw) for all courses in which they are enrolled. Students leaving after 70 percent of the completed semester will receive a WP (withdraw passing) or a WF (withdraw failing) depending on current performance for all courses in which they are enrolled.

### **Refunds**

Refunds are credited to a student's account according to the policy according to the following schedule:

Before classes begin:	100%
During first or second week:	80%
During third to fifth week:	60%
During the sixth week:	20%
After sixth week:	None

### **Student fees are nonrefundable after classes begin.**

Voluntary withdrawals are initiated at the request of the student. Working with the Program Director, a mutual decision is reached with regard to the effective date of the withdrawal and any academic penalty to be assessed. Per letter, the Program Director will notify the Offices of the Registrar and Financial Aid in the School of Medicine. The Office of the Registrar will process the withdrawal and remove the student from any current and/or future enrollments. The Office of Financial Aid may revoke any financial aid that has been disbursed. The student should also contact these offices to ensure that they have fulfilled any responsibilities with regard to this process. The student's permanent academic record will reflect that he/she/they was enrolled for the term and that he/she/they withdrew on the specific effective date.

### **Financial Aid**

Recipients of financial aid, scholarships, or short-term loans for payment of fees or expenses for the semester that the student leaves DPT must be approved by the Financial Aid Office before they will be allowed to complete the exit process. Such students will be required to participate in an exit interview.

### **Returning to DPT**

With the exception of students who have taken a leave of absence, any students who have voluntarily withdrawn from the program and desire to return to the DPT Division will need to apply for readmission.

## **Program of Study**

The curriculum is composed of 129 course credits of academic work that is completed over eight academic semesters requiring thirty-three months of full-time attendance. Coursework includes didactic courses in basic sciences, clinical sciences, patient management, evidence-based practice, health policy and business, plus third-year terminal clinical experiences (thirty-six weeks). Clinical experiences are conducted at approved clinical sites located in North Carolina and across the United States.



## Curriculum

The curriculum is presented in an integrated format, such that successful completion of all courses in each semester is required prior to progressing on to the next semester.

## Courses of Instruction

### Session 1

**PT-D 601 Clinical STEPs® I.** Clinical Student Team Experience in Practice (STEP) is the first in a series of five courses that are embedded in the six didactic semesters of the DPT curriculum. Students will work in teams with a physical therapist clinical instructor to apply skills, demonstrate clinical problem-solving, and assume professional roles in various clinical patient care settings. Each semester students will be expected to demonstrate skills and knowledge gained from the current and previous coursework. Credit: 1.

**PT-D 631 PT Professional Practice I.** Professional Development and Leadership threads throughout the entire DPT curriculum. In this course, learners will develop the professional behaviors, knowledge and values crucial to be leaders in a dynamic health care environment. Through and understanding of the profession's history and governance students will have experiences in professional and patient advocacy initiatives. Students will master the crucial skills of patient and professional communication in order to operate effectively in practice. Students will also be grounded in ethical frameworks that can be easily applied to practical situations encountered in clinical practice. This course series also seeks to develop leadership skills necessary to be change agents in healthcare practice, management, education, research and advocacy. Credit: 1

**PT-D 632 Structure and Function of the Human Body.** Normal Human Body provides the anatomic and basic science foundations necessary for physical therapists' understanding the human body. The course emphasis is on gross anatomy and the relationships between the musculoskeletal, neurological, and vascular systems of the human body, including a critical examination of the morphology and function of the axial skeleton, upper and lower limbs, and cardiac, pulmonary, gastrointestinal, urogenital and reproductive systems. This course also covers the microanatomy of the major organs and the functions of their constituent cells, the embryological origins of organ systems, the biomechanics of various organ tissues, and the response of muscle, bone, joints, and soft tissue to disease and injury pertinent to the practice of physical therapy. Brain and Behavior provides a framework for understanding the form and function of the neuronal systems in the brain and spinal cord that motivate bodily actions and behaviors. Through this course, learners will understand the neuroanatomy and neurophysiology that impact the care of patients/clients in the profession of physical therapy. Credit: 7

**PT-D 633 Movement Science.** This course is an introduction to the elements and principles fundamental to the study of human movement. Included are: a foundation of kinesiology and biomechanics, biomechanics of biological tissues, joint structure and function, normal and pathological joint movement, normal human development, and observational gait analysis of normal and pathological gait patterns. Concepts of kinetics, kinematics, length-tension relationships, joint classification, and functional movement will be discussed. While these concepts seem very specific in nature, they will always be focused on the application to the patient population. The basic understanding of human movement provides a foundation for developing assessment and intervention strategies to improve and restore mobility and function. Credit: 4

**PT-D 634 Introduction to the Patient Examination.** This course provides contact with patients and patient care techniques. It exposes students to the initial steps in the patient/client professional relationship. Emphasis is placed on the following skills: patient history, vital signs, palpation, range of motion, goniometry, muscle performance testing. The emphasis throughout the course is to develop the skills necessary to assure patient/client and student safety in the clinical environment. Credit: 5

**PT-D 650 Cultural Determinants of Health and Health Disparities in PT I.** This curriculum will equip Duke Doctor of Physical Therapy Students with a deeper understanding of implicit and explicit bias, race, racism, sex, ability status, gender identity and socioeconomic difference. Course facilitators and guest lecturers will guide students in provocative conversations around health disparities, structural competency, bias, and the impact of implicit associations on interactions with peers and patients. Through skills building exercises and experiential opportunities outside traditional classroom settings, students will be challenged to explore individual, cultural, and social determinants of health and wellness. In addition, students will gain knowledge about the evidence and economics of health disparities, the Durham community, and the history of Duke Medicine's role in that community. Through the evaluation of peer-reviewed literature regarding health disparities, students will gather knowledge and skills to mitigate provider influences on disparities and ultimately improve the quality of healthcare. Credit: 1

### SESSION 2

**PT-D 611 Clinical STEPs® II.** Clinical Student Team Experience in Practice (STEP) is the second in a series of five courses that are embedded in the six didactic semesters of the DPT curriculum. Students will work in teams with a physical therapist clinical instructor to apply skills, demonstrate clinical problem-solving, and assume professional roles in various clinical patient care settings. Each semester students will be expected to demonstrate skills and knowledge gained from the current and previous coursework. Credit: 2.

**PT-D 635 PT Professional Practice II.** Professional Development and Leadership threads throughout the entire DPT curriculum. In this course, learners will develop the professional behaviors, knowledge and values crucial to be leaders in a dynamic health care environment. Through and understanding of the profession's history and governance students will have experiences in professional and patient advocacy initiatives. Students will master the crucial skills of patient and professional communication in order to operate effectively in practice. Students will also be grounded in ethical frameworks that can be easily applied to practical situations encountered in clinical practice. This course series also seeks to develop leadership skills necessary to be change agents in healthcare practice, management, education, research and advocacy. Credit: 1.5

**PT-D 636 Healthcare Systems.** Introduction to the healthcare system will provide the student with an understanding of the

components of the health system that the physical therapist must integrate and facilitate. Included in this course will be a focus on interpreting health systems research including the translation of findings into practice. Students in this course will be introduced to all aspects of the health care system and will be provided the foundations to serve as leaders in a collaborative health system model. Credit: 2

**PT-D 637 Foundational Integumentary Practice.** This course will introduce the practice management model for patients with pathology or impairments to their integumentary system. The histology of the skin and pathologies of the integument will be the foundation from which the assessment and management of pathological processes and wounds of various etiologies will be discussed. The continuum of impairment through functional limitation and disability will be presented as a result of primary and secondary pathologies of the integument. The students will look at secondary management of the integumentary system in many physical therapy settings and across the lifespan. Credit: 1

**PT-D 638 Exercise Prescription in the Continuum of Care.** In this course, the learner will understand the acute responses and chronic physiologic adaptations to physical activity, including some of the static and dynamic factors (“moderating variables”) that influence such responses and adaptations. Students are introduced to the basic physical therapist patient interventions used to ensure safe patient interaction. Interventions include patient communication, safe and effective patient positioning and movement, use of assistive ambulatory devices, protective bandaging/taping, basic exercise, splinting and compression garments, superficial thermal modalities and hydrotherapy. The effect of exercise across the lifespan is discussed. Credit: 2

**PT-D 639 Foundational Cardiopulmonary Practice.** Physical therapists commonly encounter clients with cardiovascular and/or pulmonary systems dysfunction, either as a primary problem or co-morbidity. This course gives an overview of cardiovascular and pulmonary-related pathologies, examination procedures, diagnostic procedures, goal setting, and interventional strategies. Successful completion of the course requires the ability to synthesize and integrate information from this course with prerequisite and other related courses in a variety of cardiovascular and pulmonary case-based problem-solving experiences. The didactic portion of the course provides the background to make evidence-based clinical decisions in examination, evaluation, and treatment of patients with a wide variety of cardiovascular and pulmonary conditions. The practicum portion focuses on the integration of these decision-making capabilities with the necessary psychomotor skills required for the examination and treatment of patients with cardiovascular and pulmonary conditions. Credit: 4

**PT-D 640 Pain Science.** Persistent pain is more prevalent than heart disease, cancer, and diabetes combined; and is responsible for over \$600 billion in healthcare and lost productivity costs. Importantly, persistent pain is not a symptom, but a health disorder. For optimal pain management, clinicians must understand and identify a multitude of biological, psychological, cognitive, and social factors. The course will educate students on acute and persistent pain mechanisms and influences. In addition, students will be introduced to evidence-based approaches for optimal pain management. Credit: 2

**PT-D 642 Physical Therapy for the Older Adult.** The number of Americans 65 years and older is projected to double within the next forty years; which will result in more older adults seeking medical care. The goal of this course is to provide students with the foundational knowledge and skills for optimal physical therapy management of older adults. Students will learn the importance of physical function on elderly independence and quality of life, as well as individual and environmental risk factors for physical function loss. Students will also learn key concepts related to aging versus senescence, age-related disorders, multimorbidity, and physical resilience. These concepts will interface with clinical management coursework for the purposes of learning age-appropriate assessment, interventions, and outcome measures. Finally, students will acquire skills necessary to facilitate continuance of physical function, independence, and quality of life among older adults -beyond physical therapy management. Credit: 2

**PT-D 643 Evidence Based Practice.** In this course students will be introduced to the science of clinical reasoning in health care and physical therapy, and, the integration of clinical reasoning and evidence-based practice will be developed. Students will learn how to access knowledge for practice, and will learn the methods of scientific inquiry, including research theory, design, methods, and measurement. Students will focus on learning how to determine the statistical conclusion validity of research evidence for practice, learn the logic of hypothesis testing and specific statistical tests used for descriptive and inferential analysis of experimental research data. Epidemiological statistics that enhance the understanding of diagnostic tests and treatment options will also be covered, as well as the analytical components of systematic reviews and meta-analyses. Students will read research literature weekly and participate in a critical appraisal of the selected research methods and the meaningfulness of the findings for clinical decisions. Credit: 2

**PT-D 644 Adaptive Technologies.** This course covers foundational content related to mobility assistive technologies including: orthoses, prostheses, and wheelchairs. Additionally, patient management for individuals with amputations will be covered. Credit: 2

**PT-D 647 Structure and Function of the Human Brain.** This course provides the anatomic and basic science foundation necessary for physical therapists’ understanding the human brain. This course will provide a comprehensive survey of the neuroanatomy and neurophysiology of the central and peripheral nervous systems, which will provide a framework for understanding the form and function of the neuronal systems in the brain and spinal cord that motivate bodily actions and behaviors. Learners will command comprehensive knowledge concerning the form and function of the nervous system, and the means by which the nervous system governs human behavior. Through this course, learners will gain the foundational knowledge to understand the how neuroanatomy and neurophysiology impact the care of patients/clients in the profession of physical therapy. Credit: 3

**PT-D 651 Cultural Determinants of Health and Health Disparities in PT II.** This curriculum will equip Duke Doctor of Physical Therapy Students with a deeper understanding of implicit and explicit bias, race, racism, sex, ability status, gender identity and socioeconomic difference. Course facilitators and guest lecturers will guide students in provocative conversations around health disparities, structural competency, bias, and the impact of implicit associations on interactions with peers and patients. Through skills building exercises and experiential opportunities outside traditional classroom settings, students will be challenged to explore individual, cultural, and social determinants of health and wellness. In addition, students will gain knowledge about the evidence and economics of health disparities, the Durham community, and the history of Duke Medicine’s role in that community. Through

the evaluation of peer-reviewed literature regarding health disparities, students will gather knowledge and skills to mitigate provider influences on disparities and ultimately improve the quality of healthcare. Credit: 2

### SESSION 3

**PT-D 621 Clinical STEPs® III.** DPT STEPs® is a series of five courses that are embedded in the six didactic semesters of the DPT curriculum. Students work in teams with a physical therapist clinical instructor to apply skills, demonstrate clinical problem-solving, and assume professional roles in various clinical patient care settings. Each semester students are expected to demonstrate skills and knowledge gained from the current and previous coursework. Credit: 1.

**PT-D 641 PT Professional Practice III.** Professional Development and Leadership threads throughout the entire DPT curriculum. In this course, learners will develop the professional behaviors, knowledge and values crucial to be leaders in a dynamic health care environment. Through and understanding of the profession's history and governance students will have experiences in professional and patient advocacy initiatives. Students will master the crucial skills of patient and professional communication in order to operate effectively in practice. Students will also be grounded in ethical frameworks that can be easily applied to practical situations encountered in clinical practice. This course series also seeks to develop leadership skills necessary to be change agents in healthcare practice, management, education, research and advocacy. Credit: 1

**PT-D 645 Foundational Musculoskeletal Practice.** This course introduces the student to musculoskeletal examination, evaluation, diagnosis, prognosis, and intervention for impairments, functional limitations, and disability in clients with pathologies of the cervical, thoracic and lumbar spine; upper extremities, pelvis and lower extremities. Credits: 12

**PT-D 646 Foundational Neurologic Practice.** The Neurological Practice Management (NPM) course includes the basic etiology, epidemiology, pathogenesis, clinical presentation of common neurological conditions and injuries, assessment procedures to define impairments and limitations in activity and participation, and development of plan of care for persons with neurological dysfunction across the lifespan. The course will cover the management of central nervous system (CNS) dysfunction, peripheral nervous system dysfunction, vestibular pathologies, and motor unit diseases. Examination, evaluation, diagnosis, pharmacological management, clinical decision-making, prognosis, standardized assessments, outcome measures and interventions will be emphasized. Credit: 8

### SESSION 4-6

**PT-D 701 Clinical STEPs® IV.** DPT STEPs® is a series of five courses that are embedded in the six didactic semesters of the DPT curriculum. Students work in teams with a physical therapist clinical instructor to apply skills, demonstrate clinical problem-solving, and assume professional roles in various clinical patient care settings. Each semester students are expected to demonstrate skills and knowledge gained from the current and previous coursework. Credit: 2

**PT-D 731 PT Professional Practice IV.** Professional Development and Leadership threads throughout the entire DPT curriculum. In this course, learners will develop the professional behaviors, knowledge and values crucial to be leaders in a dynamic health care environment. Through and understanding of the profession's history and governance students will have experiences in professional and patient advocacy initiatives. Students will master the crucial skills of patient and professional communication in order to operate effectively in practice. Students will also be grounded in ethical frameworks that can be easily applied to practical situations encountered in clinical practice. This course series also seeks to develop leadership skills necessary to be change agents in healthcare practice, management, education, research and advocacy. Credit: 2

**PT-D 732 Foundational Pediatrics Practice.** This course will introduce the practice management model for pediatric patients. The theoretical basis of pediatric development, normal and pathological development will be the foundation from which the assessment and management of various etiologies will be discussed. The continuum of impairment through functional limitation and disability will be presented as a result of primary and secondary pathologies. The students will look at secondary management of the pediatric patient in many physical therapy settings and across the lifespan. Credit: 4

**PT-D 733 Management of the Complex Patient.** Complex patient management will introduce the student to the assessment and management of complex patient cases across the lifespan and the continuum of care. An emphasis will be placed on clinical decision making related to the physical therapy management of individuals with multiple system involvement. Furthermore, collaborative navigation of the complex patient through the health care system will be underscored. Credit: 2

**PT-D 734 PT Professional Practice V.** Professional Development and Leadership threads throughout the entire DPT curriculum. In this course, learners will develop the professional behaviors, knowledge and values crucial to be leaders in a dynamic health care environment. Through and understanding of the profession's history and governance students will have experiences in professional and patient advocacy initiatives. Students will master the crucial skills of patient and professional communication in order to operate effectively in practice. Students will also be grounded in ethical frameworks that can be easily applied to practical situations encountered in clinical practice. This course series also seeks to develop leadership skills necessary to be change agents in healthcare practice, management, education, research and advocacy. Credit: 2

**PT-D 735 PT Professional Practice VI.** Professional Development and Leadership threads throughout the entire DPT curriculum. In this course, learners will develop the professional behaviors, knowledge and values crucial to be leaders in a dynamic health care environment. Through and understanding of the profession's history and governance students will have experiences in professional and patient advocacy initiatives. Students will master the crucial skills of patient and professional communication in order to operate effectively in practice. Students will also be grounded in ethical frameworks that can be easily applied to practical situations encountered in clinical practice. This course series also seeks to develop leadership skills necessary to be change agents in healthcare practice, management, education, research and advocacy. Credit: 2

**PT-D 736, 737 Practice Management (CAMP) I & II.** Comprehensive Assessment and Management of Practice (CAMP) are two courses that will provide opportunities for students to deliver physical therapy services through a supervised team approach for the evaluation and treatment of conditions across all specialty practice areas. These courses will build upon earlier foundational and clinical

experiences to further develop clinical reasoning. During CAMP, students will be mentored by DPT Program faculty as they work in small groups to provide care to community members who have a variety of diagnoses causing movement dysfunction or pain. The students in this course will be involved in developing and documenting a plan of care based on the ICF model that includes goals, skilled intervention, and progression. Credit: 1.5,1.5

**PT-D 738–749 Advanced Practice Course (APC) I – XII.** Students are required to take 9 APC courses during their second year to deepen their knowledge base in various practice content areas. These areas include: Community and Global Engagement, Complex Patient Management, Geriatrics, Leadership, Neurorehabilitation, Orthopedic Sports, Pain Science, Pediatrics, Research, Teaching, Vestibular Rehabilitation and Obstetric and Pelvic Health. Credit: 9, 1 each course.

**PT-D 750 Cultural Determinants of Health and Health Disparities in PT III.** The CDHD III experience is provided during the students' second year to align with the professional practice course focus on advocacy and to contribute to meeting our divisional objective for our learners to "be influential leaders, advocates, and change-agents for their patients, community, and the profession." Students will be provided opportunities to develop real-world skills to address disparities at the interpersonal and community levels. This content is offered during the DPT second year as a continuation of the first year CDHD 1 and 2 courses to drive clinical application of skills and offer opportunities for direct engagement. The course is offered in parallel with our integrated clinical experiences of STEPs and CAMP to solidify our learners' abilities to grapple with these complex issues. The expectation is that learners will enter their summative third year terminal clinical experiences competently prepared to identify and reduce healthcare disparities. Credit: 0.5

**PT-D 801, 802, 803. TCE I, II, III.** This is a series of three consecutive clinical experiences occurring in the third year. Each is 12 weeks in length. Students learn to manage patients across the lifespan and the continuum of care, in both inpatient and outpatient practice settings in which physical therapy is commonly practiced. Clinical sites will have the opportunity to offer 12 week, 24 week or 36 week rotations when they are able to meet curriculum requirements. Credit: 12, 12, 12.

## DPT Foreign Educated Physical Therapist Course

**Director of Foreign Educated Physical Therapist Course (FEPTC):** Christopher J. Fiander, DPT, CSCS, OCS, PT

The Duke Doctor of Physical Therapy (DPT) Foreign Educated Physical Therapist course provides internationally educated and licensed physical therapists with an overview of the health care system across the United States, and the culture and context in which physical therapy is practiced. It is assumed that participants in this online course are individuals who are seeking to establish physical therapy educational equivalency in the United States, and who subsequently are planning to sit for the National Physical Therapy licensure exam. The course is offered in the fall, spring and summer semesters.

### Admission Requirements

This course is open to internationally educated physical therapists that meet the English Language requirements below. Proof of graduation from a physical therapy education program, and/or licensure if applicable, is a requirement to participate in this course. Participants will also need to ensure that they will have full access to a laptop or desktop computer during the course (using a phone or tablet is not sufficient), and full 24/7 access to high speed internet.

### Language Requirements

English proficiency is an absolute minimum standard and is critical for success in this course and for practice as a physical therapist across the United States. While there are no specific requirements for English language proficiency to participate in this course (i.e. TOEFL), it is expected that all applicants will be fluent in reading, writing, and speaking in the English language. There will not be any special provisions given to participants who fail to keep pace with the course, or with their fellow participants, because of English language difficulties. All participants are expected to self-assess their competency in English prior to beginning this course.

### Application

Detailed instructions and the online application can be found on the program's website at <https://dpt.duhs.duke.edu/education/foreign-educated-physical-therapy-course>.

### Attendance

Students are required to participate in all modules. However, because this program is completely online with all lecture material pre-recorded, it is the student's responsibility to ensure all lectures are viewed. All online coursework such as discussion boards are to be completed by the date provided in the course syllabus.

Students are expected to notify and negotiate excused absences from course activities with the course director in situations such as illness or health care appointments, attendance at scientific or professional meetings, personal or family emergency, or major life events. Course directors are responsible for making clear to students which portions of their courses require attendance and any limit on excused absences without negative consequence. These absences should be negotiated in writing (email or letter) as far in advance as possible and a plan established for completion of any activity or work missed. Absences announced on short notice due to illness or emergency may still be excused with proper notification of the course director and unannounced absences may be excused in cases of incapacitation to the point of inability to make these contacts.

Any absence without prior notification of the course director is considered unexcused unless documentation of inability to make those contacts is provided. Any absence not approved by a course director for a required part of a course is considered unexcused. An unexcused absence may have a negative impact on the student's grade or evaluation if so specified in the course syllabus.

### Code of Conduct



Students enrolled in the Duke DPT Foreign Educated Physical Therapist course are expected to adhere to the Duke University School of Medicine Code of Professional conduct as detailed in the policies for all School of Medicine programs found elsewhere in this bulletin.

## Grading

This course utilizes a Pass/Fail grading scale. The passing threshold is 70%.

## Withdrawals and Refunds

A course may be dropped at the student's discretion during the first week of class; no grade is recorded and all tuition is refunded. If a course is dropped later in the term, no tuition is refunded and the status of the student at the time of withdrawal is indicated on the permanent record as WP (Withdrew Passing) or WF (Withdrew Failing).

## Course of Instruction

**PT-D 901 Foreign Educated PT Course.** The US has been an attractive and desirable destination for many internationally educated physical therapists for decades, and although internationally trained physical therapists are often well trained and skilled, they frequently do not have the background or knowledge of the nuances and unique complexities that exist within the US health care systems, and the multiple roles that physical therapists can and do perform along the continuum of care. A better understanding of these complexities, and creating opportunities to discussion and debates, can improve the probability of success as the internationally educated clinician transition towards licensure within the US, and would also promote a welcoming environment for further growth for internationally educated physical therapists in our country. As such, we propose an online course that we have titled "Healthcare Policy, Practice and Regulation in the United States: A Course for Internationally Educated Physical Therapists." The main objective of this course is to provide foundational knowledge of the complexities and nuances of US-based physical therapy policy, practice and regulation that are critical to moving forward towards licensure and effective practice in the US. Credit: 2



Marcie Ellis

# 2021-2022 Academic Calendar

## Doctor of Physical Therapy: Year One

### Fall 2021 - Session 1

17 weeks (16 didactic, 1 clinical)

#### August

10-13 **T-F** Orientation

16 **M** Session 1 begins

#### September

6 **M** Labor Day holiday

#### October

23-31 **Sa-Su** STEPs® I

#### November

24-26 **W-F** Thanksgiving Break

#### December

10 **F** Session 1 ends

**3-week Intersession Break**

### Spring 2022 - Session 2

20 weeks (17 didactic, 2 clinical, 1 vacation)

#### January

3 **M** Session 2 begins

17 **M** Dr. Martin Luther King, Jr. holiday

#### March

12-27 **Sa-Su** STEPs® II

28-May 2 **M-F** Spring Break

#### May

28 **Su** Session 2 ends

**1-week Intersession Break**

### Summer 2022 - Session 3

18 weeks (14 didactic, 1 clinical, 1 vacation)

#### May

5 **M** Session 3 begins

31-June 5 **Sa-Su** STEPs® III

#### July

4 **M** Independence Day holiday

#### August

8-12 **M-F** Summer Break

#### September

23 **F** Session 3 ends



Les Todd

# 2021-2022 Academic Calendar

## Doctor of Physical Therapy: Year Two

### Fall 2021 - Session 4

17 weeks (15 didactic, 2 clinical)

#### August

16 **M** Session 4 begins

#### September

6 **M** Labor Day holiday

25-Oct. 10 **Sa-Su** STEPs® IV

#### November

24-26 **W-F** Thanksgiving Break

#### December

10 **F** Session 4 ends  
**3-week Intersession Break**

### Summer 2022 - Session 6

9 weeks (9 didactic)

#### April

11 **M** Session 6 begins

#### May

30 **M** Memorial Day holiday

### Spring 2022 - Session 5

13 weeks (12 didactic, 1 vacation)

#### January

3 **M** Session 5 begins

17 **M** Dr. Martin Luther King, Jr. holiday

31-Feb. 4 **M-F** Spring Break (CSM)

#### April

1 **M** Session 5 ends  
**1-week Intersession Break**

#### June

10 **F** Session 6 ends  
**3-week Intersession Break**

## Doctor of Physical Therapy: Year Three

### Summer 2022 & Fall 2022 - Session 7

26 weeks (24 clinical, 2 vacation)

#### July

5 **M** PT 801 TCE I begins

#### September

24 **F** PT 801 TCE I ends  
**2-week Break**

#### October

11 **M** PT 802 TCE II begins

#### December

31 **F** PT 802 TCE II ends  
**2-week Intersession Break**

### Spring 2023 - Session 8

16 weeks (12 clinical, 1 professional, 2 vacation, 1 graduation)

#### January

17 **M** PT 803 TCE III begins

#### April

15 **F** PT 803 TCE III ends  
**3-week Break**

#### May

4 **W** Graduation Week activities begin

8 **Su** Graduation  
*(tentative)*

Please note: This calendar is subject to change.



# Occupational Therapy Doctorate





## ODT Faculty

**Division Chief and Program Director:** Barb Hooper, PhD, OTR/L, FAOTA,

**Academic Fieldwork Coordinator:** Sheila Moyle, OTD, MOT, OTR/L,

**Capstone Coordinator:** Cambey Mikush, OTD, OTR/L

MaryBeth Gallagher PhD, OTR/L, BCMH, Emily M. D'Agostino, DPH, MS, MEd, MA, Sarah Jean Barton, ThD, MS, OTR/L, BCP, Tomeico Faison, OTR/L

## Accreditation

The entry-level occupational therapy doctoral degree program has been granted Applicant Status by the [Accreditation Council for Occupational Therapy Education](#) (ACOTE) of the [American Occupational Therapy Association](#) (AOTA), located at 6116 Executive Boulevard, Suite 200, North Bethesda, MD 20852-4929. ACOTE's telephone number c/o AOTA is (301) 652-AOTA and its Web address is [www.acoteonline.org](http://www.acoteonline.org).

## The Profession of Occupational Therapy

Occupational therapy improves the ability of individuals, communities and populations to access and participate in the activities they want, need, and are expected to do each day. In contemporary occupational therapy, the activities with which people occupy time referred to as occupations. Examples of occupations include obtaining food; preparing, eating and sharing meals; bathing, grooming, obtaining clothing, and getting dressed; taking care of others; preparing for and engaging in work; socializing; participating in education; participating in recreation, leisure, and hobbies; meditating; engaging in religious activities; volunteering; and sleeping.

Through doing occupations, people meet survival needs, use and develop their capacities, engage with others, discover and express their identities, contribute to their families and communities, and shape the world physically, aesthetically, socially, culturally, and politically. In other words, the occupations people do each day contribute to their health, well-being, and development. When everyday activities of living are disrupted or not available, even temporarily, people are separated from a key source of health and flourishing and thus can experience ill or poor health and diminishment of quality of life.

## Vision Statement for the Occupational Therapy Doctorate Division (OTD)

We envision an inclusive world where all people flourish through access to and participation in meaningful, health supporting occupations, the activities of everyday life.

## Mission Statement of the Occupational Therapy Doctorate Division

Affirming the vital role of occupation in human flourishing and health, the Duke OTD, through innovative education, research, and collaborations, empowers students to

- Practice with authenticity, compassion, and care by integrating who they are as persons with what they do as professionals
- Address, through skillful practice and scholarship, the complex transactions that limit and enable people's access to and participation in meaningful, health-supporting occupations;
- Serve as ethical, visionary leaders who anticipate the evolving occupational needs of diverse populations, communities, and individuals; who proactively and creatively address those needs through innovation and scholarship; and
- Contribute in diverse ways to the growth of occupational therapy locally and globally.

## Program Aim

The Occupational Therapy Doctorate Division is committed to student formation as authentic, ethical, compassionate, skilled leaders and service providers who collaborate with diverse people and communities to enable access to and participation in meaningful, health-supporting occupations, which is the health mechanism of utmost concern to occupational therapists.

# Application Requirements

Requirements for admission to the OTD Program include

1. A bachelor's degree in any field.
2. Transcripts from all colleges and universities attended.
3. Cumulative average GPA of B or above.
4. Evidence of mastery in eight prerequisite knowledge domains.
5. Three letters of recommendation (academic, work/internship, volunteer/community).
6. Two essays.

## Application and Admission Procedures

Applicants must file their application with the [Occupational Therapy Centralized Application System \(OTCAS\)](#). The application is available from July-November and must be completed by the first Monday in December. OTCAS charges an application fee.

Once completed on OTCAS, the OTD admissions committee evaluates applications. A processing fee is required. Qualified applicants are invited to interview. Admission decisions are made as soon as possible after the interviews conclude. Decisions to admit are based on applicants' match to the OTD vision, mission, and core commitments. The program values diversity in the broadest sense and aims to admit cohorts from all occupations, geographic locations, and disciplinary backgrounds.

## Technical Standards for Admission

The OTD program follows the Duke University School of Medicine Technical Standards outlined in this Bulletin and in the OTD Student Handbook.

# Criminal Background Check Policy

## Prior to Enrollment in the Program

A criminal background check (CBC) is not a component of the application, interview, or the admission decision-making process. However, it is a mandatory component of the post-acceptance matriculation process. All admitted students will undergo a criminal background check (CBC) involving federal, state, and local records that extend back a minimum of five years. Matriculation into the program is contingent upon review and acceptance of the applicant's CBC report. Final decisions about matriculation are based on:

- the nature, circumstances, and frequency of any offense(s)
- the length of time since the offense(s)
- documented successful rehabilitation
- the accuracy of the information provided by the applicant in his/her/their application materials; and
- the accuracy of the CBC report
- whether or not the violation disqualifies the applicant from taking the national certification exam to become a registered occupational therapist.

All reports are considered confidential. Information obtained from the CBC will only be used in accordance with state and federal laws, and will be destroyed upon a student's graduation from the OTD Division.

## For Enrolled Students

Students enrolled in the OTD Division will be required to undergo an annual CBC. The student is aware that the results of the CBC are automatically released to the Duke OTD Program. If required by a fieldwork site, results may be shared with the specific site where the student is assigned. Some fieldwork education sites may require additional or expanded background checks prior to beginning the fieldwork experience. The student, if not borne by the fieldwork site, will incur the cost for additional requested background checks.

Additionally, all students are required to disclose to the Program Director any misdemeanor or felony convictions other than minimal traffic violations, including deferred adjudication, within three business days of occurrence. These instances will be reviewed on a case-by-case basis following guidelines outlined by the Duke School of Medicine Code of Professional Conduct.

# Drug Screen Policy

Students enrolled in the OTD program will undergo an annual drug screen from a program-approved facility. Results from any other facility will not be recognized. The student is aware that, when applying for the drug screen, results are automatically released to the Duke OTD Program. If required by a fieldwork site, results may be shared with the specific site where the student is assigned. Some fieldwork sites may require students to complete additional or expanded drug screens; if screens are not clear, a fieldwork site may decline to take a student or cancel the student's placement.

Failure to undergo a required drug test will result in dismissal from the program. If the drug screen results are diluted or adulterated the student will be allowed one retest. If the student fails the second test, the student will be dismissed from the program.

# Tuition and Expenses

The OTD Program practices a holistic, need-blind admissions process. Full cost of attendance, as calculated by the [Duke School of Medicine Financial Aid](#) office is outlined below. Fees are specified on the [Occupational Therapy Doctorate website](#).

Expense	Amount
Tuition	\$42,000
Fees	\$9,236
Estimated cost of books	\$1,471
Estimated cost of living (housing, utilities, transportation, miscellaneous)	\$25,680
Loans	\$1,980
Total	\$80,367

## Financial Aid

It is anticipated that most OTD students will finance their education through a combination of loans, grants, and other sources. All financial aid is administered through the School of Medicine Office of Financial Aid. To be eligible for federal education loans, students must complete and submit the Free Application for Student Federal Aid (FAFSA) to Duke School of Medicine Office of Financial Aid. Additional sources of financial support are listed on the [Occupational Therapy Doctorate website](#)

## Health Insurance

All OTD students are required to carry full major medical health insurance throughout their enrollment in the Occupational Therapy Doctorate program. If the student does not elect to take the Duke Student Accident and Hospitalization Insurance policy, evidence of other comparable health insurance coverage must be provided. The Student Health Fee is mandatory for all students.

## Computer and Technology

Students enrolled in the Occupational Therapy Doctorate curriculum at Duke University are provided support service for any issued computing devices from the Medical Education IT Department—OTD Division (MedEDIT-OTD). The MedEDIT provides administrative, professional, and technical expertise to the students of the School of Medicine. The School of Medicine values an open, collaborative, and congenial environment where safety is paramount. Efficient and dependable service to support state-of-the-art medical education is the goal. All matriculating students in the School of Medicine are assessed a mandatory technology fee. This includes students enrolled in the Occupational Therapy Program. The fee will not only cover hardware such as laptop or handheld device, but service, software, and technical updates to comply with all Duke Health System compliance guidelines.

## Program of Study

The curriculum is composed of 106 course credits of academic work that is completed over eight academic semesters requiring thirty-three months of full-time attendance. Coursework includes didactic courses in basic sciences, clinical sciences, patient management, evidence-based practice, health policy and field work.

### A. Academic Performance

#### Grading Standards

All didactic, simulation, practice, fieldwork, and capstone courses will use the following grading scale:

Honors ≥ 95	Exemplary performance. Extraordinarily high level of understanding of the course concepts and ability to integrate & apply learning to multiple contexts. Consistently and independently employs thoughtful analysis, critical evaluation, & synthesis. Quality of work is above formal requirements and demonstrates originality as appropriate. Consistently meets professionalism standards.
High Pass 91-94	Exceptionally good performance. Demonstrates a superior understanding of the course concepts, possesses a foundation of extensive knowledge, and a skillful use of concepts, materials, and skills.
Pass 80-90	Good performance. Demonstrates capacity to use the appropriate concepts, a good understanding of the subject matter, and an ability to handle problems and materials encountered in the course.



Low Pass 70-79	Minimally acceptable performance. Demonstrates at least partial familiarity with the course concepts and some capacity to apply knowledge to limited contexts. In addition, demonstrated deficiencies are serious enough to make remediation work advisable.
Fail < 70	Unacceptable performance. Work is clearly below standards and indicates serious challenges in understanding and applying course concepts. Course must be repeated.

## Incomplete Grades

An incomplete grade is given when, at the time the grades are reported, some portion of a student's work in a course is lacking for an acceptable reason. Incomplete grades may be given at the instructor's or Program Director's discretion. Example situations for issuing an incomplete grade include:

A documented illness that prevents completion of the required work in the semester in which the course is offered.

An illness of the student's immediate family member(s), which prevent completion of the required work in the semester in which the course is offered.

Required maternity or paternity leave or time to provide elder care.

Incomplete (I) grades remain on a student's transcript for one year only. Coursework must be completed within the year and submitted to the course director. If the course director certifies that the incomplete has been satisfied, a passing grade is placed alongside the incomplete on the permanent and official transcript.

If a student's coursework is not completed within one year, a grade of I automatically is converted to an F. An extension to this one-year time limit can be requested in writing to the Program Director prior to expiration of the incomplete grade.

## B. Code of Professional Conduct

The OTD program follows the School of Medicine Code of Professional Conduct as detailed in the OTD Student Handbook. NOTE: Reviews of academic standing includes reviews of both scholastic performance and professional conduct.

## C. Determination of Academic Standing and Promotion in the OTD Program

Faculty members of the Occupational Therapy Doctorate Division are responsible for defining and communicating minimum acceptable standards for academic performance and professional conduct. There are two levels of standards: one refers to broad, general program standards for academic performance and professional conduct; the second refers to standards for success in each course. Broad standards are defined in the OTD Student Handbook. Course standards are communicated in the course syllabus and reviewed at the beginning of each course. Students must receive a pass in the appropriate courses in order to progress in the curriculum. Occupational Therapy Doctorate faculty have the responsibility of notifying students who are not meeting minimal standards of a course as soon as this becomes apparent.

The OTD Promotions Committee will review all students' records at the conclusion of each semester, and more frequently if needed. At that meeting, each student's academic standing and promotion status is determined.

The following table provides an overview of the categories of academic standing and the correlate decisions of how and if to promote. Detailed descriptions of each category follow below.

Academic Standing (includes Professional Conduct Standing)	Promotion-related Determinations
In good academic standing	Promote OR Issue written council to improve scholastic endeavors
Initiating academic probation	Issue Written Counsel on conditions of probation and place on probation
Remediating probation	Satisfactory progress to date on conditions of probation
Good academic standing - Restored	Probation satisfactorily completed; restore to good standing
On academic suspension	Advise resignation; conditions of probations are not met
Dismissed	Dismissal

A student is considered to be in Good Academic Standing if they have

1. Earned no more than three Low Pass grades on assignments in all courses.
2. There are no academic concerns identified.

3. Demonstrated satisfactory professional conduct, as established by Duke University, the School of Medicine, and the OTD Division, in all didactic and fieldwork education learning environments, and at all times as an enrolled student in the program. Students determined to be in good academic standing will receive a decision to promote. In cases where students are marginally in good standing, written council may be issued to support students in improving their scholastic skills and continued success.

### **Academic Probation**

A student is placed on probation if their academic performance or professional conduct has created cause for concern and requires critical ongoing evaluation for a period. The process and procedures related to probation are detailed in the OTD student Handbook. Academic Probation is noted on the academic transcript. The OTD Promotions Committee will use the following standards for placing students on academic probation:

1. A student who has earned a final grade of LP in any course.
2. A student who receives more than three LP grades on assignments across all courses taken in a given semester.
3. A student who has received one written professional conduct notice.
4. A pattern of concerning professional conduct emerges or one particularly egregious behavior is reported through the fieldwork evaluation rubric or the Professional Behavior Reporting System.

Students determined to be on academic probation, either for academic performance or professional conduct, will receive a decision to issue written council outlining the conditions for remediation and removal of probation. Some students may also receive at this stage a decision to advise resignation.

### **Remediation**

If a student was placed on Academic Probation at the recommendation of the Promotions Committee, at the next review, they are placed on Remediating Probation status if

1. The probation period is still in effect and the student is making good progress. Remediation is a process through which the Promotions Committee in collaboration with appropriate others and the student determines the content and conduct a student must demonstrate to return to good academic status. The full process and procedure for monitoring progress is outlined in the OTD Student Handbook.
2. There is reasonable justification to extend the probation period.

Students determined to be in remediation of probation will be reviewed and those making satisfactory progress will receive a decision of satisfactory progress on remediation.

### **Grade Appeal Process**

A student may appeal a final course grade by submitting in writing evidence for the justification of a grade change to the Program Director within two weeks of the grade being submitted. The Program Director will make a decision and respond in writing within two weeks of receiving the appeal.

### **Academic Suspension**

A student who fails to demonstrate successful progress on remediating probation, in academics or professional conduct, will be placed on academic suspension. The Vice Dean for Education is responsible for placing individuals on suspension (or dismissal) upon recommendation from the OTD Promotions Committee of unsatisfactory academic or fieldwork performance after a probation period.

The OTD Promotions Committee will use the following standards to recommend placing a student on suspension from the program.

- A student who fails any one course in the curriculum;
- A student who earns two final LP grades in a didactic and a Sim & Practice courses;
- A student who earns three LP grades in any didactic courses;
- A student has received two written professional conduct notifications, or demonstrated egregious conduct as defined by the OTD Student Handbook.
- Students determined to be on academic suspension will receive a decision of advise resignation

### **Dismissal**

- The OTD Promotion Committee will use the following standards for recommending that a student be dismissed from the program.
- Failure of any combination of two didactic courses/fieldwork setting-based courses.
- Failure of the same course twice.
- A student may be dismissed for a serious violation of professional conduct as outlined in the School of Medicine Code of Professional Conduct or the AOTA Code of Ethics.

Students determined to be dismissed from the OTD program will receive a decision of dismissal. If students are dismissed from the program, the Vice Dean for Education will notify them in writing. Students may appeal this decision by indicating in writing to the Vice Dean for Education: (a) reasons why they did not achieve minimum academic standards and (b) reasons why the academic standing should be changed. Each appeal will be considered on its merit. Individual cases will not be considered as precedent. Appeal procedures are detailed in the OTD handbook.

### **Appeals of Academic Status**

Academic standing and promotion determinations can be appealed following the procedures detailed in the OTD Student Handbook.

### **Academic Good Standing- Restored**

If the OTD student has satisfied all the conditions of the Academic Probation specified by the Promotions Committee, the committee can recommend that the student be restored to good academic standing. Removal from Academic Probation status will be noted on the transcript.

## D. Requirements for Graduation

### Academic Standards for Graduation

Students must meet the following criteria to successfully complete the OTD program, earn the Occupational Therapy Doctorate degree, and participate in all OTD graduation events: register for and complete all required courses during each semester of the curriculum, complete 106 course credits with a passing grade, including all required didactic and fieldwork education courses, demonstrate satisfactory professional conduct, or the remediation of unsatisfactory conduct, throughout the program.

### Time Limits on Meeting Requirements for Graduation

The standard required length of study to complete the above-listed academic standards is nine continuous academic semesters of full-time work (including two summer terms), completed in 33 calendar months. Under extraordinary conditions, students may be permitted additional time of two semesters of full- or part-time enrollment. A request for additional time must be submitted in writing to the Program Director. Under extraordinary circumstances, students may apply for an exception to the typical pattern of progress towards degree requirements.

### Requirements to Participate in the OTD Hooding and Recognition Ceremony

Only students who are on track to have their degree conferred in May will be able to participate in the OTD Hooding and Recognition Ceremony. OTD leadership will consider exceptions if a student's graduation is delayed due to documented health-related concerns or extenuating personal circumstances.

### OST Exit Requirements for Graduation

In order to graduate, students must return all OTD property.

## E. Voluntary Withdrawal and Leave of Absence Policy

### Leave of Absence

Students may request a leave of absence (LOA) from the OTD Division for personal, medical or academic reasons for a period not to exceed one calendar year. To initiate the request, students must submit a written request to the Division Program Director. Once a Leave of Absence is finalized, the Program Director will notify the Offices of the Registrar and Financial Aid in the School of Medicine. Students are responsible for contacting appropriate offices to discuss the impact of their LOA on their finances, scholarships, health insurance, etc.

A LOA extension beyond one calendar year, may have implications for coursework completion and may require readmission to the OTD Program. When a leave of absence is taken, the Program Director may require the student to repeat some or all of the courses completed prior to the leave of absence. Students requesting a medical leave of absence may be required to provide documentation from a healthcare provider that they are medically cleared to return to the OTD program and can meet the program required technical and code of professional conduct standards. In all cases of a leave of absence, the student is required to complete the full OTD curriculum to be eligible to earn the Doctorate degree. In all cases of a leave of absence, students are required to complete the full OTD curriculum to be eligible to earn the Doctorate degree.

### Voluntary Withdrawal Policy

Voluntary withdrawals are initiated at the student's written request. Working with the Program Director, a mutual decision is reached with regard to the effective date of the withdrawal and associated implications. The Office of the Registrar will process the withdrawal and the student will be removed from enrollment. A student's permanent academic record will reflect enrollment for the term and the specific effective date of withdrawal.

### Grades

Assignment of grades if students have voluntarily withdrawn or taken a leave of absence is made based on current grading policies detailed in the OTD Student Handbook.

### Withdrawal Refunds

Refunds are credited to a student's account according to the policy according to the following schedule:

Before classes begin:	100%
During first or second week:	80%
During third to fifth week:	60%
During the sixth week:	20%
After sixth week:	None

**Student fees are nonrefundable after classes begin.**

### Financial Aid a Leave of Absence

Recipients of financial aid, scholarships, or short-term loans for payment of fees or expenses for the semester that students leave the OTD must be approved by the Financial Aid Office before students will be allowed to complete the exit process. Students will be required to participate in an exit interview.

### Returning to the Division Following an Absence

To conclude a LOA, students must notify the Program Director in writing of their wish to return to the OTD Program or to extend the personal leave at least two weeks prior to the anticipated date of return. If a student withdraws voluntarily from the program and desires to return to the OTD Division, the student will need to apply for readmission.

# Satisfactory Academic Progress

The OTD Division has a Promotions Committee that is responsible for reviewing academic and professional conduct records at the end of each semester, and more frequently if needed. Satisfactory academic progress consists of the successful completion of all requirements necessary for the advancement of one semester to the next, including demonstration of satisfactory professional conduct outlined in the School of Medicine Code of Conduct and the OTD Student Handbook. Successful completion of requirements is defined as the completion of all year one required courses and fieldwork experiences within one year of matriculation, the completion of all second year courses before starting Level II Fieldwork, the completion of all Level II Fieldwork requirements within two years and before starting the capstone experience, completion of the capstone experience within nine months. Remediation procedures for any failed or incomplete coursework or fieldwork are outlined in the OTD Student Handbook.

## Courses of Instruction

### Year 1 Fall

**OT-D 500. Occupation as a Mechanism of Health** – Students explore what it means to understand themselves, others, and human health from an occupational perspective. They analyze the factors that influence how people engage in and experience occupations, the everyday activities of life. Students begin to consider how to help optimize people’s health by improving their engagement in meaningful life occupations. Students explain the relationships between what people do and health determinants. 3 Credits

**OT-D 501. Occupation, Occupational Therapy, & Care Systems I (7 weeks)** - In part I of this 2-part series, students examine occupational therapy’s history--its core concepts, key players, and societal conditions that shaped the profession over time-- with particular attention to contemporary understandings of occupational therapy and how to advance those understandings through occupation-based practice. 2 Credits

**OT-D 502. Occupational Science (7 weeks)** - Students examine the science by which some knowledge of occupation is generated, including the evolution of occupational science, the core phenomena of interest to the science, the research questions explored, the methodological approaches and the levels of investigation most targeted in the science, as well as the contributions of occupational science to occupational therapy and other fields. 2 Credits

**OT-D 504. Enabling Occupation Skills I** – In Part 1 of this 4-part series students practice ten key skills for enabling occupation: adapting, advocating, coaching, collaborating, consulting, coordinating, designing/building, educating, engaging, and specializing. Part I explores the meaning of client-centered enablement focused on occupation. 3 Credits

**OT-D 505. Assembling, Creating, & Translating Knowledge I:** Across this 2-part series, students design, implement, and disseminate a research project. In part I, students select an area of research at the intersections of Diversity, Occupation, & Health. They conduct a literature review, establish research questions, and select qualitative and quantitative methods appropriate to the research questions. Data collection will begin in Part I and conclude in Part II. 3 Credits

**OT-D 506. Formation for Service I:** This course is Part One of a series that occurs every session. Formation refers to developing the groundwork for professional identity as an occupational therapist. Developing a professional identity means intentionally forming in oneself the ways of engaging with self, others, and the world that are distinctive to being an occupational therapist. In Part One of the formation series, students will clarify their values, beliefs, assumptions, and innate strengths. Once clarified, students will explore how these innate strengths impact interactions in group and team environments. In particular, students will hone skills to carefully observe, listen to, and support others with overlapping similarities and distinct differences who are also being formed for service as occupational therapists. Students will also examine the alignment between who they are, their vocation, and what occupational therapy exists to address in societies as a profession. To do this, students will explore philosophical reflections on occupational therapy, critiques of the field, and accounts of the professional identity of occupational therapists. 2 Credits

**OT-D 507. Applied Practice Experience (APEx) IA** – In this two-week experiential, students apply content from first semester coursework to simulated practice scenarios, followed by application to practice settings. 1 Credit

### Year 1 SPRING

**OT-D 508. Occupational Disruption I** - Students apply the occupational therapy process to situations in which occupations are disrupted by person factors across the lifespan. Attention is given to the impact of person factors, such as cognition or strength, on occupation. Attention is also given to the clients’ lived experiences, associated societal issues, and how the conditions relate to community and population health. 3 Credits

**OT-D 509. Occupational Disruption II** - Students apply the occupational therapy process to situations in which occupations are disrupted by issues in physical, social, cultural, and political environments. Attention is given to the use of technology and data to assess the impact of environmental disruptions on individuals, groups, communities, and populations and to design and implement environmental interventions. 3 Credits

**OT-D 510. Occupational Disruption III** - Students apply the occupational therapy process to situations in which occupations are disrupted by personal and social issues such as occupational imbalance, life transitions, trauma, aging, or stress, among others. 3 Credits

**OT-D 511. Enabling Occupation Skills II** - Students integrate content from each occupational disruption course to complete the occupational therapy process for individuals across the lifespan, from infancy to advanced old age. They also complete the occupational therapy process for communities and populations of children, adolescents, adults, and older adults. 3 Credits

**OT-D 512. Assembling, Creating, & Translating Knowledge II:** Students complete the research project they began in Part I. They collect, analyze, interpret data, and discuss implications. Students present their work publicly at the end of the course. 3 Credits



**OT-D 513. Formation for Service II** - This course is Part Two of a series that occurs every session. Formation refers to developing the groundwork for professional identity as an occupational therapist. Developing a professional identity means intentionally forming in oneself the ways of engaging with self, others, and the world that are distinctive to being an occupational therapist. In Part Two of the formation series, students will explore different dynamics and practices that shape their commitment to service as an emerging occupational therapy practitioner. Building on insights from Part One of this course series, students will explore their role in systems-level influences on participation in occupation. To do this, students will examine different approaches to service provision, including disability studies, occupational justice, and international frameworks. Appreciating, critiquing, and expanding on these different approaches to service, students will analyze how power dynamics influence professional practice and the therapeutic use of self in the context of enabling occupation among individuals, groups, communities, and populations. Finally, students will practice skills related to conflict resolution and self-compassion that will support practice as a service-oriented occupational therapy professional. 2 Credits

**OT-D 514. Applied Practice Experience (APEX) IB** - In this two-week experiential, students apply content from second semester coursework to simulated practice scenarios, followed by application to practice settings. 1 Credit

## Year 1 SUMMER

**OT-D 515. Innovation & Everyday Leadership - Social** - Students analyze the informal ways people innovate and exert leadership on behalf of individuals, communities, populations and the profession. Students examine their actions through an innovation and leadership lens to identify the ways in which they are everyday leaders. They examine their formal and informal leadership roles and discuss those roles in light of leadership and entrepreneurship theories. Students discover how to influence change in the profession by working with the governance and political processes of various professional organizations. 2 Credits

**OT-D 516. Teaching, Learning and Change** - Students discover learning theory and change theory at the foundation of occupational therapy's longstanding use of education as an intervention. They create theory- and research-driven education plans that are centered on occupation for patients, clients, fieldwork students, academic students, and the public. 2 Credits

**OT-D 517. Enabling Occupation Skills III** - Students integrate content from each co-occurring course through team-based learning. They demonstrate enabling occupation skills that are related to each co-occurring course and continue to conduct the occupational therapy process with individuals across the lifespan, from infancy to advanced old age, communities and populations. 2 Credits

**OT-D 518. Formation for Service III** - This course is part three of a series that occurs every session. Formation refers to developing the groundwork for professional identity as an occupational therapist. Developing a professional identity means intentionally forming in oneself the ways of engaging with self, others, and the world that are distinctive to being an occupational therapist. In Part three of the formation series, students will explore their inclinations, styles, and strengths related to leadership as an emerging occupational therapy practitioner. Students will consider the ethical standards for the profession of occupational therapy and how upholding these standards provides a foundation for identity and practice rooted in service and justice. Finally, students will explore practices that can support them in discerning ethically ambiguous and distressing situations, especially those in the context of enabling others to access and participate in occupation. 1 credit

**OT-D 519. Applied Practice Experience (APEX) IC** - In this two-week experiential, students apply content from third semester coursework to simulated practice scenarios, followed by application to practice settings. 1 Credit

## Year 2 FALL

**Needs Assessment and Programming to Support Occupation** - Students discover methods for conducting needs assessments and designing programs in collaboration with organizations and agencies seeking to enhance services that improve people's access to and participation in occupation. They gain skills for demonstrating occupational therapy's value and contributions to organizational metrics. 3 Credits

**Occupation and Technology** - Students discover and engage with digital health, including the electronic medical record, telehealth, virtual reality, wearables, and more. They frame technology use as an occupation and critically evaluate its relationships to health and well-being and their role in contributing to the design of devices to optimize successful engagement. Students identify when mainstream and assistive technology can improve access to and participation in occupation. 3 Credits

**Occupation, Occupational Therapy, & Care Systems II** - In part II of this series, students examine the U.S. medical and non-medical model systems. Students explore how these systems shape current occupational therapy practice and support emerging practices. Students examine reimbursement models and the roles of inter-professional colleagues. They learn theoretical models appropriate to different settings and gain skills for demonstrating occupational therapy's value and contributions to organizational metrics. 2 credits

**Enabling Occupation Skills IV** - Students integrate content from each co-occurring course through team-based learning. They demonstrate enabling occupation skills that are related to each co-occurring course and continue to conduct the occupational therapy process with individuals across the lifespan, from infancy to advanced old age, communities, and populations. 3 Credits

**Formation for Service IV** - This course is Part Four of a series that occurs every session. Formation refers to developing the groundwork for your professional identity as an occupational therapist. Developing a professional identity means intentionally forming in oneself the ways of engaging with self, others, and the world that are distinctive to being an occupational therapist. In Part Four of the formation series, you will focus on skills related to lifelong professional development, including the scope (and practices associated with) professional responsibility and accountability. Topics related to aspects of professional responsibility and accountability addressed in this course will include the unique contributions and perspectives of OTs in relationship to Institutional Review Boards, clinical trials, ethics committees, boards of directors, university systems, as well as regional, state, national, and international OT organizations. Related to these areas of professional responsibility and accountability, the course will focus on developing approaches and skills for interdisciplinary collaboration, particularly with occupational therapy assistants. Finally, building on Part Three of the

course series, you will identify and explore how your vocation as an occupational therapist intersects with technology – including ethics and personal approaches to social media, responsibilities related meeting access needs, and how creative applications of technology might support your specific vocational goals as an occupational therapist. 2 Credits

**Capstone I** – Students design and initiate a capstone project and experience in one of eight advanced areas of practice within occupational therapy: advocacy, research, policy, entrepreneurship, education, administration, program development and theory development. 3 Credits

**Applied Practice Experience (APEX) ID-** In this two-week experiential, student apply content from fourth semester coursework to simulated practice scenarios, followed by application to practice settings. 1 Credit

## **Year 2 SPRING**

**Advanced Practice Courses I-IV** – This series of modules allows students to go deeper into an area of interest. They must enroll in 3 of the 4 modules. These will change based on the expertise of the faculty or practitioners offering an APC. Students have the option of substituting a 3-credit elective for the APC series or taking an elective in addition to the APC series. The elective should be related to the student's capstone project and experience. 3 Credits Total

**Comprehensive Assessment and Management of Practice (CAMP) I-IV** These experiences offer students the opportunity to work with a specific population for 4-5 weeks. Students complete assessments, collaborate with community members as clients to determine their goals and challenges, generate an intervention plan, and implement and assess outcomes. It is our hope that these experiences will become interprofessional experiences with physical therapy and others. For example, a pair or team of occupational therapy and physical therapy students would work together with 1-3 children experiencing challenges at school or in the community, or occupational therapy and physical therapy students may work together with 1-3 adults who have neurologic conditions. Students must enroll in 3 of the 4 CAMP experiences. Each CAMP is 1 credit; 3 credits total.

**Formation for Service V** - This course is Part Five of a series that occurs every session. Formation refers to developing the groundwork for your professional identity as an occupational therapist. Developing a professional identity means intentionally forming in oneself the ways of engaging with self, others, and the world that are distinctive to being an occupational therapist. In this final course of the formation series, you will focus on exploring tools to support your resiliency as an emerging occupational therapy practitioner. You will consider a framework of stewardship, both for serving clients facing occupational disruptions, as well as supporting your own practices of vocational nurture and longevity. You will explore various paradigms for lifelong learning and explore your own engagement in the occupation of learning and desired trajectory of future engagement in learning communities. Finally, you will build on work from Park Four of the course series to create a professional development plan for your upcoming year of Level II Fieldwork and Capstone experiences, including a component of reflective practice to support your resiliency and learning. 2 Credits

**Capstone II** – Students design and initiate a capstone project and experience in one of eight advanced areas of practice within occupational therapy: advocacy, research, policy, entrepreneurship, education, administration, program development and theory development. 3 Credits

## **Year 2: SUMMER**

OTD Level II Fieldwork IIA

Students complete a 12-week full-time fieldwork experience. 12 Credits

## **Year 3: FALL**

OTD Level II Fieldwork IIB

Students complete a 12-week full-time fieldwork experience. 12 Credits

## **Year 3: SPRING**

**Capstone Experience** – Students complete a 14-week Capstone Experience. 12 Credits

# Master of Biomedical Sciences





**Assistant Dean for Premedical Education and Executive Director:** Kathryn M. Andolsek, MD, MPH  
**Associate Directors:** Leonor A. Corsino, MD, MHS; Maureen D. Cullins, AM; Anthony T. Fuller, MD, MScGH;  
Judith C. Holder, PhD; Alexa K. Namba, DO, MPH; Leonard E. White, PhD  
**Program Manager:** Christie T. McCray, MEd  
**Program Assistant:** Massiel Medina, MA

This Duke University School of Medicine professional master's degree program aims to enhance the academic preparation of students interested in pursuing a career as a healthcare professional or a career in a related biomedical field.

The mission of the Master of Biomedical Sciences (MBS) Program is to educate and mentor a diverse group of individuals in an interprofessional and collaborative environment for success and lifelong learning in the health-related professions, biomedical sciences, or where ever they find professionally fulfilling careers.

The MBS Program values diversity, self-awareness, service, learner well-being and teamwork. It aspires to foster curiosity, a joy and passion for learning, and individual and collegial professionalism.

The MBS Program is administered by the Duke University School of Medicine. It is offered by faculty from the basic and clinical sciences departments of the Schools of Medicine and Nursing, The Graduate School, and Trinity College of Arts & Sciences who have extensive experience in pre-health learners, e.g. medical student, nursing, physician assistant, physical therapist, doctor of pharmacy, and other members of the university community who have expertise in relevant scientific disciplines and/or areas of professional practice. Upon successful completion of all requirements for graduation, the Master of Science in biomedical sciences degree is conferred upon the graduate of the Duke MBS Program.

## Program Admission

To be considered for admission, applicants must have earned a minimum UGPA (undergraduate GPA) of 3.2. Grades earned through completion of post-baccalaureate studies are considered on an individual, case-by-case basis. An upper division course in biochemistry is required for admission to the Duke Master of Biomedical Sciences (MBS) Program. Upper-level division courses in genetics, molecular biology, and/or cell biology are strongly recommended. Students who intend to apply to health professions schools (e.g., MD, DO, DDS, DDM, DPT, PA, OT, PharmD, nursing) or graduate schools (e.g., PhD, DPhil, MPH) are strongly encouraged to complete prematriculation requirements specified by the relevant professional associations (e.g., Association of American Medical Colleges) prior to applying to the Duke MBS Programs.

Applicants are not required to take the GRE, MCAT, or any other standardized test to be considered for admission. The application does not have a place to record such scores. However, if you are applying for the Bridges to Excellence Pathway, there will be a place to record your scores, though scores are not required for consideration of admission. Students who matriculate into the program are expected to provide all test scores as part of the advising process.

A complete application for admission consists of the online application including essay question responses, submission of the \$50 application fee, and the following supporting documents: (1) a resume or curriculum vitae (uploaded within online application); (2) an unofficial transcript from each post-secondary institution attended (uploaded within online application); and (3) two letters of evaluation written by persons qualified to testify to the applicant's capacity for graduate work on official letterhead (solicited and submitted through the online application system). Please note that review of an application cannot commence neither can an admission decision be made until all the above materials are received and the application is considered complete.

Detailed application instructions can be obtained by sending an email to [dukembs@duke.edu](mailto:dukembs@duke.edu) or by calling (919) 684-6351. Additional information may be found on the program's website at <https://medschool.duke.edu/education/degree-programs-and-admissions/master-biomedical-sciences>.

## Program Technical Standards

All candidates for the MBS degree must possess the ability to learn, integrate, analyze, and synthesize data. They must have use of the senses of vision, hearing, equilibrium, and smell. Their exteroceptive (touch, movement, stereognosis, and vibratory) senses must be sufficiently intact to enable them to carry out all activities required for a complete biomedical science master's education. Candidates must have motor-function capabilities, physical endurance, and the emotional health to meet the program's demands, including training, certification, and service as an Emergency Medical Technician-Basic, which may include extended hours of instruction and time in clinical settings, evenings, nights, and weekends.

The study of medical sciences is not a pure intellectual exercise. Rather, a specific set of minimal physical, mental, emotional, and social abilities are needed to be a successful student. Students must possess all of the abilities described in the five categories below, with or without reasonable accommodations as determined by the Student Disability Access Office (<https://access.duke.edu/students/>). To achieve the optimal educational experience, students are required to participate in all phases of the training program. Candidates with disabilities are encouraged to contact the program and/or the Student Disability Access Office early in the application process to discuss accommodation needs.

The candidate for the MBS degree must possess the following abilities and skills necessary to successfully complete the curriculum:

- **Observation:** Candidate must acquire information as presented through demonstrations and experiences in lectures and laboratories. Candidates must be able to evaluate patients accurately and assess their relevant health, behavioral, and medical information. Candidates must be able to obtain and interpret information through a comprehensive assessment of patients, correctly interpret diagnostic representations of patients' physiologic data, and accurately evaluate patients' conditions and responses.
- **Communication:** Candidates must exhibit interpersonal skills to enable effective caregiving of patients, including the ability to communicate effectively, with all members of a multidisciplinary health care team,



patients, and those supporting patients, in person and in writing. Candidates must be able to clearly and accurately record information and accurately interpret verbal and nonverbal communication.

- **Motor Function:** Candidates must perform routine physical examination and diagnostic maneuvers. Candidate must be able to provide general care and emergency treatment for patients and respond to emergency situations in a timely manner. A candidate should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and movement of limbs, as well as carry out treatment maneuvers, which may include lifting, transferring of patients, and assisting during ambulation while assuring their own safety as well as the safety of the patient. A candidate should have motor function sufficient to execute movements reasonably required to provide general care and emergency treatment to patients. Such skills require coordination of gross and fine muscular movements, equilibrium, and sensation. Candidates must meet applicable safety standards for the environment and follow universal precaution procedures.
- **Intellectual-Conceptual, Integrative, and Quantitative Abilities:** Candidate must effectively interpret, assimilate, and understand the complex information required to function within the MBS curriculum. Problem-solving is a critical skill that requires conceptual, integrative, and quantitative thinking abilities. The candidate must also be able to comprehend three-dimensional relationships, the spatial and functional relationships of structures and to analyze and apply this information for problem-solving and decision-making. Candidate must be able to effectively participate in individual, small-group, and lecture learning modalities in the classroom, clinical, and community settings. Candidate must be able to learn, participate, collaborate, and contribute as part of a team. They must have the ability to organize, prioritize, analyze and evaluate detailed and complex information individually, in small groups, in clinical settings and within a limited time frame both in person and via remote technology.
- **Behavioral and Social Skills:** Candidates must exercise good judgment and promptly complete all responsibilities attendant to the diagnosis and care of patients. A candidate must have the emotional health to fully use their intellectual ability, exercise good judgment, and to complete all responsibilities attendant to the evaluation and treatment of patients. They must be honest, able to self-assess own mistakes, accept criticism and assume responsibility for maintaining professional behavior. The skills required include the ability to effectively handle and manage heavy workloads, function effectively under stress, adapt to changing environments, display flexibility, and learn to function in the face of the uncertainties inherent in the clinical problems of patients.

A candidate must be able to develop mature, sensitive, and effective relationships with faculty, patients, families, caregivers and colleagues. A candidate must be able to tolerate physical and emotional stress and continue to function effectively. A candidate must possess qualities of adaptability and flexibility and be able to function in the presence of uncertainty. They must have a high level of compassion for others, motivation to serve, integrity, and a consciousness of social values. A candidate must possess sufficient interpersonal skills to interact positively with people from all levels of society, all ethnic backgrounds, and all belief systems.

Candidates must be able to satisfy the above requirements with or without reasonable accommodations. For questions, see the Duke Accessibility website, <https://accessibility.duke.edu/>.

## Financial Information

The MBS Program practices a need-blind admissions process. Applicants to the MBS Program are evaluated for admission without regard to their family's ability to pay. A full cost of attendance budget may be found on the Office of Financial Aid website: <https://medschool.duke.edu/education/student-services/office-financial-aid>.

### Tuition and Fees

Tuition for the 2021-2022 academic year is \$47,556 for full-time study. On notification of acceptance, prospective MBS students are required to pay a nonrefundable program deposit of \$250. For those who do matriculate, the program deposit is applied to the cost of tuition. Upon matriculation, additional fees (e.g. health insurance, student health, criminal background and drug/alcohol screen, graduate student activity and services, recreation, technology, transcript, and parking permit) will be due.

## Financial Aid

### Federal Financial Aid

Qualified students may be eligible for unsubsidized Federal Stafford Loans up to \$20,500, and the Grad PLUS Loan up to the cost of attendance per academic year.

To be considered for federal financial aid, eligible students must complete the [Free Application for Federal Student Aid \(FAFSA\)](#). The School of Medicine's federal school code for the FAFSA is 002920. More information, including specific eligibility requirements, about federal need-based financial aid can be found on the FAFSA website.

Financial aid information is available for all interested applicants by contacting the School of Medicine's Office of Financial Aid: Box 3067, Duke University School of Medicine, Durham, NC 27710, by calling (919) 684-6649, emailing to [finaid@dm.duke.edu](mailto:finaid@dm.duke.edu), or by visiting the Duke University SOM Office of Financial Aid website at <https://medschool.duke.edu/education/student-services/office-financial-aid>.

Full cost of attendance budgets may be found on the Office of Financial Aid website: <https://medschool.duke.edu/education/student-services/office-financial-aid>.

### Scholarships

All applicants accepted for full-time study in the MBS Program are automatically considered for limited tuition scholarships from the program. Merit awards are determined by the Program on a competitive basis; an applicant's completed application materials serve

as the scholarship application. Need-based scholarship awards are determined by the Office of Financial Aid; each student's completed FAFSA serves as the basis for these limited awards.

## Bridges to Excellence Scholar

Applicants may wish to be considered a Bridges to Excellence (BTE) Scholar. Designed in 2019, The BTE Scholars Program is an innovative educational opportunity developed with the support of the Fullerton Foundation and in collaboration among Duke University School of Medicine, East Carolina/Brody School of Medicine, and The University of South Carolina Greenville School of Medicine. BTE Scholars are residents of either the state of North Carolina or South Carolina. They will fully participate in the Duke Master of Biomedical Sciences (MBS) Program and will be linked to a mentor at East Carolina/Brody School of Medicine (North Carolina residents) or the University of South Carolina School of Medicine (depending on their state residency). In collaboration with their East Carolina/Brody School of Medicine or the University of South Carolina School of Medicine mentors, they may be offered enhanced opportunities during MBS Fall, Winter, and Spring Breaks and/or be able to fulfill 1-4 MBS selective credits.

**Eligibility:** In addition to fulfilling all other MBS eligibility requirements, BTE Scholars will be

1. residents of North or South Carolina; and
2. willing to apply only to East Carolina/Brody School of Medicine (North Carolina residents) or the University of South Carolina School of Medicine (South Carolina residents), and accept an admission to these schools (if offered).

BTE scholars will

1. have MBS application fee waived;
2. be offered and accept conditional acceptance to Duke MBS based on successful completion of their undergraduate degree;
3. successfully participate in and complete the Duke Master of Biomedical Sciences Program;
4. be offered and accept the opportunity to earn conditional acceptance to either East Carolina/Brody School of Medicine (North Carolina residents) or the University of South Carolina School of Medicine (South Carolina residents) if satisfactory completion of MBS and fulfillment of the other criteria developed by the respective Admissions Committees of the two medical schools;
5. fulfill all other conditions of medical school acceptance (i.e. MCAT timing and performance); and
6. be offered a minimum of \$9,000 scholarship support to be applied to the Duke master of biomedical sciences tuition.

Priority will be given to students interested in primary care, psychiatry, and general surgery, with an intent to serve underserved communities of the Carolinas. It is expected that BTE Scholars will apply to a single medical school East Carolina/Brody School of Medicine (North Carolina residents) or the University of South Carolina School of Medicine (South Carolina residents), and if offered acceptance, will matriculate there.

More information about the Bridges to Excellence Scholar program can be found at <https://medschool.duke.edu/about-us/news-and-communications/med-school-blog/bridges-excellence-improving-diverse-students-transitions-college-medical-school>.

## Health Insurance

All students are required to carry full major medical health insurance throughout their enrollment in the MBS Program. If the student does not elect to take the Duke Student Accident and Hospitalization Insurance policy, evidence of other comparable health insurance coverage must be provided. The Student Health Fee is mandatory for all students. Additional information regarding the services provided by Student Health may be found on the Student Health website: <https://studentaffairs.duke.edu/studenthealth>.

## Computer Technology

All matriculating students in the School of Medicine are assessed a mandatory technology fee. This includes students enrolled in the Master of Biomedical Sciences Program. The fee covers hardware, software, technical service and technical updates to comply with all Duke Health System compliance guidelines. The Duke School of Medicine's Medical Education IT unit distributes and supports a dedicated laptop to each MBS student for his/her/their education. Students receive the laptop, configured and secured for use in the MBS Program, during Orientation.

## Criminal Background Check/Drug Screening Policy

Incoming students must consent to and undergo a mandatory criminal background check (CBC) and mandatory drug screening prior to matriculation. Both the criminal background check and the drug screening are conducted by a program approved agency and the results of both are kept strictly confidential. Results from any other agency will not be recognized. A clear drug screen may also be required of students by EMT, community, research, and/or clinical sites.

An incoming student will not be permitted to begin orientation and/or classes without consenting to a criminal background check and drug screening.

Following enrollment in the Duke MBS Program, students are required to disclose any misdemeanor or felony convictions other than minimal traffic violations, including deferred adjudication, within one week (seven days) of occurrence to the Program Director. Nondisclosure or falsification may be grounds for dismissal or degree revocation.

Students already enrolled in the MBS Program may, for good cause, be required at the request of the Program Director to undergo an additional CBC or drug screening test. In addition, sites providing experiential learning experiences may require students to undergo additional background checks or drug screenings prior to undertaking their experiences. The cost for such requested background checks and screening tests, if not borne by the site, will be incurred by the student.

The student is aware that, when applying for the CBC and the drug screening tests he/she/they automatically releases the results to the Duke MBS Program. The Program Director will evaluate all background checks and will make the determination if the individual student can participate in clinical experiences.

Failure to undergo a required drug test will result in dismissal from the program. If the drug screen comes back diluted or adulterated the student will be allowed one retest. If the student fails the second test, the student may be dismissed from the program.

## Immunization and Health Record

North Carolina State law and the Infection Control Committee of Duke University Hospital and Health System require all new students to provide prior to matriculation, evidence of immunity to certain vaccine-preventable illnesses. Upon acceptance, students receive the Student Health Immunization Form and Report of Medical History which should be completed and returned prior to the first day of Fall Semester to the Student Health Center, Box 2899, DUMC, Durham, NC 27710.

Duke University and the School of Medicine hold the health and welfare of their students, patients, and faculty in the highest regard. Students' failure to comply with North Carolina state immunization requirements and those of the School of Medicine may result in the student not being allowed to begin their coursework until all immunization requirements are met. Annual influenza vaccination or an approved medical or religious exemption is required. For questions or concerns about immunization requirements, please contact the Student Health Department at [immunizations@duke.edu](mailto:immunizations@duke.edu) or by phone at (919) 681-WELL.

Students are encouraged to review and update their records as soon as possible. Failure to meet requirements may result in course scheduling delays. Since most courses are only offered once per academic year, such delays may result in a delay of graduation by an entire year. Please refer to <https://studentaffairs.duke.edu/studenthealth/immunization-compliance> for the most current detailed immunization information.

An immunization and additional health records may be required for the EMT-B course and clinical sites.

## Academic Regulations

### Registration

Registration in the Master of Biomedical Sciences program is processed in accordance with instructions distributed by the Office of the Registrar of the School of Medicine prior to official registration periods. As this program is designed for full-time study, withdrawal from any course is at the discretion of the Program Director upon consultation with the student's advisor. Please note that courses taken outside the program must be approved by the student's advisor (and, in some cases, by the Program Director) prior to enrollment.

### Attendance Policy

Students are expected to be punctual and to attend all MBS Program educational activities, including but not limited to lectures, laboratories, seminars, virtual synchronous sessions, as well as clinical, research and service learning assignments. Much of the programmed course time involves discussion and team-based learning activities; individual attendance and participation affects group performance and development of individual competence. Service learning assignments require accountability to the individuals, communities and organizations served. Students are expected to attend regular clinical and service learning activities even when scheduled on non-class days (e.g., holidays, breaks, and weekends). Enrolled students should refer to the Duke MBS Program Student Handbook for detailed program policies. If a student believes he/she/they will be late or miss an activity, he/she/they should email the course instructor in advance. Absences and tardiness may result in a lower course grade.

Students who are unable to complete a class assignment/assessment due to being out of compliance with a program requirement will receive a "o" for that assignment/assessment.

### Dress Code

Students should be aware of the dress codes of the various curricular components as described in the MBS Program Student Handbook. Student activities involving patient care require appropriate professional dress. Additional information can be found in the student handbook.

Students are required to wear their Duke-issued photo identification card above the waist, and it must remain visible at all times. This includes the secondary card identifying the individual's role at Duke School of Medicine (i.e., student).

### Leaves of Absence

Leaves of absence with anticipated readmission may be granted to students in good standing who demonstrate a compelling nonacademic reason for a leave. He/she/they may be granted a leave of up to one academic year. If a leave expires without the student re-entering the program, the student will be withdrawn from the program. Enrolled students should refer to the Duke MBS Program Student Handbook for detailed information regarding leave requests, program re-entry, requirements for repeating and/or completing degree requirements, and eligibility to earn the degree.

### Time Limitations

A degree candidate is expected to complete all requirements within one calendar year of matriculation. Degree credit for a course expires three years after the course is completed by the student; in this case, degree credit can be obtained only by retaking the course.

### Activities Outside of the MBS

Due to the rigors of the curriculum, most students will find it difficult or impossible to be employed. Part-time employment over

breaks and holidays is at the discretion of the student; however, students may not perform any medical tasks or procedures under the auspices of their role as Duke MBS students beyond those required for completion of their academic program. The following policies apply to students who wish to be employed during their training:

- Any student working while attending the program should notify his/her/their advisor.
- Working students must comply with the program's academic schedule and are strongly discouraged from working more than twenty hours per week.
- Part-time employment must never interfere with class or clinical assignments.
- Students cannot receive salary/stipend and academic credit for the same activity.
- Any student who is unable to maintain satisfactory academic standing as outlined in this bulletin will be strongly advised to terminate his/her/their employment.

## Transfer of Credit

Course work taken outside of Duke University is not transferable to the Master of Biomedical Sciences Program.

## Grading

Grades in the Master of Biomedical Sciences Program consist of A, A-, B+, B, B-, C+, C, C-, F, or P (Pass)/F (Fail).

For actively enrolled students, an "I" (incomplete) indicates that some portion of the student's work is lacking for a reason acceptable to the instructor at the time grades are reported. An "I" may not be used as a substitute for a final grade of "F." Students will not be permitted to enroll in any course for which they have an unresolved "I" in a prerequisite course. A grade of "I" must be resolved by the date specified by the course director to make up the deficiency, and no later than the end of the following academic semester. For students on an approved leave, an Incomplete that is not resolved within the designated period may be extended for a specified period with the written approval of the course director and the Program Director. If an Incomplete is not resolved within the approved period, the grade of "I" becomes permanent and will not be removed from the student's record.

In most cases, a student's enrollment as a degree candidate is terminated if she or he receives a single grade of F. For these purposes, both a WF (see below) and a permanent I are considered failing grades. The appeal process is described in the MBS Program Student Handbook.

## Grade Appeal Policy

Within one week of the posting of final course grades, a student may appeal a grade awarded in a course. The only grounds for changing a grade after submission to the Office of the Registrar are (1) a clerical error in grade submission, or (2) demonstrable deviation from the grading rubric published in the relevant course syllabus. Students appealing a course grade should do so by submitting a written statement to the Executive Director justifying the appeal and requesting redetermination of a final course grade. Redetermination of the course grade will be made by the course director, with oversight and final approval by the Executive Director and Associate Directors.

Please note that this policy only covers appeal of a final grade for a course, not scores on assessed work within courses. Course directors are responsible for creating assessments within their courses and adhering to well-designed rubrics for scoring student work. Any student concern regarding a score on an assessment should be communicated directly to the relevant course director(s).

## Academic Progression

Enrolled students should refer to the Duke MBS Program Student Handbook for detailed program policies. Graduate students in the MBS Program are participants in a health professions educational program. Accordingly, students are evaluated on their academic and clinical performance, their interpersonal communication abilities, teamwork, professionalism including trustworthiness, adherence of their appearance to the program's dress code, and their professional conduct. Deficiencies in any of these areas are brought to the student's attention and failure to correct these performance issues may result in lower course grades, probation or dismissal from the program.

## Withdrawal from a Course

**Withdrawal from a required or selective course:** In the event that a student withdraws from a required or selective course, the grade of the student at the time of withdrawal from the course is indicated on the permanent record (e.g., WP for withdrew while passing or WF for withdraw while failing).

There are no drop-add options for required courses.

**Dropping a selective course:** All selective enrollment has been carefully approved by the student and their advisor prior to registration for the spring semester. Only with specific justification and approval of their advisor will a student request to drop a selective course be considered for approval. The student will have 5 days after the first day of the spring semester to submit a course drop consideration. The drop request should be approved by the student's advisor and the selective coordinator. Approval for dropping from a selective course will be considered on an individual basis by the coordinator of MBS Selectives. In the event that the course drop is approved, it is the student's responsibility to contact the registrar's office and the course director of the course they are dropping to inform them of the change. The student must also indicate the course(s) they intend to add if dropping the course would cause them to fall below the required 38 credits.

**Adding a selective course:** Approval to enroll in another course, to achieve their mandatory 4 selective credits for graduation, must be provided by the student advisor, the selective coordinator, and the new course director.



Additional coursework is not usually recommended as the spring semester is busy with clinical experiences, MBS required course work, selectives, and at times studying for a standardized test, preparing an application and job hunting for a gap year. Auditing of MBS specific selectives for up to an extra 2 credits only may be considered if approved by the advisor, the relevant course director, and the MBS Executive director, and the student registers at the same time as registration for the other spring courses. Courses audited will be reflected on a student's transcript. They will be designated as audit courses with no grade provided. The audit grade will not factor into the student's GPA.

## Withdrawal from the Program

If a student withdraws, including involuntary withdrawal for academic reasons, tuition is pro-rated according to the following schedule relative to the start of the MBS Program:

Before classes begin:	100%
During first or second week:	80%
During third to fifth week:	60%
During the sixth week:	20%
After sixth week:	None

**Student fees are nonrefundable after classes begin.**

The status of the student at the time of withdrawal from the program is indicated on the permanent record as WP (Withdrew Passing) or WF (Withdrew Failing).

Voluntary withdrawal from the program is initiated at the request of the student. Such requests must be submitted in writing to the Program Director. The Program Director will notify the Office of the Registrar and course faculty as appropriate given the student's enrollment status at the time of withdrawal. It is the student's responsibility to contact the bursar's office regarding fulfillment of financial obligations to the university.

## Code of Professional Conduct

Students enrolled in the Master of Biomedical Sciences Program are expected to adhere to the Duke University School of Medicine Code of Professional conduct as detailed in the policies for all School of Medicine programs found elsewhere in this bulletin. Additional information regarding specific program policies and procedures may be found in the Duke MBS Program Student Handbook.

## Standards of Academic Conduct and Academic Assessments

The faculty of the MBS Program expects and will require of all its students cooperation in maintaining high standards of scholarship and conduct in accordance with the professional expectations of the Duke University School of Medicine as described elsewhere in this bulletin.

An honor system is employed during administration of all written and practical examinations and for specified assignments that are completed in other locations. In signing his/her/their name to work, students are indicating that they neither gave nor received assistance during the examination. All examinations are confidential communications between the student and the instructor.

Unless expressly permitted by a course instructor, students may not utilize previous forms of written examinations to assist in their preparation. Written examinations that are returned to the student are provided for the specific purpose of enhancing that individual's learning, and are not to be shared with any other students.

Examinations are to be taken during scheduled examination times. However, in extenuating circumstances, such as the acute illness of the student or a family member, a student may seek permission from the instructor to postpone an examination. A request to change an examination date for other reasons should be made to the Program Director, who will consult with the instructor involved and the student's advisor before the student is given permission. If an instructor determines a need to change the date of a scheduled examination for an entire class, the Program Director should be informed of this decision by the faculty member.

Assistant Dean of Learning Environment reviews student concerns, harassment and mistreatment. Dr. Nancy Knudsen serves in that role. Adverse events may be reported using this link: [https://duke.qualtrics.com/SE/?SID=SV\\_oxINCG6gxBow5Rr](https://duke.qualtrics.com/SE/?SID=SV_oxINCG6gxBow5Rr)

## Professionalism Council (PC)

**Background:** The Professionalism Council (PC) will consist of faculty, students and staff of the Master of Biomedical Sciences Program. The PC is designed to promote professionalism and to assist with addressing allegations of professionalism lapses, which include, but are not limited to, plagiarism, cheating, dress code violation, inadequate electronic communication, and absenteeism. The PC will not address professionalism lapses which are criminal or governed by other institutional entities and processes, such as for Title IX complaints.

**Composition:** The PC will consist of both active voting and non-voting members. The council will include both student and faculty members. Student representatives will be selected by class vote to serve a yearlong term. MBS faculty and staff will also be recruited to serve for a yearlong term.

### Aims:

- To serve as a consulting body for professionalism matters involving students enrolled in the MBS Program.
- To facilitate hearings, surveys, and reports related to professionalism matters within the academic community.

## Professionalism Hearing Committee (PHC)

**Background:** The Professionalism Hearing Committee (PHC) is a committee of the Professionalism Council (PC). The PHC will be convened at the request of the Professionalism Council Chair in the event that a hearing is needed. This committee will include a minimum of 5 voting members including students and faculty identified from existing PC membership. The PHC will also include the given student's faculty advisor (nonvoting member) and up to two additional faculty selected by the student undergoing review. In addition to the hearings from the PHC, the Professionalism Council Chair will also lead administrative hearings when appropriate.

**Process:** In the event that a professionalism concern is reported, the student's advisor and/or designee will speak directly with the identified student(s). If the advisor deems it necessary, then a request can be shared with the Professionalism Council Chair or Executive Director. When deemed appropriate, the PHC will meet with involved parties to discuss, question, and clarify details of the case. Persons appearing in front of the committee include individuals who have been identified and any others whom the student of concern wishes to speak on their behalf. Once the hearing is complete, it is the duty of this committee to create a written report regarding the alleged breach of professionalism and any associated action plan. The report will include a vote as to whether the PHC believes a lapse of professionalism has occurred. The final recommendations of the PHC will be forwarded to the PC Chair and Executive Director of MBS. All decisions by the PHC are subject to appeal (described below).

If a student is recommended for dismissal, that recommendation will be forwarded to the Executive Director of the MBS who will refer the decision to the Vice Dean of Education. The processes of the PHC and the PC do not preclude the Executive Director of the MBS from making an independent recommendation to the Vice Dean.

**Confidentiality:** The minutes of the PC will be considered confidential and not released without written permission except as applicable by law. If a student is found to have a professionalism violation, the resulting sanctions can be included in any performance assessment or letter of recommendation requested by the student or an outside entity. Professionalism violations and sanctions may also be reported to other agencies, such as the military, the federal government, licensing boards, and others if requested.

**Hearing Procedures:** The Executive Director of the MBS may require any student, faculty, or staff member of the program to attend and/or testify at any hearing or meeting regarding a professionalism matter of concern. Whenever a hearing is to be held regarding an alleged incident of professionalism, the accused student and the complainant, if any, shall be given at least seven (7) calendar days' written notice of the charges alleged against the accused student and of the date, time, and place of the hearing. The Committee may require witnesses to testify at the hearing who are students, faculty, or staff of the School of Medicine and who are available to attend. Rules of evidence that apply in courts of law shall not apply in such hearings. The hearing shall be closed to everyone except the hearing body (PHC) appropriate staff, the accused student, the complainant, and involved academic advisors.

**Hearing Decisions:** The ad hoc committee (PHC) shall deliberate and decide whether the accused student has violated the Duke Code of professional conduct in the SOM. The hearing body may decide that the student is in violation of a less serious offense than that originally charged. A written decision will be issued from the PHC to the Executive Director of the MBS within seven (7) days of the date of the hearing. The accused shall receive written notice of the outcome of the hearing which includes: (1) a statement of charges; (2) a summary of the facts in the case; (3) the decision; (4) a brief statement of the hearing body's reasoning; and, if a violation is found, (5) sanction(s). The accused student will also receive information on the rights and process of appeal.

### Sanctions

The following sanctions, singularly or in combination, may be imposed upon any student found to have violated the School of Medicine Conduct Code:

- **None:** The PHC may conclude that there is insufficient documentation to conclude a professionalism lapse has occurred. No written documentation will be placed in the student's permanent file.
- **Warning:** A notice in writing to the student that the student has violated institutional regulations and must cease and not repeat the inappropriate action. A professionalism notification form will be placed in the permanent file.
- **Probation:** A written reprimand for violation of specific regulations. Probation is for a designated period of time and includes the probability of more severe disciplinary sanctions if the student is found to be violating any institutional regulation(s) during the probationary period.
- **Discretionary Sanctions:** Work assignments or service to the School of Medicine, the University or the community.
- **Suspension:** Separation of the student from the School of Medicine for a definite period of time, after which the student may be eligible to return. Conditions for readmission may be specified.
- **Expulsion:** Permanent separation of the student from the School of Medicine.

Any sanction may include mandatory referral to university-based resources for medical or mental health evaluation and treatment if necessary.

### Appeals

All decisions by the PHC are subject to appeal. An appeal is not a re-hearing of the issue; it is a written statement to the Executive Director of MBS stating grounds for the appeal and any supporting information. Grounds for appeals are limited to:

- New information, the nature of which would have changed the outcome of the PHC;
- Procedural error within the hearing process;
- The finding was inconsistent with the weight of the information.

The accused student may appeal decisions rendered by the ad hoc PHC to the Executive Director of the program. To initiate an appeal, the accused student must submit a signed, written statement of the specific reason(s) to Executive Director within seven (7) days of receipt of the hearing decision.

The Executive Director will either:

- Affirm the hearing decision;
- Affirm the findings of the hearing decision but recommend a different sanction; or
- Forward the case to the Vice Dean of Education for a new hearing.

## Satisfactory Academic Progress

The MBS faculty accepts responsibility for monitoring the academic progress of each student enrolled in the program. Students are required to meet with their academic advisors at least once each semester and encouraged to meet more frequently.

The Academic Success Committee meets monthly to review students' performance in all coursework and provide feedback to the advisors. When performance issues are identified, the student will be contacted regarding development and implementation of an appropriate remediation plan.

Satisfactory academic progress for full-time students in the MBS Program consists of the successful completion of all requirements necessary to advance toward completion of degree requirements one year from the time of matriculation.

## Graduation

To graduate, students must complete with a passing grade the 38 credits required for the Master of Science in Biomedical Sciences degree to include all required courses, clinical and other experiential learning requirements. Candidates for the Master of Science in Biomedical Sciences degree must apply to graduate through DukeHub in keeping with the instructions and deadlines announced by the Office of the Registrar in the School of Medicine. Failure to do so may delay conferral of the degree and issuance of the diploma, even if all degree requirements have been met.

Students must meet all supplemental graduation requirements, which include, but are not limited to, returning Duke-issued photo identification and Duke Information Technology requirements.

## Program of Study

The degree requires a total of 38 credits; of these, ten courses comprise a required core curriculum of 34 credits. The remaining four credits are earned by completing one of two options for an individualized concentration: four credits of approved selective coursework or a mentored research/focused study or practicum project for which four credits are awarded. Students must complete 38 credits as follows:

### 10 required courses (34 credits)

HLTHSCI 501	Human Structure (5)
HLTHSCI 502	Cellular Sciences (5)
HLTHSCI 503	Organ Systems (5)
HLTHSCI 504, 505	Essentials of Health Practice and Professional Development I, II (2 each for 1 semester; 4 total)
HLTHSCI 518	Evidence Based Clinical Practice (4)
HLTHSCI 509	Medical Statistics (4)
HLTHSCI 510	Health Systems (3)
HLTHSCI 511	Enhanced EMT Training Course (2)
HLTHSCI 516	EMT Clinicals (2 total)

### Selective concentration: (4 credits)

- **Option 1:** Research (including basic science, translational science, clinical, and community-engaged research)/focused study (4)
- **Option 2:** Selected coursework ("selectives"). With permission of instructor/department and advisor approval (4)

Selective opportunities vary from year to year and are contingent upon faculty availability, approval from other Duke University programs, departments, schools, and institutes. Students are able to complete the selective concentration by selecting courses within the MBS Program.

Students are strongly encouraged to consider completing the following two selectives to complete their 4 selective credits: HLTHSCI 533 and 535. Students are strongly discouraged from "overloading" so as not to dilute the academic performance in their required courses. Students who wish to take additional credits beyond the 38 credits require permission from both their advisor and the Program Director.

## Courses of Instruction

**HLTHSCI 501 Human Structure.** The fundamental goal of this course is to provide an anatomical framework for understanding the form and function of the normal human body. In pursuing that goal, this course will expose students to principles that define critical thinking within the basic sciences. The knowledge students develop about anatomical relationships and structure and function can then be applied to problems of dysfunction that are relevant to clinical practice providing the foundation for success in other courses and in future studies. This goal will be achieved through a variety of team-centered and learner-focused experiences, including direct, active dissection of human cadavers, learner-centered investigation of intact and prosected human brain specimens, classroom presentation and discussion, and team-based learning activities. The team-based learning activities will emphasize applications that connect the dissection and didactic experience to larger problems in functional and clinical anatomy. With these goals in mind, the central theme of the course is gross human anatomy and the relationships between the musculoskeletal, neurological, and vascular systems of the human body. These relationships will be explored by dissection, examination, and integrative investigations of the morphology and function of the axial skeleton, upper and lower limbs, the central and peripheral nervous systems, and cardiac, pulmonary, gastrointestinal, urogenital and reproductive systems. This process will involve the instructional staff for gross anatomy in all aspects of the course, as well as course leaders from other courses in the master's of Biomedical Sciences curriculum. The broader participation of program

faculty will help integrate course content with larger curricular goals and objectives, including those pertaining to the longitudinal clinical practice—a unique feature of this approach that is typically absent from a traditional undergraduate course on human anatomy. Thus, this course will include a focus on the surface anatomy of the intact (living) human body and the palpation skills necessary to locate important bony landmarks, joint spaces, muscles, ligaments, bursae, nerves, and vessels as well as the anatomical correlates of many clinical procedures including venipuncture, tracheotomy, and fractures or joint displacement reduction. These areas highlight key aspects of human functional anatomy as they pertain to clinical practice and are critical for training and practice as emergency medical technicians (EMT). Therefore, content sequence and clinical correlations with the concurrent EMT-B course will be emphasized. Mode of instruction for this course will utilize the principles and practices of team-based learning, with students organized in small teams for readiness assurances, integrative team applications and guided discovery in laboratory experiences. Prerequisite: none. Credit 5. (Degree requirement) (Graded)

**HLTHSCI 502 Cellular Sciences.** The goal of this course is to build a basic understanding of the molecular and cellular principles of tissue organization, organ function, and human disease. The course will include a survey of several perspectives on cellular sciences, including biochemistry, cell biology, cellular physiology, genetics, immunology, pharmacology, microanatomy, and the basic mechanisms of pathology. The integration of this content will emphasize the structure and function of the cells and tissues of the body, the relationships among the major classes of macromolecules in cellular systems, metabolic control mechanisms, and the biochemical basis of human diseases. A laboratory component provides an interactive experience using virtual microscopy to analyze the structure of normal and pathological cells and tissues. Mode of instruction for this course will utilize the principles and practices of team-based learning, with students organized in small teams for readiness assurances, integrative team applications and clinical correlations. Prerequisite: none. Credit 5. (Degree requirement) (Graded)

**HLTHSCI 503 Organ Systems.** The goal of this course is to develop a conceptual model for understanding the integrated function of major organ systems in the body, building upon the integration of human anatomy, embryology, histology, and the molecular and cellular sciences. The focus of this course will be on the physiology of organ systems in regulating the overall homeostasis of the human body, as well as the pathophysiological response of organ systems to injury and disease. The course will feature laboratory exercises, clinical correlations, and active learning experiences that incorporate exploration and dissection of human and non-human organs. Mode of instruction will implement the principles and practices of team-based learning, with students organized in small teams for readiness assurances and integrative team applications. Prerequisite: HLTHSCI 501 and 502. Credit: 5. (Degree requirement) (Graded)

**HLTHSCI 504, 505 Essentials of Health Practice and Professional Development.** This two course sequence is designed to enhance understanding of the meaning of illness, and the development of personal identity and professional formation in the aspiring health professional. Through regular small group seminars with mentoring faculty and advisors, the course stresses active learning in a supportive environment. Students develop a core set of skills including improved insight and self-awareness, effective verbal and written communication, cultural humility, self-reflection and practice giving and receiving feedback. They demonstrate self-care and resiliency, practice conflict management and critical conversations, explore career alternatives, practice teamwork, and practice interviewing. Prerequisite: none; must be taken in sequence. Credit 3 each. (Degree requirement) (Pass/Fail)

**HLTHSCI 509 Medical Statistics.** This course covers statistical concepts that enable understanding of the medical literature including study design; summarizing and presenting data; relationships between two variables; probability and probability distributions; analysis of means; analysis of variance; proportions; correlation; regression; analysis of covariance; and power and sample size. Mode of instruction for this course will utilize the principles and practices of team-based learning, with students organized in small teams for readiness assurances, integrative team applications and clinical correlations. Prerequisites: None. Credit: 2. (Degree requirement)

**HLTHSCI 510 Health Systems.** The US healthcare system is in the midst of a tumultuous transformation. The goals of this course are to understand the key principles on which the US healthcare system was established, how it functions today, and how to help it work successfully in the future. Students review historical milestones and readings and discern with fellow students and faculty the underlying principles on which the US healthcare system is based; describe current principles and mechanisms of healthcare finance, healthcare delivery, and healthcare policy, and discuss how they impact health systems performance and health outcomes; and learn and utilize key quality improvement skills and methodologies, systems-based healthcare approaches, team function, behavior change theories and methodologies, project management, and interpersonal skills needed to improve population health outcomes, the experience of healthcare, and to reduce overall health/healthcare costs. Students will work in teams and submit a project proposal to improve the health of a specified population. Prerequisite: none. Credit 3. (Degree requirement) (Graded)

**HLTHSCI 511 Enhanced EMT-Basic Training Course.** This course is designed to instruct a student to the level of Emergency Medical Technician-Basic (EMT-B), and will be concurrent with and supplemented by correlated content in the Human Structure and Cellular Sciences courses. The EMT-B serves as a vital link in the chain of the healthcare team. It is recognized that the majority of pre-hospital emergency medical care will be provided by the EMT-Basic. This includes all skills necessary for the individual to provide emergency medical care at a basic life support level with an ambulance service or other specialized service. Specifically, after successful completion of the course, the student will be capable of performing the following functions at the minimum entry level: recognize the nature and seriousness of the patient's condition or extent of injuries to assess requirements for emergency medical care; administer appropriate emergency medical care based on assessment findings of the patient's condition; lift, move, position and otherwise handle the patient to minimize discomfort and prevent further injury; and, perform safely and effectively the expectations of the job description. Prerequisite: none. Simulations will be provided throughout the course. Following successful completion of the EMT-B, students must 1) pass the NC state EMT examination and submit evidence of their examination scores and subsequent NC State certification, and 2) Students who have completed a prior EMT Basic Training Course will be expected to participate in this course, and demonstrate maintenance of competency by passing the examinations and participating in the skills practicum. If they have active certification acceptable to the state of North Carolina they will not have to sit for "recertification." Credit 2. (Degree requirement) (Graded)

**HLTHSCI 516 EMT Clinicals.** This course builds on HLTHSCI 511 and consists of required clinical experiences through which students will demonstrate their mastery of the skills necessary to function as part of the health care team in providing emergency



medical care at a basic life support level with an ambulance service or by participating in clinical care at an emergency department, urgent care, or other specialized service. The course will be concurrent with and supplemented by correlated content in the Cellular Sciences, Organ Systems, Essentials of Health Practice and Professional Development, and Evidence Based Clinical Practice courses. A minimum of 12 hours per month is required October-May. Prerequisite: HLTHSCI 511. Credit 2. (Degree requirement) (Graded)

**HLTHSCI 517 EMT Selective.** This selective course enables selected students to continue to refine and demonstrate their mastery of the skills necessary to function as part of the health care team in providing emergency medical care at a basic life support level with an ambulance service, in an Emergency Department or other specialized services. The ability of a student to enroll in this selective is contingent on its role in the individual student's educational plan and the availability of an approved site with appropriate supervision. Prerequisites: HLTHSCI 516 and permission of advisor and participating site. Dr. Samuel Francis. Credit variable 1-4. (Selective) (Graded)

**HLTHSCI 518 Evidence Based Clinical Practice.** This course consists of introductory skills in searching, critically reading and interpreting the medical literature. Students learn how to construct appropriate clinical questions to discover answers to challenging patient situations. The course features outside speakers who provide expertise on current topics in medicine and health care delivery followed by interactive large and small group exercises. The course culminates in the spring semester MBS Scholar's Day, for which each student prepares a required capstone scientific poster. Prerequisite: none. Credit 4. (Degree requirement) (Graded)

**HLTHSCI 521 Community Health Engagement Practicum.** This course provides students with a foundation in the principles and practices of population health improvement within the framework of community engagement. Participants are expected to first complete required readings and instructional modules that provide core knowledge regarding population health and community engagement; they will participate in a month-long orientation to various health improvement agencies and meet with health care leaders about implementing community/population health initiatives. After appropriate onboarding with a local community health initiative through Duke's Division of Community Health, students will then gain further insight and skills during immersive weekly project assignments in the organization. The practicum culminates with the completion of a work plan that demonstrates acquisition of specific skills necessary to plan, implement, or assess a population health improvement initiative that is community-engaged patient/client-centered. The requirements for this product are derived from each student's individual learning plan in consultation with the host community organization and the Community Health Division. Dr. Anh Tran. Enrollment Min. 3. Credit: 4. (Selective) (Graded). *A minimum of 6 enrolled students is needed for this course to be offered.*

**HLTHSCI 522 Nutrition Selective.** The major focus of this course is to develop a foundation of understanding of basic nutrition and the treatment of various medical diagnoses. This course reviews the nutrition therapy associated with various disease processes in an effort to manage or prevent the progression of the disease. Learning objectives: by the end of this course, students will discuss and describe macro and micronutrients and how these impact overall health; verbalize nutrition therapy for various disease states; and describe the impact of evidence based nutrition on wellness. Learning outcomes: students are able to match diseases or conditions with the appropriate nutrition therapy guidelines; students will be able to discuss the impact of nutrition therapy in conjunction with current medical practices on disease states. This course includes two 1-hour class sessions and independent project work. Franca B. Alphin. Enrollment max. 4. Credit: 4 (Selective) (Graded)

**HLTHSCI 523 DOCR Research Immersion.** An unpaid short-term (1 semester) apprenticeship in an academic laboratory or clinical research setting. In general, students will be expected to dedicate approximately 10-12 hours per week to a mentored research project and submit weekly journals, a midterm abstract and a summary presentation that will be graded. The selective experience will enable students to generalize learning beyond the classroom, to reinforce the development of competence within an authentic setting, to obtain "workplace" mentorship, and to explore unfamiliar scientific fields and alternative career paths. In addition to the project time, students will meet regularly during the semester to learn specific clinical research competencies in a didactic setting, to discuss broad research topics in a journal club setting, and to experience unique career and research-oriented discussions from clinical research faculty and staff. Biweekly discussion forums also will offer an opportunity to explore further the ideas and concepts presented in class. Dr. Stephanie Freel. Credit 4. (Selective) (Graded)

**HLTHSCI 524 Directed Study.** Directed Studies are variable credit (1-3) selective pass/fail offerings that respond directly to students' expressed interests and needs and/or to the opportunistic availability of a resource, event, or activity of a timely or transient nature. Examples of potential topics include, but are not limited to, population health, the arts and medicine, food and health, spirituality and medicine, communicating science, ethics, and special topics in human anatomy. Students will complete required readings, and individual and group activities in keeping with individualized learning contracts approved by the course instructors and study mentor, and will produce a culminating final work product (e.g. paper, presentation, substantive artifact). Dr. Leonor Corsino. Credit variable 1-4. (Selective) (Pass/Fail)

**HLTHSCI 525 Fundamentals of Ultrasound.** Ultrasound has been used in medical education since the mid-1990s, initially focusing on anatomy and more recently to enhance training in physical diagnosis. This selective course aims to educate students in the basic principles (including physics) and core applications of bedside ultrasound. Students gain a thorough understanding of the sonographic anatomy and imaging technique of various anatomic regions through self-directed computer-based didactic sessions. Using the handheld SonoSim® Probe, students practice the psychomotor skills necessary to image these anatomic regions and acquire experience scanning pathologic states. Dr. Samuel Francis/Dr. Kathryn Andolsek. Enrollment Min. 6. Credit 2. (Selective) (Graded)

**HLTHSCI 526 Pediatrics and Child Health: Pediatrics and Child Health Selective.** This course is designed for pre-health profession students eager to explore the health and well-being of pediatric populations. This course will address the key introductory principles of pediatric health by highlighting disease prevention, health promotion, injury prevention and anticipatory guidance for patients in the outpatient pediatric clinic. Topics will emphasize principles related to the maternal child dyad, family-centered care principles, and common outcomes in pediatric populations. Thru participation in this course students will learn to: 1) identify key aspects of pediatric health which include an understanding of the importance of the therapeutic relationship of the family, the interplay of advocacy principles, and the importance of addressing mental health and care coordination principles in the pediatric setting, 2) Understand the social determinants of health that impact pediatric patients including factors that affect a child's access to health

care in the US, factors that place children at higher risk for certain health problems, and factors that affect diagnoses such as obesity, asthma, trauma, and an array of mental health disorders, and 3) demonstrate basic clinical reasoning skills that can be utilized in future health professions that intersect with the pediatric population. Successful completion of the course includes satisfactory completion of modules, satisfactory completion of individualized readiness assurance opportunities, and successful completion of scholarly child health presentation or project. Dr. Joseph Jackson. Credit: 2. (Selective) (Graded)

**HLTHSCI 527 Patient Care in the Ambulatory Environment.** This course offers in-depth exposure to patient care within the Duke Primary Care network (DPC). Throughout the semester, students will develop clinical competencies by participating in observational experiences, attending lecture-based sessions, and providing hands-on patient care. Students will be exposed to the variety of skill sets necessary to care for both adult and pediatric patient populations, including EMR training, medication administration, clinical procedure assistance, and complex disease management. Additionally, this course features an introductory overview of DPC's clinical workflows and quality improvement initiatives, with specific emphasis on the newly developed Encounter Specialist model. Interested students are encouraged to continue their clinical training with Duke Primary Care upon completion of the Biomedical Sciences program. Kelly Sullivan. Enrollment max. 8. Credit: 2. (Selective) (Graded)

**HLTHSCI 528 Basic Science Selective.** An unpaid short-term (1 semester) apprenticeship in an academic laboratory. The goal of this selective is to understand the essentials of laboratory-based research through hands-on "bench" experience. In general, students will be expected to dedicate approximately 10-12 hours per week to a mentored research project and submit an oral and written research abstract presentation that will be graded. The selective experience will enable students to generalize learning beyond the classroom, to understand the process of scientific inquiry and experimental design, become familiar with commonly used laboratory techniques and data analysis, obtain "workplace" mentorship, and explore career paths in biomedical research. In addition to the project time, students will meet biweekly during the semester to learn specific basic research competencies in a didactic setting, to discuss broad research topics in a journal club setting, and to experience unique career and research-oriented discussions from MD faculty who conduct basic research. Dr. Gowthami Arepally. Credit 4. (Selective) (Graded)

**HLTHSCI 533 Planning for Health Professions Education.** The journey to the health professions requires intentionality, planning, and strategy. This selective provides the participant with a "deep dive" into the creation of a competitive application for health professions education. Workshops include: the application process; managing disclosures in the application; the personal statement; identifying and rectifying "gaps" in the application. Each applicant will have a working draft of the personal statement (required for successful completion of the course) and an overview of the application by the appropriate health professional. Credit: 2. (Selective) (Graded)

**HLTHSCI 533 Planning for Health Professions Education.** The journey to the health professions requires intentionality, planning, and strategy. This selective provides the participant with a "deep dive" into the creation of a competitive application for health professions education. Workshops include: the application process; managing disclosures in the application; the personal statement; identifying and rectifying "gaps" in the application. Each applicant will have a working draft of the personal statement (required for successful completion of the course) and an overview of the application by the appropriate health professional. Ms. Maureen Cullins. Credit: 2. (Selective) (Graded)

**HLTHSCI 535 Fundamentals of Learning: Theory and Practice.** Success in the health professions requires good habits including time management, insight into learning styles, efficient study habits, and self-care. This selective provides exposure to evidence-based approaches to learning and memory from cognitive psychology and other disciplines (including cognitive training methods to facilitate how memory is encoded, consolidated and retrieved), and considers life style factors and practices that can support new learning (e.g., stress reduction, diet, exercise and sleep habits). Successful completion of the course includes: 1) development of a personal action plan that includes documentation of your methods to meet a specific learning goal (e.g., study plan for MCAT, GRE, DAT etc.), evidence of a commitment to a healthy lifestyle (e.g., exercise plan, dietary changes, meditation classes) and evidence of good sleep hygiene via a nightly diary and relevant checklists. The course includes eight workshop-style sessions that include both in- and out-of-class assignments. Dr. Melanie Bonner. Credit: 2. (Selective) (Graded)

**HLTHSCI 536 Health Systems Selective.** This selective will allow selected students an opportunity to individualize an area of health systems such as population health, health policy, chronic disease management or health law. Interested students will work one-on-one with the instructor to identify a project with specific aims, implementation plan, timeline and outcome measure(s). Dr. Don Bradley. Credit: 1-2 (Selective) (Graded)

## Approved Elective Courses in Other Programs and Departments

Subject to change without notice.

For up to date course, descriptions, schedules, and grading scheme students should refer to the Duke University Course Catalog, which can be accessed at <https://registrar.duke.edu/courses-classrooms/courses>.

### Bioethics and Science Policy Master of Arts Degree Program

(Contact Dr. Corsino first.)

**BIOETHIC 603S – Clinical Bioethics and Policy.** (This course has limited availability.) Monday 3:20-5:50 PM.

Instructor: Rosoff

An examination of the leading issues in bioethics, especially those that arise in the context of clinical decision-making and the doctor-patient encounter. The focus will be on the ethical dilemmas faced by medical providers, patients, and their families: how issues are analyzed, what values are considered, and how disputes are resolved. Topics will include end-of-life care; withdrawal or refusal of life-sustaining treatment; pediatric ethics; transplantation; and rationing of scarce drugs or resources. The course will use real case examples to illustrate these dilemmas and challenges. Credit: 3.

### **BIOETHIC 701 – FDA Law and Policy.** Thursday 6:00-8:45 PM.

Instructor: T. Williams

Introduction to basic principles of food and drug laws and examination of how significant doctrines of constitutional, administrative, and criminal law have been elaborated and applied in the food and drug context. The United States Food and Drug Administration has a pervasive role in American society: it is often said that the agency regulates products accounting for twenty-five cents of every dollar spent by consumers. Exploration of the complex interplay of legal, ethical, policy, scientific, and political considerations that underlie the FDA's regulatory authority, its policy-making, and its enforcement activity. Credit: 3.

### **BIOETHIC 706 – Science Regulation Lab.** Wednesday 5:00-7:30 PM.

Instructor: Farahany and Waitzkin

The Science Regulation Lab teaches students about the use of emerging science and technology in the courts and regulatory agencies through the drafting and submission of amicus briefs and comments to rule-makings. In conjunction with Science & Society's Science Policy Tracking Program, students will prepare briefs on recently proposed rules and court decisions, analyzing the purpose of the rule or decision of the court, and the science underlying the rule or decision. A science background is recommended, but not required. Credit: 2.

## **Clinical Research Training Program**

(Contact Dr. Corsino first.)

### **CRP 253 – Research Ethics and Responsible Conduct of Research.** Monday 3:15-4:45 PM.

This course explores a variety of ethical and related issues that arise in the conduct of medical research. Topics include human subjects and medical research, informed consent, ethics of research design, confidentiality, diversity in medical research, international research, relationships with industry, publication, and authorship, conflict of interest, scientific integrity and misconduct, intellectual property and technology transfer, and social and ethical implications of genetic technologies and research. This course is designed to meet and exceed the NIH requirement for training in Responsible Conduct of Research. Prerequisite: None. Credit: 2.

## **Family Medicine and Community Health**

(Contact Dr. Andolsek first.)

### **COMMFAM 423C – Occupational and Environmental Medicine.** Credit: 4.

### **COMMFAM-448C – Introduction to Medical Informatics.** Credit: 4

## **Global Health (MSc in Global Health Degree Program)**

(Contact Dr. Corsino first)

### **GLHLTH 773 – Deconstructing Global Injury Control and Prevention through Systematic Review Methods.** Credit: 3 (online course)

### **GLHLTH 777 – Infectious Disease Epidemiology.** Credit: 3 (online course)

## **Interdisciplinary MD Program Courses**

(Contact Dr. Corsino first.)

**INTERDIS 422C – Exploring Medicine: Cross-Cultural Challenges to Medicine in the 21st Century.** The purpose of this course is to promote understanding the cultural background of the people of Latin America (particularly Honduras) and how that impacts the delivery of medical care. The course content is designed to facilitate understanding how art, history, literature, music, geography, ethics and religion influence the practice of medicine in the Latin American Culture. The Classes will be given by multidisciplinary faculty from Duke, the University of Colorado, and local experts. Medical Spanish instruction is included in each class to facilitate understanding the culture and facilitate encounters with Spanish speaking patients in our own environments as well as in Honduras. The course will be held as a 2 hour seminar for 12 weeks (begins in early January) with the trip to Honduras as an optional laboratory experience. There will be 20 hours of instruction. For more information, please contact Dr. Clements via email (dennis.clements@duke.edu) or 684-7790. Secondary contact: Rosa Solorzano, (Rosa.Solorzano@dm.duke.edu). Students meet for the first day of classes in the School of Nursing Amphitheater the first Tuesday of the Spring Semester at 6:00 p.m. This fourth year elective was approved, effective spring 2013, for third and fourth year medical students. Third year students must obtain mentor approval. Non-direct patient care elective. Credit: 1 Enrollment - up to 10 students. Dennis Clements, MD/PhD

**INTERDIS 423C – Honduras Trip.** A 10 day trip to Honduras is planned to begin the end of April with approximately 15 students invited. Interdis 422C is a prerequisite and students must apply to be selected for the trip. There is a \$3,000.00 enrollment fee. A certain number of students with Spanish fluency are needed for the trip. Those selected to travel to Honduras will visit a local Honduran hospital and additionally provide medical care to patients in the Gracias, Lempira area during 6 days of the trip. A trip to Copan and an indigenous Mayan community is also planned. For MBS, there would be 2 or 3 students allowed to participate in the trip. Students MUST obtain permission from their mentor, study program director, and advisory dean (prior to the trip) to be away for 10 days. ORIENTATION AND SELECTION FOR THIS TRIP TAKES PLACE IN OCTOBER THROUGH A SEPARATE EMAIL REQUEST. Spring 2021 dates: April 24-May 4. Permission of the instructor is required to enroll in the outreach trip. For MBS students, please contact Dr. Rosa Solorzano (Rosa.Solorzano@dm.duke.edu) for more information. Course Director: Dennis Clements, MD/Ph.D. Credit: 1.

**INTERDIS-403C – Narrative Medicine for Medical Learners.** This elective course is a fourth-year clinical elective where students will discuss selected works of literature that address the human condition in a way that is meaningful to physicians-in-training. The course is open to third and fourth-year medical students. The aim is to incorporate literature into the medical training experience,

give students the opportunity to practice reflective writing, and the space to explore the humanistic roots of medicine. In this course, we will examine the intersection between the domains of narrative and medicine through the study of diverse representations of medical issues. Among the questions we will ask are: how does narrative give us greater insight into illness, medical treatment, doctor-patient relationships, and other aspects of health and medicine? How do illness and other experiences within the realm of medicine influence ways of telling stories? How do doctors' perspectives and patients' perspectives differ, and what, if anything, should be done to close those differences? Attendance to all sessions is mandatory. However, a student may miss one session with advanced approval from the course director; the student must submit a written reflection of the readings for the missed session, as outlined by the course director, in order to receive credit for the course. This course will meet once a week during the first eight weeks of the spring term. Enrollment Max.: 10; Min. 6. Brian Quaranta, MD. Credit: 1.

# 2021-2022 Academic Calendar

## Master of Biomedical Sciences

### Fall 2021

#### July

6 **T** Orientation

7 **W** Classes begin

#### September

3-6 **F-M** Fall recess and Labor Day holiday; no classes\*

7-10 **T-F** Classes resume; Offsite EMT Training

#### November

24-26 **W-F** Thanksgiving recess; no classes\*

29 **M** Classes resume

#### December

17 **F** Fall semester classes end

### Spring 2022

#### January

4 **T** Classes begin

17 **M** Martin Luther King, Jr. holiday; no classes\*

#### March

7-11 **M-F** Spring recess; no classes\*

14 **M** Classes resume

#### April

29 **F** Spring semester classes end\*

#### May

6-8 **F-Su** Duke University Commencement Weekend

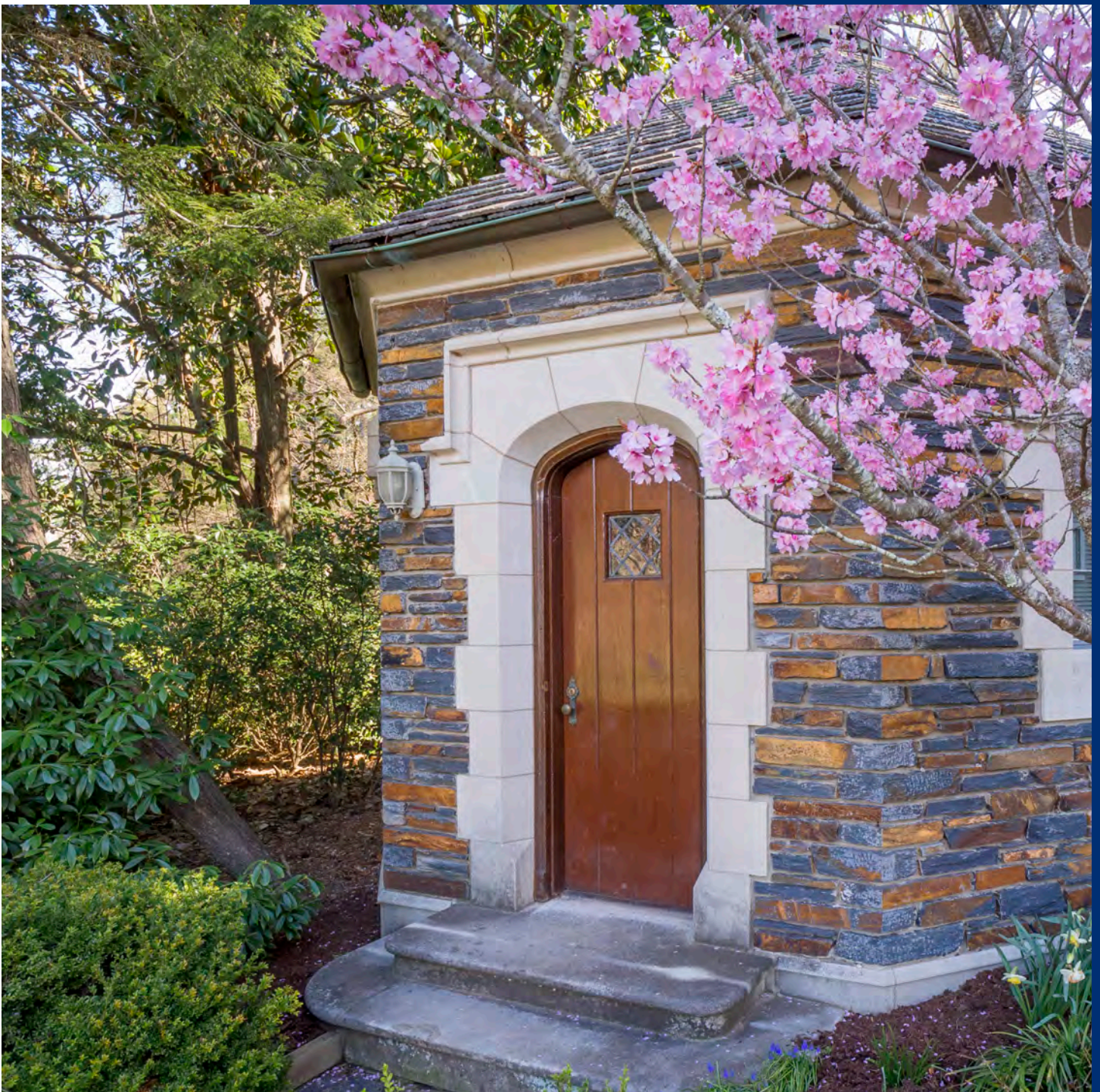
7 **Sa** MBS Graduation Exercises

8 **Su** University Graduation Exercises

\*Students are expected to attend assigned/scheduled clinical and service learning activities even when scheduled on non-class days (e.g., holidays, breaks, weekends).



# Master of Biostatistics Program





# Department of Biostatistics and Bioinformatics

**Department Chair:** C. David Page, PhD

**Director of Graduate Studies:** Gregory P. Samsa, PhD

**Program Coordinator:** Kendall Mincey

As biomedical research becomes increasingly quantitative and complex, a need exists for individuals who possess exceptional analytic skills, a strong foundation in human biology, and the ability to effectively communicate statistical principles to multi-disciplinary research teams. Demand is particularly high for individuals formally trained in biostatistics.

Duke University School of Medicine is a world-class medical research institution that provides an ideal setting for training biostatisticians to gain exposure to state-of-the-art biostatistical methodology in the context of cutting-edge science research. Duke's Master of Biostatistics Program is unique in its balanced focus on three core competencies: analysis, biology, and communication. All faculty members in the Department of Biostatistics and Bioinformatics at Duke are actively engaged in research, with projects collectively spanning a broad array of biomedical research areas. Faculty members actively practice what they teach and are dedicated to ensuring students develop the skills and knowledge necessary to succeed as biostatisticians.

To allow students to tailor their education to their post-graduation goals, Duke's Master of Biostatistics Program offers 3 tracks: Clinical and Translation Research (CTR) Track for students who plan to gain employment as a collaborative biostatistician in an academic or industry setting; Biomedical Data Science (BDS) Track for students who would like to blend statistics and computer science; and Mathematical Statistics (MS) Track for students who plan to enroll in a doctoral program in biostatistics or similar field.

## Program of Study

The master of biostatistics degree requires a total of 50 course credits, including 44 course credits of coursework graded on an A-F scale, a two-semester credit/no credit career and professional development course worth a total of two credits, a non-credit practicum experience, a qualifying examination, and a master's project for which 6 course credits are given. Eleven courses (BIOSTAT 701, 702, 703, 703L, 704, 705, 706, 721, 722/821, 801, 802) constitute 26 course credits that are required for all degree candidates. Completed in the second year, the master's project (BIOSTAT 720) serves to demonstrate the student's mastery of biostatistics.

## Program Admission

All persons seeking a degree in the Master of Biostatistics Program must be admitted to the program through the admissions process. The information outlined here in the School of Medicine Bulletin is a brief summary of the information available on the program website: <https://biostat.duke.edu/education/master-biostatistics/overview>. This website should be consulted for the most up-to-date and comprehensive information about our application process and requirements. If you should have any questions, you may contact Kendall Mincey at [kendall.mincey@duke.edu](mailto:kendall.mincey@duke.edu). The minimum requirements for admission to the Master of Biostatistics Program include:

- a bachelor's degree (or the equivalent to a US bachelor's degree) from an accredited institution; and
- mathematics coursework through multivariable calculus and a strong interest in biological science. Linear algebra and statistics coursework is strongly recommended.

Incoming students must be well-prepared in terms of general mathematical and scientific background. Strength in mathematics is assumed. Prior coursework or other relevant experience in the biological sciences will be advantageous and viewed favorably in admissions decisions.

All parts of the online application must be filled out completely and submitted to the Master of Biostatistics Program with the application fee by the application deadline. The necessary supporting documents must also be included as part of the submission of the online application. The application fee is \$80. The required supporting documents are: (1) one copy of a transcript from each undergraduate and graduate institution attended; (2) three letters of recommendation; (3) official Graduate Record Examination (GRE) General Test scores; and (4) official Test of English as a Foreign Language (TOEFL) or International English Language Testing Service (IELTS) scores (for all applicants whose first language is not English unless the applicant qualifies for a waiver of this requirement). Please note that an admission decision cannot be made until all the above materials are received and your application is considered complete.

If an applicant accepts an offer of admission, she or he must send an official, confidential transcript to the Program for each institution listed in the online application. The Master of Biostatistics Program reserves the right to revoke any offer of admission in the case of a discrepancy between the transcript included in the online application and the official transcript.

Materials submitted in support of an application are not released for other purposes and cannot be returned to the applicant.

Those applying for fall admissions should take the General Record Examination (GRE) in time for official scores to reach the Master of Biostatistics Program by the application deadline. Information on the dates and locations of the GRE can be obtained from the applicant's educational institution or the Educational Testing Service GRE website: <https://www.ets.org/gre>.

**TOEFL/IELTS Policy for International Applicants.** If an applicant's first language is not English, the applicant must submit certification of English proficiency demonstrated by official test scores from the Test of English as a Foreign Language (TOEFL) (<https://www.ets.org/toefl>) or the International English Language Testing Service (IELTS) (<https://www.ielts.org>).

International students who will have completed at least two full years of academic study at a US institution prior to the beginning of the program are not required to take the TOEFL test.

**English Language Requirements for International Students.** In addition to submitting a TOEFL or IELTS score, international students whose first language is not English must demonstrate proficiency in academic English by taking oral and written exams upon their arrival at Duke. Depending on their exam results, students are either exempted from or placed into one or more English for International Students (EIS) courses. Students with EIS requirements must begin these courses in their first year of study.

**Nondegree Study.** Nondegree study is granted at the discretion of the director of graduate studies, requires the permission of the appropriate course instructor(s), and is subject to constraints imposed by course prerequisites and class size limitations.

## Academic Calendar

The Master of Biostatistics Program follows the academic calendar of the Duke Graduate School. The academic calendar for 2021-2022 can be found at: <https://registrar.duke.edu/2021-2022-academic-calendar>.

## Curriculum Overview

The Master of Biostatistics Program curriculum is structured as follows:

### Core Courses

Foundational courses required of all degree-seeking students.

BIOSTAT 701	Introduction to Statistical Theory and Methods I (3 course credits)
BIOSTAT 702	Applied Biostatistics Methods I (3 course credits)
BIOSTAT 703	Introduction to the Practice of Biostatistics I (3 course credits)
BIOSTAT 703L	Introduction to the Practice of Biostatistics I Lab (0 course credits)
BIOSTAT 704	Introduction to Statistical Theory and Methods II (3 course credits)
BIOSTAT 705	Applied Biostatistical Methods II (3 course credits)
BIOSTAT 706	Introduction to the Practice of Biostatistics II (3 course credits)
BIOSTAT 721	Introduction to Statistical Programming I (3 course credits)
BIOSTAT 722*	Introduction to Statistical Programming II (3 course credits)
BIOSTAT 801	Biostatistics Career Preparation and Development I (1 course credit)
BIOSTAT 802	Biostatistics Career Preparation and Development II (1 course credit)
BIOSTAT 821	Software Tools for Data Science (3 course credits)

\* To meet program requirements, students must take either BIOSTAT 722 or BIOSTAT 821. By permission of the director of graduate studies, students may request to take BIOSTAT 821 instead of BIOSTAT 722.

### Practicum

All candidates for the master of biostatistics degree are required to complete a practicum. The practicum is an experiential learning opportunity. The main goal of the practicum is to allow students to develop their analytic ability, biological knowledge, and communication skills. The practicum is typically completed during the summer after the first year but can be completed during the second year.

### Qualifying Examination

All candidates for the master of biostatistics degree are required to pass a written Qualifying Examination demonstrating their mastery of fundamental concepts acquired through completion of the first-year core courses (BIOSTAT 701-706 inclusive). Students are expected to take the Qualifying Examination after completing the first year of study in the program and prior to beginning their elective coursework. Students receive two attempts to successfully pass the Qualifying Examination. The Qualifying Examination is offered twice each summer.

### Master's Project

All candidates for the master of biostatistics degree are required to complete a Master's Project—BIOSTAT 720 (Master's Project - 6 course credits). Completed in the second year, the Master's Project serves to demonstrate the student's mastery of core statistical concepts and the practice of biostatistics.

### Second-Year Courses

Full-time master of biostatistics students are required to select six elective courses during the second year of study from among the courses listed below and on the opposite page. The director of graduate studies will meet with each student to customize their individual curriculum and determine which track is appropriate. The choice of second-year courses depends on the student's interests and their approved educational track (CTR vs. BDS vs. MS). With the approval of the director of graduate studies and the course director, students may enroll in courses outside the Biostatistics and Bioinformatics department. A sampling of track-specific second-year course selections can be found at <https://biostat.duke.edu/education/master-biostatistics/curriculum>.

BIOSTAT 707	Statistical Methods for Learning and Discovery (3 course credits)
BIOSTAT 708	Clinical Trial Design and Analysis (3 course credits)
BIOSTAT 709	Observational Studies (3 course credits)
BIOSTAT 710	Statistical Genetics and Genetic Epidemiology (3 course credits)
BIOSTAT 713	Survival Analysis (3 course credits)
BIOSTAT 714	Categorical Data Analysis (3 course credits)
BIOSTAT 718	Analysis of Correlated and Longitudinal Data (3 course credits)
BIOSTAT 719	Generalized Linear Models (3 course credits)
BIOSTAT 822	R for Data Science (3 course credits)
BIOSTAT 823	Statistical Programming for Big Data (3 course credits)
BIOSTAT 824	Case Studies in Biomedical Data Science (3 course credits)
BIOSTAT 905	Linear Models and Inference (3 course credits)
BIOSTAT 906	Statistical Inference (3 course credits)
BIOSTAT 911	Inferential Techniques/Theory (3 course credits)
BIOSTAT 914	Graphical Models for Biological Data (3 course credits)
STA 602L	Bayesian and Modern Statistical Analysis (3 course credits)
STA 611	Introduction to Statistical Methods (3 course credits)
STA 663L	Computational Statistics and Statistical Computing (3 course credits)
STA 671D	Machine Learning (3 course credits)
STA 711	Probability and Measure Theory (3 course credits)
MATH 531	Real Analysis I (3 course credits)
MATH 731	Introduction to Real Analysis (3 course credits)

## Professional Development Courses

All students are required to enroll and pass two career development and preparation courses.

BIOSTAT 801	Biostatistics Career Preparation and Development I (1 course credit)
BIOSTAT 802	Biostatistics Career Preparation and Development II (1 course credit)

## Course Planning

There are three academic tracks available to students in the Master of Biostatistics Program: (1) Clinical and Translational Research Track; (2) Biomedical Data Science Track; and (3) Mathematical Statistics Track (assessment required before track entry). Students will automatically be enrolled in the Clinical and Translational Research Track at the start of their first year. In consultation with the director of graduate studies, students may choose to differentiate after their first year of study. The course planning below describes courses from which to choose. Other course requests will be reviewed on a case-by-case basis.

### First Year

#### [26 graded coursework credit hours]

Fall	Spring	Summer
BIOSTAT 701 (3)	BIOSTAT 704 (3)	Qualifying Examination (covers content from BIOSTAT 701-706)
BIOSTAT 702 (3)	BIOSTAT 705 (3)	
BIOSTAT 703 (3)	BIOSTAT 706 (3)	
BIOSTAT 703L (0)	BIOSTAT 722 or BIOSTAT 821 (3)	Practicum (may be completed at any point after the first year)
BIOSTAT 721 (3)	BIOSTAT 802 (1)	
BIOSTAT 801 (1)		
<b>Total: 13 credit hours</b>	<b>Total: 13 credit hours</b>	



## Second Year

**[24 credit hours – master’s project (6) plus graded coursework credit hours (18)]**

Fall	Spring
BIOSTAT 720 (3)	BIOSTAT 720 (3)
+ 3 of the following: <ul style="list-style-type: none"> <li>• BIOSTAT 707 (3)</li> <li>• BIOSTAT 710 (3)</li> <li>• BIOSTAT 713 (3)</li> <li>• BIOSTAT 719 (3)</li> <li>• BIOSTAT 823 (3)</li> <li>• BIOSTAT 906 (3)</li> <li>• BIOSTAT 911 (3)</li> <li>• BIOSTAT 914 (3)</li> <li>• MATH 531 (3)</li> <li>• MATH 731 (3)</li> </ul>	+ 3 of the following: <ul style="list-style-type: none"> <li>• BIOSTAT 708 (3)</li> <li>• BIOSTAT 709 (3)</li> <li>• BIOSTAT 714 (3)</li> <li>• BIOSTAT 718 (3)</li> <li>• BIOSTAT 822(3)</li> <li>• BIOSTAT 824 (3)</li> <li>• BIOSTAT 905 (3)</li> <li>• MATH 531 (3)</li> <li>• MATH 731 (3)</li> </ul>
<b>Computational Biology (3):</b> Any 500 and 600 level except 510S, 511, or 591 <b>Computer Science (3):</b> Any 500 and 600 level <b>Statistical Science (3):</b> Any 500 level except 501s Any 600 level except for 693 Any 700 level except for 701S, 790, 791. Any 800 level except for 851 Any 900 level except for 993, 994, and 995	<b>Computational Biology (3):</b> Any 500 and 600 level except 510S, 511, or 591 <b>Computer Science (3):</b> Any 500 and 600 level <b>Statistical Science (3):</b> Any 500 level except 501s Any 600 level except for 693 Any 700 level except for 701S, 790, 791. Any 800 level except for 851 Any 900 level except for 993, 994, and 995
<b>Total:</b> 3 required credit hours plus 9 elective credit hours	<b>Total:</b> 3 required credit hours plus 9 elective credit hours

In the first year, students will take all of the required courses listed with any exceptions approved by the director of graduate studies.

In the second year, students may choose from a variety of courses listed. In addition, second-year students may request and be approved to substitute listed courses with other program and non-program courses. Director of graduate studies (DGS) permission is required. Each of the courses in the list may potentially be taken by students in any of the three tracks. The tracks are instead differentiated by content emphasis. The second-year curriculum is personalized and approved by the DGS. The DGS chooses the mechanism by which the appropriate emphasis of the student’s proposed curriculum is assessed.

- The **Mathematical Statistics Track** emphasizes preparation for doctoral study in mathematically sophisticated programs and will typically include methodologically-oriented statistical electives and demonstrated proficiency (either in coursework or by placing out) in real analysis.
- The **Biomedical Data Science Track** emphasizes computation and will typically include statistical electives and additional coursework selected from topics such as workflow best practices, software tools for large biomedical data sets, and data structures and algorithms for data-intensive applications.
- The **Clinical and Translational Research Track** emphasizes collaborative science and will typically include statistical electives and the application of statistical methods.

## Academic Regulations

### Attendance Policy

Students are required to attend and participate in all class sessions according to the expectations set forth by individual course instructors. In the absence of a specific course attendance policy, students should assume that attendance is expected and that absences require consultation with the instructors regarding arrangements for missed work.

### Registration and Drop/Add Policy

Registration in the Master of Biostatistics Program is processed in accordance with instructions distributed by the Office of the Registrar in the School of Medicine prior to official registration periods.

As the Master of Biostatistics Program is designed for full-time study, dropping and adding courses is at the discretion of the director of graduate studies. Please note that courses taken outside the department must be approved by the director of graduate studies prior to enrollment.

## Audits

Any student who wishes to audit a course in the Master of Biostatistics Program must receive permission of the instructor as well as the director of graduate studies.

## Grades

All courses will be graded on a five-letter grade scale (A, B, C, D, F) with +/- grades assigned at the course instructor's discretion. The only exceptions are BIOSTAT 720, 801, and 802 which are graded on a Pass/Fail scale.

An I (Incomplete) indicates that some portion of the student's work is lacking for a reason acceptable to the instructor at the time grades are reported. Students will not be permitted to enroll in any course for which they have an unresolved I in a prerequisite course. A grade of I must be resolved no later than the end of the following academic semester, unless the course director specifies an earlier date by which the student must make up the deficiency. In exceptional circumstances, an Incomplete that is not resolved within the designated period may be extended for a specified period with the written approval of the course instructor and the director of graduate studies. If an Incomplete is not resolved within the approved period, the grade of I becomes permanent and may not be removed from the student's record.

A student's enrollment as a degree candidate can be terminated if she or he receives a single grade of D or F or two grades of C or C- in the program. For these purposes, a permanent I is considered a failing grade. The decision to terminate the student's enrollment is the responsibility of the director of graduate studies. If an Incomplete is resolved within the specified period, the grade of "I" will be removed from the transcript.

In the case of a student withdrawing from a course after the drop/add period, the student will receive a grade of W, WP (withdraw passing), or WF (withdraw failing), as determined by the director of graduate studies and the course instructor.

## Satisfactory Academic Progress

Satisfactory academic progress for full-time students in the Master of Biostatistics Program consists of the successful completion of all requirements necessary to advance toward completion of degree requirements within the six-year time limitation. This includes successful completion of the qualifying examination (see above) as well as meeting the requirements and standards for completion of the practicum and the master's project as described in program guidelines. Students must also maintain a cumulative grade point average of 2.70 in order to maintain satisfactory academic progress.

For non-degree students, satisfactory academic progress consists of successful completion toward attainment of individual training goals, within the constraints imposed by course prerequisites.

## Academic Probation Policy

A student who receives two grades of C+ or lower or one grade of D+ or lower in any course(s) may automatically be placed on academic probation. When a student is placed on academic probation, an individualized remediation plan will be developed and approved by the standing committee on academic reviews. Input from the faculty, the student, and the director of graduate studies will be considered. The student will sign the remediation plan. The remediation plan will specify conditions which will lead to either removal of academic probation or dismissal from the program. The terms of the remediation plan will be based upon the academic needs of the student. If the terms of the remediation plan are not met, there will be multiple layers of review. First, the standing committee on academic reviews will assess the situation: for example, considering possible extenuating circumstances. If the recommendation is to suspend or to dismiss, it will be reviewed by the director of graduate studies. If the director of graduate studies concurs, the recommendation will be forwarded to the Vice Dean of Education. Appeals may be submitted to the director of graduate studies and then to the Vice Dean of Academic Affairs. The School of Medicine registrar will be notified of the student's academic status and it may be noted on the student's transcript at the completion of the semester(s) during which the status is assigned. Once the student has been removed from probationary status, the notation on the student's transcript will be removed.

## Leave of Absence Policy

A master of biostatistics student, after presenting a written request to the director of graduate studies, may be granted an official leave of absence for personal, medical, or academic reasons for a period not to exceed one calendar year. If the leave of absence is approved, the director of graduate studies provides written notification including applicable beginning and ending dates to the student and the Office of the Registrar and the Office of Financial Aid in the School of Medicine. The student must notify the director of graduate studies in writing of his/her/their wish to return to the Master of Biostatistics Program or to extend the personal leave at least sixty calendar days prior to the anticipated date of re-entry. The student desiring an extension beyond one calendar year may be required to apply for readmission to the program. When a leave of absence is taken, the director of graduate studies may require the student to repeat some or all of the courses completed prior to the leave of absence. In all cases of leaves of absence, the student is required to complete the full curriculum to be eligible to earn the master of biostatistics degree.

## Withdrawal

If a student withdraws, including involuntary withdrawal for academic reasons, tuition is prorated according to the following schedule:

Before classes begin:	100%
During first or second week:	80%
During third to fifth week:	60%
During the sixth week:	20%
After sixth week:	None

### Student fees are nonrefundable after classes begin.

Voluntary withdrawals are typically initiated at the request of the student. Working with the director of graduate studies, a mutual decision is reached with regard to the effective date of the withdrawal and any academic penalty to be assessed. The director of graduate studies will notify the Offices of the Registrar and Financial Aid in the School of Medicine. The Office of the Registrar will process the withdrawal and remove the student from any current and/or future enrollments. The Office of Financial Aid may revoke any financial aid that has been disbursed. The student should also contact these offices to ensure that they have fulfilled any responsibilities with regard to this process.

**Readmission after Program Withdrawal.** Students who wish to re-enter the Master of Biostatistics Program after withdrawing must provide a statement detailing the following to the director of graduate studies:

- how the issues relating to the withdrawal have been addressed; and
- why the student is re-applying to the program, including information concerning changes in situation and an explanation as to the chosen time for return.

Students must also provide an updated curriculum vitae and a transcript of any academic courses taken since the withdrawal.

The applicant will then be scheduled for an interview with the director of graduate studies. After this meeting takes place, the director of graduate studies will make a final decision.

## Time Limitations

A degree candidate is expected to complete all requirements within six calendar years of matriculation. Degree credit for a course expires six years after the course is completed by the student; in this case, degree credit can be obtained only by retaking the course.

## Reporting of Inappropriate Treatment in the Teacher-Learner Relationship

Perceived inappropriate treatment of a learner, either experienced or witnessed, should be reported by using one or more of the following methods:

- verbally or in writing to the course director of the learner's course
- verbally or in writing to the advisory dean or personal advisor of the learner
- in a mandatory end-of-course evaluation
- in other internal surveys done by the learner's program
- on the Adverse Events website for the SOM (can be anonymous)
- to a member of the Committee on Appropriate Treatment of Learners (CAT)
- to the SOM or University Ombudsperson
- to the Duke University Office of Institutional Equity

## Code of Professional Conduct

Students enrolled in the Master of Biostatistics Program are expected to adhere to the Duke University School of Medicine Code of Professional Conduct as detailed in the policies for all School of Medicine programs found elsewhere in this bulletin.

## Tuition and Fees

First-year tuition (2021-2022)	\$38,228
Second-year tuition (2022-2023)	\$38,993

Budget estimates of the full cost of attendance may be found on the Office of Financial Aid website at <https://medschool.duke.edu/education/student-services/office-financial-aid/resources>.

## Health Insurance

All Duke students are required to have medical insurance—either through the Duke Student Medical Insurance plan or a comparable medical insurance plan based in the United States. For students holding an F-1 or J-1 visa, participation in the Duke SMIP is mandatory. The student health fee is mandatory for all students.

# Computer Technology

All students are expected to have access to a laptop computer during class with the following capabilities:

- Running an internet browser (e.g., Safari, Google Chrome, Firefox, etc.)
- Running Microsoft Word (or another type setting software that is compatible with .docx files)
- Running the R software (<https://www.r-project.org/>)
- Running the SAS software (<https://support.sas.com/en/documentation/system-requirements.html>)

# Financial Support

Students are responsible for ensuring that they have the means to support themselves and the ability to pay tuition and fees due the university. Financial assistance for the Master of Biostatistics Program can take the form of program scholarships and federal need-based financial aid packages. More information about these options can be found on the program website: <https://biostat.duke.edu/education/master-biostatistics/financial-support>.

General financial aid information is available for all interested applicants by contacting the Office of Financial Aid: Box 3067, Duke University School of Medicine, Durham, NC 27710; Phone: (919) 684-6649; Email: [finaid@dm.duke.edu](mailto:finaid@dm.duke.edu); Website: <https://medschool.duke.edu/education/financial-aid-office>.

# Graduation Requirements

To receive the master of biostatistics degree, students must successfully complete 44 credits of coursework as outlined in this bulletin, a practicum experience, a qualifying examination, plus a master's project for which 6 course credits are given. Candidates for the master of biostatistics degree must apply to graduate through Duke Hub in keeping with the instructions and deadlines announced by the Office of the Registrar in the School of Medicine. Failure to do so may delay conferral of the degree and issuance of the diploma, even if all degree requirements have been met.

# Courses of Instruction

**BIOSTAT 701. Introduction to Statistical Theory and Methods I.** This course provides a formal introduction to the basic theory and methods of probability and statistics. It covers topics in probability theory with an emphasis on those needed in statistics, including probability and sample spaces, independence, conditional probability, random variables, parametric families of distributions, and sampling distributions. Core concepts are mastered through mathematical exploration and linkage with the applied concepts studied in BIOSTAT 704. Prerequisite(s): 2 semesters of calculus or its equivalent (multivariate calculus preferred). Familiarity with linear algebras is helpful. Corequisite(s): BIOSTAT 702, BIOSTAT 703. Credits: 3

**BIOSTAT 702. Applied Biostatistical Methods I.** This course provides an introduction to study design, descriptive statistics, and analysis of statistical models with one or two predictor variables. Topics include principles of study design, basic study designs, descriptive statistics, sampling, contingency tables, one- and two-way analysis of variance, simple linear regression, and analysis of covariance. Both parametric and non-parametric techniques are explored. Core concepts are mastered through team-based case studies and analysis of authentic research problems encountered by program faculty and demonstrated in practicum experiences in concert with BIOSTAT 703. Computational exercises will use the R and SAS packages. Prerequisite(s): 2 semesters of calculus or its equivalent (multivariate calculus preferred). Familiarity with linear algebras is helpful. Corequisites(s): BIOSTAT 701, BIOSTAT 703, BIOSTAT 721. Credits: 3

**BIOSTAT 703. Introduction to the Practice of Biostatistics I.** This course provides an introduction to biology at a level suitable for practicing biostatisticians and directed practice in techniques of statistical collaboration and communication. With an emphasis on the connection between biomedical content and statistical approach, this course helps unify the statistical concepts and applications learned in BIOSTAT 701 and BIOSTAT 702. In addition to didactic sessions on biomedical issues, students are introduced to different areas of biostatistical practice at Duke University Medical Center. Biomedical topics are organized around the fundamental mechanisms of disease from both evolutionary and mechanistic perspectives, illustrated using examples from infectious disease, cancer and chronic /degenerative disease. In addition, students learn how to read and interpret research and clinical trial papers. Core concepts and skills are mastered through individual reading and class discussion of selected biomedical papers, team-based case studies and practical sessions introducing the art of collaborative statistics. Corequisite(s): BIOSTAT 701, BIOSTAT 702. Credits: 3

**BIOSTAT 703L. Introduction to the Practice of Biostatistics I Lab.** The lab is an extension of the course. The lab is run like a journal club. The lab instructs students how to dissect a research article from a statistical and scientific perspective. The lab provides students the opportunity to present on material covered in the co-requisite course and to practice the communication skills that are a core tenant of the program. Corequisite(s): BIOSTAT 703 or permission of the director of graduate studies. Credits: 0

**BIOSTAT 704. Introduction to Statistical Theory and Methods II.** This course provides formal introduction to the basic theory and methods of probability and statistics. It covers topics in statistical inference, including classical and Bayesian methods, and statistical models for discrete, continuous and categorical outcomes. Core concepts are mastered through mathematical exploration, simulations, and linkage with the applied concepts studied in BIOSTAT 705. Prerequisite(s): BIOSTAT 701 or its equivalent. Corequisite(s): BIOSTAT 705, BIOSTAT 706. Credits: 3

**BIOSTAT 705. Applied Biostatistical Methods II.** This course provides an introduction to general linear models and the concept of experimental designs. Topics include linear regression models, analysis of variance, mixed-effects models, generalized linear models (GLM) including binary, multinomial responses and log-linear models, basic models for survival analysis and regression models for



censored survival data, and model assessment, validation and prediction. Core concepts are mastered through statistical methods application and analysis of practical research problems encountered by program faculty and demonstrated in practicum experiences in concert with BIOSTAT 706. Computational examples and exercises will use the SAS and R packages. Prerequisite(s): BIOSTAT 702 or its equivalent. Corequisite(s): BIOSTAT 704, BIOSTAT 706, BIOSTAT 722/821. Credits: 3

**BIOSTAT 706. Introduction to the Practice of Biostatistics II.** This course revisits the topics covered in BIOSTAT 703 in the context of high-throughput, high-dimensional studies such as genomics and transcriptomics. The course will be based on reading of both the textbook and research papers. Students will learn the biology and technology underlying the generation of “big data,” and the computational and statistical challenges associated with the analysis of such data sets. As with BIOSTAT 703, there will be strong emphasis on the development of communication skills via written and oral presentations. Prerequisite(s): BIOSTAT 703. Corequisite(s): BIOSTAT 704, BIOSTAT 705. Credits: 3

**BIOSTAT 707. Statistical Methods for Learning and Discovery.** This course surveys a number of techniques for high dimensional data analysis useful for data mining, machine learning and genomic applications, among others. Topics include principal and independent component analysis, multidimensional scaling, tree-based classifiers, clustering techniques, support vector machines and networks, and techniques for model validation. Core concepts are mastered through the analysis and interpretation of several actual high dimensional genomics datasets. Prerequisite(s): BIOSTAT 701, 702, 704, 705, and 721 or 722/821 or their equivalents, or permission of the director of graduate studies. Credits: 3

**BIOSTAT 708. Clinical Trial Design and Analysis.** Topics include: history/background and process for clinical trial, key concepts for good statistics practice (GSP)/good clinical practice (GCP), regulatory requirement for pharmaceutical/clinical development, basic considerations for clinical trials, designs for clinical trials, classification of clinical trials, power analysis for sample size calculation, statistical analysis for efficacy evaluation, statistical analysis for safety assessment, implementation of a clinical protocol, statistical analysis plan, data safety monitoring, adaptive design methods in clinical trials (general concepts, group sequential design, dose finding design, and phase I/II or phase II/III seamless design) and controversial issues in clinical trials. Prerequisite(s): BIOSTAT 701, 702, 704, 705, and 721 or 722/821 or their equivalents, or permission of the director of graduate studies. Credits: 3

**BIOSTAT 709. Observational Studies.** Methods for causal inference, including confounding and selection bias in observational or quasi-experimental research designs, propensity score methodology, instrumental variables, and methods for non-compliance in randomized clinical trials. Prerequisite(s): BIOSTAT 701, 702, 704, 705, and 721 or 722 or their equivalents, or permission of the director of graduate studies. Credits: 3

**BIOSTAT 710. Statistical Genetics and Genetic Epidemiology.** Topics from current and classical methods for assessing familiarity and heritability, linkage analysis of Mendelian and complex traits, family-based and population-based association studies, genetic heterogeneity, epistasis, and gene-environmental interactions. Computational methods and applications in current research areas. The course will include a simple overview of genetic data, terminology, and essential population genetic results. Topics will include sampling designs in human genetics, gene frequency estimation, segregation analysis, linkage analysis, tests of association, and detection of errors in genetic data. Prerequisite(s): BIOSTAT 701, 702, 704, 705, and 721 or 722/821 or their equivalents, or permission of the director of graduate studies. Credits: 3

**BIOSTAT 713. Survival Analysis.** Introduction to concepts and techniques used in the analysis of time to event data, including censoring, hazard rates, estimation of survival curves, regression techniques, applications to clinical trials. Interval censoring, informative censoring, competing risks, multiple events and multiple endpoints, time dependent covariates; nonparametric and semi-parametric methods. Prerequisite(s): BIOSTAT 701, 702, 704, 705, and 721 or 722/821 or their equivalents, or permission of the director of graduate studies. Credits: 3

**BIOSTAT 714. Categorical Data Analysis.** Topics in categorical modeling and data analysis/contingency tables; measures of association and testing; logistic regression; log-linear models; computational methods including iterative proportional fitting; models for sparse data; Poisson regression; models for ordinal categorical data, and longitudinal analysis. Prerequisite(s): BIOSTAT 701, 702, 704, 705, and 721 or 722/821 or their equivalents, or permission of the director of graduate studies. Credits: 3

**BIOSTAT 718. Analysis of Correlated and Longitudinal Data.** Topics include linear and nonlinear mixed models; generalized estimating equations; subject specific versus population average interpretation; and hierarchical model. Prerequisite(s): BIOSTAT 701, 702, 704, 705, and 721 or 722/821 or their equivalents, or permission of the director of graduate studies. Credits: 3

**BIOSTAT 719. Generalized Linear Models.** The class introduces the concept of exponential family of distributions and link function, and their use in generalizing the standard linear regression to accommodate various outcome types. Theoretical framework will be presented but detailed practical analyses will be performed as well, including logistic regression and Poisson regression with extensions. Majority of the course will deal with the independent observations framework. However, there will be substantial discussion of longitudinal/clustered data where correlations within clusters are expected. To deal with such data the Generalized Estimating Equations and the Generalized Linear Mixed models will be introduced. An introduction to a Bayesian analysis approach will be presented, time permitting. Prerequisite(s): BIOSTAT 701, 702, 704, 705, and 721 or 722/821 or their equivalents, or permission of the director of graduate studies. Credits: 3

**BIOSTAT 720. Master's Project.** Completed during a student's final year of study, the master's project is performed under the direction of a faculty mentor and is intended to demonstrate general mastery of biostatistical practice. Prerequisite(s): BIOSTAT 701 through BIOSTAT 706. Credits: 3 in Fall Semester and 3 in Spring Semester

**BIOSTAT 721. Introduction to Statistical Programming I (R).** This class is an introduction to programming in R, targeted at statistics majors with minimal programming knowledge, which will give them the skills to grasp how statistical software works, tweak it to suit their needs, recombine existing pieces of code, and when needed create their own programs. Students will learn the core of ideas of programming (functions, objects, data structures, input and output, debugging, and logical design) through writing code to assist in numerical and graphical statistical analyses. Students will learn how to write maintainable code, and to test code for correctness. They

will then learn how to set up stochastic simulations and how to work with and filter large data sets. Since code is also an important form of communication among scientists, students will learn how to comment and organize code to achieve reproducibility. Programming techniques and their application will be closely connected with the methods and examples presented in the co-requisite course. The primary programming package used in this course will be R. Prerequisite(s): None; familiarity with linear algebras is helpful. Corequisite(s): BIOSTAT 702. Credits: 3

**BIOSTAT 722. Introduction to Statistical Programming II (SAS).** This class is an introduction to programming in SAS, targeted at statistics majors with minimal programming knowledge, which will give them the skills to grasp how statistical software works, tweak it to suit their needs, recombine existing pieces of code, and when needed create their own programs. Students will learn the core of ideas of programming (data step, procedures, macros, ODS, input and output, debugging, and logical design) through writing code to assist in numerical and graphical statistical analyses. Students will learn how to write maintainable code, and to test code for correctness. They will then learn how to set up stochastic simulations and how to work with and filter large data sets. Since code is also an important form of communication among scientists, students will learn how to comment and organize code to achieve reproducibility. Programming techniques and their application will be closely connected with the methods and examples presented in the co-requisite course. The primary programming package focus used in this course will be SAS. Prerequisite(s): None; familiarity with linear algebras is helpful. Corequisite(s): BIOSTAT 705. Credits: 3

**BIOSTAT 732. Independent Study.** Independent Study is a semester long course focused on mentored research in the practice of biostatistics. Students work with an assigned mentor. This course is only open to students by permission of the director of graduate studies. Credits: 1, 2, or 3

**BIOSTAT 740. Continuation.** Continuation is a semester-based, noncredit-bearing enrollment status used when a student is continuing scholarly activities with the same mentor. This course is only open to students by permission of the director of graduate studies. Credits: 0

**BIOSTAT 801. Biostatistics Career Preparation and Development I.** The purpose of this course is to give the student a holistic view of career choices and development and the tools they will need to succeed as professionals in the world of work. The fall semester will focus on resume development, creating a professional presence, networking techniques, what American employers expect in the workplace, creating and maintaining a professional digital presence and learning how to conduct and succeed at informational interviews. Practicums in this semester include an informational interviewing and networking practicum with invited guests. Students participate in a professional “etiquette dinner” and a “dress for success” module as well an employer panel. Corequisite(s): BIOSTAT 701 through BIOSTAT 703. Credit: 1

**BIOSTAT 802. Biostatistics Career Preparation and Development II.** The purpose of this course is to further develop the student’s job seeking ability and the practical aspects of job/internship search or interviewing for a PhD program. The goal is to learn these skills once and use them for a lifetime. Modules that will be covered include: Communication skills both written and oral, interviewing with videotaped practice and review, negotiating techniques, potential career choices in the Biostatistics marketplace, and working on a team. This semester includes writing and interviewing practicum, and a panel of relevant industry speakers. Students will leave this course with the knowledge to manage their careers now and in the future. Prerequisite: BIOSTAT 801. Credit: 1

**BIOSTAT 821. Software Tools for Data Science.** A data scientist needs to master several different tools to obtain, process, analyze, visualize and interpret large biomedical data sets such as electronic health records, medical images, and genomic sequences. It is also critical that the data scientist masters the best practices associated with using these tools, so that the results are robust and reproducible. The course covers foundational tools that will allow students to assemble a data science toolkit, including the Unix shell, text editors, regular expressions, relational and NoSQL databases, and the Python programming language for data munging, visualization and machine learning. Best practices that students will learn include the Findable, Accessible, Interoperable and Reusable (FAIR) practices for data stewardship, as well as reproducible analysis with literate programming, version control and containerization. Prerequisite: BIOSTAT 721 and permission of the director of graduate studies. Credits: 3

**BIOSTAT 822. R for Data Science.** This course will build on the foundation laid in software tools for data science. The course will explore the flow of a typical data science project from importing, cleaning, transforming and visualizing datasets to modeling and communicating results, within the context of R programming. While the course will include best practices, syntax and idioms specific to R, the focus will be on the process of conducting analysis in a reproducible fashion, writing readable, well-documented code and creating a coherent presentation of results. Prerequisite: BIOSTAT 722 or BIOSTAT 821 or permission of the director of graduate studies. Credits: 3

**BIOSTAT 823. Statistical Program for Big Data.** This course describes the challenges faced by analysts with the increasing importance of large data sets, and the strategies that have been developed in response to these challenges. The core topics are how to manage data and how to make computation scalable. The data management module covers guidelines for working with open data, and the concepts and practical skills for working with in-memory, relational and NoSQL databases. The scalable computing module focuses on asynchronous, concurrent, parallel and distributed computing, as well as the construction of effective workflows following DevOps practices. Applications to the analysis of structured, semi-structured and unstructured data, especially from biomedical contexts, will be interleaved into the course. The course examples are primarily in Python and fluency in Python is assumed. Prerequisite(s): BIOSTAT 821 or permission of the director of graduate studies. Credits: 3

**BIOSTAT 824. Case Studies in Biomedical Data Science.** This course will highlight how biomedical data science blends the field of biostatistics with the field of computer science through the introduction of 3 to 5 case studies. Students will be introduced to analytic programs typically encountered in biomedical data science and will implement the data science and statistical skills introduced in their previous course work. Prerequisite(s): BIOSTAT 707, 821, 822, and 823 or permission of the director of graduate studies. Credits: 3

**BIOSTAT 905. Linear Models and Inference.** Introduction to linear models and linear inference from the coordinate-free viewpoint. Topics: identifiability and estimability, key properties of and results for finite-dimensional vector spaces, linear transformations, self-adjoint transformations, spectral theorem, properties and geometry of orthogonal projectors, Cochran’s

theorem, estimation and inference for normal models, distributional properties of quadratic forms, minimum variance linear unbiased estimation, Gauss-Markov theorem and estimation, calculus of differentials, analysis of variance and covariance. Prerequisite(s): Biostatistics 702, 704, 705, real analysis, and linear algebra, or consent of the instructor and director of graduate studies. Credits: 3

**BIOSTAT 906. Statistical Inference.** Introduce decision theory and optimality criteria, sufficiency, methods for point estimation, confidence interval and hypothesis testing methods and theory. Prerequisite: Biostatistics 704 or equivalent. Instructor consent required. Prerequisite: Permission of the director of graduate studies. Credits: 3

**BIOSTAT 911. Modern Inferential Techniques and Theory.** The theory for M- and Z- estimators and applications. Semiparametric models, geometry of efficient score functions and efficient influence functions, construction of semiparametric efficient estimators. Introduction to the bootstrap: consistency, inconsistency and remedy, correction for bias, and double bootstrap. U statistics and rank and permutation tests. Prerequisite: STA 711 and BIOSTAT 906 or Permission of the director of graduate studies. Credits: 3

**BIOSTAT 914. Graphical Models for Biological Data.** Introduction to probabilistic graphical models and structured prediction, with applications in genetics and genomics. Hidden Markov Models, conditional random fields, stochastic grammars, Bayesian hierarchical models, neural networks, and approaches to integrative modeling. Algorithms for exact and approximate inference. Applications in DNA/RNA analysis, phylogenetics, sequence alignment, gene expression, allelic phasing and imputation, genome/epigenome annotation, and gene regulation. Prerequisite: Permission of the director of graduate studies. Credits: 3



Les Todd



# Master of Management in Clinical Informatics





**Department Chair:** C. David Page, PhD  
**Program Director:** Ed Hammond, PhD  
**Operations Director:** Randy Sears, MBA

The Master of Management in Clinical Informatics Program is intended to prepare graduates to work in the health care industry as informatics professionals. The curriculum provides a blending of informatics and business principles, preparing graduates to apply business principles to strategic decisions regarding evaluation, implementation, and use of informatics in the health care industry. Graduates will work in health care provider, payer, and vendor organizations.

The curriculum for the Master of Management in Clinical Informatics Program involves twelve required courses that carry 3 course credits per course and one ethics seminar course that carries no course credit but is required to graduate. There are no elective courses and no course exemptions. Course substitutions are not permitted, and students progress through the program as a single cohort. This structure reflects the importance of the following issues: (1) the need to ensure the appropriate balance between the breadth and depth required to successfully prepare for a work role in health informatics; (2) the need to ensure that students have uniform quality with respect to depth of exposure to concepts and frameworks in a given area; and (3) the value of intact cohorts which will allow us to enhance teaming skills in repeated contexts. The curriculum capstone is the practicum which students complete over the Summer term. The practicum provides students with a hands-on, real work project in which brings to bear the multidiscipline approach of the MMCi Program.

The Master of Management in Clinical Informatics Program meets one Friday and Saturday every month; another Saturday in the month is remote, plus online education. Students interested in the program should contact MMCi Admissions, Duke University School of Medicine, DUMC 2734, Durham, NC 27710; email - [mmci@duke.edu](mailto:mmci@duke.edu); website - <https://mmci.duke.edu/>.

## Requirements for Admission

All students seeking admission to the Master of Management in Clinical Informatics Program must have a bachelor's degree (or the equivalent to a US bachelor's degree) from an accredited institution. It is recommended students have a background that includes college-level calculus and statistics courses, as well as computer skills.

The minimum requirements for admission to the MMCi Program include:

- academic and graduate transcripts, as relevant
- three essays written by the applicant to assess readiness and interest
- GMAT or GRE is not required for application; education and experience are assessed. Admissions committee determines if required for admission.
- two letters of recommendation:
  - one addressing work or educational experience and conveying ability to work at the level of a master's program
  - one addressing interpersonal skills, values, or character
- interview with the director of faculty affairs by phone or in person
- international students—TOEFL test scores required. May be waived for international students graduating from colleges or universities which provide instruction in English.

There is no application fee.

## Academic Calendar

### Dates for the Academic Terms

July 29-August 1, 2021	Boot Camp and Orientation
August 14-October 23, 2021	Fall Term 01
November 6, 2021- January 22, 2022	Fall Term 02
February 5-April 23, 2022	Fall Term 03
May 7-July 23, 2022	Fall Term 04
August 14, 2022	Graduation

### Class Weekend Dates

August 14	November 6	February 5	May 7
August 27-28	November 19-20	February 18-19	May 20-21
September 11	December 4	March 5	June 11
September 24-25	December 17-18	March 25-26	June 24-25
October 9	January 8	April 9	July 9
October 22-23	January 21-22	April 22-23	July 22-23
<b>Exams:</b> October 25-29	<b>Exams:</b> January 24-28	<b>Exams:</b> April 25-29	<b>Exams:</b> July 25-29

# Financial Information

## Tuition and Fees

MMCi Tuition (Note 1)	\$61,800
Health Fee	\$1,101
MMCi Events and Student Association	\$984
Graduate Student Activity Fee	\$37
Graduate Student Services Fee	\$20
Recreational Fee	\$301
Transcript Fee	\$50
<b>Total Tuition and Student Fees</b>	<b>\$64,293</b>
Books/Course Packs (estimated)	\$1,000
<b>Program Cost (without living expenses, insurance, and loan fees)</b>	<b>\$65,293</b>

## Financial Aid

### Federal Financial Aid

A US student may be eligible to borrow up to the full cost of attendance through a combination of Federal Direct Stafford and Federal Direct PLUS loans.

To be considered for federal financial aid, eligible students must complete the Free Application for Federal Student Aid (FAFSA). The School of Medicine's federal school code for the FAFSA is 002920. More information, including specific eligibility requirements, about federal need-based financial aid can be found on the FAFSA website.

Full cost of attendance budgets may be found on the Office of Financial Aid website at <https://medschool.duke.edu/education/student-services/office-financial-aid/resources>.

### Refund Policies

**Refunds for withdrawal from school during fall, spring and summer semesters.** In the event of death, refund of full tuition and fees for the term will be granted. In all other cases of withdrawal from the university, students may have tuition prorated according to the following schedule:

Before classes begin:	100%
During first or second week:	80%
During third to fifth week:	60%
During the sixth week:	20%
After sixth week:	None

**Student fees are nonrefundable after classes begin.**

## Academic Regulations

### Registration

Registration in the Master of Management of Clinical Informatics Program is processed in accordance with instructions distributed by the Office of the Registrar of the School of Medicine prior to official registration periods. As the program is only offered full-time, and all courses are mandatory, dropping and adding of courses is not permitted.

### Attendance Policy

Students are required to attend class on site or be accepted into the remote attendance option. Remote attendance allows students to participate live via audio and video technology for 12 of the 24 MMcI class weekends. Students must attend class onsite for 12 of the 24 class weekends. A class weekend is defined as a full class day on a Friday and Saturday.

### Leaves of Absence

Leaves of absence with anticipated readmission may be granted to students in good standing who demonstrate a compelling nonacademic reason for a leave. He/she/they may be granted a leave of up to one academic year. If a leave expires without the student re-entering the program, the student will be withdrawn from the program.

## Transfer of Credit

Coursework taken outside of Duke University is not transferable to the Master of Management of Clinical Informatics Program.

## Grading

Grades in the Master of Management of Clinical Informatics Program consist of H (honors), HP (high pass), P (pass), L (low pass), F (fail), WP (withdraw passing) and WF (withdraw failing).

An I (incomplete) indicates that some portion of the student's work is lacking for a reason acceptable to the instructor at the time grades are reported. Students will not be permitted to enroll in any course for which they have an unresolved I in a prerequisite course. A grade of I must be resolved no later than the end of the following academic semester, unless the course director specifies an earlier date by which the student must make up the deficiency. In exceptional circumstances, an incomplete that is not resolved within the designated period may be extended for a specified period with the written approval of the course director and the program director. If an incomplete is not resolved within the approved period, the grade of I becomes permanent and may not be removed from the student's record.

A WP (withdraw passing) means the student was passing all classes at the time of withdrawal. Students with a WP have a limited time to return to the program. The Program and Operations Director determine this time period.

Students earning an L will receive an academic warning. In most cases, a student's enrollment as a degree candidate is terminated if he/she/they receives a single grade of F or two grades of L in the program. Both WF (see below) and a permanent I are considered failing grades.

## Reinstatement

Students receiving two L's are not eligible for graduation until one of the classes in which an L was earned is repeated; a P or higher must be earned. The student has one academic year from original graduation date to retake the course.

Students who are dismissed from the program may appeal their dismissal to the Faculty Committee. The Faculty Committee will review the appeal. Appeals must be submitted in writing within two weeks of notification of dismissal. Students who earn an F in a required course must retake and pass that course with MMCi. Per university policy, Fs remain on the student's transcript and figure into the GPA even after retaking the course. They also continue to count in the strike total.

## Code of Professional Conduct

Students enrolled in the Master of Management in Clinical Informatics Program are expected to adhere to the Duke University School of Medicine Code of Professional conduct as detailed in the policies for all School of Medicine programs found elsewhere in this bulletin. Failure to meet the Code of Professional conduct of the School of Medicine will be considered an academic violation and could lead to dismissal from the program and lead to grade of F in a course should the violation be associated with academic performance as required by each course.

## Satisfactory Academic Progress

Satisfactory academic progress for students in the Master of Management in Clinical Informatics Program consists of the successful completion of all requirements necessary to advance toward completion of degree requirements within the twelve month, three-term program calendar. Satisfactory progress also includes working successfully in a group or individual setting throughout the year.

## Graduation

To graduate, students must complete at least 36 course credits in the Master of Management in Clinical Informatics Program and complete all required courses. Candidates for the MMCi degree must apply to graduate through DukeHub in keeping with the instructions and deadlines announced by the Office of the Registrar in the School of Medicine. Failure to do so may delay conferral of the degree and issuance of the diploma, even if all degree requirements have been met.

A graduation ceremony is held at the end of Term 4 in August. Degrees for the Master of Management in Clinical Informatics Program will be conferred September 1 by the university and diplomas will be mailed to students in mid-October.

## Curriculum Overview

The curriculum is made up of twelve required courses. Each course represents 3 course credits, for a total of 36 course credits. Each course requires twenty-seven contact or teaching hours which is met through the weekend schedule.

All students will be required to complete a noncredit ethics seminar that meets four times throughout the year.

There are no elective courses, and no exemptions or substitutions are permitted.

Upon approval by the School of Medicine, a certificate of informatics may be earned by students in the approved department of physical therapy (DPT) at Duke. This is with the approval of the Program Directors of MMCi and the DPT program.



# Courses of Instruction

## Management Courses

**MMCI 511 - Principles of Cost and Managerial Accounting.** This course focuses on the design of management accounting systems for analyzing costs in the context of a firm's business model, as well as the use of managerial accounting data in planning and controlling operations. Credit: 3

**MMCI 525 - Healthcare Finance.** This course examines important issues in healthcare finance from the perspective of payers and providers. The concept of net present value, suitably adapted to account for taxes, uncertainty, and strategic concerns is used to analyze how investment and financing decisions interact to affect the value of a firm. Credit: 3

**MMCI 544 - Foundations of Management and Organizations.** Using information strategically to transform the delivery of care requires an understanding of the relationship between organizational design and processes. Explore how technology can be a catalyst for organizational change and transformation. Credit: 3

**MMCI 550 - Introduction to Marketing Analysis.** This course introduces the principles, processes, and tools necessary to analyze markets, including customers, competitors, and companies (the 3 Cs) and to design optimal marketing programs via strategies for pricing, promotion, place, and product (the 4 P's). Credit: 3

**MMCI 554 - Introduction to Operations and Supply Chain Management.** Learn the basic facts and principles comprising the processes and activities involved with product delivery – from the extraction of raw materials, through transportation and processing, to the delivery of finished products to the customer. Credit: 3

**MMCI 557 - Principles of Strategy.** This course explores business opportunities in dynamic competitive environments to develop the skills necessary to become an effective strategy analyst. You will explore the complexity of analyzing competition and assessing strategy in an era of globalization and increasing uncertainty. Credit: 3

## Clinical Informatics Courses

**MMCI 517 – Applied Data Science.** Data science and machine learning are now beginning to impact clinical medicine, with performance on some tasks (e.g. detection of skin cancer) exceeding that of experienced clinicians. This course is designed to introduce students to the data science techniques poised to disrupt clinical practice through foundational material and clinical case studies. It will emphasize current methods for analyzing medical images, processing text data (e.g. patient notes), modeling clinical time series, and making sequential decisions based on clinical data. Course content will provide students with an intuitive, applications-oriented foundation in these techniques while highlighting both their capabilities and current limitations. Students will be introduced to pitfalls commonly encountered when developing models for clinical data as well as relevant practical and ethical considerations. Credit: 3

**MMCI 533, 534, 535 and 536 - Clinical Informatics Ethics Seminar.** Each term, a case-based ethics seminar addresses ethical issues in health information technology. Topics may include the sale of prescription drug information; ownership of personal health records; data security breaches and organizational responses, and health literacy and access to electronic medical records. No credit awarded.

**MMCI 537 - Health IT Business Solutions.** Healthcare is highly regulated and associated with special needs and risks not present in other sectors. The health information system industry echoes this specialization. This course provides an overview of principles and concepts of information technology with a focus on healthcare systems used in the healthcare setting and the industry seeking to serve these uses. Identify the critical needs of the current health information systems including vendor and healthcare organization perspectives. The course includes an examination of electronic health records, current and emerging use of clinical information systems and applications in clinical health information systems, technologies that support health care information systems, and system design, implementation, maintenance and overview and their impact on organizational resources and efficiency. Credit: 3

**MMCI 538 - Data, Information and Knowledge Representation.** This course addresses different strategies for representing data, information and knowledge including description logic, information models, data elements, terminologies and ontologies. Emphasis is placed on the data, information, and knowledge framework for solving problems in health informatics. Declarative and procedural knowledge acquisition, modeling, representation and use will be explored. Credit: 3

**MMCI 539 - Digital Informatics Strategy.** Health IT (HIT) solutions have been promoted as a means to reduce the cost and increase the quality of health care delivery in the US and globally. The question assessed in this course is how can HIT technology be deployed to achieve its promise? This question is addressed from a strategic rather than technical perspective. Students develop exploratory frameworks to help analyze potential for impact of IT implementation efforts: scale economics, network economics, and organizational innovation. Students assess the adoption of technology within existing organizations as well as barriers to adoption. Additionally, there is exploration of the development of killer apps — how are health IT firms financed and what are successful business models and concepts. Overall, students grasp the potential for the technology to achieve the cost and quality goals that have been proposed, and the barriers to achieving this success. Credit: 3

**MMCI 540 - Managerial Analysis.** Organizational decisions, including accreditation, quality management, and reimbursement would be improved by relevant, timely, accurate, and complete analyses of available data for decision support. This course is designed to introduce theoretical knowledge and practical skills to evaluate and conduct analysis for secondary data available in health care settings. Using epidemiology methods as a framework, you will learn how one can evaluate or conduct secondary data analysis. Students recognize the principles of epidemiology methods applicable to health services and outcome analyses, and understand the terminology and methods for research using secondary data. Threats to validity including selection bias, confounding, information bias, and methods for their control will be discussed in a variety of settings emphasizing practical considerations. Credit: 3

**MMCI 541 - Clinical Informatics Practicum.** Through a team-based project approach, this capstone course applies the core concepts of the informatics and management courses to a “real world” situation at Duke Health Technology Solutions or in a similar clinical environment. Students explore the relationship between organizational strategy, implementation, and technical applications of health informatics. The practicum usually entails joining an ongoing real-world health IT project and project team, and requires a written, publication quality report of the practicum and related results. Credit: 3



Les Todd



# Master of Health Sciences Degree Programs



# The Clinical Leadership Program

The Master of Health Sciences in Clinical Leadership (MHS-CL) Program provides clinicians and other health care professionals with the training necessary to be adept and versatile leaders who can address the complexities of today's changing health care environment with innovative solutions. The MHS-CL, which was developed by the School of Medicine's Department of Family Medicine and Community Health, Fuqua School of Business, Duke Law School, the Sanford School of Public Policy, and School of Nursing, provides a comprehensive interdisciplinary core curriculum that challenges participants to view health care issues from the perspective of business, finance, informatics, law, policy, population health, quality management, and strategic planning.

## Department of Family Medicine and Community Health

**Chairman:** Anthony J. Viera, MD, MPH

**Program Director:** Anh N. Tran, PhD, MPH

**Clinical Leadership Program Advisory Committee:** Kyle Cavanaugh, MBA; Mary T. Champagne, PhD, RN; William Kane, MD; Michelle J. Lyn, MBA, MHA; J. Lloyd; Michener, MD; Barak D. Richman, JD, PhD; Diane M. Uzarski, DNP, MPH, RN; Duncan Yaggy, PhD

**Program Website:** <http://clinical-leadership.mc.duke.edu>

## Academic Calendar\*

Summer 2021 – Term 2	July 12, 2021-August 12, 2021
Fall 2021	August 23, 2021-November 23, 2021
Spring 2022	January 5, 2022-April 15, 2022
Summer 2022 - Term 1	June 24, 2022-August 5, 2022

## Prerequisites for Admission

The prerequisites for admission to the MHS in Clinical Leadership curriculum include:

A baccalaureate degree (or the equivalent) in a health care or public health discipline from an accredited institution. Many individuals have advanced degrees such as, but not limited to, DO, NP, MD, PA, and PT.

## Admissions Procedures

Applicants seeking admission either as a degree candidate or as a nondegree participant should submit the application form and supporting documents. Applicants residing outside the United States must consult the Duke Visa Services Office about visiting the United States as a Duke student before applying.

All persons taking courses in the Master of Health Sciences in Clinical Leadership Program must be formally admitted to the program. Admission decisions are based upon a candidate's academic qualifications combined with their professional experience. The Admissions Committee reviews completed applications three times per year. Contact the program office for information on application submission deadlines.

## Application for Admission—Degree Candidates

The completed application and letters of evaluation and transcripts (sent directly to the program from the evaluator or issuing institution) may be emailed to [ClinicalLeadership@mc.duke.edu](mailto:ClinicalLeadership@mc.duke.edu) or faxed to (919) 613-6899, Attn: Clinical Leadership Program, Division of Community Health. The \$100 application fee should be sent to:

Clinical Leadership Program  
Department of Family Medicine and Community Health  
DUMC Box 104652  
Durham, NC 27710

Materials submitted in support of an application will not be released for other purposes and cannot be returned to the applicant.

The Degree Student Application for Admission and other document forms can be downloaded from the program website, <http://clinical-leadership.mc.duke.edu>.

### Transcripts

- An official transcript from each post-secondary institution attended should be sent directly to the Clinical Leadership Program by the institution. Personal or unofficial copies cannot be accepted. The requirement to provide transcripts is waived for applicants currently enrolled in another Duke University educational program.

### Letters of Evaluation

- Three letters of evaluation are required as part of the application's supporting documents. They are the General Letter of Evaluation, the Administrative Experience Letter of Evaluation, and the Clinical Experience Letter of Evaluation. These letters should speak to the general, clinical and administrative experiences of the applicant.
- All letters are to be written by people who are qualified to testify to the candidate's capacity for graduate work and preferably not all letters are from the same organization.



- Evaluation letter forms can be downloaded at the program website. These should be completed by each evaluator and emailed or faxed directly to the Program.

#### Test Scores

- **The Graduate Record Examination (GRE) General (Aptitude) Test.** The GRE will be waived for applicants who have an undergraduate cumulative grade point average of 3.25 or higher. Applicants with a conferred graduate or professional advanced degree (certificates do not qualify) at the time of the application deadline are also exempt from the GRE requirement. Scores submitted must be no more than five years old. Scores must be sent to the Duke University Master of Health Sciences in Clinical Leadership Program from the Educational Testing Service.
- **Test of English as a Foreign Language (TOEFL).** Applicants whose first language is not English and who do not hold a bachelors or higher degree from an English speaking Institution must submit scores from the Test of English as a Foreign Language (TOEFL) or International English Language Testing Service (IELTS). Official copy of test scores must be sent to Duke University.

#### Licensure

- Candidates must present proof of current practice licensure (if applicable to profession).

#### Admissions Interview

- Applicant finalists will be required to complete an admissions interview.

### Application for Admission—Nondegree Students

Program enrollment in MHS-CL courses for nondegree students is available to qualified individuals who want to acquire specific knowledge or skills but who do not want to pursue the master's degree. This group of individuals may include health professionals, faculty members, post-doctoral fellows or graduate students. For each course, a limited number of nondegree students are allowed to enroll. Nondegree program applicants must have a baccalaureate degree (or equivalent) from an accredited institution, unless otherwise given approval by the program director to enroll.

Applicants seeking admission must submit the Nondegree Student application and provide one letter of evaluation. The letter of evaluation should be written by someone qualified to testify to the candidate's capacity for graduate work. All program applications and forms can be downloaded from the program website: <http://clinical-leadership.mc.duke.edu/>. The completed application and letter of evaluation (sent directly from the evaluator) may be emailed to [ClinicalLeadership@mc.duke.edu](mailto:ClinicalLeadership@mc.duke.edu) or faxed to (919) 613-6899, Attn: Clinical Leadership Program, Division of Community Health.

Clinical Leadership Program courses taken for nondegree credit can be transferred to apply towards the master's degree program requirements as long as: 1) the course is still being offered in the program; 2) the course was taken within the past 3 years; 3) the grade received for the course is Pass or higher; and 4) the total number of course credits to be applied towards the master's degree program does not exceed one third of the total number of MHS-CL program course credits required.

### Application Deadline

The MHS in Clinical Leadership Program accepts applications on a rolling basis. Contact the program office for spring, summer and fall admission dates. Applicants are encouraged to submit all application materials well in advance of the admission dates for the semester they wish to be considered for enrollment. Late applications cannot be guaranteed consideration.

### Curriculum

The Clinical Leadership Program offers participants an unparalleled educational experience that addresses the many disciplines effective leaders must master and practice in health care administration: population-based health care, financial management, health economics, health law and policy, operational management, organizational behavior, clinical informatics, quality improvement, strategic planning, and performance management. Whether it is by leading a service-oriented integrated health system, rural practice, or community clinic, the factors for study and research (such as clinical integration, community engagement, and consumer empowerment) are a constant.

This 42 credit-hour, three-year professional degree program awarded by the Duke University School of Medicine allows participants to continue practicing in their profession while attending courses in onsite sessions on the Duke University campus combined with distance-based technology-supported learning. Students are enrolled for 5-8 course credits, on average, during the fall, spring and summer semesters. Throughout the program, master's program students participate in a targeted leadership coaching component intended to enhance a specific skill set or emotional intelligence competency, as determined by the student and executive leadership coach. Master's program students also complete a longitudinal intervention or policy project for an actual client, experience seminars that give students the opportunity to explore topics in more depth outside the classroom setting and engage in personalized executive coaching sessions focused on the student's leadership development and enhancement objectives. These experiences all allow the student to customize the program to meet individual needs.

Clinical Leadership students move through the program as an integrated team or cohort. The cohort creates an exceptional peer learning experience which results in relationships that continue throughout one's professional and personal life. Shared experiences through team problem-solving and project collaboration form lasting professional and personal relationships. The structure of the cohort enables classmates to start the program together and continue through the curriculum together. Because the class size is limited, students receive individual attention from faculty members.

### Attendance and Excused Absences

Students are expected to attend all scheduled class sessions. Absences are excused only for unexpected illness, personal emergency, or emergency clinical schedule conflict. Students must notify program faculty in advance of an expected absence. An unexcused absence will have a negative impact on the student's grade or evaluation. Individual distance course participation policies are set by the course instructors.

## Registration and Drop/Add Policy

Registration in the Clinical Leadership Program is offered on a part-time basis as it is assumed the student will continue to work in a clinical capacity during the program. All required course registrations are processed in the Office of the Registrar. As all courses are mandatory, dropping and adding courses is at the discretion of the program director.

## Grading Policies

Grades for all courses within the Clinical Leadership Program curriculum are assigned on the basis of the following: H (honors), P (pass), L (low pass), and F (fail).

A grade of I (incomplete) may remain on a student's transcript for one year only. After one year, a grade of incomplete is automatically converted to an F if the course instructor does not submit a follow-up grade, based on the student's additional coursework completed. A request must be submitted in writing by the student to the program director no later than thirty days prior to the expiration of the one year time limit in order to be considered for an extension of the one year limit. Based on each individual student's circumstance, the program director has the discretion to grant or deny an extension.

## Grade Appeal Process

A student wishing to appeal an official grade must present his/her/their appeal to the program director in writing within two weeks of the grade being posted. If requested as part of the appeals process, a student should have access to the actual checklists or comments that have been compiled as part of the grade, though identity of the evaluators submitting these data may be kept confidential. Within two weeks the program director will review the data related to the student's performance in the course and the grading criteria for the course and will make a determination regarding preserving or changing the grade. At this time, the program director will either uphold the decision of the instructor or make his/her/their independent decision relative to the documentation submitted.

If the student is not satisfied with the outcome of the grade appeal process, he/she/they may appeal to the chair of the Department of Family Medicine and Community Health within two weeks of receiving the decision of the program director. An appeal to the chair may be made only upon the grounds of improper procedures in the appeals process rather than continued disagreement about the outcome of the process. The chair will review the data related to the process of the appeal and determine whether the process was valid. If he/she/they finds the process valid, the decision is final and binding. At this time, the registrar's office will be notified of the final grade and it will be reflected on the student's permanent record. If the chair finds the process invalid, a new review will be conducted by an independent observer who is also a member of the program steering committee.

## Satisfactory Academic Progress

Satisfactory academic progress for students in the Clinical Leadership Program consists of the successful completion of all requirements necessary for the advancement from one semester to the next. This includes successful completion of the clinical leadership seminar and at least one core course each semester. During the clinical leadership longitudinal project period the student must maintain consistent progress in meeting designated project deadlines. In unusual circumstances (including illness, academic remediation, or irregular sequencing of courses) the determination of satisfactory progress for academic purposes is made by the program director of the Clinical Leadership Program.

For financial aid purposes, federal regulations establish the maximum time frame for completion of the program at 150 percent of the minimum time required to complete the program. Any student exceeding the 150 percent maximum time frame is ineligible for Title IV (Stafford and Perkins loans) student financial aid funds.

## Academic Status—(Probation, Withdrawal, Dismissal) Policy

A student who receives a low pass grade in any two of the required courses will be placed on academic probation. An academic status of probation is noted on the transcript at the end of the semester in which it occurs. If a student receives at least a pass grade for all courses during the following probationary semester, he/she/they will be removed from academic probation. The academic status of probation is removed from the transcript once the student returns to a good academic standing.

### Dismissal

The failure of any required course prevents a student from continuing in the program. Also, a student who receives a low pass grade in three of the required courses will be dismissed from the program. Students dismissed for academic reasons cannot be readmitted.

### Appeal of Academic Status Policy

A student wishing to appeal an academic status must begin the process within two weeks of receiving a status change notification. A written request for appeal should be sent to the program director. Within two weeks the program director will gather the data related to the student's performance in the program. A three-member committee of faculty and steering committee members will be convened to review the documentation and make a determination regarding preserving or changing the status. The appeals committee's decision will be communicated to the student within six weeks of the initial application for appeal. The appeal committee's decision is final.

### Leave of Absence

A leave of absence will be granted upon request at the discretion of the program director.

## Withdrawal

If a student withdraws, including involuntary withdrawal for academic reasons, tuition is refunded according to the following schedule:

Before classes begin:	100%
During first or second week:	80%
During third to fifth week:	60%
During the sixth week:	20%
After sixth week:	None

### **Student fees are nonrefundable after classes begin.**

Historically, voluntary withdrawals are initiated at the request of the student. Working with the program director, the student confirms the request to withdraw. A mutual decision is reached with regard to the effective date of the withdrawal and any academic penalty to be assessed. The program director will notify the Office of the Registrar in the School of Medicine via letter or attrition notice as appropriate. The student should also contact the Office of the Registrar to ensure that they have fulfilled any responsibilities with regard to this process. The Office of the Registrar will process the withdrawal and remove the student from any current and/or future enrollments. The student is responsible for notifying the Office of Financial Aid in the School of Medicine, and the Office of Financial Aid may revoke any financial aid that has been disbursed. The student's permanent academic record will reflect that he/she/they was enrolled for the term and that he/she/they withdrew (W-Withdrawal) on the specific effective date.

**Reenrollment after Course Withdrawal.** To meet the credit hour requirement for program completion, students may enroll again in the same course from which they previously withdrew when it is offered again or with the program director's approval, enroll in another course with credit hours equal to that of the course from which the student previously withdrew.

**Readmission after Program Withdrawal.** Students who wish to re-enter the Clinical Leadership Program after withdrawing must provide the following to the program director:

- a statement detailing:
  - the reason(s) for withdrawing from the program, including relevant history leading up to the decision;
  - how the issues relating to those reasons have been addressed;
  - why the student is re-applying to the program, including information concerning changes in situation and an explanation as to the chosen time for return; and
  - a chronological list and brief description of actions since withdrawing from the Clinical Leadership Program;
- an updated curriculum vitae;
- a transcript of any academic courses taken since the withdrawal; and
- a letter of reference from a person with whom the student worked during the withdrawal period.

The applicant then will be scheduled for two interviews with either administrative staff or program faculty. After these meetings take place, a committee composed of the program director, division chief, and one steering committee member convenes to review the information submitted by the applicant, the interview reports, and the student's previous academic file and to determine if readmission is appropriate. The decision of the committee, which is final, is provided in writing to the applicant and to the financial aid and registrar's offices.

## Code of Professional Conduct

Students enrolled in the Clinical Leadership Program are expected to adhere to the Duke University School of Medicine Code of Professional Conduct, found elsewhere in this bulletin.

### **Program Statement of Professionalism**

1. Commitment to Learning
  - Actively seeks learning opportunities and feedback and uses them to improve knowledge and skills
  - Makes significant contributions to team learning
2. Respect for Others
  - Consistently respectful of others and able to adjust to differences in personal or cultural style
  - Shares learning materials and information appropriately with team and fellow students
3. Honesty, Reliability, and Integrity
  - Provides a standard of integrity that inspires others; meets expectations for reliability
4. Conscientiousness
  - Meets deadlines for reports, assignments, and exams and appropriately seeks excused absences when necessary
  - Completes nonacademic compliance requirements by deadlines and does not need reminders (e.g., course registration, course evaluations)
5. Professional Boundaries
  - Consistently exhibits sensitivity and appropriate social interaction with faculty, staff, and peers
  - Meticulous about safe-guarding confidential information



## Costs and Financing

Tuition for the 2021-2022 academic year:

1. Degree program courses. \$1500 per credit unit.
2. Non-degree program courses. \$1500 per credit unit.

Duke employees may be eligible for the University's Employee Tuition Assistance Program (<https://hr.duke.edu/benefits/educational/employee-tuition-assistance/>) and other sources of support may exist in clinical departments. Prospective applicants should consult with their program directors and division chiefs regarding other potential funding sources.

## Health Insurance

All students are required to carry full major medical health insurance throughout their enrollment in the program. If the student does not elect to take the Duke Student Accident and Hospitalization Insurance policy, evidence of other comparable health insurance coverage must be provided.

All entering graduate and professional students are required to present a certificate of immunization which documents that the student has received the immunizations required by law and immunizations required by Duke University for health science and undergraduate students. For additional information see <https://studentaffairs.duke.edu/studenthealth/immunization-compliance>.

## Computer and Technology Policy

All students should possess computer skills that include proficiency with word processing, email, spreadsheets, internet research, and presentation programs. All students in the Master of Health Sciences in Clinical Leadership Program are required to have access to a desktop or laptop computer with reliable high-speed internet access. Mobile devices such as tablets or phones can be used for some areas of the program but should be considered a backup or secondary device. A camera equipped computer and headset with microphone are required for online class meetings.

Minimum system requirements of a Windows-based system are that the operating system be no older than Windows XP. Computing devices should have file space available to install and run apps and computer programs used for course work and communications. Current versions of internet browsers (i.e., Google Chrome, Internet Explorer, Microsoft Edge, Mozilla Firefox, and Safari) are required for access to Sakai, Duke University's online learning management system, and WebEx, the conferencing system used to facilitate live class sessions.

## Financial Aid

Qualified students may be eligible for unsubsidized Federal Stafford Student Loans. Limited scholarship funds are also available. All financial aid awards are made on the basis of documented financial need. Additional information is available from the Office of Financial Aid at (919) 684-6649, [finaid@dm.duke.edu](mailto:finaid@dm.duke.edu), or online at <https://medschool.duke.edu/education/student-services/office-financial-aid>.

## Graduation Requirements

The Master of Health Sciences in Clinical Leadership is a professional degree awarded by the Duke University School of Medicine. The three-year degree program requires completion of 42 course credits as follows: 26 course credits of graded coursework; five seminars for which 10 course credits are earned; and a project for which 6 course credits are earned.

## Commencement Information

Graduation exercises are held once a year in May when degrees are conferred, and diplomas are issued to those who have completed program requirements by the end of the spring semester. Those who complete degree requirements at the end of the summer or fall terms receive diplomas dated September 1 or December 30, respectively. September and December diplomas are mailed within 30 days of the graduation date, as diplomas are issued after approval by the Academic Council and the Board of Trustees.

Since university graduation ceremonies are held only at the end of the spring term, graduates with a degree date of September or December are invited to participate in the May commencement program immediately following their actual graduation date.

## Courses of Instruction

**CLP-200. Perspectives on Health Care.** Students will explore the principles behind the forces impacting the dynamic health care environment. Building upon topics covered in other core courses, students will be exposed to current issues and strategies regarding population health analysis and decision-making through the use of case studies and interaction with leaders in health care planning, financing, and programming. Credit: 2. Willis

**CLP-201. Management Leadership and Team Development.** The course focuses on leading and managing within complex healthcare systems, specifically through the process of developing and managing high performing teams. Within the context of team management and leadership, students will learn about change management strategies, effective communication skills, crisis management and adaptive management techniques. Credit: 2. Willis

**CLP-202. Ethical Issues in Leadership.** This course is a framework for examining ethical dilemmas and challenges that clinical leaders encounter. Through the exploration of ethics theory, principles of ethical leadership and the use of case studies, students will deliberate and comment on the character and conduct of individuals in hypothetical scenarios. Students will examine their value judgments in peer group discussions. Credit: 2. TBA

**CLP-203. Management of Self.** Students will be challenged to apply the skills and knowledge they have acquired through the program to develop a strategic career management plan. This course is intended to expose students to strategies to delineate personal vision, mission and values statements; determine and achieve career goals; explore existing beliefs and self-management strategies, and seek ways to improve personal strengths and mitigate weaknesses. Credit: 2. Willis

**CLP-204. Leading in a Chaotic Environment.** Students will meet with industry leaders to learn perspectives on crisis management in turbulent and complex environments. Students will learn how to anticipate and plan for crises by analyzing examples of successful crisis management. Leadership theory and practice will be explored as students examine leadership styles, including their own, and learn to make shifts that help an organization endure and innovate in a changing health care environment. Credit: 2. Willis

**CLP-205. Clinical Leadership Project.** The goal of the Clinical Leadership Project is to help a real client address a problem in health policy, financial planning, or administration. Its aim is to recommend and defend a specific course of action. Students work as part of a team to complete the project, which is divided into two parts. The first semester (CLP 205a) is devoted to client and problem identification, and to developing and defending a written prospectus. The second semester (CLP 205b) is devoted to the completion and final defense of the project. Credit: 3, 3. Kane, Yaggy

**CLP-206. Quality Measurement and Improvement for Clinical Leaders.** This course covers the current status of health and health care quality in the US; a review of quality improvement models, tools, metrics, and techniques; applications of Q.I. metrics for provider profiling, patient safety, payment, accreditation, and health care transformation; and key skills needed to implement changes. Leadership models/concepts will be referenced as they relate to quality improvement. Credit: 3. Bradley

**CLP-207. Contemporary Human Capital Management.** Human capital has been identified as the primary driver across successful organizations. This course will review the core components of human capital management, including workforce planning, total compensation, workforce development, and overall engagement. Throughout the course, relevant employment related legislation and laws will be explored and discussed. Special attention will be given to emerging and contemporary practices, including global human resource initiatives. Credit: 3. Cavanaugh

**CLP-210. The Successful Clinical Leader.** Primarily taught in a case-based format, this course offers a review and application of the fundamentals of leadership, management, strategy, and finance as they apply to decision making in administrative medicine. Credit: 3. Sangvai

**CLP-211. Fundamentals of Health Care Finance.** This course provides a background in health care finance, including basic corporate finance, financial and cost accounting, and investment. Students will develop sound financial management and budget planning skills. Credit: 4. Sangvai

**CLP-212. Informatics for Clinicians.** Clinical overview of electronic medical records with a focus on the emergent clinical topics of registry development to facilitate disease management, clinical decision support, and design strategies to improve clinician acceptance and utilization. The course will focus on strategies to help clinicians work with programmers to develop clinical systems that meet clinician needs working within the constraints of their own organization and electronic medical records system. Credit: 3. Tcheng

**CLP 213. Health Care Organization and Policy.** This course considers the interplay of various elements of the US health care delivery system: finance, reimbursement, legislation, health professional workforce, individual consumers, population and public health. The history, sociology, current trends and projected future of US health and health care are reviewed and imagined in this multidisciplinary course offering. Credit 3. TBA

**CLP 214. Population Health Management Approaches.** This course provides health care professionals with the tools needed for effective population health management and care coordination. The course uses a project incubator framework to allow students to bring an existing population health project or ideas that they would like to develop with guidance from subject matter experts. Students will learn from one another's experiences, and will receive individual consultation time with faculty. Credit: 3. Lyn, Johnson

**CLP 215. Health Care Operations: Perspectives for Continuous Improvement.** Students will develop a toolkit for continuous improvement within health care organizations and systems and will explore selected quality, ethical, and human resources issues in health care management. Students will apply concepts to practice using quality improvement parameters, ethics modeling, and analysis of case studies. Credits: 3. Sloan

**CLP-216. Fundamentals of Strategic Communication and Marketing.** Students will learn about a variety of media platforms with a focus on writing for digital media; managing their online reputation; communicating strategic goals effectively; and working with marketing resources in a health system or hospital setting.. Credit: 1. Martin

**CLP-217. Community Engaged Approaches to Health Improvement.** This course will provide an introduction to community engagement (CE), particularly community-engaged research, as a tool for health improvement. Students will gain an appreciation for the value of CE and its challenges. Students will gain basic skills in CE and will have an opportunity to strengthen those skills through a hands-on project. The course will provide students with the capacity and resources to continue to assess and develop their practice of community engagement. Credit: 3. Lyn, Silberberg

## The Clinical Research Training Program

**Department Chair:** David C. Page, PhD

**Program Director:** Steven C. Grambow, PhD

**Co-Directors:** Kevin P. Weinfurt, PhD; John W. Williams, MD, MHSc

**Program Coordinator:** Gail D. Ladd

This Duke University School of Medicine program provides formal academic training in the quantitative and methodological principles of clinical research. In contrast to a public health degree which focuses on epidemiology, this program is designed primarily for clinical fellows who are training for academic careers. The program offers formal courses in research design, statistical analysis, medical genomics, research management, scientific communication, research project development, and responsible conduct of research. Students who complete a prescribed course of study in the training program are awarded a master of health sciences in clinical research degree by the School of Medicine.

The Clinical Research Training Program is offered by core faculty from the Department of Biostatistics and Bioinformatics and other clinical and basic science departments within the School of Medicine.

## Academic Calendar

### Fall 2021

Monday, June 9	Fall course registration begins
Monday, August 30	First day of class. New student orientation
Monday, September 6	Labor Day Holiday. No class
Friday, September 17	Drop/Add ends
Monday, November 8	Registration begins for Spring Semester 2021
Tuesday, November 23	Thanksgiving recess begins
Monday, November 29	Classes resume
Thursday, December 16	Last day of class

### Spring 2022

Monday, January 10	Spring Semester begins. First day of Drop/Add
Monday, January 17	Martin Luther King, Jr. Day. No class
Friday, January 28	Drop/Add ends
Monday, April 18	Last day of class
Sunday, May 8	Graduation exercises; conferring of degrees

## Admission Procedures

Applicants may apply to the program as degree candidates, as certificate candidates or as non-degree students. An advanced degree in a basic or clinical health science, two years of medical school, or the equivalent from an accredited institution is a prerequisite for admission. This program is only available to qualifying applicants from Duke and the National Institutes of Health. Detailed instructions and the online application can be found on the program's website at <https://crtp.duke.edu/>.

## Degree Awarded

The Duke University School of Medicine awards a degree of Master of Health Sciences in Clinical Research to students who successfully meet program requirements.

Applicants seeking admission as a degree candidate must submit the online application form and the following documents:

- **CV.** A current curriculum vitae (CV).
- **Transcripts.** An official transcript from each graduate school, including medical school transcripts, must be sent to Duke University's Clinical Research Training Program directly by the institution. Personal copies of your records are not acceptable.
- **Letter of Recommendation.** A letter of recommendation is required. It should be written by someone qualified to testify to your capacity for graduate work. The form may be downloaded from the online application; it should be emailed to Duke University's Clinical Research Training Program directly by the evaluators.
- **Test of English as a Foreign Language (TOEFL).** CRTP requires that any applicant whose first language is not English and does not hold a bachelors or higher degree from an English-speaking institution must submit scores from the Test of English as a Foreign Language (TOEFL). Test scores must not more than two years old and an official copy must be sent to Duke University. Personal attested, or notarized, copies are not acceptable. In lieu of TOEFL scores, applicants may submit their scores for another English language proficiency test, the International English Language Testing System (IELTS) test. Applicants who have earned a bachelor's degree or higher from a regionally accredited institution in the United States, or from an accredited university where English is the verified SOLE language of instruction, are exempt from submitting English language proficiency results.

Any applicant who is admitted to an academic program of Duke University and who is not a US citizen or national must provide documentation to verify his/her/their immigration status with Duke Visa Services prior to enrolling in coursework. This includes Lawful Permanent Residents (Green Card), Conditional Residents, and Refugees. The Clinical Research Training Program will provide additional information regarding this documentation with letters of acceptance to the program.

## Program of Study

### Degree

The degree requires 24 course credits of graded coursework and a research project for which 12 course credits are given. Five courses (Clinical Research Training Program 241, 242, 245, 253, and 254) constitute 16 course credits that are required for all degree candidates (see [Courses of Instruction](#)). The student's clinical research activities provide the setting and the data for the project, which serves to demonstrate the student's competence in the use of quantitative methods in clinical research. The program is designed for part-time study, which allows the student to integrate the program's academic curriculum with clinical and/or lab-based training.



## Basic Science Research Track (BSRT) Degree Option

The Basic Science Research Track (BSRT) is an optional customized curriculum for degree candidates designed specifically for physician-scientists. This track prepares individuals for careers as physician-scientists across a range of discovery sciences. The curriculum includes coursework that prepares researchers to: perform rigorous basic science; manage, analyze, and present data; oversee a laboratory; and successfully compete for research funding.

The track requires eighteen (18) course credits of graded coursework and a research project for which eighteen (18) course credits are given. Five (5) courses (241, 253, 275, 276, and 279) constitute twelve (12) course credits that are required for all BSRT candidates. Students may choose from other offered courses for the remaining required six (6) course credits. The first year includes ten (10) credit hours of required core courses. Trainees begin work on the required research project to provide a deep immersion in basic and laboratory research methods. The second year includes eight (8) credit hours of combined electives and a required course on scientific communications to lay the foundation for a successful career in basic research. The second year incorporates a successful defense of the research project. The courses in years one and two may be switched to accommodate the candidate's schedule.

## Certificate (Academic Core in Clinical Research Certificate)

The certificate option leads to the Academic Core in Clinical Research awarded by the Duke University School of Medicine. Applicants must successfully complete the five (5) required core courses which constitute the foundation of the full degree program (CRP 241, 242, 245, 253 and 254). Students who complete the certificate may convert their status to degree seeking and apply completed coursework toward degree requirements.

Applicants seeking admission as a certificate candidate must submit the online application form and the following documents:

- **CV.** A current curriculum vitae (CV).
- **Transcripts.** An official transcript from each graduate school, including medical school transcripts, must be sent to Duke University's Clinical Research Training Program directly by the institution. Personal copies of your records are not acceptable.
- **Test of English as a Foreign Language (TOEFL).** CRTP requires that any applicant whose first language is not English and does not hold a bachelors or higher degree from an English speaking Institution must submit scores from the Test of English as a Foreign Language (TOEFL). Test scores must not more than two years old and an official copy must be sent to Duke University. Personal attested, or notarized copies are not acceptable. In lieu of TOEFL scores, applicants may submit their scores for another English language proficiency test, the International English Language Testing System (IELTS) test. Applicants who have earned a bachelor's degree or higher from a regionally accredited institution in the United States, or from an accredit university where English is the verified SOLE language of instruction, are exempt from submitting English language proficiency results.

## Non-degree

The courses in the program are also available to qualified individuals who want to acquire specific skills but who may not want to pursue the master's degree. In addition to clinical fellows, such individuals include faculty members, post-doctoral fellows, other trainees, and health professionals at Duke and NIH. This option allows the flexibility of taking various combinations of courses subject only to constraints imposed by course prerequisites.

Non-degree applicants must submit the online application form and satisfy TOEFL requirements as outlined above under the degree option.

## Conversion of Status for Certificate and Degree

If a student enters CRTP as a certificate or degree candidate, they may convert their status to another designation at a later date if they choose. If a degree candidate decides to leave the program and they have met the certificate requirements, they may request to change their status and receive the certificate. Students who enter the program as a certificate candidate may also request to change their status and become a degree candidate. Once they have changed from certificate status to degree status, they are no longer eligible to receive the certificate. Students who have received the certificate may apply to reenter the program as a degree candidate at a later time. Students who wish to change their status must contact Gail Ladd ([gail.ladd@duke.edu](mailto:gail.ladd@duke.edu)) for specifics and timelines.

## Attendance Policy

Class attendance and participation are essential to the learning process, both to the individual student and the class as a whole. Students are expected to attend live classes regularly on-site or remotely and complete assigned coursework in a timely fashion in accordance with the expectations of their instructors. CRTP course directors will clearly communicate course specific attendance policies and expectations in their course syllabi. If these policies are not clear, it is the responsibility of the student to ask the course director for clarification.

Students are expected to notify and negotiate excused absences from course activities with the course director in situations such as illness or health care appointments, attendance at scientific or professional meetings, personal or family emergency, or major life events. Course directors are responsible for making clear to students which portions of their courses require attendance and any limit on excused absences without negative consequence. These absences should be negotiated in writing (email or letter) as far in advance as possible and a plan established for completion of any activity or work missed. Absences announced on short notice due to illness or emergency may still be excused with proper notification of the course director and unannounced absences may be excused in cases of incapacitation to the point of inability to make these contacts.

Students are strongly encouraged to consult their schedules for the academic term and discuss any planned absences (particularly if multiple class sessions will be missed during the term), with their course director during the drop/add period to determine (a) whether accommodation is possible; and (b) arrangements for completing assignments for absences. It is the responsibility of the course director to determine the arrangements (e.g., early submission of work, an alternative assignment, rescheduling an exam, etc.) to be followed when

an absence is excused. If accommodation cannot be made, the student may consider whether to remain in the course or drop it in favor of another course that might more easily accommodate their schedule.

## Registration and Drop/Add Policy

Registration in the Clinical Research Training Program is processed in accordance with instructions distributed by the Office of the Registrar of the School of Medicine prior to official registration periods. Students may drop courses for which they have registered earlier or add courses during each semester's Drop/Add period. (see [Withdrawal from a Course](#) and [Withdrawal from Program](#)).

## Grades

Courses within the Clinical Research Training Program utilize a Pass/Fail grading scale. In addition, an I (incomplete) indicates that some portion of the student's work is lacking for a reason acceptable to the instructor at the time grades are reported. Students will not be permitted to enroll in any course for which they have an unresolved Incomplete in a prerequisite course. A grade of Incomplete must be resolved no later than the end of the following academic semester, unless the course director specifies an earlier date by which the student must make up the deficiency. In exceptional circumstances, an Incomplete that is not resolved within the designated period may be extended for a specified period with the written approval of the course director and the program director. If an Incomplete is not resolved within the approved period, the grade of Incomplete converts to a Fail and becomes permanent.

## Satisfactory Academic Progress

Satisfactory academic progress for students in the Clinical Research Training Program consists of the successful completion of all requirements necessary to advance toward completion of degree requirements within a six-year time limitation, or for nondegree students, toward attainment of individual training goals, within the constraints imposed by course prerequisites. This includes meeting the requirements and standards for completion of the research project as described in student orientation sessions and program guidelines, whether print or web-based.

## Academic Status—(Dismissal) Policy

For degree candidates, receiving a single final course grade of fail (F) will typically trigger an academic review by the Program Director. If a degree candidate receives two final course grades of F, the Program Director will convene a faculty review committee consisting of the Program Director and at least two other faculty members. The student will be invited to attend part of the meeting if desired – for example, to present additional information – but is not required to attend. The committee's recommendation will then be reviewed by the Program Director. What happens next depends on the nature of the recommendation. If the recommendation is for dismissal, it will be reviewed by the Vice Dean of Medical Education as per the School of Medicine review procedures. The Vice Dean of Medical Education makes the final decision and communicates that decision to the student. Any appeals of that decision follow the policies of the School of Medicine. On the other hand, if the decision does not involve dismissal, it will be conveyed to the student by the Program Director.

## Examining Committee

Three faculty members constitute an examining committee to certify that the student has successfully completed the research project requirement for the degree. The committee must include a clinical investigator and a statistician, each of whom is a member of the faculty of the Clinical Research Training Program (CRTP). The third member of the committee should be a faculty member who has substantive knowledge in the area in which the research project is conducted; for clinical fellows, this committee member is often the fellow's mentor. The chair of the committee must be a member of the CRTP faculty.

## Time Limitations

A degree candidate is expected to complete all requirements within six calendar years of matriculation. In exceptional circumstances, the designated period may be extended with the written approval of the Program Director. Degree credit for a course expires six years after the course is completed by the student; in this case, degree credit can be obtained only by retaking the course.

## Withdrawal from a Course

A course may be dropped at the student's discretion during the first three weeks of class; no grade is recorded and all tuition is refunded. If a course is dropped later in the term, no tuition is refunded and the status of the student at the time of withdrawal is indicated on the permanent record as WP (Withdrew Passing) or WF (Withdrew Failing).

## Withdrawal from Program

If a student withdraws from the program during the first three weeks of class, including involuntary withdrawal for academic reasons, all tuition is refunded. If a student withdraws from the program later in the term, no tuition is refunded and the status of the student at the time of withdrawal from the program is indicated on the permanent record as WP (withdrew passing) or WF (withdrew failing).

Voluntary withdrawal from the program is initiated at the request of the student. Such requests must be submitted in writing to the program coordinator. The program coordinator will notify the Office of the Registrar, the program director, and course faculty as appropriate given the student's enrollment status at the time of withdrawal. It is the student's responsibility to contact the bursar's office regarding fulfillment of financial obligations to the university.

## Reinstatement to the Program

Students who wish to re-enter the Program after withdrawing must provide the following:

- a statement detailing the reason(s) for withdrawing from the program, including relevant history leading up to the decision;
  - how the issues relating to those reasons have been addressed;
  - a discussion as to why the student is re-applying to the program, including information concerning changes in situation and an explanation as to the chosen time for return;
- an updated curriculum vitae;
- a transcript of any academic courses taken since the withdrawal; and
- a letter of reference from a person with whom the student worked during the withdrawal period.

The applicant will meet with the Program Director. After this meeting takes place, a committee composed of the program director, codirectors, and assistant director convenes to review the information submitted by the applicant, the student's previous academic file, and determines if readmission is appropriate. The decision of the committee, which is final, is provided in writing to the applicant and to the financial aid and registrar's offices.

## Student Information Reported by CRTP

CRTP shares aggregate student data and FERPA directory information compliant types of biographical data (e.g., student name, degrees and awards received, dates of attendance, enrollment status) with stakeholder groups such as the National Institutes of Health, the Duke Office of Physician-Scientist Development (OPSD), and the Duke National Clinician Scholars Program.

## Code of Professional Conduct

Students enrolled in the Master of Clinical Research Training Program are expected to adhere to the Duke University School of Medicine Code of Professional conduct as detailed in the policies for all School of Medicine programs found elsewhere in this bulletin.

## Duke Community Standard

Duke University is a community of scholars and learners, committed to the principles of honesty, trustworthiness, fairness, and respect for others. Students share with faculty and staff the responsibility for promoting a climate of integrity. As citizens of this community, students are expected to adhere to these fundamental values at all times, in both their academic and nonacademic endeavors.

By accepting admittance to this program, students demonstrate their commitment to uphold the values of the Duke University community. Under the Duke Community Standard, students affirm their commitment not to lie, cheat, or steal in academic endeavors, nor accept the actions of those who do. In addition, as the School of Medicine is an integral part of the Duke Community, students affirm their commitment to conduct themselves responsibly and honorably in keeping with the Duke University School of Medicine Honor Code of Professional Conduct as detailed elsewhere in this bulletin.

## Tuition

Tuition for the 2020-2021 academic year is \$827 per credit hour. Faculty may be eligible for the university's Educational Assistance Program. Other sources of support exist in some clinical departments; prospective students should consult with program directors and division chiefs regarding potential funding sources. Full cost of attendance budgets may be found on the Office of Financial Aid website at <https://medschool.duke.edu/education/student-services/office-financial-aid>.

## Graduation

Candidates for the master of health sciences in clinical research degree must apply to graduate through DukeHub in keeping with the instructions and deadlines announced by the Office of the Registrar in the School of Medicine. Failure to do so may delay conferral of the degree and issuance of the diploma, even if all degree requirements have been met.

Graduation exercises are held once a year in May when degrees are conferred, and diplomas are issued to those who have completed requirements by the end of the spring semester. Those who complete degree requirements at the end of the summer or fall terms receive diplomas dated September 1 or December 30, respectively.

In addition to completing the required course of study, degree candidates must submit to the program the required documentation demonstrating successful completion of the research project no later than April 15 for May graduation, July 31 for September graduation, and November 30 for December graduation.

## Courses of Instruction

**CRP-241. Introduction to Statistical Methods.** This course is an introduction to the fundamental concepts in statistics and their use in clinical research. Through class lectures, in class demonstrations, directed in class exercises and discussion of representative research reports from peer-reviewed journals, students are introduced to the core concepts in statistics, including: composition of data sets, descriptive statistics, hypothesis formulation, statistical significance, confidence intervals, statistical power, common statistical tests and basic statistical models. Basic statistical computations and introductory data analysis will be performed using R, a multi-platform (Windows, UNIX, Mac OS), free software environment for statistical computing and graphics. Prerequisite: None. Credit: 4.

**CRP-242. Principles of Clinical Research.** The emphasis is on general principles and issues in clinical research design. These are explored through the formulation of the research objective and the research hypothesis and the statistical methods used in analysis of each type. Emphasis is placed on the traditional topics of clinical epidemiology such as disease etiology, causation, natural history, diagnostic testing, and the evaluation of treatment efficacy. The course content promotes an understanding that allows the student to

classify studies as experimental or observational, prospective or retrospective, case-control, cross sectional, or cohort; this includes the relative advantages and limitations and the statistical methods used in analysis of each type. In addition, an introduction to ethical issues in clinical research is included. Corequisite: CRP 241. Credit: 4.

**CRP-243. Introduction to Medical Genetics.** Coverage is provided of the fundamental knowledge in human genetics and genetic systems of the mouse and other model organisms. Topics include: introduction to concepts of inheritance (DNA, chromatin, genes, chromosomes); the human genome (normal genetic variation, SNPs, comparative genomes, molecular mechanisms behind inheritance patterns, and mitochondrial genetics); mouse genetics (classical mouse genetics, genotype- and phenotype-driven approaches, QTL mapping); microarrays (expression, genomic, ChIP (chromatin IP on chip), bioinformatics and use of genome databases); genetic association studies (haplotype blocks, study design in complex disease and approaches to complex disease gene identification, pharmacogenetics and pharmacogenomics). Prerequisite: None. Credit: 2.

**CRP-245. Statistical Analysis.** This course extends CRP 241 (Introduction to Statistical Methods) and primarily considers statistical models with a single predictor, to models containing multiple predictors. We cover models with continuous outcomes (regression, analysis of variance, analysis of covariance), dichotomous outcomes (logistic regression), time to event outcomes (survival models), and count outcomes (Poisson and negative binomial models). Through class lectures, in class demonstrations, directed in class exercises, and discussion of representative research reports from peer-reviewed journals, students are introduced to the core concepts in statistical modeling. Prerequisite: CRP 241. Credit: 4.

**CRP-247. Clinical Research Seminar.** This seminar integrates and builds on the core courses (CRP 241, 242, 245) to provide practical experience in the development and critique of the methodological aspects of clinical research protocols and the clinical research literature. Assigned readings are drawn from contemporary literature and include both exemplary and flawed studies. This course is offered in even-numbered years only. Prerequisite: None. Credit: 2.

**CRP-248. Clinical Trials.** Fundamental concepts in the design and analysis of clinical trials are examined. Topics include protocol management, sample size calculations, determination of study duration, randomization procedures, multiple endpoints, study monitoring, and early termination. Prerequisite: CRP 245. Credit: 2.

**CRP-249. Health Services Research.** Research methods in health services research are explored. Topics include measurement of health-related quality of life, case mix and comorbidity, quality of health care and analysis of variations in health care practice. Advantages and disadvantages of studies that use large databases as well as advanced methods in analysis and interpretation of health services outcomes are addressed. This includes application of traditional research designs (e.g., randomized trials) to address health services research questions and the interface between health services research and health policy. Prerequisites: None. Credit: 2.

**CRP-253. Research Ethics and Responsible Conduct of Research.** This course explores a variety of ethical and related issues that arise in the conduct of medical research. Topics include human subjects and medical research, informed consent, ethics of research design, confidentiality, diversity in medical research, international research, relationships with industry, publication and authorship, conflict of interest, scientific integrity and misconduct, intellectual property and technology transfer, and social and ethical implications of genetic technologies and research. This course is designed to meet and exceed the NIH requirement for training in Responsible Conduct of Research. Prerequisite: CRP 242. Credit: 2.

**CRP-254. Research Management.** This course addresses operational issues that arise in the conduct of a clinical research project. Topics include administration (human resources, project management, budget development and management), data management systems (databases, case report forms, data acquisition, quality assurance and quality control [QA/QC], monitoring and auditing), regulation (Investigational New Drug [IND]) applications, good clinical practice [GCP], and the Health Insurance Portability and Accountability Act [HIPAA]), and sponsorship (sources, sponsor motivations, identification of sponsors). Prerequisite: CRP 242. Credit: 2.

**CRP-257. Proteomics and Protein Biology in Medicine.** Platform technologies and computational methodologies for protein profiling and interaction analysis are introduced. The platform technologies covered include mass spectroscopy, 2D gel electrophoresis, surface plasmon resonance, protein arrays and flow cytometry. Structural biology and high-throughput screening methods are also discussed. Prerequisite: None. Credit: 2.

**CRP-259. Decision Sciences in Clinical Research.** Modeling the potential impact of a health intervention on disease outcomes can be extremely useful in gaining an understanding of the underlying biology or epidemiology of a disease, in designing research studies, and in assessing whether an intervention is economically feasible. This course focuses on basic modeling techniques, with an emphasis on decision analysis and cost-effectiveness analysis, and the application of these techniques to the student's own research. Topics covered include basic decision theory, basic principles of economic analysis in health care, decision trees, Markov models, infectious disease models, and economic analysis of clinical trials, how to review a decision/cost-effectiveness analysis, and the application of models for research and policy analysis. Prerequisite: CRP 242. Credit: 2.

**CRP-262. Systematic Reviews and Meta Analysis.** This course provides a practical foundation for systematic reviews involving quantitative synthesis (quantitative meta analysis). Through directed exercises, students learn when and how to perform quantitative synthesis using freely available software. Topics include: computing effect sizes, computing a combined effect, fixed effect vs. random effects analyses, heterogeneity in effect sizes, and methods to detect publication bias. This course is offered in even-numbered years only. Prerequisites: CRP 241 and CRP 242. Credit: 2.

**CRP-263. Longitudinal Data Analysis.** Longitudinal methods are required in the analysis of two types of study designs, those that involve questions about systematic change over time and those that involve questions about whether and when events occur. The first type is characterized by repeated observations of the same variables over time, allowing the analysis of temporal changes. In the second type, commonly referred to as time-to-event designs, the outcome of interest is the time to an event such as death or hospitalization. The course covers the design, analysis and interpretation of these types of studies. Various models, methodological issues and methods of analysis are discussed and demonstrated using R, SAS and Enterprise Guide. Lectures are supplemented with readings from texts



and journal articles. Prerequisite: CRP 245. Credit 2.

**CRP-264. Introduction to Immunology in Clinical Research.** This course provides an introduction to basic concepts of immunology, clinical assessment of immune function, and the fundamental importance of immune mechanisms in human disease. Topics include innate and adaptive immunity, regulatory mechanisms, and inflammation. Translational techniques used in immune assessment are described in the context of relevant clinical examples. Emphasis is placed on the application of basic immunology to human diseases in oncology, infections, autoimmunity and transplantation. Prerequisite: None. Credit: 2

**CRP-266. Design and Analysis of Non-Randomized Studies.** This course provides students a foundation in the design of rigorous non-randomized studies that compare the effectiveness of one or more treatments to another. In addition to a brief history of comparative effectiveness research (CER), the course will use examples from the literature to highlight the strengths and weaknesses of CER against the gold standard randomized controlled trial (RCT). Through course readings, in-class discussions, and development of a short proposal on a non-randomized study of the students' choosing, students will develop research skills and competencies related to understanding, conducting and interpreting non-randomized studies. Topics include: conceptual models, critical review of clinical literature, national survey and claims data sources, quasi-experimental study designs, sensitivity analysis and statistical adjustment in quasi-experiments, controlling for bias in observational data, and heterogeneity of treatment effects. Prerequisite CRP 242 or permission of the instructors. Prerequisite: None. Credit: 2.

**CRP-267. Special Topics.** This course focuses on new perspectives and methods in clinical and translational research, with specific content to be determined each semester. Prerequisite: None. Credit: 2.

**CRP-270. Research.** An individualized research project under the direction and supervision of the student's mentor and examining committee forms the basis for this culmination of the program of study leading to the degree. Credit: 12.

**CRP 270-BST. Research.** This Research Project course is designed to provide a formal, structured, mentored environment in which students can practice skills necessary for conducting basic research. Students will work in their mentor's research space on an individual research project chose and designed by the student with guidance from their mentor. Course directors will guide students in the selection of a research mentor and the development of a scholarship oversight committee, which will meet regularly with the student to guide the project. Mentors will provide 1:1 guidance on the development and conduct of the research project over the course of 4 semesters. Prerequisite: None. Credit: 18.

**CRP-271. Patient-Reported Outcomes in Clinical Research.** Patient-reported outcomes (e.g., fatigue, pain, physical functioning, social functioning, etc.) can provide great value to research but present significant challenges. This course provides students with the knowledge necessary to incorporate patient-reported outcomes into observational studies and clinical trials. Topics include the different types and suitability of measures, the development of new measures, and techniques for analyzing and interpreting patient-reported outcomes. Prerequisite: 242. Credit: 2.

**CRP 273. Implementation and Dissemination of Health Care Research.** Implementation research (1) seeks to understand the processes and factors that are associated with successful integration of evidence-based interventions within a particular setting (e.g., a worksite or school), (2) assesses whether the core components of the original intervention were faithfully transported to the real-world setting (ie, the degree of fidelity of the disseminated and implemented intervention with the original study), and (3) is also concerned with the adaptation of the implemented intervention to the local context. This course provides an overview of methods for undertaking research and program evaluation within health services organizations and systems. A particular focus will be on healthcare products and how to evaluate their impact on various stakeholders whether individual patients, family, health care providers, healthcare systems or policy makers. In addition to methods, the course also provides "the state of the art" in research and evaluation through the review of major completed studies. Case studies of recent programs and technologies will be used. This course is recommended for students who will be carrying out policy research, social science research, or program impact evaluation within health delivery systems as well as developing and implementing programs to improve health care outcomes. Prerequisite: None. Credit: 2.

**CRP 275. Research Project and Proposal Development A Stepwise Approach.** Using a "flipped classroom" design, this course will teach you how to conceptualize and develop a major research project into a fundable grant proposal. We will present a stepwise approach and structured exercises that guide you through all aspects of research project development, from defining a problem of importance, to developing an experimental plan, to writing a compelling NIH-style grant application. Within this course, each student will develop their own research project and proposal using best practices, proven approaches, and continuous feedback from peers and instructors. Pre-requisite: None. Credit: 2.

**CRP 276. Statistical Methodology for Basic Research.** This course focuses on the appropriate application of core concepts taught in CRP 241 (Introduction to Statistical Methods) to the arena of basic science research, including dataset construction, descriptive statistics, hypothesis formulation and study power, and statistical inference. Through in-class lectures, directed exercises, and discussion of representative peer-reviewed manuscripts, students engage with core concepts in statistical modeling through its real-world application to the challenges of bench-science research. Classes will generally be delivered using a combination of brief introductory lectures followed by a journal club-format discussion in which students will be responsible for presenting and critiquing a peer-reviewed manuscript selected for its relevance to that week's topic area (e.g. handing non-Gaussian continuous outcomes). At the end of the course, students will be able to think critically about study design, draft study power sections for grant proposals, and outline about study design, draft study power sections for grant proposals, and outline a statistical analysis plan that would be appropriate to share at a pre-study consultation session with a master's or PhD-level staff biostatistician. Data analyses will be performed using R, a free software environment for statistical computing and graphical presentation. Prerequisite: 241. Credit: 2.

# The Pathologists' Assistant Program

**Professor and Chairman, Department of Pathology:** Jiaoti Huang, MD, PhD

**Director, Pathologists' Assistant Program:** Rex Bentley, MD

**Associate Director, Pathologists' Assistant Program:** Michelle P. Johnson, MHS, PA (ASCP)

**Medical Director, Pathologists' Assistant Program:** Diana Cardona, MD

**Director, Surgical Pathology:** Rex Bentley, MD

**Duke Surgical Pathology Training Coordinator:** M. Ayumi Deeny, MHS, PA (ASCP)

**Director, Autopsy Pathology:** Caroline Glass, MD, PhD

**Autopsy Pathology Training Coordinator:** Meridith Hennessey, MHS, PA (ASCP)

**Chief of Pathology and Laboratory Medicine Service, Veterans Affairs Medical Center:** Elizabeth Boswell, MD

**Director of Surgical Pathology, Veterans Affairs Medical Center:** Michael Huening, MD, PhD

**VA Surgical Pathology Training Coordinator:** Michael Huening, MD, PhD

## Pathologists' Assistant Program Academic Calendar

(Master of Health Sciences and Certificate)

### First Year

August 9, 2021-January 31, 2022	Fall Semester 2021-22
November 24-28, 2021	Thanksgiving Break
December 18, 2020-January 3, 2022	Holiday Break
February 1-July 1, 2022	Spring Semester 2022
March 19-27, 2022	Spring Break
July 2-10, 2022	Summer Break
July 11-September 2, 2022	Summer Semester 2022

### Second Year

September 13-December 17, 2021	Fall Semester 2021
November 20-28, 2021	Thanksgiving Break
December 17, 2021-January 2, 2022	Holiday Break
January 3-May 6, 2022	Spring Semester 2022
March 9-17, 2022	Spring Break
May 10-July 14, 2022	Summer Semester 2022

## Accreditation

The curriculum, faculty, facilities, and administration of the program are accredited by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS 5600 North River Road, Suite 720, Rosemont, IL 60018-5119, (773) 714-8880, <https://www.naacls.org>). Graduates are qualified to sit for the American Society of Clinical Pathology Board of Certification examination.

## Prerequisites for Admission

1. A baccalaureate degree in a biological or chemical science from an accredited institution which includes coursework in general chemistry, organic chemistry and/ or biochemistry, biological science, college mathematics to the level of algebra, and English composition.  
-or-  
A baccalaureate degree in a non-science major to include the courses defined above and at least 24 course credits in biological sciences and chemistry of such depth that the admissions committee determines that the candidate has the minimum scientific background to successfully begin the study of medical sciences. Suggested prerequisites include cell and molecular biology, human physiology, immunology, genetics, microbiology, gross anatomy and microscopic anatomy.
2. Scores for the Graduate Record Examination (GRE) are required. The Medical College Admissions Test (MCAT) is not accepted in lieu of the GRE. Candidates who receive their baccalaureate degree from institutions outside the United States must submit a transcript evaluation showing degree equivalency and course by course subject matter description.
3. A minimum of ten hours shadowing in anatomic pathology, specifically surgical pathology (preferably in more than one setting), or surgical pathology work experience is required. Autopsy shadowing is also preferred, but not mandatory.
4. All candidates for the master of health science degree and certification as pathologists' assistants must possess the physical and mental skills and abilities necessary to successfully complete the training program curriculum. To achieve the optimal educational experience, students are required to participate in all phases of the training program, in compliance with the Technical Standards (see below).

## Technical Standards

The study of medicine is not a pure intellectual exercise. Rather, a specific set of minimal physical, mental, emotional, and social abilities are needed to be a successful student. Students must possess all of the abilities listed in the five Technical Standards categories below. The use of an intermediary that would, in effect, require a student to rely on someone else's power of observation and/or communication will not be permitted.

1. Observation
  - Visually observe materials presented in the learning environment including audiovisual presentations, written documents, microbiology cultures, microscopic examination of microorganisms, tissues and gross organs in the normal and pathologic state, and diagnostic images;
  - Observe specimens accurately and completely, both at a distance and directly. This requires functional vision, hearing, and sensation.
2. Communication
  - Effectively speak, write, hear, read, and use a keyboard utilizing the English language;
  - Perceive nonverbal communications, including facial expressions, body language, and affect;
  - Communicate effectively and sensitively with patients and their families via speech as well as reading/writing;
  - Communicate in oral and written form with the healthcare team in an effective, accurate, and efficient manner.
3. Motor
  - Elicit information from surgical specimens and postmortem examinations by palpation and use of dissection instruments;
  - Execute movements reasonably required to provide optimal gross analysis of surgical specimens and postmortem examinations. These skills require coordination of gross and fine motor movements, equilibrium, and sensation;
  - Manipulate equipment and instruments to perform basic dissection procedures as required to attain curricular goals. (e.g., scalpel, forceps, scissors, needles and syringes, large dissection knife, band saw, camera, cryostat).
4. Intellectual/Conceptual, Integrative, and Quantitative Abilities
  - Perform calculations necessary to solve quantitative problems as required by the curriculum;
  - Collect, organize, prioritize, analyze, and assimilate large amounts of technically detailed and complex information in a timely fashion. This information will be presented in a variety of educational settings, including lectures, small group discussions, and individual clinical settings. The applicant should be able to analyze, integrate, and apply this information appropriately for problem solving and decision-making;
  - Apply knowledge and reasoning to solve problems as outlined by the curriculum;
  - Comprehend the three dimensional spatial relationships of structures;
  - Remain awake and alert.
5. Behavioral, Emotional, and Social Attributes
  - Possess the emotional health to fully apply his/her/their intellectual skill, exercise good judgment, and to complete all responsibilities attendant to the diagnosis and care of surgical specimens and postmortem examinations;
  - Develop a mature, sensitive, and effective relationship with patients and colleagues;
  - Tolerate the physical, mental, and emotional stress experienced during training and patient care;
  - Possess qualities of adaptability, flexibility, and the ability to function in the face of uncertainty;
  - Form a compassionate relationship with his/her/their patients while maintaining appropriate boundaries for a professional relationship;
  - Behave in an ethical and moral manner consistent with professional values and standards;
  - Exhibit sufficient interpersonal skills, knowledge, and attitudes to interact positively and sensitively with people from all parts of society, ethnic backgrounds, and belief systems;
  - Cooperate with others and work corroboratively as a team.

The faculty of the Duke University School of Medicine's Pathologists' Assistant Program recognizes its responsibility to present candidates for the MHS degree and certification that have the knowledge, attitudes, and skills to function in the specialized setting of anatomic pathology.

The Admissions Committee is responsible for adhering to these technical standards during the selection of students for the Pathologists' Assistant Program.

## Application Procedures

Application forms may be downloaded online at <https://pathology.duke.edu/education/pathologists-assistant-program/admissions-application>. Application materials are also mailed to prospective candidates for admission up to December 15 of the year prior to expected August matriculation and can be obtained by writing to Pamela Vollmer, BHS, PA(ASCP)CM, Associate Director, Pathologists' Assistant Program, Department of Pathology, Box 3712, Duke University Medical Center, Durham, NC 27710, (919) 684-2159. All applications must be received by January 15 of each admissions cycle.

Applications must include

- a completed application form and a nonrefundable application fee of \$55;
- official transcripts of all colleges and universities attended;
- GRE scores;
- TOEFL or IELTS scores, if applicable; and
- three letters of recommendation.

Candidates will be notified of the Admission Committee's decision no later than the first week in April. Accepted candidates are required to submit a nonrefundable deposit of \$450 to retain their places in the class. This deposit will apply to the first semester tuition.

## Criminal Background Checks

Candidates offered admission to the Pathologists' Assistant Program will undergo criminal background checks.

## Program of Study

This is a 23.5-month program beginning with the start of the medical school academic year in August of each year. Students take most of their first year basic science courses in the School of Medicine with the medical students. It provides a broad, graduate-level background in medical sciences in support of intensive training in anatomic pathology. With the background in anatomy, histology, physiology, and microbiology, the students learn pathology at the molecular level in the classroom and are trained and given experience in the microscopic and gross morphology of disease in close, one-on-one training with pathology department faculty. They learn dissection techniques and all technical aspects of anatomic pathology in year-round clinical rotations. The curriculum is designed to produce individuals who fill the gap between the pathologist on the autopsy and surgical pathology services and other technical personnel who work in the tissue processing laboratory.

## Procedure When Applied Experience Cannot Be Guaranteed

The Duke School of Medicine and the Pathologists' Assistant Program will, to the best of its ability, strive to provide all clinical rotations as outlined. We reserve the right to add or deactivate specific courses or clinical affiliates as needed by program demands or the requirements of the clinical affiliate site itself. Students may not rotate through all affiliate sites, and site assignment is at the discretion of the program director.

Matriculated students are guaranteed that they will be given the opportunity to complete the entire curriculum and receive the master of health science degree and institutional certificate of completion if the program should unexpectedly be discontinued for any reason.

## Curriculum

Year 1 Fall	Course Credits
PATHASST 204 (Introduction to Practical Anatomic Pathology Techniques)	2
PATHASST 100, 101 (Human Structure and Function 1 & 2)	18
<b>Term Total</b>	<b>20</b>
Year 1 Spring	
PATHASST 102 (Body and Disease)	16
<b>Term Total</b>	<b>16</b>
Year 1 Summer	
PATHASST 210 (Introduction to Autopsy Pathology)	2
PATHASST 215 (Histology Techniques)	1
PATHASST 221 (Introduction to Surgical Pathology-Duke)	2
PATHASST 222 (Introduction to Surgical Pathology-VAMC)	2
<b>Term Total</b>	<b>7</b>
Year 2 Fall	
PATHASST 217 (Molecular Pathology Techniques)	1
PATHASST 321 (Surgical Pathology I -Duke)	4
PATHASST 322 (Surgical Pathology I -VAMC)	4
PATHASST 340 (Photography I)	1
PATHASST 323 (Autopsy Pathology I)	4
PATHASST 361 (Pathologic Basis of Clinical Medicine I)	3
PATHASST 359 (Laboratory Technologies and Management)	2
<b>Term Total</b>	<b>19</b>
Year 2 Spring	
PATHASST 331 (Surgical Pathology II -Duke Site)	7
PATHASST 332 (Surgical Pathology II -VAMC Site)	4
PATHASST 302 (Forensic Pathology)	2
PATHASST 324 (Autopsy Pathology II)	4
PATHASST 341 (Photography II)	2
PATHASST 362 (Pathologic Basis of Clinical Medicine II)	3
<b>Term Total</b>	<b>22</b>



<b>Year 2 Summer</b>	
PATHASST 330 (Autopsy Practicum)	3
PATHASST 351 (Surgical Pathology Practicum-Duke)	2
PATHASST 352 (Surgical Pathology Practicum-VAMC)	2
PATHASST 390 (Senior Seminar)	2
<b>Term Total</b>	<b>9</b>
<b>Certificate and Academic Degree Awarded</b>	<b>93</b>

## Attendance and Excused Absences

Students are required to attend all mandatory events, which may include lectures, laboratories, seminars, and clinical assignments. Absences are excused only for illness or personal emergency, and students must notify course coordinators and program faculty in advance of an expected absence. Absences of one to two days duration for professional purposes during the second year are allowed with the approval of the program director, and individual clinical rotation coordinators.

## Registration and Drop/Add Policy

Registration in the Pathologists' Assistant Program is offered on a full-time basis only and part-time enrollment is not allowed. All required course registrations are processed in the Office of the Registrar for the School of Medicine. As the program is only offered full-time, and all courses are mandatory, dropping and adding courses is not permitted. Transfer of students from other programs is not permitted.

## Program Policies and Grading Standards

Grades for courses and clinical rotations in the pathologists' assistant curriculum are assigned on the basis of the following: H (honors), P (pass), L (low pass), and F (fail). Exceptions are PATHASST 100 (Human Structure and Function 1), PATHASST 101 (Human Structure and Function 2), PATHASST 102 (Body and Disease), PATHASST 302 (Forensic Pathology), PATHASST 340-341 (Photography 1-2), PATHASST 361-362 (Pathologic Basis of Clinical Medicine), and PATHASST 390 (Senior Seminar) which are graded as either P (pass) or F (fail) and PATHASST 222 (Introduction to Surgical Pathology-VAMC) which is graded as P (pass), L (low pass), and F (fail). Honors in any didactic course is defined as an overall average score of 90 percent and an overall average score of less than 70 percent constitutes failure.

Grades for courses and rotations are H (honors), P (pass), LP (low pass), F (fail), and I (incomplete). The determination of what performance equates with what grade is up to the individual instructor and course although for written examination a minimum of 70 percent is usually required to pass. Two grades of LP results in academic probation, and will require the student to complete remediation before progression to the next semester's courses. A single grade of F can result in dismissal from the program.

Many rotations and courses also use subjective means of evaluation such as direct observation of the student's work, student participation, and evaluation of written materials. In all rotations, evaluations of performance are written and grades are derived from these evaluations.

The program is designed to integrate classroom and clinical learning experiences considered necessary for competency as health care providers and each course in the curriculum is required. Therefore, the failure of any course in which the student is unable to successfully remediate will ultimately result in withdrawal from the program. Determination of satisfactory academic progress is made by the program director upon advisement of the program advisory committee.

The advisory committee will evaluate all student deficiencies and will invite the student to a hearing. The student has the option of including a faculty member or fellow student in the hearing. The decision made by the advisory committee is sent to the program director, who will evaluate and accept, reject or modify the recommendations from the committee. The student has the benefit of appeal to the dean of the School of Medicine. An appeal to the dean may only be made on the grounds of improper procedures in the appeals process rather than continued disagreement regarding the outcome of the process. The dean will review the data related to the process of the appeal and determine whether the process was valid. If the process is found to be valid, the decision is final and binding. If the process is found to be invalid, a new review panel will be convened.

Students in the Pathologists' Assistant Program are participants in a professional training program whose graduates assume positions of high responsibility as health care providers. Students are therefore evaluated not only on their academic performance and technical skills, but on their professional conduct. These evaluations will be in a written form as part of the general clinical rotation summaries. Deficiencies in professional conduct may result in academic probation; repeated episodes or patterns of misconduct may result in suspension or dismissal from the program. The Office of the Registrar in the School of Medicine will be notified of the student's status of academic probation or suspension and the status will be noted on the student's transcript at the completion of the semester(s) during which the status is assigned. If the student successfully returns to good academic standing from academic probation, the statement will be removed; if the student is suspended, however, the statement will remain permanently on the transcript.

## Remediation

Students who initially receive a failing grade in any course must undergo a remediation process as defined by the individual course instructor and approved by the program director. Successful remediation will result in the student receiving a P (pass). Unsuccessful remediation will result in academic probation, with additional remediation and academic counseling required. If these additional steps are unsuccessful, failure will result and the student will be withdrawn from the program.

## Appeals of Course Grades

A student may appeal a course grade by writing the course coordinator and program director, providing factual evidence for changing the final course grade. Appeals will be considered individually on their merits and will not be considered precedent. The program director will notify the student in writing of the appeal decision within three weeks of the appeal.

## Satisfactory Academic Progress

Satisfactory academic progress consists of the receipt of a passing grade in all didactic and practical courses and is defined as follows:

**Year One:** Completion of all required courses and rotations (a total of 43 course credits) during the fall, spring, and summer within the scheduled semester.

**Year Two:** Completion of all clinical rotations, courses, and a senior seminar during the fall, spring and summer rotations (a total of 50 course credits) within the scheduled semester.

In unusual circumstances (illness or academic remediation) the determination of satisfactory progress is made by the program director.

## Appeals of Academic Status (Academic Probation or Withdrawal)

A student placed on academic probation or withdrawal from the program may appeal by indicating in writing to the program director reasons why he/she/they did not achieve minimum academic standards and factual evidence for changing the academic standing. Appeals will be considered individually on their merits and will not be considered as precedent. The program director will notify the student of the decision of the appeal in writing within three weeks of receipt of the appeal.

## Leave of Absence

A pathologists' assistant student, after presenting a written request to the program director, may be granted an official leave of absence for personal, medical, or academic reasons for a period not to exceed one calendar year. If the leave of absence is approved, the program director provides written notification including applicable beginning and ending dates to the student, the medical school registrar and the director of financial aid. The student must notify the program director in writing of his/her/their wish to return to the program at least sixty calendar days prior to the stated date of re-entry. When a leave of absence is taken, the program director may require the student to repeat some or all of the courses completed prior to the leave of absence. In all cases of leave of absence, the student is required to complete the entire curriculum to be eligible to earn the master of health science degree and the pathologists' assistant institutional certificate.

## Return From Leave of Absence

Returning students who must complete degree requirements off-schedule from their entering cohort are required to meet all degree requirements as established at time of program completion for the cohort to which the student is joined. Following are general guidelines for return from leave of absence; individual situations may be addressed in a more detailed manner at the discretion of the program administration. For students who have withdrawn after the sixth week of a semester, tuition will be waived for the equivalent term when the student returns. For students who withdrew from the first to the sixth week, tuition will be charged according to the schedule below. The student is responsible for all other University/program fees for the returning term regardless of the timing of the withdrawal. Students completing off-schedule should contact the Office of Financial Aid regarding continued eligibility for federal education loans.

## Withdrawal

If a student withdraws, including involuntary withdrawal for academic reasons, tuition may be prorated according to the following schedule:

Before classes begin:	100%
During first or second week:	80%
During third to fifth week:	60%
During the sixth week:	20%
After sixth week:	None

**Student fees are nonrefundable after classes begin.**

Historically, voluntary withdrawals are initiated at the request of the student. Working with the program director, a mutual decision is reached with regard to the effective date of the withdrawal and any academic penalty to be assessed. Per letter, the program director will notify the Offices of the Registrar and Financial Aid in the School of Medicine. The Office of the Registrar will process the withdrawal and remove the student from any current and/or future enrollments. The Office of Financial Aid may revoke any financial aid that has been disbursed. The student should also contact these offices to ensure the student has fulfilled all responsibilities with regard to this process. The student's permanent academic record will reflect that they were enrolled for the term and that they withdrew on the specific effective date.

## Code of Professional Conduct

Students enrolled in the Duke Pathologists' Assistant Program are expected to adhere to the Duke University School of Medicine Code of Professional conduct as detailed in the policies for all School of Medicine programs found elsewhere in this bulletin.

The study of medicine is not a pure intellectual exercise. Rather, a specific set of minimal physical, mental, emotional, and social abilities are needed to be a successful student. Students must possess all of the abilities listed in the five [Technical Standards](#). The use of an intermediary that would, in effect, require a student to rely on someone else's power of observation and/or communication will not be permitted.

## Health Insurance

All students are required to carry full major medical health insurance throughout their enrollment in the program. If the student does not elect to take the Duke Student Accident and Hospitalization Insurance policy, evidence of other comparable health insurance coverage must be provided. The student health fee is mandatory for all students.

## Technology Fee

All matriculating students in the program will be assessed a mandatory technology fee. The fee will not only cover hardware such as laptop and other devices as deemed appropriate for the program, but service, software, and technical updates to comply to all Duke Health System compliance guidelines.

## Tuition and Fees

### 2021-2022

First-year tuition	\$36,418
Second-year tuition	\$36,368

Full cost of attendance budgets may be found on the Office of Financial Aid website: <https://medschool.duke.edu/education/student-services/office-financial-aid> (refunds).

## Degree Requirements

Passage of 93 course credits of graduate coursework is required for the MHS degree and a certificate of completion at the end of the program. There is a mandatory, comprehensive, oral seminar presentation reviewed by a panel of pathology department faculty and staff which all students must pass for successful completion of the program.

## Commencement and Certificate Award

The Pathologists' Assistant student must successfully complete 93 course credits, including all scheduled courses, clinical rotations, and the Senior Seminar, by the end of July in order to receive the master of health science degree and institutional certification of completion, and be eligible to sit for the American Society of Clinical Pathology (ASCP) Board of Certification Examination. Granting of the degree and certificate is not contingent upon the students passing any type of external certification or licensure examination.

## Courses of Instruction

**PATHASST-100, 101. Human Structure and Function 1 and 2.** This core preclinical course focuses on the scientific principles underlying the structure and function of the human body, thereby providing the foundational knowledge for the practice of medicine and facilitating the incorporation of the new scientific knowledge throughout the medical career. The course content includes: biochemistry, cell biology, genetics, histology, anatomy, physiology, and the neurosciences. Topics pertaining to human disease and injury are incorporated into the curriculum to promote application of course material. Core material is presented through team-based learning, didactic lectures, laboratory exercises, clinical case based problem-solving, and clinical correlations with patients. Credit: 6, 12. Carbrej

**PATHASST-102. Body and Disease.** This core course in human disease is presented from February through June of the first year. The course begins with fundamental principles of the four basic sciences most directly related to human disease: immunology, microbiology, pathology, and pharmacology. This segment comprises the first seven weeks and also includes discussion of disease classes not related specifically to any one organ system, including cancer, immunodeficiency diseases, and chemically-induced diseases. The remaining thirteen weeks are devoted to an integrated presentation of the most common human diseases organized sequentially by organ system. Teaching modes include team-based exercises, a variety of small group activities guided by faculty, clinically-oriented disease workshops, team-based case discussions, and updated lectures. Credit: 16. Muzyk, Alspaugh, Gunn, Deyrup, Roberts, and Velkey

**PATHASST-204. Introduction to Practical Anatomic Pathology Techniques.** Students are introduced to autopsy pathology and the daily activities of a busy autopsy service, and to the daily activities in a surgical pathology laboratory. Students become acquainted with the various duties assumed by trained Pathologists' Assistants and are introduced to basic tissue dissection techniques taught through participation in the surgical pathology service. Lectures in basic medical terminology are presented with emphasis on pathologic processes. Students are also exposed to educational methodologies in lecture and laboratory settings, medical ethics and professionalism and basic laboratory safety. Credit: 2. TBA, Riley, and staff

**PATHASST-210. Introduction to Autopsy Pathology.** This is a summer rotation given during the first summer session. It is designed to acquaint the student with autopsy prosection and workup training and experience, building on concepts introduced in PATHASST 204. Students work with the PA on service and assist residents in full autopsy dissections. Credit: 2. Glass, Hennessey, Riley and staff

**PATHASST-215. Histology Techniques.** Students participate in rotations through two histology and immunohistochemistry laboratories. The rotations are designed to acquaint students with the various laboratory techniques used in tissue processing, routine histology, special histochemistry and immunohistochemistry procedures. Credit: 1. Knutson and staff

**PATHASST-217. Molecular Pathology Techniques .** During this one week practical rotation, students are introduced to ancillary diagnostic technologies and techniques used to assess cellular and subcellular pathology, to include immunohistochemistry, flow cytometry, image analysis and electron microscopy in various laboratory settings. Credit: 1. Perkinson and staff.

**PATHASST-221. Introduction to Surgical Pathology-Duke.** This is the initial practical rotation conducted during the first summer session. It is designed to reacquaint students with the techniques of gross dissection, descriptions, and submission of tissue samples from surgical specimens, focusing on small biopsy specimens and building on concepts presented in PATHASST 204. It runs concurrently with PATHASST 222, and is designed to introduce students to the variations and differences between a university medical center and a veterans administration medical center's Surgical Pathology Service. Credit: 2. Bentley, Deeny, and staff

**PATHASST-222. Introduction to Surgical Pathology-VAMC.** This is the initial practical rotation conducted during the first summer session complimenting PATHASST 221. It presents students with the techniques of gross dissection, descriptions, and submission of tissue samples from surgical specimens processed at the Durham Veterans Administration Medical Center's (VAMC) Surgical Pathology Service. Emphasis is placed on the close interaction with the attending pathologist, pathology resident and their interactions with the surgical team. Students are introduced to tissue triage, slide preparation, frozen section technique and case sign-out logistics, comparing the variations and differences between a university medical center and a veterans administration medical center's Surgical Pathology Services. Credit: 2. Huening and staff

**PATHASST-302. Forensic Pathology.** This is a practical rotation at the North Carolina Office of the Chief Medical Examiner observing and participating (on a limited basis) with forensic pathologists performing medical-legal autopsies. Credit: 2. Aurelius and staff

**PATHASST-321 (DUKE), 322 (VAMC). Surgical Pathology I.** These courses run concurrently during the fall semester of the second year, and are meant to be complimentary. They are practical rotations on the Duke University and Veterans Administration Medical Center's Surgical Pathology Services respectively, building on the techniques and skills taught in PATHASST 221 & 222. These courses consist of continuing laboratory training in the orientation, description, and dissection of gross surgical specimens with special emphasis on frozen section technique, tissue triage and the role of the PA and their interaction with the attending pathologist and pathology resident following many of the cases through to sign-out by the pathologist at the VAMC. Credit: 4, 4. Bentley, Deeny, Huening, and staff

**PATHASST-323, 324. Autopsy Pathology I, II.** A detailed consideration of the morphologic, physiologic, and biochemical manifestations of disease. Includes gross dissection, histologic examinations, processing, and analyzing of all autopsy findings under tutorial supervision. Credit: 4, 4. Glass, Hennessey, Riley and staff

**PATHASST-331 (DUKE), 332 (VAMC). Surgical Pathology II.** These courses run concurrently during the spring semester of the second year, and are meant to be complimentary. They are continuing, practical rotations on the Duke University or Veterans Administration Medical Center's Surgical Pathology Services, building on the techniques and skills taught in PATHASST 221, 222, 321 & 322. These courses consist of continuing laboratory training in the orientation, description, and dissection of gross surgical specimens with special emphasis on the role of the PA and their interaction with the attending pathologist and pathology resident, following many of the cases through to sign-out by the pathologist at the VAMC. Students also participate in a two week enrichment experience at an external rotation site during these courses. Credit: 7, 4. Bentley, Deeny, Huening, and staff

**PATHASST-340, 341. Photography I, II.** This is an introduction to medical photography. Students become familiar with photography equipment and the fundamentals of gross and microscopic specimen photography. Credit: 1, 2. Conlon

**PATHASST-330. Autopsy Practicum.** This is the final autopsy rotation completed during the summer of the second year of training. Students must perfect their dissection skills, demonstrate the ability to conduct full autopsy prosections in all possible situations, and write full preliminary autopsy reports. In addition, special dissection skills are taught in this course. Credit: 3. Glass, Hennessey, Riley and staff

**PATHASST-351 (Duke), 352 (VAMC). Surgical Pathology Practicum-Duke and VAMC.** These are the final surgical pathology rotations completed during the summer of the second year of training both at Duke University and the Veterans Administration Medical Center. Students must perfect their dissection skills and demonstrate the ability to orient, dissect, describe, and submit appropriate tissue samples from all commonly encountered surgical pathology specimens. Students also participate in a one week enrichment experience at an external rotation site during these courses. Credit: 2, 2. Bentley, Deeny, Huening, and staff

**PATHASST-359. Laboratory Technologies and Management.** Students are presented with fundamentals of laboratory management to include regulatory and compliance issues, basic management techniques, laboratory safety and infection control in both lectures and practical applications, as well as practical applications of fine needle aspiration and bone marrow aspiration and biopsy. Credit: 2. Department of Pathology faculty and staff.

**PATHASST-361, 362. Pathologic Basis of Clinical Medicine I, II.** This course consists of lectures and seminars by the departments of Pathology and Medicine faculty emphasizing both basic science and systemic pathologic topics. Credit: 3, 3. Department of Pathology faculty and staff.

**PATHASST-390. Senior Seminar.** Students complete an independent study under the supervision of a Department of Pathology faculty member or senior Pathology resident. Topics are selected from Surgical Pathology or Autopsy Pathology cases, and are researched, developed and presented to the PA Program administration and the Department of Pathology faculty and staff as a final senior seminar. Credit: 2. Bentley and staff.



# The Physician Assistant Program

Department of Family Medicine and Community Health Department Chairman: Anthony Viera, MD, MPH  
PA Division Chief: Patricia M. Dieter, MPA, PA-C  
Program Director: Jacqueline S. Barnett, DHSc, MSHS, PA-C Associate Program Director: April Stouder, MHS, PA-C  
Medical Director: Kenyon Railey, MD  
Director Preclinical Education: Annamarie Streilein, MHS, PA-C  
Academic Coordinator: Betsy Q. Melcher, MS, ATC, MHS, PA-C  
Academic Coordinator: Lorraine Anglin, MHS, PA-C  
Academic Coordinator: Mara Sanchez, MMS, PA-C  
Director of Clinical Education: Melinda Blazar, MHS, PA-C  
Clinical Coordinator: Nicholas M. Hudak, MEd, MPAS, NCC, PA-C  
Clinical Coordinator: Quincy Jones, MSW, LCSW, MHS, PA-C  
Clinical Coordinator: Alicia Bolden, DMSc, MPH, PA-C  
Director of Curriculum: Peggy R. Robinson, MS, MHS, PA-C  
Director of Diversity and Inclusion: Lovest T. Alexander, MHS, PA-C  
Director of PA Research: Perri Morgan, PhD, MEd, PA-C  
Director of Assessment and Evaluation: Susan T. Hibbard, PhD Associate Professor: Christine Everett, PhD, MPH, PA-C  
Surgical Coordinator: Kim Howard, MHS, PA-C  
Pharmacology Coordinator: Jean Mesaros, PharmD, BCPS Anatomy Coordinator: Megan Holmes, PhD  
Pediatric Coordinator: Martha Nelson, MHS, PA-C  
Senior Education Specialist: Sandro Pinheiro de Oliveira, MA, MRE, PhD  
Senior Education Strategist: Rachel Porter, PhD

## Program Mission

The Duke Physician Assistant Program's mission is to educate caring, competent primary care physician assistants who practice evidence-based medicine, are leaders in the profession, dedicated to their communities, culturally sensitive, and devoted to positive transformation of the health care system.

## The Physician Assistant Profession

Physician assistants (PAs) are well-recognized and highly sought-after members of the health care team. Working in collaboration with physicians and healthcare teams, PAs provide diagnostic and therapeutic patient care in virtually all medical specialties and settings. They take patient histories, perform physical examinations, order laboratory and diagnostic studies, and develop patient treatment plans. In all fifty states, PAs have the authority to write prescriptions. Their job descriptions are as diverse as those of their collaborating physicians, and also may include patient education, medical education, health administration, and research. Of the approximate 140,000 certified PAs in the United States, 25 percent provide primary care services, especially in family and general internal medicine.

While PAs practice medicine, other tasks have been integrated into the role, particularly in the institutional and larger clinic setting. For example, PAs in the tertiary care setting are often involved in the acquisition, recording and analysis of research data, the development of patient and public education programs, and the administration of their departments' clinical and educational services. Involvement in these other services has demonstrated the value of having PAs as part of the team and provided job advancement for PAs in these settings.

Additional nonclinical positions are developing for PAs. While these positions do not involve patient care, they depend on a strong clinical knowledge base. The MHS curriculum provides PAs with depth of knowledge in the basic medical sciences and clinical medicine, as well as skills in administration and research. With these expanded skills, graduates can take advantage of the wide diversity of positions available to PAs.

## Preclinical Year Calendar — Academic Year 2021-2022 (Class of 2023)

### Fall 2021

August 16	Program Orientation Week begins
August 23	Fall Semester classes begin
September 6	Labor Day Holiday
October 8	5 p.m.—Begin Fall Break
October 13	Classes resume
November 23	5 p.m.—Begin Thanksgiving Holiday
November 29	Classes resume
December 17	5 p.m.—End of Fall Semester; Winter Break begins

### Spring 2022

January 3	Spring Semester classes begin
January 17	Martin Luther King, Jr. Holiday—no classes
February 11	5 p.m.—Begin Mid-Semester Break
February 16	Classes resume
April 8	5 p.m.—End of Spring Semester; Spring Break begins

### Summer 2022

April 18	Summer Term classes begin
May 21	5 p.m.—End classes for AAPA Conference
May 30	Memorial Day Holiday, no classes
May 31	Classes resume
June 22	5 p.m.—End of Summer Term and Preclinical Year

### Clinical Year Calendar — Academic Year 2021-2022 (Class of 2022)

June 23, 2021	End of Classes
June 24-July 18	Summer Break
July 19-30	PhyAsst 299 - Bridge: The Path to Patient Care
August 2-27	Rotation #1
August 30-September 24	Rotation #2
September 6	Labor Day Holiday
September 27-October 22	Rotation #3
October 25-November 19	Rotation #4
November 22-December 17	Rotation #5
November 25	Thanksgiving Holiday
December 18, 2021-January 2, 2022	Winter Break
January 3-28	Rotation #6
January 17	Martin Luther King, Jr. Holiday
January 31-February 25	Rotation #7
February 28-March 25	Rotation #8
March 28-April 22	Rotation #9
April 23-May 1	Spring Break
May 2-27	Rotation #10
May 30	Memorial Day Holiday
May 31-June 24	Rotation #11
June 28-July 23	Rotation #12
July 4	Independence Day Holiday
July 25-August 5	PhyAsst 390 – Practice and the Health System III
August 5	Certificate of Completion
August 12, 2022	Eligible to sit for PANCE
June 1-25	Rotation #11
June 25	Call Back Day #8
June 28-July 23	Rotation #12
July 5	Independence Day Holiday
July 26-30	PhyAsst 390 - Senior Seminar
August 6	Certificate of Completion
August 13, 2021	Eligible to sit for PANCE

## Prerequisites for Application

The prerequisites for application to the MHS physician assistant curriculum include:

1. A baccalaureate degree from an accredited institution. College seniors are eligible to apply, provided they receive the baccalaureate degree prior to the August starting date for the PA Program. Those candidates who received their baccalaureate degrees from colleges and institutions outside of the United States must complete at least one year (thirty semester credits) of additional undergraduate or graduate study at an accredited US college or university prior to application to the program.
2. Specific prerequisite college courses:
  - At least five biological science courses of three semester credits or four quarter credits each are required. Of these five courses, at least one must be in anatomy, one in physiology, and one in microbiology. Courses in human anatomy and human physiology are preferred to courses of a more general nature, and courses with labs are preferred. To fulfill the remaining biological science course prerequisite, the PA Program recommends courses in cell biology, molecular biology, genetics, embryology, histology, or immunology. While none of the latter courses are required, they provide a good foundation for the study of medicine.
  - At least two chemistry courses with labs are required. Each of these courses must be at least four semester credits or five quarter credits each.
  - At least one statistics course of at least two semester credits or three quarter credits is required.
  - All prerequisite courses must be completed with grades of C or better (not C minus).
3. Scores of the Graduate Record Examination (GRE general test), taken within the last four years, and no later than September 15 of the year of application. No other test scores are accepted in lieu of the GRE.
4. A minimum of 1,000 hours of patient care experience, with direct “hands-on” patient contact, completed by July 1 of the year of application.

## Application Procedures

Duke’s PA Program is a participant in CASPA (Centralized Application Service for PAs). The CASPA application may be accessed via the program’s website, <http://pa.duke.edu>. The application is available from April 26 to September 1. In addition to completing and submitting the web-based application by September 1, candidates must also submit

- the CASPA application fee;
- official transcripts from all colleges/universities and other post-secondary institutions attended;
- scores of the GRE. The GRE must be taken no later than September 15;
- three completed recommendation forms, including at least one from a health care provider with whom the applicant has worked; and
- the online supplemental application (access provided to the applicant after submission of CASPA application) must be submitted by October 1.

## Selection Factors

The Duke PA Program is a mission-driven and strives to recruit a diverse student population who demonstrates a heart for service and a commitment to increasing access to primary care in rural and underserved communities. The PA Program values diversity in the broadest sense and give preference to applicants who represent a strong match to our mission. The program endeavors to matriculate a student body that differs in attributes such as age, gender, gender identity, disability, life experience, and years of health care experience. The program also seeks applicants who have served their communities or their country through volunteer activities, military service, employment opportunities, or service-oriented programs. The PA Program is committed to recruiting students from North Carolina and geographically underserved regions, as well as students from different racial, ethnic, and socioeconomic backgrounds. Information submitted by each applicant is carefully reviewed by the Committee on Admissions, and selected applicants are invited to Duke University for personal interviews. These interviews take place September through December; ninety students are chosen from among those interviewed. Only full-time students are admitted.

## Criminal Background Check and Drug Screening

Candidates offered admission to the Physician Assistant Program will undergo a criminal background check and drug screening following admission, prior to the start of the clinical year, and as needed for clinical site credentialing.

## Program of Study

The curriculum is twenty-four consecutive months in duration and is designed to provide an understanding of the rationale for skills used in patient assessment, diagnosis, and management. The first twelve months of the program are devoted to preclinical studies in the basic medical and behavioral sciences, and the remaining twelve months to clinical experiences in primary care, medical and surgical specialties, and advanced study in evidence-based practice.

Each student is assessed a technology fee for both the first and second years. This fee includes access to an electronic platform, which hosts most of the required textbooks needed for the program. In addition, the program provides computers and handheld devices, which are used for communication and a variety of in-class and clinical assignments and activities. The preclinical curriculum is integrated to introduce the student to medical sciences as they relate to specific organ systems and clinical problems. Learning strategies include the traditional lecture format, basic science laboratory, small group tutorials, and patient case discussions. Opportunities for early clinical exposures are an important part of the first-year curriculum, and these patient learning experiences are incorporated into the Patient Assessment and Counseling courses during the preclinical year. Standardized patient evaluations, using simulators and actors, are also a part of the preclinical curriculum.

As part of the clinical curriculum, students are required to complete core clinical courses in internal medicine, surgery, emergency medicine, primary care, pediatrics, women’s health, and behavioral medicine. In addition, two elective clinical courses are included in the clinical year schedule, as is a clinical course devoted to advanced study in evidence-based practice. At least one clinical experience must be completed in a medically underserved site. The final week of the clinical year is spent in intensive preparation for the PA National Certifying Examination (PANCE).

Because the clinical teaching is carried out in many practice settings throughout North Carolina, students should plan on being able to travel away from the Durham area for at least two of their clinical experiences. Housing will be made available for out-of-town clinical placements.

## Curriculum

Before proceeding into the clinical phase of the curriculum, students must satisfactorily complete the following required courses:

### Preclinical Year

Fall Semester		Course Credits
PHYASST 200 Basic Medical Sciences		2
PHYASST 201 Physiology		2
PHYASST 205 Anatomy		4
PHYASST 210 Diagnostic Methods I		3
PHYASST 220 Clinical Medicine I		5
PHYASST 223 Pharmacology I		1
PHYASST 231 Patient Assessment and Counseling I		3
PHYASST 251 Practice and the Health System I		1
PHYASST 255 Evidence-Based Practice I		2
<b>Term Total</b>		<b>23</b>
Spring Semester		
PHYASST 211 Diagnostic Methods II		2
PHYASST 221 Clinical Medicine II		10
PHYASST 224 Pharmacology II		1
PHYASST 230 Fundamentals of Surgery		3
PHYASST 232 Patient Assessment and Counseling II		3
PHYASST 252 Practice and the Health System II		1
<b>Term Total</b>		<b>20</b>
Summer Term		
PHYASST 212 Diagnostic Methods III		1
PHYASST 222 Clinical Medicine III		10
PHYASST 225 Pharmacology III		1
PHYASST 233 Patient Assessment and Counseling III		3
<b>Term Total</b>		<b>15</b>
<b>Preclinical Year Total</b>		<b>58</b>

### Clinical Year

Following successful completion of the preclinical courses, students enter the clinical phase of the program, completing the following required courses:	
PHYASST 299 Bridge: The Path to Patient Care	2
PHYASST 300A, 300B Primary Care I & II	4
PHYASST 305 Evidence-Based Practice II	3
PHYASST 310 Behavioral Medicine	4
PHYASST 320A, 320B Internal Medicine I & II	4
PHYASST 340 Principles of Surgery	4
PHYASST 350 Emergency Medicine	4



PHYASST 360 Pediatrics	4
PHYASST 370 Women's Health	4
Elective	4
Elective	4
PHYASST 390 Practice and the Health System III	2
<b>Total</b>	<b>51</b>

In addition to successful completion of the preclinical and clinical phases of the program, the PA student must also successfully complete BLS, ACLS, and all components of the summative evaluation to graduate from the PA Program.

## Attendance

Our program's philosophy is that all coursework is significant and that student presence at all sessions is important. Many students bring to our program previous expertise in a given field. Students with strong background knowledge of a particular subject should understand that there is always more that can be learned, or shared. Assuming that one has nothing to learn from a particular class is a dangerous presumption in a profession that requires lifelong learning. Students are expected to participate in all lectures, laboratories, and small group sessions, as they are designed to develop professional and clinical skills. Courses with practicums, laboratory sessions and seminars, Common Problem Labs, Synthesis Sessions, standardized and actual patient encounters are rich learning opportunities for students that cannot be recreated. Because of the unique nature of these learning activities, attendance is required. In the event of illness or emergency, students should notify the course coordinator and their advisor in advance of a missed practicum, laboratory session, CPL, Synthesis Session, or standardized patient encounter or any required activity.

A pattern of recurrent absences may have a negative impact on the clinical competency of the learner and reflect poorly on the learner's professionalism. Significant attendance concerns, which may be jeopardizing the student's academic standing, will be brought to the student's attention by faculty. For students on a professionalism or academic progression agreement where attendance is a required component of the contract, recurrent absences violate the terms of the agreement and may result in recommendation for probation, suspension, or dismissal from the program.

Attendance policies in the clinical year of the curriculum are established to assure competency in each area of medicine. Clinical year policies are clearly outlined in the Student Handbook and do vary from the preclinical attendance policy outlined above.

## Registration and Drop/Add Policy

All courses are required and are offered as a cohort. In the preclinical year, with the exception of the optional medical Spanish or IPE electives, there is no opportunity to drop or add a course. In the clinical year, all students will register for the Bridge course and Practice and the Health System III, and will complete these courses together as a class. Students also register for the required core clinical courses and two of the elective course offerings, however, they will complete these courses at different times during the clinical year. Faculty assign all clinical year courses, and therefore courses can only be dropped or added with direction by the program faculty.

## Program Policies and Grading Standards

Grades for all preclinical and clinical courses are assigned on the basis of the following: S (satisfactory) and U (unsatisfactory). The Physician Assistant Program is designed to integrate classroom and clinical learning experiences considered necessary for competency as health care providers. Therefore, the failure of any required course will result in dismissal from the program. Determination of satisfactory academic progress is made by the PA program director upon advisement by the Progress and Promotion Committee, at the conclusion of each semester/term.

A grade of I (incomplete) may remain on a student's transcript for one year only. After one year, a grade of Incomplete automatically is converted to an F. An extension to this one-year limit may be granted by the program director; a request must be submitted in writing to the program director no later than thirty days prior to the expiration of the one-year time limit.

Students in the Physician Assistant Program are participants in a professional training program whose graduates assume positions of high responsibility as providers of health care. Accordingly, students are evaluated not only on their academic and clinical skills, but also on their interpersonal skills, reliability, and professional conduct. Deficiencies in any of these areas are brought to the student's attention in the form of a written evaluation and may result in being placed on a professionalism or academic progression agreement, probation, suspension, or dismissal from the program.

## Appeals of Course Grades

A student may appeal a course grade by writing to the program director within two weeks of the grade being posted, providing factual evidence for changing the final course grade. Appeals will be considered individually on their merits and will not be considered as precedent. The program director will notify the student of the decision on the appeal in writing, within two weeks of receipt of the appeal.

## Satisfactory Academic Progress

Determination of satisfactory academic progress is made by the PA program director upon advisement by the Progress and Promotion Committee, at the conclusion of each semester/term. Satisfactory academic progress for students in the Physician Assistant Program consists of the successful completion of all requirements necessary for the advancement from one semester to the next. These requirements are as follows:

**Preclinical Year:** Completion of all required courses (a total of 58 course credits) during the fall, spring, and summer terms within the scheduled semester or term and within one year of initial matriculation.

**Clinical Year:** Completion of the Bridge course, all required core clinical courses, elective courses, and Practice and the Health System III (a total of 51 course credits) during the fall, spring, and summer terms; clinical courses begin in the semester immediately following the completion of the preclinical year and must proceed as scheduled without interruption for three semesters/terms (twelve months).

In unusual circumstances (including leave of absence, academic remediation, or probationary status) the determination of satisfactory progress for academic purposes is made by the program director in conjunction with the Progress and Promotion Committee. This may extend the clinical course cycle into the next academic year, delaying the expected time of graduation.

For financial aid purposes, federal regulations establish the maximum time frame for completion of the program at 150 percent of the minimum time required to complete the program. Any student exceeding the 150 percent maximum time frame is ineligible for Title IV (Stafford loan) student financial aid funds.

## Determination of Academic Standing

All students' records are reviewed at the end of each term by the Progress and Promotion Committee, and each student is assigned to one of the following categories of academic standing:

- A. **Satisfactory Academic Standing:** The PA student is considered to have satisfactory academic standing if they complete no more than one course in a semester with an overall grade of less than 78 (but greater than or equal to 70).
- B. **Academic Probation:** The PA student will be placed on academic probation if they complete more than one course in a semester with an overall grade of less than 78 (but greater than or equal to 70). Additionally, the following are considered academic concerns and may result in the assignment of Academic Probation: deficiencies in clinical skills, interpersonal communication abilities, and/or professional conduct, failure of a complete integrated unit (i.e. failure of the clinical medicine, pharmacology and diagnostic methods portions of a combined unit exam), or as recommended by the Progress and Promotion Committee upon review of the student with multiple examination failures.

Academic probation indicates concern about the student's performance in the program. If the Progress and Promotion Committee recommends academic probation, the Vice Dean for Education is notified and provided with relevant material justifying the recommendation. The student is informed that future performance must improve or the student risks continued probation status or dismissal from the program.

While assigned to academic probation, if a student completes more than one course in any semester with an overall grade of less than 78, the student will be dismissed from the program. Additionally, a student on probation status with a continued pattern of misconduct, deficiencies in clinical skills, exam failures, poor interpersonal communication or unprofessional conduct could result in the student's dismissal from the PA Program or prevent their academic standing from returning to satisfactory, despite final course grades greater than 78.

In the semester probation is assigned, if the student completes all courses with course grades of 78 or above and adheres to the expected academic and professionalism standards, probation status will be lifted, and the student will regain the status of satisfactory academic standing in the following semester. For example, a student had two courses with grades less than 78 in the fall semester and was assigned to academic probation at the start of the spring semester. All courses in the spring semester were 78 or greater, thus probation lifted at the start of the summer semester. The student would have spent a total of one semester on academic probation. If a student is unable to meet academic and professionalism standards, the student will remain on probation until they meet these standards and achieve a 78 or higher for all course grades in a semester.

If a student previously on academic probation who subsequently returned to satisfactory academic standing has a future semester with more than one overall grade less than 78, academic probation will be assigned. The student would then need to have two concurrent semesters with no overall course grades less than 78 to return to satisfactory academic standing.

The Vice Dean for Education is responsible for placing individuals on academic probation, suspension or dismissal upon a finding of unsatisfactory academic performance.

Students on academic probation or a professionalism agreement may be ineligible for special clinical experiences such as Global Health Electives, some scholarship opportunities, out-of-state rotations, or independent studies.

The Vice Dean for Education notifies the Medical Center Registrar of the student's academic probation. The probation status will be permanently noted on the student's transcript at the completion of the semester(s) during which this status is assigned. Students should be aware that they will be required to report academic probation when seeking medical licensure and/or credentialing, even if they returned to satisfactory academic status while enrolled.

## Appeals of Academic Status (Academic Probation or Dismissal)

A student placed on Academic Probation or dismissed from the program may appeal to the Academic Appeals Committee (AAC) within ten business days of official notification of academic status. The student's appeal to the AAC should be directed in the form of a letter to the Vice Dean of Education, School of Medicine. A summary report, the student's rationale for the appeal, and all relevant documents are supplied to the AAC by the Vice Dean for Education. The student has ten business days after notification of the outcome of the appeal to submit a request to have the Dean of the School of Medicine review the appeals process. An appeal to the Dean may be made only upon the grounds of improper procedures in the process rather than continued disagreement about the outcome of the process. The Dean reviews the information related to the process of the appeal and determines whether it was appropriate. The Dean can uphold the Committee's decision, recommend another sanction, recommend no sanction, or send the matter back to the committee for further consideration.

Once the Dean of the School of Medicine upholds a decision of dismissal, the student relinquishes student status and is no longer enrolled in the University.

## Leave of Absence

A PA student, after presenting a written request to the PA program director, may be granted an official leave of absence (LOA) for personal, medical or academic reasons for a period not to exceed one calendar year. The student must make an appointment with the Financial Aid Office to discuss the potential impact of the LOA on their financial aid package and any additional fees associated with an off-cycle program completion. Students must reach out to Student Health administration to discuss the impact of a LOA on student health insurance coverage.

If the leave of absence is approved, the program director provides written notification including applicable beginning and ending dates to the student, the registrar, and the director of financial aid. The student must notify the program director in writing of their wish to return to the PA Program or to extend the personal leave at least two weeks prior to the anticipated date of re-entry. A student desiring an extension beyond one calendar year may be required to apply for readmission to the PA Program. When a leave of absence is taken, the program director may require the student to repeat some or all of the courses completed prior to the leave of absence. Students requesting a medical leave of absence may be required to provide documentation from a healthcare provider that they are fit/medically cleared to return to the PA Program and can meet the program required technical and code of professional conduct standards for PA students. In all cases of a leave of absence, the student is required to complete the full PA curriculum to be eligible to earn the master's degree and PA certificate.

## Withdrawal

If a student withdraws, including involuntary withdrawal for academic reasons, tuition is refunded according to the following prorated schedule:

Before classes begin:	100%
During first or second week:	80%
During third to fifth week:	60%
During the sixth week:	20%
After sixth week:	None

### **Student fees are nonrefundable after classes begin.**

Voluntary withdrawals are initiated at the request of the student. Working with the program director, a mutual decision is reached with regard to the effective date of the withdrawal and any academic penalty to be assessed. Per letter, the program director will notify the Offices of the Registrar and Financial Aid in the School of Medicine. The Office of the Registrar will process the withdrawal and remove the student from any current and/or future enrollments. The Office of Financial Aid may revoke any financial aid that has been disbursed. The student should also contact these offices to ensure that they have fulfilled any responsibilities with regard to this process. The student's permanent academic record will reflect that they were enrolled for the term and that they withdrew on the specific effective date.

## Duke University School of Medicine Code of Professional Conduct

The Duke University School of Medicine strives to create a community in which all faculty, staff, and learners cultivate a learning environment that is respectful and inclusive. Professionalism is a core component of all health professions. Health professionals are expected to demonstrate behavior that is responsible, accountable, self-directed, ethical, and professional. The community has a responsibility to support one another in achieving these standards of professionalism, recognize exemplars and to address lapses in professionalism.

### Relevant Policies

Faculty, staff, and students must comply with all regulations regarding conduct established by Duke University, the School of Medicine, and the Health System. In addition, sites at which student rotate may have additional expectations, as may the student's own program. These include at a minimum:

- The Duke School of Medicine Bulletin
- [Duke School of Medicine Social Media Policy](#)
- [Duke Health HIPAA Policy](#)
- [Duke Policy on Consensual Relationships](#)
- Individual's own academic program documents
- Regulations of Duke University, School of Medicine, and the Health System

### Statement of the Code of Professional Conduct

The Code of Professional Conduct is intended to promote expected behaviors and clarify the behaviors that are considered unacceptable. This code does not anticipate every potential offense, and unprofessional behavior not specifically mentioned in this code can still be subject to academic sanctions.

Students will be expected to hold themselves to these standards:

**Expected Professional behaviors** (the following list provides representative examples and is not exhaustive)

- Intellectual integrity and honesty
- Kindness and Empathy
- Maintenance of patient confidentiality
- Respect for Inclusion of people from all backgrounds
- Concern for the welfare of others and respect for the rights of others
- Prompt, responsive, and respectful interpersonal and electronic communication

- Collaboration and Teamwork
- Respectful and timely completion of administrative tasks (i.e. flu shots, requests for personal time off, completion of assignments, and evaluations)
- Adherence to program policies, including those related to attendance, professional dress and appearance, & social media
- Respectful receipt, delivery and incorporation of feedback
- Reporting witnessed violations of the code of professional conduct

**Unacceptable Professional Behaviors** (the following list provides representative examples and is not exhaustive)

- Cheating
- Lying, Stealing, and Plagiarism
- Bullying and disrespectful behavior towards others
- Breaching patient confidentiality
- Misrepresenting one's professional self
- Acting outside one's scope of practice
- Fabricating or falsifying patient/research data
- Being dismissive of or defensive about feedback
- Acting without informed consent
- Discriminating on the basis of group characteristics
- Engaging in behaviors that would be considered sexual harassment
- Engaging in romantic, sexual, or other non-professional relationship with patient, patient's family member, supervisor, supervisee, or faculty
- Failing to adhere to principles of research integrity & ethics
- Bribing others for personal gain

## Scope of the Code of Professional Conduct

Professional behavior in the classroom, laboratory, clinical settings, and community, including online presence, is considered an essential element of academic performance and is necessary for promotion and ultimately, graduation/successful program completion. Society has high standards for the conduct of health professionals, and behavior outside of the academic setting may come to the attention of the school and impact progression.

In the health professions, professionalism is integral to academic success and cannot be separated from "academic" issues. Failure to adhere to behaviors consistent with these professional standards may jeopardize advancement and graduation. Lapses in professionalism can compromise future licensure and credentialing. Egregious professionalism lapses or a pattern of more minor professionalism issues may require reporting to future educational entities, licensing boards, credentialing organizations, and future employers.

The Code of Professional Conduct applies to a student while enrolled and after graduation in matters pertaining to certifying credentials, issuing transcripts, and verifying degrees that have been granted by the School of Medicine.

## Civil and Criminal Charges/Offenses

### 1. Civil Offense

- The matriculating or current student should report a civil action against them (final or not) as soon as possible but no later than 3 business days to:
  - the Vice Dean for Education for the MD program
  - the Program Director for the MBS, DPT, OT, PA programs
- If the program determines that the behavior reported in the civil action could be detrimental to the safety or well-being of our community or patients, the school reserves the right to immediately remove the student from the learning environment. Once the student reports the situation as outlined above a review will be conducted by the Program Director and Vice Dean for Education.
- The outcome of this review will be conveyed to the student by Program Director and/or the Vice Dean for Education.
- The student has 10 business days to appeal the decision to the Dean.

### 2. Criminal Offense

- The matriculating or current student is obligated to report everything immediately to
  - the Vice Dean for Education for the MD program
  - the Program Director for the MBS, DPT, OT, PA programs
- If the student is charged with a felony or a misdemeanor that implicates the safety or well-being of our community or patients, they will be removed immediately from the course of study until/unless cleared of a criminal charge.
- Once the student reports the situation as outlined above a review will be conducted by the Program Director and Vice Dean for Education.
- The outcome of this review will be conveyed to the student by Program Director and/or the Vice Dean for Education.
- The student has 10 business days to appeal the decision to the Dean.

## Academic Sanctions and Appeals in the School of Medicine

### Academic Performance Principles

All students enrolled in educational programs in the School of Medicine are expected to achieve a specified level of academic performance and abide by the Standards of Professional Conduct, which describes the personal and professional behavior expected of students training in the health sciences.



Professionalism is an integral part of each academic program's performance standards and is incorporated into the student's academic assessment.

Procedures dealing with unacceptable academic performance (including unprofessional behavior) are to be developed by each academic program. The initial determination of unacceptable academic behavior or unprofessional conduct is performed at the educational program level.

### **Unsatisfactory Academic Performance**

Academic programs who wish to place students on academic probation, suspension or dismissal must notify the Vice Dean for Education and supply relevant material justifying the sanction.

The Vice Dean for Education is responsible for placing individuals on academic probation, suspension or dismissal upon a finding of unsatisfactory academic performance.

The Vice Dean may support or recommend an alternative sanction depending on the situation, information provided, and further investigation.

### **Student Appeals**

A student may appeal to the Academic Appeals Committee a decision of the Vice Dean for Education if the student feels that the process the program used in recommending the sanction was unfair or that the sanction levied by the Vice Dean was inappropriate based on the circumstances surrounding the situation.

## **Academic Sanctions Appeals Process**

### **The Academic Appeals Committee (AAC)**

#### **Membership**

- One faculty member from each educational program (MD, MS, PA, DPT, Path Assist., Op Tech).
- Each program will select one student and one alternate student from a different academic year to serve as representatives to the AAC. Students will serve as needed only for appeals of actions concerning fellow students enrolled in his/her/their own program (e.g., medical student representative for medical students, DPT student representative for DPT students, etc.). In the event that the student representative is in the same class as the appellant, the student alternate will serve.
- Faculty members will serve a one-year term (renewable annually for a total of three terms) and appointments will be staggered such that new members will join experienced members. Students will serve a one-year term.
- If a committee member was involved in recommending the sanction that is being appealed, an alternate member from that program's faculty is selected in their place.
- The chair will be selected by the Vice Dean for Education.
- The Vice Dean will serve ex-officio to assist with process but will not participate in discussions or deliberations.

#### **Procedures**

- The student must submit their appeal in writing along with supporting documents to the Vice Dean for Education within ten business days of being notified of an academic sanction. The written appeal should address each of the reasons that were provided for the sanction and state why the sanction is not appropriate in their situation. In essence the student should answer the question, "I should not be sanctioned because...." Any background information to support the student's argument should be provided at that time.
- Pending the determination of the appeals committee, the student will be allowed to continue course work provided he/she/they are not felt to be a threat to themselves or others.
- A list of the committee members who will be participate on the committee will be forwarded to the student. The student has the option of challenging any member of the committee that is felt to be prejudiced against him/her/them because of personal interactions, previous assessments, or participation in prior academic sanction committees. These members will be replaced by faculty members who have no previous interactions with the student.
- The Vice Dean will create a summary report for the committee explaining the reason for the sanction and include supporting documents from the program and student.
- The Vice Dean will supply the student's written appeal request, the summary report and any other pertinent documents to the committee for review.
- The committee will hold a meeting within a reasonable time to make a decision about the appealed sanction.
- At least 72 hours prior to the meeting, all material to be considered, other than the interviews themselves, will be distributed to the committee members and the student for their review.
- The student will be given an opportunity to explain in person to the committee their rationale as to why the sanction was not appropriate and should be reversed or modified.
- The educational program will be given the opportunity to present why they recommended that the student be sanctioned.
- The committee may ask for additional information and question other individuals as necessary to reach a decision about the appeal request.
- The chair of the committee will inform the Vice Dean for Education of its recommendation in a timely manner after the committee meeting (typically within a week). The committee can uphold the Vice Dean's sanction, recommend another sanction or recommend no sanction.
- The Vice Dean for Education will then notify the student and other interested parties of the committee's decision.
- The student will have ten business days after notification of the outcome of the appeal to submit a request to have the dean of the School of Medicine review the appeals process. An appeal to the dean may be made only upon the grounds of improper *procedures* in the process rather than continued disagreement about the outcome of the process. The dean will review the information related to the process of the appeal and determine whether it was appropriate. The dean can uphold the

committee's decision, recommend another sanction, recommend no sanction, or send the matter back to the committee for further consideration.

- Once the dean of the School of Medicine upholds a decision of dismissal, the student relinquishes student status and is no longer enrolled in the University.

#### **Committee meeting procedures**

- At least 72 hours prior to the committee meeting the members and student will have access to:
  - The Vice Dean Letter to the student indicating the sanction and its reason
  - The written appeal request by the student indicating why the sanction is not appropriate
  - Supporting documents from the program as to why they requested the student be sanctioned. This includes such things as exam scores, learning contracts, performance reviews, academic counseling attempts, remediation efforts, police reports etc.
  - Supporting documents from the student as to why the sanction should not be enforced.
  - The names of all faculty, students, or staff that will attend the meeting
- The student has the right to be present at the appeals committee for the portion of the meeting that involves the education program's presentation of the rationale for the recommended sanction and questions by the committee to the program's representatives. The student is not permitted to be present for the deliberations of the committee.
- The committee meeting will begin with a review of the sanction and the provided materials.
- The education program that has sanctioned the student will present the reasons for the recommendation and answer any questions that the committee may have. Depending on the issue, additional faculty or other students who are involved may be asked to attend and provide information to the committee.
- The student will then present to the committee why they feel the sanction is inappropriate or should be reconsidered and answer any questions the committee may have. The student may request that the committee also hear information from other faculty or students with knowledge about the circumstances surrounding the reasons for the sanction. These individuals should be able to provide specific clarifying or defining information and not act as "character witnesses."
- Before making its recommendation the committee may request to meet with other faculty or students that may be able to provide additional information or insight into the circumstances related to the recommended sanction.
- The committee will discuss the issues and reach a recommendation by a majority vote as to whether the sanction should be upheld, changed to a lesser sanction or removed.
- The chair will draft a summary of the meeting and the committee's recommendation and circulate to the committee members for approval.
- Once approved, the recommendation will be communicated to the Vice Dean for Education who will notify the education program and the student.

## **Technical Standards**

The study of medical sciences is not a pure intellectual exercise. Candidates for all degree programs within the School of Medicine (SOM) must possess the ability to learn, integrate, analyze, and synthesize data. This document is a general guidance document; individual programs may have more rigorous motor, sensory, or other requirements in their individual technical standards. In general students should have certain minimum physical, emotional, cognitive and social capacities to complete all requirements of their individual school either directly or through reasonable accommodations.

Students must possess all of the abilities described in the five categories below, with or without reasonable accommodations as determined by the Student Disability Access Office. Fulfillment of the technical standards of an individual program with reasonable accommodation does not guarantee a graduate of the program will be able to fulfill the technical standards for employment, residency or certifying board. Candidates with disabilities are encouraged to contact the program and/or the Student Disability Access Office early in the application process to discuss accommodation needs.

### **Observation**

Candidate must acquire information as presented through demonstrations and experiences in lectures and laboratories. Candidates must be able to evaluate patients accurately and assess their relevant health, behavioral, and medical information. Candidates must be able to obtain and interpret information through a comprehensive assessment of patients, correctly interpret clinical data, accurately evaluate patients' conditions and responses, as well as develop a diagnostic and treatment plan. Vision, hearing and touch or the functional equivalent is required.

### **Communication**

Candidates must exhibit interpersonal skills to enable effective caregiving of patients, including the ability to communicate effectively and sensitively in English, with all members of a multidisciplinary health care team, patients, and those supporting patients, in person and in writing. Candidates must be able to clearly and accurately record information and accurately interpret verbal and nonverbal communications.

### **Motor & Sensory Function**

Candidates must have adequate physical endurance, motor function and sensory ability to be able to provide and/or direct the provision of general care and emergency treatment to patients

performance of routine physical examination and diagnostic maneuvers performance of treatment maneuvers, which may include lifting, transferring of patients, and assisting during ambulation while assuring their own safety as well as the safety of the patient elicitation of information from patients by palpation, auscultation, percussion, and movement of limbs

Candidates must meet applicable relevant safety standards for the environment and follow universal precaution procedures.

### **Intellectual-Conceptual, Integrative and Quantitative Abilities**

Candidates must effectively interpret, assimilate, and understand the complex information required to function within the health professional programs of the SOM. Problem solving is a critical skill that requires conceptual integrative, and quantitative thinking abilities. The candidates must also be able to comprehend three-dimensional relationships, the spatial and functional relationships of structures and to analyze and apply this information for problem solving and decision - making. Candidates must be able to effectively participate in educational activities either online or in person in individual and small groups in all learning environments. They must have the ability to organize, prioritize, analyze and evaluate detailed and complex information individually, in small groups, in clinical setting and within a limited time frame both in person and via remote technology. Candidates must be able to learn, participate, collaborate, and contribute as part of a team.

## Behavioral and Social Skills

Candidates must exercise good judgement and promptly complete all responsibilities attendant to the diagnosis and care of patients. A candidate must have the emotional health to fully use their intellectual ability, exercise good judgement, and to complete all responsibilities attendant to the evaluation and treatment of patients. They must be honest, able to self-assess own mistakes, respond constructively to feedback and assume responsibility for maintaining professional behavior. The skills required include the ability to effectively handle and manage heavy workloads, function-effectively under stress, adapt to changing environments, display flexibility, and learn to function in the face of the uncertainties inherent in the practice of their profession.

A candidate must be able to develop mature, sensitive, and effective relationships with faculty, patients, families, caregivers and colleagues. A candidate must be able to tolerate physical and emotional stress, maintain alertness and wakefulness, and continue to function effectively. They must have a high level of compassion for others, motivation to serve and integrity. They must behave in an ethical and moral manner consistent with professional values and standards. A candidate must possess sufficient interpersonal skills to interact positively and sensitively with all people.

Candidates must be able to satisfy the above requirements with or without reasonable accommodations.

The faculty of the Duke University Physician Assistant Program recognizes its responsibility to present candidates for the PA degree who have the knowledge, attitudes and skills to function in a broad variety of clinical situations and to render a broad spectrum of patient care. The Admissions Committee is responsible for adhering to these technical standards during the selection of Physician Assistant students. If you have any questions about this document or whether you meet the standards as described above, please contact the Duke Physician Assistant Program Admissions Office.

## Tuition and Fees\*

On notification of acceptance, prospective PA students are required to pay a nonrefundable first registration fee of \$475, prematriculation background check fee of \$75, \$100 for a health screening check, as well as a nonrefundable program deposit of \$475. For those who matriculate, the program deposit is applied to the cost of tuition.

### 2021-2022

Class of 2022 Yearly Tuition	\$43,518
Class of 2023 Yearly Tuition	\$45,259

Full cost of attendance budgets may be found on the Office of Financial Aid website: <https://medschool.duke.edu/education/student-services/office-financial-aid/resources>.

## Health Insurance

All students are required to carry full major medical health insurance throughout their enrollment in the PA Program. If the student does not elect to take the Duke Student Accident and Hospitalization Insurance policy, evidence of other comparable health insurance coverage must be provided. The Student Health Fee is mandatory for all students.

## Student Sexual Misconduct Policy

Duke University policies and the federal Title IX law make it clear that violence and harassment based on sex and gender are prohibited to the same extent as violence and harassment based on other protected categories such as race, national origin, disability, etc. The Office of Gender Violence Protection and Intervention in the Women's Center ((919) 684-3897, [wchelp@duke.edu](mailto:wchelp@duke.edu), <https://studentaffairs.duke.edu/wc>), the Office of Student Conduct ((919) 684-6938, [conduct@duke.edu](mailto:conduct@duke.edu), <https://studentaffairs.duke.edu/conduct>), and/or the Office for Institutional Equity ((919) 684-8222, <https://oie.duke.edu/>) all are resources for information and reporting. <https://oie.duke.edu/sites/default/files/documents/POL-ppdhrm-Aug2020.pdf>

Further, Duke conducts extensive education and awareness programs with the goal of preventing and discouraging sexual violence and other forms of Sexual Misconduct.

Please see the following link for the full University policy: <https://oit.duke.edu/sites/default/files/documents/POL-ppdhrm-Aug2020.pdf>.

\* Subject to change and Board approval.

## Financial Aid

Most Duke PA students finance their education through student loans up to the cost of the school-approved budget, by qualifying for federal, state, or private education loans. All financial aid awards are made on the basis of documented financial need. The financial aid application process requires completion of the Free Application for Federal Student Aid (FAFSA) if applying for federal education loans.

The North Carolina Forgivable Education Loan for Service provides financial assistance in the form of loans up to \$10,000 per year for North Carolina residents; these loans may be canceled through approved service in shortage areas, public institutions, or private practice. Applicants may call (866) 866-2362 for further information about this loan program.

The US Public Health Service has several programs that offer scholarships, stipends, and loan repayment to PA students who commit to varying periods of employment within designated facilities. Interested applicants can call the National Health Service Corps Program directly at (800) 221-9393 or go to <https://nhsc.hrsa.gov/> for further information.

Limited scholarship funds are available through the Duke Physician Assistant Program. The Physician Assistant Scholarship Committee will review each applicant and make decisions in the spring prior to matriculation. This scholarship may reduce the amount a student borrows in education loan funding.

Full cost of attendance and budgets may be found on the Office of Financial Aid website, <https://medschool.duke.edu/education/student-services/office-financial-aid/resources>. Additional information can be obtained by calling (919) 684-6649, by contacting the Office of Financial Aid, Box 3067, Duke University School of Medicine, Durham, NC 27710 or by emailing [finaid@dm.duke.edu](mailto:finaid@dm.duke.edu).

## Student Employment

Due to the rigors of the curriculum, the majority of students find it difficult or impossible to work. In efforts to promote satisfactory academic progression, the program strongly discourages students from working.

Student employment may jeopardize one's ability to remain in satisfactory academic standing and to successfully complete the program. Part-time employment over breaks and holidays is at the discretion of the student, however students may not perform any medical tasks or procedures under the auspices of their role as Duke Physician Assistant students. Any student working while attending the program should notify his/her/their advisor.

PA students are prohibited from working for the PA Program as instructional faculty or staff. While PA students often support each other throughout their PA education, this support does not substitute for instructional faculty or administrative staff. The program and the university have adequate faculty and staff to support students throughout their training.

Although students may assist preceptors and administrative staff with various duties to promote ongoing clinic workflow (organizing files, requesting labs, calling patients, etc.), students do not substitute for clinical or administrative staff during supervised clinical rotations.

## Commencement

The PA program will hold its commencement for students and their families at the conclusion of the program in August with the awarding of the Certificate of Completion. The MHS degree is conferred in September following completion of 109 course credits. This includes completion of all preclinical and clinical courses, as well as successful completion of all program competencies, learning outcomes, and summative assessments. PA students should be aware that failure to begin or complete courses as scheduled could delay both receipt of the PA program certificate and the MHS degree.

## Courses of Instruction

Course credits are the recognized units for academic work in the PA Program. All courses are required, no transfer credit is accepted, and no credit is granted for past experiential learning.

### Preclinical Year Courses - Required

**PHYASST-200. Basic Medical Sciences.** Scientific concepts fundamental to genetics, nutrition, immunology, pathology, microbiology, and infectious disease are covered in this course. This course serves as a prerequisite to the clinical medicine course by emphasizing the underlying etiology of disease processes and mechanisms to maintain health. Credit 2. Anglin.

**PHYASST-201. Physiology.** The basic concepts and principles that are essential to comprehending the fundamental mechanisms of human physiology at the cellular, tissue and organ levels and the requirements for the maintenance of homeostatic control. This course lays the foundation for understanding the underlying principles of the etiology, management and prevention of human disease processes. Credit: 2. Jakoi.

**PHYASST-205. Anatomy.** Functional and applied anatomy stressing normal surface landmarks and common clinical findings. Topics for this course are sequenced with the physical diagnosis components of Patient Assessment and Counseling I (PHYASST-231). Cadaver dissections, anatomic models, lectures, and computer software are utilized in teaching this course. Credit: 4. Holmes.

**PHYASST-210, 211, 212. Diagnostic Methods I, II, III.** The essentials of ordering, interpreting, and performing diagnostic studies used in the screening, diagnosis, management, and monitoring of common diseases. Topics for this course are sequenced with Clinical Medicine (PHYASST 220, 221, 222) and Pharmacology I, II, III (PHYASST 223, 224, 225). Lectures, small group discussions, and hands-on laboratory sessions are the teaching strategies utilized in this course. Credit: 3; 2; 1. Anglin.

**PHYASST-220, 221, 222. Clinical Medicine I, II, III.** The essentials of diagnosis and management of the most common clinical problems seen by primary care practitioners. Using an organ systems and life stages approach, clinical information is presented in conjunction with appropriate correlative lectures and labs in pathophysiology, emergent and preventive care. Patient cases are used in the small group setting to enhance readings and lectures. Students develop skills in clinical reasoning across multiple medical disciplines during term-based Synthesis Sessions. This is a core course around which most other courses are organized and is a co-



requisite for Pharmacology I, II, III (PHYASST 223, 224, 225) and Diagnostic Methods, I, II, III (PHYASST 210, 211, 212). Credit: 5; 10; 10. Streilein; Melcher; Streilein.

**PHYASST- 223, 224, 225. Pharmacology I, II, III.** The essentials of basic pharmacological principles and disease process therapeutics. Topics for this course are sequenced with Clinical Medicine I, II, III (PHYASST 220, 221, 222) and Diagnostic Methods, I, II, III (PHYASST 210, 211, 212) and are provided primarily in lecture format. Credit: 1; 1; 1. Mesaros.

**PHYASST-230. Fundamentals of Surgery.** The course focuses on the basic surgical concepts needed for the PA to function in primary care settings as well as major surgical areas. The course emphasizes surgical concepts, topics and surgical technique. A substantial part of this course consists of essential hands-on laboratory exercises emphasizing surgical skills required in a primary care setting. Credit: 3. Howard.

**PHYASST-231, 232, 233. Patient Assessment and Counseling I, II, III.** An introduction to history-taking, physical examination techniques, counseling, documentation and presenting clinical information along with the practical application of these clinical skills. Emphasis is placed on acquiring the skills, knowledge and sensitivity needed to communicate and intervene effectively in a wide variety of patient encounters. Teaching methods include lecture, small group demonstrations and practice sessions as well as clinical assignments to examine and/or interview standardized patients and patients in hospital, and outpatient settings. Students also access standardized patients in a controlled setting. Audiovisuals and asynchronous learning are also used. Credit: 3; 3; 3. Sanchez.

**PHYASST-251, 252. Practice and the Health System I and II** These courses provide an overview of the U.S. health care system with a focus on the PA profession. An interprofessional faculty will provide lectures and lead conversations on various aspects of PA practice and the health care system, including topics such as: the history of the PA profession, population health, health disparities, and health policy. The first part of the course (PHS 1) will focus on sociocultural influences on health, wellness, and health care. The second portion of the course (PHS 2) will continue discussion of the PA professional role, including interactions in the health care system and health policy, and practical application of content in professional settings. Credit: 1, 1. Bolden.

**PHYASST-255. Evidence-Based Practice I.** A lecture and seminar course that provides a practical approach to making sound medical decisions on the basis of current evidence in the medical literature. Through a series of didactic presentations, group exercises, and reading, students will learn the basic principles of evidence-based medicine. Basic skills in using MEDLINE and other medical databases will be emphasized and practiced. Research principles, research ethics, and basic statistical review are introduced. Credit: 2. Morgan.

### Preclinical Year Courses - Elective

**PHYASST-261. Beginning Medical Spanish.** This elective course is designed to improve students' communication in clinical situations with patients whose native language is Spanish. The focus of the instruction will be on learning conversational skills in order to take clinical histories, conduct physical examinations and give instructions to Spanish speaking patients. For students with very little or no previous Spanish language training or experience. Credit: 1. Staff.

**PHYASST 262. Intermediate Medical Spanish.** This elective course is designed to improve students' communication in clinical situations with patients whose native language is Spanish. The focus of the instruction will be on strengthening conversational skills in order to improve students' ability to take clinical histories, conduct physical examinations and give instructions to Spanish speaking patients. For students with previous, but not extensive, Spanish language training or experience. Credit: 1. Staff.

**PHYASST 263. Advanced Medical Spanish.** This elective course is designed to refine students' communication in clinical situations with patients whose native language is Spanish. The focus of the instruction will be on strengthening conversational skills specific to taking clinical histories, conducting physical examinations and giving instructions to Spanish speaking patients. For students with extensive previous experience speaking Spanish. Credit 1. Staff.

### Clinical Year Courses - Required

**PHYASST 299. Bridge: The Path to Patient Care.** This two-week course provides physician assistant students with preparation to begin the clinical year rotations. Topics covered include: preceptor expectations, self-care, electronic medical records access, professionalism and formative and summative assessment of readiness to enter the clinical training environment. Credit: 2. Jones.

**PHYASST 300A, 300B. Primary Care.** These two, four-week clinical courses are an opportunity for physician assistant students to understand the principles of Family Medicine and their application in community practice. Students are introduced to problems commonly encountered by family physicians and physician assistants, as well as to the unique aspects of community practice. Students confront the diversity of community and family health care needs, as well as occupational and environmental issues impacting health and learn about some of the resources to meet those needs. Many of the training sites provide care for underserved populations in rural North Carolina communities. Credit: 4, 4. Staff.

**PHYASST-305. Evidence-Based Practice II.** This required four-week course helps students to build skills in evidence-based medicine and quality improvement. The evidence-based medicine component focuses on finding and using best available evidence to address clinical questions. The quality improvement component builds the student's capacity to examine population health and clinical quality indicators and to plan interventions to improve quality of health and healthcare. Credit: 3. Morgan.

**PHYASST-310. Behavioral Medicine.** This four-week course provides physician assistant students with an opportunity to participate in the care of patients with psychiatric illness and/or behavioral disorders. Rotation sites may provide students with inpatient, outpatient, or mixed experiences. This rotation facilitates the acquisition of communication and behavioral modification skills which are useful in the primary care setting. Credit: 4. Staff.

**PHYASST-320A, 320B. Internal Medicine.** These two, four-week courses provide the opportunity for physician assistant students to understand the principles of general internal medicine and their application in clinical practice. Students are introduced to problems

commonly encountered in inpatient and/or community internal medical practice. Students confront a diversity of health care needs and issues impacting general medical health and learn about resources required to meet these needs. Credit: 4. Staff.

**PHYASST-340. Principles of Surgery.** This four-week course is an opportunity for physician assistant students to understand the general principles of surgery and develop surgical skills. Special emphasis is placed on preoperative evaluation and preparatory procedures, assisting at the operating table, and management of patients through the postoperative period. Credit: 4. Staff.

**PHYASST-350. Emergency Medicine.** This four-week course is an opportunity for physician assistant students to understand the principles of emergency medicine. Students are introduced to medical and surgical problems commonly encountered in the emergency department setting. The emphasis is on gaining outpatient procedural skills, triage of patients, and learning to recognize and begin treatment of emergent medical and surgical problems. Credit: 4. Staff

**PHYASST-370. Women's Health.** This four-week course provides an opportunity for physician assistant students to understand the principles of obstetrics and gynecology. Special emphasis is placed on preventive gynecologic care, common gynecological complaints, and prenatal care. Credit: 4. Staff.

**PHYASST-360. Pediatrics.** This four-week course provides the opportunity for physician assistant students to understand the principles of pediatric care in the outpatient setting. Students are introduced to problems commonly encountered by pediatric primary care providers, as well as unique aspects of community based pediatric medicine. Special emphasis is placed on communication skills and relating sensitively to both children and parents. The student gains familiarity with normal growth and development, pediatric preventive medicine, and evaluation and management of common childhood illnesses. Credit: 4. Staff

**PHYASST-390. Practice and the Health System III.** This longitudinal course is conducted in small group and lecture settings, and allows students to review common medical topics and procedures as well as professional development and transition to practice topics. A final summative evaluation is part of this course. Students prepare for the PA National Certifying Examination (PANCE) during structured review activities. Credit: 2. Bolden.

## Clinical Year Courses – Elective

In addition to the above required core clinical courses, each student is required to complete 2 electives that can be chosen from among the following elective courses. All traditional electives are 4 weeks in length. Some additional elective opportunities, 1 week in length, are also available.

### General Electives

**PHYASST-300E Primary Care.** This course emphasizes the outpatient evaluation and treatment of conditions common at the primary care level and the appropriate health maintenance measures for different age groups. Topics include: 1) Family Medicine, 2) Urgent Care, 3) Healthcare for the Homeless. Credit: 4. Staff.

**PHYASST-301. Occupational Medicine.** This course offers an opportunity for students to understand the principles of occupational medicine. Students will develop the assessment and procedural skills necessary to diagnose and manage common workplace injuries and screening employment evaluations. Credit: 4. Staff.

**PHYASST-302. Geriatrics.** This course emphasizes the evaluation and management of geriatric patients in outpatient, long-term care or hospital settings. Students will focus on developing the assessment and communication skills necessary to diagnose and treat elders with the medical concerns most common in this age group. Credit: 4. Staff.

**PHYASST-303. Global Health.** This course offers clinical experiences in international rotation sites. Public health, health system and common clinical conditions will be emphasized. Additional costs will be incurred by the student for immunizations, travel, housing, and educational fees for the host country. Credit: 4. Staff.

**PHYASST-306. Integrative Medicine.** This course provides an evidenced-based didactic and experiential understanding of integrative medicine. The core focus is on key overlaps between patient-centeredness, prevention, mindfulness, health behaviors, long range health planning, patient empowerment, and complementary/alternative health practices. Credit: 4. Staff.

**PHYASST-307. Medical Informatics.** This non-clinical course provides students with an opportunity to explore the integration of medicine and information technologies. Through a combination of lecture, observation, and project participation, students will gain an understanding of the role informatics plays in point of care management, patient safety, and healthcare quality improvement. Credits: 4. Staff.

**PHYASST 309 – Public Health and Healthcare in Cuba.** This course provides an opportunity for students to examine the strengths and weaknesses of a health system that emphasizes primary care and the integration of public health with primary care. The course consists of preparatory seminars designed to provide an overview of the Cuban public health and healthcare systems, a one-week experience in Cuba, and a reflective project upon return. Credit: 1. Morgan

**PHYASST-310E. Behavioral Medicine.** This course provides additional emphasis on communication and behavioral modification skills, which are useful in the primary care setting. Topics include: 1) General Behavioral Medicine, 2) Pediatric Behavioral Medicine. Credit: 4. Staff.

**PHYASST-311. Clinical Research.** This four-week elective rotation is an opportunity for students to learn the intricacies of site-based clinical research with a concentration in early phase studies. This experience provides an exceptional environment for training of students because it has dedicated teams for study conduct including recruitment, operations, nursing, laboratory, regulatory, dietary, and faculty in the same space. Students will develop an in-depth understanding for the major concepts of clinical research and learn to apply them as appropriate. Credits: 4. Staff.

**PHYASST-312. Community Health.** This non-clinical elective introduces students to the concepts and practice of community-engaged and population-based health care. Population-based care is becoming increasingly important in addressing the health needs of the United States. This elective helps students understand how health systems serve communities through collaborative, innovative,

interdisciplinary clinical services, educational programs, and applied research. By allowing students to participate in actual programs, role modeling and experiential learning are used to supplement and apply what is learned in the required text-based materials of the course. Because the specific course activities depend upon the student's particular interests and the community health activities ongoing at the time of the elective, each student's experience will be individually designed. Credits: 4. Staff.

**PHYASST-313. LGBTQ Health.** This elective provides an opportunity for students to understand the principles of providing care to lesbian, gay, bisexual, transgender and gender-expansive children and adults with differences in sex development. Students will build upon their knowledge of human development, anatomy and physiology while learning about various treatments for patients seeking gender related healthcare. Credits: 4. Staff.

**PHYASST-320E. Internal Medicine.** This course provides the student with an opportunity to apply basic medical knowledge to the problems and situations encountered in an internal medicine setting. Topics include: 1) Inpatient internal medicine, 2) Outpatient internal medicine. Credit: 4. Staff.

**PHYASST-340E. General Surgery.** This course emphasizes preoperative evaluation and preparatory procedures, assisting at the operating table, and management of patients through the postoperative period to discharge. Credit: 4. Staff.

**PHYASST-350E. Emergency Medicine.** This course provides opportunity for students to increase their knowledge of the triage and management of medical emergencies. Credit: 4. Staff.

**PHYASST-360E. Pediatrics.** The course provides familiarity with normal growth and development, pediatric preventive medicine, and evaluation and management of common childhood illnesses. Topics include 1) Outpatient Pediatrics, 2) Inpatient Pediatrics. Credit: 4. Staff.

**PHYASST-370E. Women's Health.** This course provides students with the opportunity to learn about common gynecological problems and preventative care. Credit: 4. Staff.

### Obstetrics/Gynecology

**PHYASST-371. Maternal/Fetal Medicine.** This course emphasizes prenatal and postpartum care of patients with high-risk pregnancies. Credit: 4. Staff.

**PHYASST-372. Reproductive Endocrinology and Infertility.** This course provides students an opportunity to learn about the evaluation of infertility and the assisted reproductive treatment options that are available for patients and couples experiencing difficulty achieving pregnancy. Credit: 4. Staff.

### Medicine

**PHYASST-321. Cardiology.** This course offers an opportunity for students to understand the principles of caring for patients with acute and chronic cardiovascular disease. Students will utilize knowledge of cardiovascular anatomy, physiology and pathophysiology and develop critical thinking skills in regard to diagnosis and management of cardiac diseases. Credit: 4. Staff.

**PHYASST-322. Dermatology.** This course offers an opportunity for students to understand the principles of dermatology and develop the observational, diagnostic, and procedural skills necessary for care of hair, skin and nail disorders. Credit: 4. Staff.

**PHYASST-323. Endocrinology.** This course offers students an opportunity to understand the principles of endocrinology. Building upon their prior knowledge of anatomy, physiology and pathophysiology, students will learn to assess and manage patients with acute and chronic endocrine dysfunction. Credit: 4. Staff.

**PHYASST-324. Pain Medicine.** This course provides students with an opportunity to learn about the evaluation and treatment of acute and chronic pain issues, utilizing multi-faceted therapeutic approaches. Credit: 4. Staff.

**PHYASST-325. Hematology/Oncology.** This course offers exposure to the principles of hematology and oncology and their application in clinical practice. Topics include 1) general oncology, 2) breast oncology, 3) gynecological oncology, 4) neuro-oncology 5) hematologic malignancies and bone marrow transplant. Credit: 4. Staff.

**PHYASST-327. Infectious Diseases.** This course emphasizes the evaluation and treatment of various infectious diseases. Topics include: 1) General Infectious Disease, 2) HIV. Credit: 4. Staff.

**PHYASST-328. Gastroenterology.** This course provides an opportunity for students to build upon their prior knowledge of anatomy, physiology and pathophysiology and emphasizes the evaluation and treatment of a variety of acute and chronic gastrointestinal disorders. Credit: 4. Staff.

**PHYASST-329. Palliative Care.** This course offers experience in palliative care/symptom management, discussions with patients and families regarding goals of care and end of life care. Credit: 4. Staff.

**PHYASST-331. Nephrology.** This course offers an opportunity to understand the principles of nephrology, and builds upon prior knowledge of anatomy, physiology and pathophysiology. Students will learn to assess and management a variety of acute and chronic renal disorders. Credit: 4. Staff.

**PHYASST-332. Neurology.** This course provides an opportunity for students to understand the principles of neurology and care for patients in inpatient and outpatient settings. Students will build upon their prior knowledge of anatomy, physiology and pathophysiology as they focus on neurological assessment and management of a variety of acute and chronic disorders. Credit: 4. Staff.

**PHYASST-333. Pulmonary Medicine.** This course emphasizes prevention, cause, diagnosis and treatment of various acute and chronic pulmonary diseases. Credit: 4. Staff.

**PHYASST-334. Rheumatology.** This course emphasizes experience with the assessment of joint, connective tissue and autoimmune disorders. Credit: 4. Staff.

**PHYASST-336. Medical ICU.** This course offers an opportunity for student to understand the principles of medicine in an intensive

care setting. Students will be challenged to build on prior knowledge as they develop the critical diagnostic and procedural skills necessary to care for patients with life-threatening illnesses. Credit: 4. Staff.

**PHYASST-338. Radiology.** This course offers exposure to the variety of diagnostic and radiologic methods. Topics include: 1) general radiology, 2) interventional radiology, 3) neuro-radiology. Credit: 4. Staff.

## Ophthalmology

**PHYASST-381. Ophthalmology.** This course offers exposure to the evaluation and treatment of a variety of disorders involving the eye, including both surgical and non-surgical therapeutic approaches. Credit: 4. Staff.

## Pediatrics

**PHYASST-308. Pediatric Healthy Lifestyles Program.** In this course, students will explore the myriad causes and complications of pediatric obesity, and the approach to the overweight child and family. Students will participate in direct patient care with a multidisciplinary team in the Healthy Lifestyles Program, as well as have opportunities for community involvement. Credit: 4. Staff.

**PHYASST-339. Genetics.** This course offers experiences with patients at risk for or diagnosed with various hereditary syndromes. The patient population includes both pediatric and adults with genetic disorders. Students will gain an appreciation for genetic patterns of inheritance and the multidisciplinary care approach to patients in this medical specialty. Credit: 4. Staff.

**PHYASST-361. Pediatric Cardiology.** This course offers students an opportunity to improve their understanding of the principles of pediatric cardiovascular disorders. Expanding upon their prior knowledge and skills gained during the pediatrics course, students will gain skills in the diagnosis and management of children with congenital anomalies and other cardiac disorders. Patient care experiences are in outpatient, inpatient or operative settings. Credit: 4. Staff.

**PHYASST-362. Pediatric Surgery/Cardiothoracic Surgery.** This course offers students an opportunity to improve their understanding of pediatric cardiovascular disorders which require surgical intervention. Credit: 4. Staff.

**PHYASST-363. Pediatric Hematology/Oncology.** This course offers students an opportunity to understand the principles of caring for children with hematologic or oncologic diagnoses. Students will build upon knowledge gained in the pediatrics course to develop critical thinking skills related to diagnosis and management of pediatric patients. Emphasis is placed on communication skills and relating sensitively to both children and parents. Credit: 4. Staff.

**PHYASST-364. Pediatric Respiratory.** This course offers students an opportunity to expand their knowledge the evaluation and treatment of allergy and respiratory problems in the pediatric patient. Students will manage patients with a focus on prevention, diagnosis and treatment of a variety of acute and chronic respiratory disorders. Credit: 4. Staff.

**PHYASST-365. Pediatric Endocrinology.** This course offers exposure to the evaluation and management of a broad range of acute and chronic endocrine problems in the pediatric patient. Credit: 4. Staff.

**PHYASST-366. Pediatric Infectious Disease.** This course emphasizes the evaluation and treatment of various acute and chronic infectious diseases in the pediatric patient. Credit: 4. Staff.

**PHYASST-367. Intensive Care Nursery.** This course emphasizes the care of the children in the intensive care setting. Topics include: 1) neonatal intensive care unit, 2) pediatric intensive care unit. Credit: 4. Staff.

**PHYASST-368. Pediatric Emergency Medicine.** This course offers opportunity to manage acute and emergent problems of the pediatric patient in the emergency department setting. Credit: 4. Staff.

**PHYASST-369. Pediatric Orthopedics.** This course offers exposure to acute and chronic pediatric orthopedic care in the outpatient and surgical settings. Credit: 4. Staff.

## Surgery

**PHYASST-341. Cardiothoracic Surgery.** This course offers students experiences in the diagnosis and management of patients in need of cardiothoracic surgery. Students will build upon skills gained in the general surgery course with emphasis on improving surgical skills and patient management specific to cardiothoracic surgery. Credit: 4. Staff.

**PHYASST-342. Otolaryngology.** This course offers experiences in otolaryngology in outpatient and surgical settings. Students will develop the observational, diagnostic and procedural skills necessary for the evaluation and management of patients presenting with a variety of acute and chronic otolaryngology disorders. Credit: 4. Staff.

**PHYASST-343. Neurosurgery.** This course offers students an opportunity to understand the principles of neurologic surgery, and build upon skills gained during the general surgery course. Emphasis will be on improving surgical skills and patient management specific to the specialty of neurosurgery. Credit: 4. Staff.

**PHYASST-344. Orthopedics.** This course offers experiences in the evaluation and treatment of orthopedic problems. Topics include: 1) General Orthopedics, 2) Orthopedic hospitalist. Credit: 4. Staff.

**PHYASST-345. Plastic Surgery.** This course offers students experiences in the plastic and reconstructive procedures. Students will build upon knowledge gained during the general surgery course, with an emphasis on improving surgical skills. Credit: 4. Staff.

**PHYASST-346. Sports Medicine.** This course offers students an opportunity to understand the principles of sports medicine. Building upon prior knowledge of anatomy and conditions affecting the musculoskeletal system, students will practice orthopedic examination and procedural skills, with specific emphasis on care of physically active patients, including athletes. Credit: 4. Staff.

**PHYASST-347. Urology.** This course offers experiences in the evaluation and treatment of urologic problems in the outpatient and operative settings. Credit: 4. Staff.

**PHYASST-348. Pre-Operative Screening Unit.** This course offers the opportunity to evaluate pre-operative patients who require



medical clearance prior to their procedure. Credit: 4. Staff.

**PHYASST-349. Surgical Oncology.** This course offers exposure to patients with malignancies who require surgical evaluation and management, and includes experiences in outpatient and surgical settings. Credit: 4. Staff.

**PHYASST-352. Trauma.** This course offers students the opportunity to explore the practice of providing care to patients requiring trauma and critical care services. Students will develop the critical thinking and procedural skills required in assessment, diagnosis and management of patients experiencing traumatic injuries. Credit: 4. Staff.

**PHYASST-353. Surgical ICU.** This course offers exposure to the problems commonly encountered in a surgical intensive care setting. Topics include: 1) surgical intensive care unit, 2) cardiothoracic intensive care unit. Credit: 4. Staff.

**PHYASST-354. Vascular Surgery.** This course offers students an opportunity to understand the principles of vascular surgery and builds upon the skills and knowledge from the general surgery course. Emphasis is on improving surgical skills and evaluation and treatment of vascular problems. Credit: 4. Staff.

**PHYASST-355. Transplant Surgery.** This course provides an opportunity to participate in the evaluation and management of patients requiring solid organ transplant. Credit: 4. Staff.

# School of Medicine Professional Certificate Programs



Duke University Medical Center has responded to the increased need for qualified individuals at all levels in the health care system by developing educational programs designed to equip people for a variety of positions. These programs, which vary in admission requirements and length of training, offer students both clinical and didactic experience. Graduates of these programs are awarded certificates.

Financial information is noted within each program's informational section for all certificate programs.

## Cardiac Ultrasound

**Medical Director:** Anita Kelsey, MD, MBA

**Program Director:** Richard A. Palma, BS, ACS, RCS, RDCS, FACVP, FSMDS, FASE

The Cardiac Ultrasound Program is nationally accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and sponsored by the Duke Heart Center, Duke University Health System (DUHS), and Duke University School of Medicine. This is a one-year certificate program designed to prepare the student to be employed as a cardiac sonographer. The program consists of didactic lectures and clinical experiences designed to provide the knowledge and skills necessary for students to understand and perform the technical standards and skills needed to practice as a cardiac sonographer. The program starts each year in the beginning of September. Classes consist of fifty instructional weeks and twelve days of personal leave. The first five weeks consist of core curriculum lectures supplemented with clinical introductory labs and workshops. After the first five weeks, there are 45 weeks of clinical rotations. Students will be at clinical sites four days per week and at Duke University Hospital (DUH) for didactic one day per week. Students rotate through different clinical labs. Students are monitored under the close supervision of clinical support staff and faculty and are evaluated on a routine basis as their skills develop.

Upon satisfactory completion of the curriculum and passing nationally recognized Certification Examination (either American Registry of Diagnostic Sonographer (ARDMS) or Cardiovascular Credentialing International (CCI)), students receive a certificate from Duke University School of Medicine.

For more information, visit <https://medicine.duke.edu/divisions/cardiology/education-and-training/duke-cardiac-ultrasound-certificate-program>.

### Prerequisites for Admission

An official transcript from all colleges attended is required.

Applicants must have completed a bachelor's degree in a health-related field or students with a non-health related degree must have completed an 8-hour course of Anatomy and physiology with a lab. Also, a course in medical terminology is required.

Students must be physically capable of providing quality clinical patient care. Duke is unable to issue visa documents for this program. Therefore, applicants must be US citizens or have permanent resident status to be eligible for the program.

### Application Procedures

The deadline for application submission is May 1. Only complete applications will be considered and must contain the following:

- the completed Application for Admission for the Duke Cardiac Ultrasound Certificate Program, which may be found online at <https://medicine.duke.edu/divisions/cardiology/education-and-training/duke-cardiac-ultrasound-certificate-program/application>;
- a \$50 nonrefundable processing fee in the form of a check or money order payable to Duke University;
- a copy of the applicant's official college transcript(s) from any post-secondary schools attended.
- two original letters of recommendation. one personal and one professional (employers or course instructors); and
- an essay between 500 and 1000 words, reflecting on the applicant's reasons or motivations for pursuing a career in cardiac imaging.

The Admissions Committee reviews all complete applications. The committee invites selected candidates for a personal interview and tour. Background check authorizations are signed and requested. When background check results are received, the Admissions Committee makes the final candidate selections. Applicants, notified no later than one month prior to the start of the program, secure their place in the program by providing a letter of intent to begin the program and a \$1,500 nonrefundable deposit, which is applied to their tuition. Once the letter and deposit are received, the applicant is matriculated.

Requests for further information may be directed to the program director, Richard A. Palma BS, ACS, RCS, RDCS, FACVP, FSDMS, FASE ([richard.palma@duke.edu](mailto:richard.palma@duke.edu)).

Applications and more information may be obtained at <https://medicine.duke.edu/divisions/cardiology/education-and-training/duke-cardiac-ultrasound-certificate-program>.

### Criminal Background Check

Candidates considered for admission to the Duke Cardiac Ultrasound Certificate Program will undergo criminal background checks.

## Academic Calendar 2021-2022

(52 weeks)

Fall 2021	September 8-December 18, 2021
Spring 2022	January 4-May 7, 2022
Fall 2022	May 10-August 27, 2022

### Attendance

Students are required to attend all lectures, laboratories, seminars, and clinical assignments. Absences are excused only for illness or personal emergency, and students must notify the program director in advance of an expected absence. Students with three unexcused absences or late arrivals will be dismissed. An unexcused absence or late arrival is one where the student failed to notify the program director in advance. Each student is allowed twelve personal days that may be used for vacation, sickness, or interviews. In addition, the Duke Heart Center is closed for nine holidays yearly as follows:

	Fall 2021-Summer 2022
Thanksgiving Day	Thursday, November 25, 2021
Day after Thanksgiving	Friday, November 26, 2021
Christmas Eve	Friday, December 24, 2021
New Year's Eve	Friday, December 31, 2021
New Year's Day	Saturday, January 1, 2022
Martin Luther King, Jr. Day	Monday, January 17, 2022
Memorial Day	Monday, May 30, 2022
Labor Day	Monday, September 5, 2022

School vacation will additionally be provided from noon on December 24, 2021 to January 2, 2022.

### Registration and Drop/Add Policy

Registration in the Duke Cardiac Ultrasound Certificate Program is offered on a full-time basis only and part-time enrollment is not allowed. All required course registrations are processed in the Office of the Registrar in the School of Medicine. As the program is only offered full-time, and all courses are mandatory, dropping and adding courses is not permitted.

### Grading Standards/Satisfactory Progress

Final grades for all courses are assigned on the following basis:

A	90-100%
B	80-89%
C	70-79%
F	69% or below
P	Pass
F	Fail

**NOTE:** Letter grades are earned on a percentage basis. The student must maintain a minimum of C in all coursework. Students may be dismissed for any breach of the Honor Code or code of conduct. The student must maintain a C in all courses to continue on to the clinical portion of the program.

In didactic sections, a grade of C will be required on all examinations. If the student does not achieve a C, one retest may be allowed, at the discretion of the instructor, but will result in the loss of one letter grade. If a C is still not achieved the student will be placed on academic probation. Academic probation is a condition where the student is warned that he/she/they must study and bring up the grade through individual effort. If the student fails to achieve a C a second time, he/she/they will be withdrawn from the program. The Office of the Registrar in the School of Medicine will be notified in writing of the student's status of academic probation and the status will be noted on the student's academic transcript at the completion of the semester(s) during which this status is assigned. Laboratory skills will be evaluated on a Pass/Fail basis. The student may have one retest if initial testing is not successful. Retests are at the discretion of the instructor. Students will also be evaluated based on reliability, appearance and professional conduct. Failure in any of these areas may result in dismissal from the program.

### Professionalism

Students with any issues about coursework or rotations are to follow the hierarchy of program director - medical director - School of Medicine authorities.



## Appeals of Course Grades

A student may appeal a course grade by writing the program director and medical director, providing factual evidence for changing the final course grade. Appeals will be considered individually on their merits and will not be considered precedent. The program director will notify the student in writing of the appeal decision within three weeks of the appeal.

## Appeals of Academic Status (Academic Probation or Withdrawal)

A student placed on academic probation or withdrawal from the program may appeal by indicating in writing to the program director reasons why he/she/they did not achieve minimum academic standards and factual evidence to support changing the academic standing. Appeals will be considered individually on their merits and will not be considered as precedent. The program director will notify the student of the decision of the appeal in writing within three weeks of receipt of the appeal.

## Leave of Absence

The Duke Cardiac Ultrasound Certificate Program is an accelerated program. Time away will result in missing necessary hours, and important information. Excessive time away must be made up. A leave of absence is discouraged, however may be considered on an individual basis. Requests must be submitted in writing to the program director.

## Withdrawal

If a student withdraws, including involuntary withdrawal for academic reasons, tuition may be prorated according to the following schedule:

30 days prior to classes beginning:	Full amount except deposit
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**Student fees are nonrefundable after classes begin.**

Historically, voluntary withdrawals are initiated at the request of the student. Working with the program director, a mutual decision is reached with regard to the effective date of the withdrawal and any academic penalty to be assessed. Per letter, the program director will notify the offices of the registrar and financial aid in the School of Medicine. The Office of the Registrar will process the withdrawal and remove the student from any current and/or future enrollments. The Office of Financial Aid may revoke any financial aid that has been awarded and/or disbursed. The student should also contact these offices to ensure the student has fulfilled all responsibilities with regard to this process. The student's permanent academic record will reflect that he/she/they was enrolled for the term and that he/she/they withdrew on the specific effective date. A student, in good academic standing, who withdraws from the program may return to the program at a future date at the start of the semester corresponding to the semester from which they withdraw.

## Code of Professional Conduct

Students enrolled in the Duke Cardiac Ultrasound Certificate Program are expected to adhere to the program's General Policy Statement and to the Duke University School of Medicine Code of Professional Conduct as detailed in the Policies for all School of Medicine programs found elsewhere in this bulletin.

## Academic Probation and Suspension

Academic probation may become necessary if a student's academic performance falls below the minimum standard of the program. The program requires a minimum of a C on all course work. Good academic standing may be restored if, after a predetermined length of time, the student's grades improve to an acceptable level. Academic probation may also be necessary if a student fails to comply with the program's General Policy Statement or the Duke School of Medicine Code of Professional Conduct. The Office of the Registrar in the School of Medicine will be notified of the student's status of academic probation or suspension and the status will be noted on the student's transcript at the completion of the semester during which the status is assigned. If the student successfully returns to good academic standing from academic probation, the statement will be removed from the transcript; if the student is suspended, however, the statement will remain permanently on the transcript. Good academic standing may be restored if the student's conduct improves and meets the standards established by the program's General Policy Statement and/or the Duke SOM Code of Professional Conduct. Failure to improve grades or conduct may result in suspension from the program. Egregious or unlawful conduct will result in immediate suspension.

## Tuition and Fees

2021-2022 tuition for the program is \$21,000 plus student fees. Upon acceptance to the program, a \$1,500 nonrefundable deposit must be submitted. This will be applied toward tuition. Full cost of attendance budgets may be found on the Office of Financial Aid website: <https://medschool.duke.edu/education/student-services/office-financial-aid/resources>.

## Health Insurance

All students are required to carry full major medical health insurance throughout their enrollment in the program. If the student does not elect to take the Duke Student Accident and Hospitalization Insurance policy, which is included in the Tuition and Fees listed on the School of Medicine Professional Certificate Programs website above, evidence of other comparable health insurance coverage must be provided. The Student Health Fee is mandatory for all students.

## Financial Aid

Financial aid information is available for all interested applicants by contacting:

The Office of Financial Aid  
Box 3067  
Duke University School of Medicine  
Durham, NC 27710  
(919) 684-6649  
[faid@dm.duke.edu](mailto:faid@dm.duke.edu)  
<https://medschool.duke.edu/education/student-services/office-financial-aid>

Full cost of attendance budgets may be found on the Office of Financial Aid website: <https://medschool.duke.edu/education/student-services/office-financial-aid/resources>.

## Computer Technology

A personal computer/iPad and a personal cell phone are necessary tools for success in the program. We use a shared calendar to communicate the week's activities, assignments, and clinical rotations. We communicate often through email and all students receive a Duke email account to use during their time in the program. To minimize disruptions during the clinical rotations, cell phone text messages are often the communication method of choice.

## Transportation Required

Students will rotate to clinical sites located away from the university campus. The student is responsible for reliable transportation to these sites.

## Courses of Instruction

Students must satisfactorily complete the following courses. The curriculum includes, but is not limited to, the following: **CVTECH001. Cardiac Ultrasound Certificate Program.** Cardiac Ultrasound certificate program includes 50 weeks of instruction in cardiac ultrasound and ultrasound physics. 45 weeks of clinical instruction. Credit: 50.00. *Staff*



Duke University

Duke University Medical Center has responded to the increased need for qualified individuals at all levels in the health care system by developing educational programs designed to equip people for a variety of positions. These programs, which vary in admission requirements and length of training, offer students both clinical and didactic experience. Graduates of these programs are awarded certificates. Financial information is noted within each program's informational section for all certificate programs.

## Pediatric Cardiac Ultrasound

**Medical Director:** Anita Kelsey, MD, MBA

**Program Director:** Richard A. Palma, BS, ACS, RCS, RDCS, FACVP, FSDMS, FASE

The Pediatric Cardiac Ultrasound Program is a program sponsored by the Duke Heart Center, Duke University Health System (DUHS), and Duke University School of Medicine. This is a 6-month program designed to prepare the student to be employed as a pediatric cardiac sonographer. The program consists of didactic lectures and clinical experiences designed to provide the knowledge and skills necessary for students to understand and perform the technical standards and skills needed to practice as a cardiac sonographer. The program starts each year in the beginning of September. Classes consist of twenty six weeks of combined academic instruction and clinical hands on. Students will be at clinical sites five days per week and at Duke University Hospital (DUH) for both didactic and clinical experience. Students are monitored under the close supervision of clinical support staff and faculty and are evaluated on a routine basis as their skills develop.

Upon satisfactory completion of the curriculum and passing nationally recognized Certification Examination (either American Registry of Diagnostic Sonographer (ARDMS) or Cardiovascular Credentialing International (CCI)), students receive a certificate from Duke University School of Medicine.

For more information, visit <https://medicine.duke.edu/divisions/cardiology/education-and-training/duke-cardiac-ultrasound-certificate-program>.

### Prerequisites for Admission

An official transcript from all colleges attended is required.

Applicants must have completed a bachelor's degree in a health-related field or students with a non-health related degree must have completed an 8-hour course of Anatomy and physiology with a lab. Also, a course in medical terminology is required.

Students must be physically capable of providing quality clinical patient care. Duke is unable to issue visa documents for this program. Therefore, applicants must be US citizens or have permanent resident status to be eligible for the program.

Students have to have completed the Adult Cardiac Ultrasound one-year program and hold a credential in Adult cardiac sonography.

### Application Procedures

- The deadline for application submission is June 1. Only complete applications will be considered and must contain the following:
- the completed Application for Admission for the Duke Cardiac Ultrasound Certificate Program, which may be found online at <https://medicine.duke.edu/divisions/cardiology/education-and-training/duke-cardiac-ultrasound-certificate-program/application>;
- a \$50 nonrefundable processing fee in the form of a check or money order payable to Duke University;
- a copy of the applicant's official college transcript(s) from any post-secondary schools attended.
- two original letters of recommendation. one personal and one professional (employers or course instructors); and
- an essay between 500 and 1000 words, reflecting on the applicant's reasons or motivations for pursuing a career in cardiac imaging.
- The Admissions Committee reviews all complete applications. The committee invites selected candidates for a personal interview and tour. Background check authorizations are signed and requested. When background check results are received, the Admissions Committee makes the final candidate selections. Applicants, notified no later than one month prior to the start of the program, secure their place in the program by providing a letter of intent to begin the program and a \$1,500 nonrefundable deposit, which is applied to their tuition. Once the letter and deposit are received, the applicant is matriculated.
- Requests for further information may be directed to the program director, Richard A. Palma BS, ACS, RCS, RDCS, FACVP, FSDMS, FASE ([richard.palma@duke.edu](mailto:richard.palma@duke.edu)).
- Applications and more information may be obtained at <https://medicine.duke.edu/divisions/cardiology/education-and-training/duke-cardiac-ultrasound-certificate-program>.

### Criminal Background Check

Candidates considered for admission to the Duke Cardiac Ultrasound Certificate Program will undergo criminal background checks. Students who have graduated from the Adult Cardiac Ultrasound program will not need to repeat the criminal background check.

#### **.Academic Calendar 2021-2022** (52 weeks)

Fall 2021	September 8-December 18, 2021
Spring 2022	January 4-March 31, 2022

## Attendance

Students are required to attend all lectures, laboratories, seminars, and clinical assignments. Absences are excused only for illness or personal emergency, and students must notify the program director in advance of an expected absence. Students with three unexcused absences or late arrivals will be dismissed. An unexcused absence or late arrival is one where the student failed to notify the program director in advance. Each student is allowed twelve personal days that may be used for vacation, sickness, or interviews. In addition, the Duke Heart Center is closed for nine holidays yearly as follows:

	Fall 2021-Summer 2022
Thanksgiving Day	Thursday, November 25, 2021
Day after Thanksgiving	Friday, November 26, 2021
Christmas Eve	Friday, December 24, 2021
New Year's Eve	Friday, December 31, 2021
New Year's Day	Saturday, January 1, 2022
Martin Luther King, Jr. Day	Monday, January 17, 2022
Memorial Day	Monday, May 30, 2022

School vacation will additionally be provided from noon on December 24, 2021 to January 2, 2022.

## Registration and Drop/Add Policy

Registration in the Duke Cardiac Ultrasound Certificate Program is offered on a full-time basis only and part-time enrollment is not allowed. All required course registrations are processed in the Office of the Registrar in the School of Medicine. As the program is only offered full-time, and all courses are mandatory, dropping and adding courses is not permitted.

## Grading Standards/Satisfactory Progress

Final grades for all courses are assigned on the following basis:

A	90-100%
B	80-89%
C	70-79%
F	69% or below
P	Pass
F	Fail

**NOTE:** Letter grades are earned on a percentage basis. The student must maintain a minimum of C in all coursework. Students may be dismissed for any breach of the Honor Code or code of conduct. The student must maintain a C in all courses to continue on to the clinical portion of the program.

In didactic sections, a grade of C will be required on all examinations. If the student does not achieve a C, one retest may be allowed, at the discretion of the instructor, but will result in the loss of one letter grade. If a C is still not achieved the student will be placed on academic probation. Academic probation is a condition where the student is warned that he/she/they must study and bring up the grade through individual effort. If the student fails to achieve a C a second time, he/she/they will be withdrawn from the program. The Office of the Registrar in the School of Medicine will be notified in writing of the student's status of academic probation and the status will be noted on the student's academic transcript at the completion of the semester(s) during which this status is assigned. Laboratory skills will be evaluated on a Pass/Fail basis. The student may have one retest if initial testing is not successful. Retests are at the discretion of the instructor. Students will also be evaluated based on reliability, appearance and professional conduct. Failure in any of these areas may result in dismissal from the program.

## Professionalism

Students with any issues about coursework or rotations are to follow the hierarchy of program director - medical director - School of Medicine authorities.

## Appeals of Course Grades

A student may appeal a course grade by writing the program director and medical director, providing factual evidence for changing the final course grade. Appeals will be considered individually on their merits and will not be considered precedent. The program director will notify the student in writing of the appeal decision within three weeks of the appeal.

## Appeals of Academic Status (Academic Probation or Withdrawal)

A student placed on academic probation or withdrawal from the program may appeal by indicating in writing to the program director reasons why he/she/they did not achieve minimum academic standards and factual evidence to support changing the academic standing. Appeals will be considered individually on their merits and will not be considered as precedent. The program director will notify the student of the decision of the appeal in writing within three weeks of receipt of the appeal.



## Leave of Absence

The Duke Cardiac Ultrasound Certificate Program is an accelerated program. Time away will result in missing necessary hours, and important information. Excessive time away must be made up. A leave of absence is discouraged, however may be considered on an individual basis. Requests must be submitted in writing to the program director.

## Withdrawal

If a student withdraws, including involuntary withdrawal for academic reasons, tuition may be prorated according to the following schedule:

30 days prior to classes beginning:	Full amount except deposit
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### **Student fees are nonrefundable after classes begin.**

Historically, voluntary withdrawals are initiated at the request of the student. Working with the program director, a mutual decision is reached with regard to the effective date of the withdrawal and any academic penalty to be assessed. Per letter, the program director will notify the offices of the registrar and financial aid in the School of Medicine. The Office of the Registrar will process the withdrawal and remove the student from any current and/or future enrollments. The Office of Financial Aid may revoke any financial aid that has been awarded and/or disbursed. The student should also contact these offices to ensure the student has fulfilled all responsibilities with regard to this process. The student's permanent academic record will reflect that he/she/they was enrolled for the term and that he/she/they withdrew on the specific effective date. A student, in good academic standing, who withdraws from the program may return to the program at a future date at the start of the semester corresponding to the semester from which they withdraw.

## Code of Professional Conduct

Students enrolled in the Duke Cardiac Ultrasound Certificate Program are expected to adhere to the program's General Policy Statement and to the Duke University School of Medicine Code of Professional Conduct as detailed in the Policies for all School of Medicine programs found elsewhere in this bulletin.

## Academic Probation and Suspension

Academic probation may become necessary if a student's academic performance falls below the minimum standard of the program. The program requires a minimum of a C on all course work. Good academic standing may be restored if, after a predetermined length of time, the student's grades improve to an acceptable level. Academic probation may also be necessary if a student fails to comply with the program's General Policy Statement or the Duke School of Medicine Code of Professional Conduct. The Office of the Registrar in the School of Medicine will be notified of the student's status of academic probation or suspension and the status will be noted on the student's transcript at the completion of the semester during which the status is assigned. If the student successfully returns to good academic standing from academic probation, the statement will be removed from the transcript; if the student is suspended, however, the statement will remain permanently on the transcript. Good academic standing may be restored if the student's conduct improves and meets the standards established by the program's General Policy Statement and/or the Duke SOM Code of Professional Conduct. Failure to improve grades or conduct may result in suspension from the program. Egregious or unlawful conduct will result in immediate suspension.

## Tuition and Fees

2021-2022 tuition for the program is \$10,500 plus student fees. Upon acceptance to the program, a \$1,500 nonrefundable deposit must be submitted. This will be applied toward tuition. Full cost of attendance budgets may be found on the Office of Financial Aid website: <https://medschool.duke.edu/education/student-services/office-financial-aid/resources>.

## Health Insurance

All students are required to carry full major medical health insurance throughout their enrollment in the program. If the student does not elect to take the Duke Student Accident and Hospitalization Insurance policy, which is included in the Tuition and Fees listed on the School of Medicine Professional Certificate Programs website above, evidence of other comparable health insurance coverage must be provided. The Student Health Fee is mandatory for all students.

## Computer Technology

A personal computer/iPad and a personal cell phone are necessary tools for success in the program. We use a shared calendar to communicate the week's activities, assignments, and clinical rotations. We communicate often through email and all students receive a Duke email account to use during their time in the program. To minimize disruptions during the clinical rotations, cell phone text messages are often the communication method of choice.

## Transportation Required

Students will rotate to clinical sites located away from the university campus. The student is responsible for reliable transportation to these sites.

## Courses of Instruction

Students must satisfactorily complete the following courses. The curriculum includes, but is not limited to, the following: **CVTECH001. Cardiac Ultrasound Pediatrics Program** (502-01) Cardiac Ultrasound certificate program includes 25 weeks of instruction in pediatric cardiac ultrasound and clinical instruction. Credit: 25.00. Staff

## Ophthalmic Technician

**Medical Director:** Anna Bordelon, MD

**Program Director:** Deborah K Smith, BS, COMT, OSC

The Ophthalmic Technician Program is sponsored by the Department of Ophthalmology, Duke University Medical Center. This is an accelerated one-year certificate program designed to prepare the student to be employed as a certified ophthalmic technician. The program consists of didactic lectures, labs, and clinical experiences designed to provide the knowledge and skills necessary for students to understand and perform the technical tasks delegated to them by an ophthalmologist. Each year, two program start dates are offered. Orientation and classes begin in early July or early January and consist of fifty-one instructional weeks including twelve days of personal leave. The first three months focus on core curriculum lectures supplemented with clinical introductory labs and workshops. In the fourth month, clinical rotations begin. Students rotate through various subspecialty departments observing, learning, and demonstrating the skills particular to that service. Students are monitored under the close supervision of clinical support staff and faculty and are evaluated on a routine basis as their skills develop.

Upon satisfactory completion of the curriculum, students receive a certificate from Duke University School of Medicine and are required to take the internationally recognized Certification Examination for Ophthalmic Technicians administered by the International Joint Commission on Allied Health Personnel in Ophthalmology.

For more information, visit <https://dukeeyecenter.duke.edu/education-and-training/ophthalmic-technician-training/curriculum>.

## Prerequisites for Admission

Official documentation of prior educational experience is required of applicants to the program. Applicants must have completed high school, or passed a high school equivalency test, prior to the start of the program. College level prerequisites are not required, however, preference may be shown to applicants who have successfully completed college level courses and/or have some eye care-related work experience. Students must be physically capable of providing quality ophthalmic clinical patient care.

Duke is unable to issue visa documents for this program. Therefore, applicants must be US citizens or have permanent resident status to be eligible for the program.

## Application Procedures

The deadline for application submission is April 15 to be considered for the July start date, or October 15 to be considered for the January start date. Only complete applications will be considered and must contain the following:

- the completed Duke University Medical Center Application for Admission for the Ophthalmic Technician Program, which may be found online at <https://dukeeyecenter.duke.edu/optech>; including a photo attached to the application.
- a \$50 nonrefundable processing fee in the form of a check or money order payable to Duke University;
- a copy of the applicant's high school diploma or equivalent, or if graduation is imminent, a letter from the school counselor stating an assurance of successful completion of high school graduation requirements;
- official transcript(s) from any post-secondary schools attended;
- two original letters of recommendation from previous employers or course instructors;
- a 250-word essay on the applicant's reasons or motivations for wanting to enter the Ophthalmic Technician Program; and
- the Test of Essential Academic Skills (TEAS) test must be taken through a PSI testing center, and official test transcripts sent to the Duke Eye Center. Applicants are responsible for the cost of the preadmission TEAS test.

The Admissions Committee reviews all complete application packets and TEAS results. The committee invites selected candidates for a personal interview. A background check authorization is signed, and a background check is requested. When background check results are received, the Admissions Committee makes the final candidate selections. Applicants, notified no later than two months prior to the start of the program, secure their place in the program by providing a letter of intent to begin the program and a \$500 nonrefundable deposit in the form of a check payable to Duke University, which is applied to their tuition. Once the letter and deposit are received, the applicant is matriculated.

Requests for further information may be directed to the program director, Deborah K. Smith. Applications and more information may be obtained at <https://dukeeyecenter.duke.edu/optech>.

## Criminal Background Check

Candidates considered for admission to the Ophthalmic Technician Program will undergo criminal background checks.

## Academic Calendar 2021-2022

(51 weeks)

Fall 2021 Semester	July 6-December 17, 2021
Spring 2022 Semester	January 3-June 17, 2022
Fall 2022 Semester	July 5-December 16, 2022

## Attendance

Students are required to attend all assigned lectures, laboratories, seminars, and clinical assignments. Absences are excused only for illness or personal emergency, and students must notify the program director in advance of an expected absence. Students with three unexcused absences or late arrivals will be dismissed. An unexcused absence or late arrival is one where the student fails to notify the program director in advance. Each student is allowed twelve personal days that may be used for vacation, sickness, or interview days. In addition, the Duke Eye Center is closed for eight holidays yearly as follows:

	Fall 2021-Spring 2022	Fall 2022
Independence Day Observed	Monday, July 5, 2021	Monday, July 4, 2022
Labor Day	Monday, September 6, 2021	Monday, September 5, 2022
Thanksgiving Day	Thursday and Friday, November 25 and 26, 2021	Thursday and Friday, November 24 and 25, 2022
Christmas Eve (at 12 p.m.) Christmas Day Observed	Friday, December 24, 2021 (1/2 day) Monday, December 27, 2021	Friday, December 23, 2022 (1/2 day) Monday, December 26, 2022
New Year's Day Observed	Monday, January 3, 2022	
Martin Luther King, Jr. Day	Monday, January 17, 2022	
Memorial Day	Monday, May 30, 2022	

## Registration and Drop/Add Policy

Registration in the Ophthalmic Technician Program is offered on a full-time basis only and part-time enrollment is not allowed. All required course registrations are processed in the Office of the Registrar in the School of Medicine. As the program is only offered full-time, and all courses are mandatory, dropping and adding courses is not permitted.

## Grading Standards/Satisfactory Progress

Final grades for all courses are assigned on the following basis:

A	90-100%
B	80-89%
C	70-79%
F	69% or below
P	Pass
F	Fail

**NOTE:** Letter grades are earned on a percentage basis. The student must maintain a minimum of C in all coursework. The initial three-month period is considered probationary. Students may be dismissed for any breach of the Duke School of Medicine Code of Professional Conduct or the Duke Ophthalmic Technician Program General Policy Statement. The student must maintain a C in all coursework to continue on to the clinical portion of the program.

In didactic sections, a minimum grade of C (70%) will be required on all assignments and examinations. If the student does not achieve a C, one retake may be allowed, at the discretion of the instructor. To achieve a score of C (70%), the student must earn a minimum grade of B (80%) on the retake. If a C is still not achieved the student will be placed on academic probation. Academic probation is a condition where the student is warned that he/she/they must study and bring up the grade through individual effort. If the student fails to achieve a C a second time, while on academic probation, he/she/they will be withdrawn from the program. The Office of the Registrar in the School of Medicine will be notified in writing of the student's status of academic probation and the status will be noted on the student's academic transcript at the completion of the semester(s) during which this status is assigned.

Laboratory skills will be evaluated on a Pass/Fail basis. The student may have one retest if initial testing is not successful. Retests are at the discretion of the instructor.

## Professionalism

Students will also be evaluated based on reliability, appearance, professional conduct, and compliance with the Duke School of Medicine Code of Professional Conduct as well as the Duke Ophthalmic Technician Program's General Policy Statement. Failure in any of these areas may result in dismissal from the program. Students with any issues about coursework or rotations are to follow the hierarchy of program director - medical director - School of Medicine authorities.

## Appeals of Course Grades

A student may appeal a course grade by writing the program director and medical director, providing factual evidence for changing the final course grade. Appeals will be considered individually on their merits and will not be considered precedent. The program director will notify the student in writing of the appeal decision within three weeks of the appeal.

## Appeals of Academic Status (Academic Probation or Withdrawal)

A student placed on academic probation or withdrawal from the program may appeal by indicating in writing to the program director reasons why he/she/they did not achieve minimum academic standards and factual evidence to support changing the academic standing. Appeals will be considered individually on their merits and will not be considered as precedent. The program director will notify the student of the decision of the appeal in writing within three weeks of receipt of the appeal.

## Leave of Absence

The Duke Ophthalmic Medical Technician Program is an accelerated program. Time away will result in missing necessary hours, and important information. Excessive time away must be made up. A leave of absence is discouraged, however may be considered on an individual basis. Requests must be submitted in writing to the program director.

## Withdrawal

If a student withdraws, including involuntary withdrawal for academic reasons, tuition may be prorated according to the following schedule:

Before classes begin:	Full amount
During first or second week:	80%
During third to fifth week:	60%
During sixth week:	20%
After sixth week:	none

**Student fees are nonrefundable after classes begin.**

Historically, voluntary withdrawals are initiated at the request of the student. Working with the program director, a mutual decision is reached with regard to the effective date of the withdrawal and any academic penalty to be assessed. Per letter, the program director will notify the offices of the registrar and financial aid in the School of Medicine. The Office of the Registrar will process the withdrawal and remove the student from any current enrollments. The Office of Financial Aid may revoke any financial aid that has been awarded and/or disbursed. The student should also contact these offices to ensure the student has fulfilled all responsibilities with regard to this process. The student's permanent academic record will reflect that he/she/they was enrolled for the term and that he/she/they withdrew on the specific effective date. A student, in good academic standing, who withdraws from the program may return to the program at a future date at the start of the semester corresponding to the semester from which they withdraw.

## Code of Professional Conduct

Students enrolled in the Ophthalmic Technician Program are expected to adhere to the program's General Policy Statement and to the Duke University School of Medicine Code of Professional Conduct as detailed in the Policies for all School of Medicine programs found elsewhere in this bulletin.

## Academic Probation and Suspension

Academic probation may become necessary if a student's academic performance falls below the minimum standard of the program. The program requires a minimum of a C on all course work. Good academic standing may be restored if, after a predetermined length of time, the student's grades improve to an acceptable level. Academic probation may also be necessary if a student fails to comply with the program's General Policy Statement or the Duke School of Medicine Code of Professional Conduct. The Office of the Registrar in the School of Medicine will be notified of the student's status of academic probation or suspension and the status will be noted on the student's transcript at the completion of the semester during which the status is assigned. If the student successfully returns to good academic standing from academic probation, the student will be removed from academic probation; if the student is suspended, however, the statement will remain permanently on the transcript. Good academic standing may be restored if the student's conduct improves and meets the standards established by the program's General Policy Statement and/or the Duke SOM Code of Professional Conduct. Failure to improve grades or conduct may result in suspension from the program. Egregious or unlawful conduct will result in immediate suspension.

## Tuition and Fees

2021-2022 tuition for the program is \$9,500 plus student fees. Upon acceptance to the program, a \$500 nonrefundable deposit must be submitted. This will be applied toward tuition. Full cost of attendance budgets may be found on the Office of Financial Aid website: <https://medschool.duke.edu/education/student-services/office-financial-aid/resources>.

## Health Insurance

All students are required to carry full major medical health insurance throughout their enrollment in the program. If the student does not elect to take the Duke Student Accident and Hospitalization Insurance policy, which is included in the Tuition and Fees listed on the website above, evidence of other comparable health insurance coverage must be provided. The Student Health Fee is mandatory for all students.



## Financial Aid

Financial aid information is available for all interested applicants by contacting:

The Office of Financial Aid  
Box 3067  
Duke University School of Medicine  
Durham, NC 27710  
(919) 684-6649  
[финаid@dm.duke.edu](mailto:финаid@dm.duke.edu)  
<https://medschool.duke.edu/education/student-services/office-financial-aid>

Full cost of attendance budgets may be found on the Office of Financial Aid website: <https://medschool.duke.edu/education/student-services/office-financial-aid/resources>.

## Computer Technology

A personal computer and a personal cell phone are necessary tools for success in the program. Four computers are available in the classroom for student use. We use a shared calendar to communicate the week's activities, assignments, and clinical rotations. We communicate often through email and all students receive a Duke email account to use during their time in the program. To minimize disruptions during the clinical rotations, cell phone text messages are often the communication method of choice.

## Transportation Required

Students will rotate to clinical sites located away from the university campus. The student is responsible for reliable transportation to these sites.

## Courses of Instruction

Students must satisfactorily complete the following courses. The curriculum includes, but is not limited to, the following:

**OPTECH 151. Orientation Lectures.** Orientation Lectures will familiarize the student with the eye center, ophthalmic equipment and medical terminology. Students will accompany first year ophthalmology residents to lectures. Independent study is required. Credit: 0.50. *Staff*

**OPTECH 152. Basic Science Lecture.** These lectures will ground the student in the basic science needed to understand eye physiology. These lectures will set the stage for high performance as clinical rotations begin. Credit: 3.25. *Staff*

**OPTECH 153, 153L. Visual Acuity Assessment.** The most basic measurement of the eye and the most commonly performed, visual acuity assessment requires both skill and judgment. The student will become accomplished at this task. Credit: 1.0, 1.0. *Staff*

**OPTECH 154. Physiology and Anatomy of the Eye.** This course will provide the student with knowledge on the development and workings of the human eye. Credit: 1.0. *Staff*

**OPTECH 155. Physical History.** Students will learn to associate pertinent physical history to ocular history. They will learn what part of the history is pertinent and how to elicit the information in an efficient, caring manor. Credit: 1.0. *Staff*

**OPTECH 156. Cardiopulmonary Resuscitation.** CPR certification is required prior to the beginning of clinical rotations. Credit: 1.0. *Staff*

**OPTECH 158, 158L. Optics and Refractometry.** The physics of optical systems including the eye and other lens systems along with the skills needed to adapt and evaluate those systems. Also the ability to assist the physician in prescribing glasses and contact lenses. Credit: 1.0, 1.0. *Staff*

**OPTECH 159, 159L. Visual Fields.** Testing of the patient's visual field is done mechanically, by computer, and through other methods. Students will learn the value of the visual field and the most appropriate method for obtaining it. Credit: 1.0, 1.0. *Staff*

**OPTECH 160. Medical Terminology.** Learning medical vocabulary and abbreviations and when and how to apply them is necessary for accurate communication in any healthcare career. Credit: 0.50. *Staff*

**OPTECH 161, 161L. Spectacles.** This course provides instruction on reading and accurately documenting the prescription of glasses and contact lenses including bi-focal power, prism power and orientation as well as troubleshooting problems with eye wear. Credit: 1.0, 1.0. *Staff*

**OPTECH 162. Pharmacology.** This course will familiarize the student with ophthalmic medications and systemic medications. The student will learn how medications affect the eye and interact with each other. Credit: 0.50. *Staff*

**OPTECH 163, 163L. Glaucoma and Tonometry.** In this course the student will learn to define and understand glaucoma. The student will become familiar with and learn to perform various glaucoma diagnostic tests. The student will learn to understand and explain glaucoma treatments including medications, lasers and surgeries. Credit: 1.0, 1.0. *Staff*

**OPTECH 164. External Ocular Diseases.** The student will learn about diseases of the eyelids, orbits and lacrimal system. The student will become proficient at performing diagnostic tests to help the physician evaluate for and determine the severity of external ocular diseases. Credit: 1.0. *Staff*

**OPTECH 165. Physiology of Systemic Diseases.** Systemic diseases have a myriad of eye complications. The student will learn what connections systemic diseases have on the eye and when and how to test for them. Credit: 0.50. *Staff*

**OPTECH 166, 166L. Contact Lens and Keratometry.** In this course the student will learn the relationship between eye shape and contact lens fitting. The student will learn what testing should be done and how to perform the appropriate tests. Credit: 1.0, 1.0. *Staff*

**OPTECH 167, 167L. Ocular Motility.** The student will learn about the muscles associated with the eye. They will learn how the eye is moved by the muscles and how to test for eye misalignment. Credit: 1.0, 1.0. *Staff*

**OPTECH 168. Neuro-Ophthalmology.** This course will describe which cranial nerves are responsible for specific eye movements. The student technician will learn to test for specific anomalies and to quantify defects. The student will become familiar with the relationship of the brain to the eye. Credit: 1.0. *Staff*

**OPTECH 169. General Psychology.** The student technician will learn some basic psychology which will assist in patient interactions in various situations. The student will learn techniques for addressing patient complaints and diffusing difficult situations. Credit: 0.50. *Staff*

**OPTECH 170. Clinical Rotations.** Credit: 30.00. *Staff*

TOTAL Credit Hours: 54.75



Jared Lazarus



# General Information for Students



# Student Life

## Conduct of Students

Duke University expects and requires of all its students' cooperation in developing and maintaining high standards of scholarship and conduct.

All students are subject to the rules and regulations of the university which are currently in effect or which, from time to time, are put into effect by the appropriate authorities of the university.

Any student, in accepting admission, indicates the willingness to subscribe to and be governed by these rules and regulations and acknowledges the right of the university to take such disciplinary action, including suspension and/or expulsion, as may be deemed appropriate for failure to abide by such rules and regulations or for conduct adjudged unsatisfactory or detrimental to the university.

## Living Accommodations

Duke offers a residential apartment facility in which graduate and professional students live. The apartments are within short walking distance of university bus service. All apartments are air-conditioned, fully furnished, and utilities (heating/cooling, electricity, water, internet) are included. Licenses to occupy space in these facilities are issued for the academic year. For more information, please contact housing, dining, and residence life at [housing@duke.edu](mailto:housing@duke.edu).

Requests for Duke University housing may be submitted after you have been admitted and have returned the official acceptance form. Students may apply online at <https://studentaffairs.duke.edu/hdrl>. Space is limited, and all students who intend to request housing are encouraged to apply early. In recognition of the special needs of newly accepted international students, priority for assignment to graduate and professional student housing will be awarded to those students arriving from abroad on student visa status.

Duke Community Housing is an off-campus rental housing resource for graduate students. Staff members are available to answer questions concerning housing needs and maintain a database of rental properties, accessible at <https://www.nearduke.com/housing>. For more information, contact Duke Community Housing at (919) 684-4304 or email [housing@duke.edu](mailto:housing@duke.edu).

## Application Procedures

Information about graduate and professional student housing and an online application can be found at <https://studentaffairs.duke.edu/hdrl>. In recognition of the unique challenges that face newly accepted international students, priority for assignment to graduate student housing is awarded to students who arrive from abroad on student visa status. Due to limited availability of space, assignment to university housing cannot be guaranteed.

## Communication Between Duke University and Students

Electronic mail (email) is the official medium by which Duke University School of Medicine communicates policies, procedures, and items related to coursework or degree requirements to students enrolled at the university. All students matriculated at the university are assigned a Duke University email account upon acceptance of an offer of admission. It is the student's responsibility to check this email account regularly and to respond promptly to requests made by email.

## Off-Campus Housing

Housing and Residence Life (HRL) will offer on-campus housing for graduate and professional students during the 2020-21 academic year at 301 Swift. Assignment priority will be given to graduate or professional students on student visa status who are attending school outside of their home country for the first time. Information about the apartments, location to schools, and application can be found at <https://studentaffairs.duke.edu/hdrl/graduate-professional-students/graduate-living-campus>. Questions can be answered via [housing@duke.edu](mailto:housing@duke.edu) or (919) 684-4304.

Housing and Residence Life, in partnership with the *Chronicle*, offers an off-campus housing website as a resource to locate off-campus rental housing options in the Durham area. The *Chronicle* maintains the website of available rental housing which is accessible through <https://www.nearduke.com/housing>. For concerns or questions regarding off-campus housing, the Housing Assignments Office is located at 301 Swift Avenue, #25; (919) 684-4304; [housing@duke.edu](mailto:housing@duke.edu). Office hours are 8:30 a.m. to 5 p.m. Monday through Friday. Appointments are recommended to meet with staff.

## Dining Facilities

Duke Dining Services offers a variety of ways to tempt and please any palate. They offer a variety of locations and authentic cuisine to include Indian, East and Southeast Asian, Italian, dedicated vegan and vegetarian, comfort favorites, white-tablecloth dining, wood-fired finely cooked meats, sushi, and menu items with locally grown ingredients. Their goal is to provide a healthy and enjoyable experience, no matter where students dine on Duke's campus. For more information about campus dining options, contact Duke Dining at (919) 660-3900; <https://studentaffairs.duke.edu/dining>.

## Food and Other Expenses

Duke is home to one of the most innovative, dynamic, and cutting edge collegiate dining programs in the country offering over fifty dining options. Their mission is to provide a delicious, nutritious, affordable community dining experience, no matter where you choose to eat on campus. Duke Dining's Merchant-on-Points program expands student



choices to a variety of off-campus vendors that deliver anywhere on campus on all meal plans. Also, keep an eye out for food trucks! Please visit <https://studentaffairs.duke.edu/dining> for locations, menus and hours, and dietary and nutrition information. Be sure to visit the Broadhead Center, which offers fourteen dining locations that produce cutting-edge, world-class, and innovative menus and food.

The Duke University identification card, the DukeCard, serves as official identification for activities such as library book checkout, recreational center, parking gate, and academic building access. The DukeCard is also the means of accessing the Dining and Flexible Spending (FLEX) Accounts. These two prepaid accounts allow students to make purchases with their DukeCard at certain Medical Center and campus Dining Services locations, retail stores, photocopiers, vending, and laundry machines. The Dining and FLEX Accounts may also be used to purchase pizza and sub sandwiches delivered to campus from several approved off-campus merchants. A FLEX Account can be opened via cash or check at the DukeCard Office located in the Medical Center Parking Garage II. Additional deposits can be made at the DukeCard Office or by visiting any of the Value Transfer Stations located across campus and the medical center. The Dining Accounts can be activated at the DukeCard Office and will be billed to the student's bursar account. For more information about establishing an account, contact The DukeCard Office at (919) 684-5800; <https://dukecard.duke.edu>.

## Motor Vehicle Registration

Each motor vehicle operated on Duke University campuses by students enrolled in the School of Medicine must be registered with Duke Parking and Transportation Services and thereafter must display the proper registration permit. Permit information specific to School of Medicine students is available at <https://parking.duke.edu>, along with instructions for purchasing a permit via an on-line portal.

All students must pay an annual permit fee for a four-wheeled motor vehicle permit. Each motorcycle, motorbike, or motor scooter must be registered but carries no additional fee if it is registered along with a four-wheeled motor vehicle. Payment is accepted by student account billing only. To register a vehicle, the student must provide the license tag number of each vehicle to be registered. Bicycles are registered free of charge at Parking and Transportation Services, ground level, 302 Science Drive (Science Drive Garage).

Parking, traffic, and safety regulations are available at <https://parking.duke.edu> and are subject to change. Students are required to abide by these regulations.

## Services Available

Duke Student Health (DSH) at Duke University is a joint program supported by the Division of Student Affairs and the Department of Family Medicine & Community Health. A wide variety of services are available through DSH.

### Duke Student Health

Duke Student Health (DSH) is the primary location for health care services including general medical care, nutrition services, laboratory, pharmacy, travel and immunization clinics, and allergy/immunotherapy clinic. Most services are covered by the Student Health Fee (see below). Radiology studies, prescription drugs, some laboratory tests, and all specialty services received at DSH are not covered by the fee. DSH is located in the Student Wellness Center at 305 Towerview Road. Medical services are provided by board-certified faculty physicians and by physician assistants, nurse practitioners, and resident physicians under faculty supervision. Students are seen by appointment between the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday (9:00 a.m. to 5:00 p.m. on Thursday) Appointments can be made online through Duke MyChart (<https://dukemychart.org>) or by calling (919) 681-9355. Nurse advice is available 24 hours a day, 7 days a week. See <https://studentaffairs.duke.edu/studenthealth> for more information.

Students are encouraged to use Duke Student Health as their portal of entry to other health resources, including the specialty clinics within the general community and Duke University Health System. This helps with coordination of care. In the event of an obvious life-threatening emergency, students should go directly to the Emergency Department. If necessary, Duke Police (911 or (919) 684-2444) provides on-campus transportation to the Duke Emergency Department.

### Nutrition Services

- Free individual nutrition counseling for current Duke students
- Nutrition consultations for special dietary needs (food allergies, intolerances, etc.)
- Personalized nutrition programs for individuals or student groups
- Consult services for planning events

### Duke Student Wellness (DUWELL)

DUWELL fosters a living/learning environment that promotes and encourages the full development of the individual as an engaged member of the community. The staff helps students focus on an individual wellness perspective that integrates many areas of their life, including financial, social, spiritual, intellectual, mind-body, and environmental. Each of these dimensions of wellness is essential in maintaining harmony and balance in our lives. See <https://studentaffairs.duke.edu/duwell> for more information on topics including fitness assessment, alcohol and other drug usage, sexual activity and sexually transmitted diseases, stress management, and others.

### Confidentiality

Information regarding the physical or mental health of students is confidential and is released only with the student's permission except in life-threatening circumstances. As a member of the Duke University Health System, Duke Student Health is fully compliant with HIPAA federal regulations.

## Student Health Fee

All currently enrolled full-time students and part-time degree candidates are assessed a mandatory Student Health Fee each semester. This covers most services delivered within Duke Student Health. Students not enrolled in the university for medical, judicial, or personal reasons are not eligible to pay the health fee or receive services normally covered by the fee. An optional summer health fee for students not enrolled in summer sessions is also available.

**Services Covered by the Student Health Fee.** The health fee covers most of the services at Duke Student Health if medically indicated and ordered by a student health provider. These include:

- medical care for acute and chronic illness and minor injuries;
- complete physical exams;
- gynecological exams; men's health exams
- laboratory services performed at Student Health: urinalysis, rapid tests for strep throat, mononucleosis, vaginitis, pregnancy, rapid influenza test;
- administration of allergy/immunotherapy shots;
- nutrition services;
- health promotion services provided by DuWell staff;
- services provided by Counseling and Psychological Services (CAPS)

**Services not Covered by the Student Health Fee.** If unsure whether a service is covered, students should contact the Student Health Insurance Manager ([insurance@studentaffairs.duke.edu](mailto:insurance@studentaffairs.duke.edu)) prior to receiving the service. Students are financially responsible for the following:

- prescription drugs
- laboratory studies not list above
- x-rays and other radiology studies
- medical care provided in the Emergency Department, hospital, or other nonstudent health facility
- care provided by specialist consultants, including those working within the Student Health facilities
- dental care
- physical therapy
- tests, procedures, and prescriptions not medically indicated, not on the approved list, or not ordered by Student Health providers
- immunizations/titers required for matriculation and travel

## Duke Student Medical Insurance (SMIP)

### New Students

Students will receive an email from Duke Student Health asking them to either enroll in the student medical insurance or waive it since an insurance charge will be added to all students' bursar account for the Duke Student Medical Insurance Plan (Duke SMIP). Students are asked to monitor their Duke email to ensure they receive the enrollment information. During Open Enrollment between June 15, 2021 until September 15, 2021, students who have their own coverage that meets the waiver requirements will be able to submit an online waiver (KAISER PERMANENTE IS NOT WAIVABLE). In the email, a link will be provided to either enroll or waive the student medical insurance. If the intention is to waive the student medical insurance please, take a moment to review the following waiver criteria below.

Students may waive the Duke SMIP if the following criteria are met:

- The student does not hold a F1 or J1 visa.
- The claims administrator is based in the United States, has a US telephone number and address for submission of claims, and the insurance policy has not been issued outside the United States.
- The policy is not a traveling policy.
- The plan provides both emergency and nonemergency health care and mental health benefits in the Durham area benefits in the Durham, North Carolina, area.
- Out of state Medicaid and state Children's Health Insurance Plans (CHIP) do not cover non-emergency care in Durham.
- The plan has participating hospitals, physicians, pharmacies, and mental health providers in the Durham, North Carolina, area to include Duke Medicine.
- The plan provides inpatient and outpatient mental health care (with at least thirty visits per year) and chemical dependency benefits are comparable to the coverage provided by the Duke SMIP.
- The plan provides coverage for prescription medication.
- The lifetime benefit is at least \$500,000 or more.
- The policy does not have a pre-existing condition waiting period.

If you have any questions please contact the Duke Student Health insurance department at [insurance@studentsaffairs.duke.edu](mailto:insurance@studentsaffairs.duke.edu) or 919-684-1000.

Please contact your insurance carrier to inquire if Duke University Health Systems and physicians (Private Diagnostic Clinics) known as Duke Medicine are in-network for routine medical care.

If the Duke SMIP is waived, the student or guardian is responsible for any medical bills that occur and are not covered by your insurance. Please contact your insurance company for specifics on benefits. Duke Student Health employees are not able to determine your out-of-pocket cost and are not able to negotiate with Duke Medical Center's billing services on your behalf.

### International Students

If you are an international student holding a F1 or J1 Visa, enrollment in the Duke Student Medical Insurance Plan is mandatory. You will be automatically enrolled; no action is required on your part. Please note that neither traveling insurance nor medical insurance

policies issued from your country of origin or outside the United States or Canada will be accepted as a means to waive the Duke SMIP.

## Counseling and Psychological Services

Counseling and Psychological Services (CAPS) is located on the third floor of the Wellness Building at 305 Towerview Road. CAPS, a department of the Division of Student Affairs, provides a range of counseling, psychiatric, and referral services to assist Duke students with concerns ranging from adjustment difficulties to clinical issues such as depression and anxiety.

CAPS provides direct services to students including brief individual counseling, couples counseling, group therapy, psychiatric evaluation with medication management, and health coaching. In addition, CAPS offers a series of programs, support groups, and life-skills workshops. Recent offerings have focused on stress, anxiety, interpersonal relationships, meditation, and racial/cultural identity.

Another function of CAPS is to provide consultation regarding student development and mental health issues affecting not only individual students, but the campus community as a whole. The staff works with other campus personnel including administrators, faculty, the student health staff, and student groups in meeting needs identified through such liaisons.

The professional staff is composed of psychologists, clinical social workers, licensed clinical mental health counselors, psychiatrists, and psychiatric nurse practitioners experienced in working with university students. To get started with services, please come to CAPS between 10:00 am to 3:00 pm . Monday through Friday. You will meet with a counselor who will help determine the services that are the best fit for your concerns. Contact CAPS at (919) 660-1000 or visit <https://studentaffairs.duke.edu/caps>.

## Student Personal and Professional Advisory System for MD Program Students

The advisory dean system is the heart of the Office of Student Affairs. Working as a team with other OSA staff members and an academic resource consultant, the five advisory deans are responsible for the academic, personal, and career advising of Duke medical students. Each incoming student is assigned to an advisory dean and will work closely with that dean over time to maximize the potential



Megan Mendenhall



of the Duke curriculum for his/her/their individual needs and career goals, to gain access to resources the student needs for his/her/their professional development, and to have a confidential advisor for any matter. Students are welcome to seek help from any of the five advisory deans, and will also work with advisors in different medical specialties to develop their plan for residency. In addition to individual student advising, the Office of Student Affairs organizes lunch group discussions in the first year and a variety of seminars regarding curriculum planning, residency application and professional development throughout medical school, and coordinates major events (Orientation, Match Day, Graduation) in the life of the school. Advisory deans also serve on any institutional committee that oversees the interest of the students.

## Resources for Study

The goal of Duke University School of Medicine is to provide leadership in fulfilling its core missions which are

- to provide the most advanced and comprehensive education possible; to prepare our students and trainees for lifetimes of learning and careers as leaders, practitioners, or researchers;
- to perform biomedical research producing discoveries that add to understanding life processes and lead to preventing and curing disease and maintaining health;
- to translate, to practice, and to make available to the public, with compassion, the benefits of the unique clinical and technological resources of the School of Medicine and to support our educational and research missions; and
- to the maximum extent possible, we will apply our core missions in education, research, and health care delivery to develop the means to solve regional and national health care problems, including providing accessible, cost-effective health care of measurable quality.

## Library

As of 5/11/2021: Due to the COVID-19 pandemic, Medical Center Library & Archives staff, services, and resources are primarily available online and building access is restricted. Please check our Website at <https://mclibrary.duke.edu/about/coronavirus> for current updates.

The Medical Center Library & Archives provides the services and collections necessary to further educational, research, clinical, and administrative activities in the medical field. Services are available to faculty, staff, students, and housestaff from Duke Hospital, School of Medicine, School of Nursing, allied health programs, and graduate programs in the basic medical sciences. The library also serves the Duke University Health System.

The library has thousands of health sciences journal titles available electronically, though some of the older years may not be accessible online. Several electronic book collections are also available online. Bound print journal collection and most print books published before 1995 are stored in the Duke Library Service Center located off Briggs Avenue. More current print books are kept within the library facility. Scanned copies of articles from stored journals may be requested for free by Duke Health personnel through Delivery/Interlibrary Loan Services. The Frank Engel Memorial Collection consists of a small group of books on health and nonmedical subjects for general reading. Library services include reference, in-depth consultations, expert database searching including systematic reviews, customized and individual group training, online tutorials, bibliometrics and research impact analysis, circulation, and document delivery services. Workstations for searching databases, the online catalog, and other resources are available, along with a variety of study spaces and rooms for online booking. A computer classroom for hands-on training is located on Level 1. Archives provides access to its collections for scholarly research and administrative work and can assist individuals in locating specific information, photographs, and documents concerning the history of the medical center.

The Medical Center Library & Archives is in the Seeley G. Mudd Building, above the Searle Center and connected to the Trent Semans Center for Health Education. Detailed information on services and resources may be found on the website at <https://mclibrary.duke.edu/>. Additional information about Archives can be found at <https://archives.mc.duke.edu>.

**Medical Center Library & Archives Hours:** Please refer to the first paragraph and website for the most up-to-date information regarding the Medical Center Library & Archives hours, etc. The Library is open to the general community as well as Duke University faculty, staff, and students during weekday hours (7:30 a.m. to 6 p.m.). Duke Health ID card/badge access is required after 6 p.m. during weekday hours and all day on weekends. Twenty-four-hour card access is available for Duke Health badge holders only. The Reading Room and book collections are available Monday-Friday: 8 a.m.-11:30 p.m.; Saturday: 12 noon-8 p.m.; Sunday: 12 noon-12 midnight. The Library is staffed from 8 a.m.-6 p.m., Monday-Friday. Library staff are not available on the weekends.

**Associate Dean for Library Services & Archives:** Megan von Isenburg, MSLS (UNC School of Information and Library Science, 2004).

## Bookstore

The Medical Center Bookstore offers a wide selection of medical reference books, textbooks, software, and instruments to the Duke University Medical Community. Clothing, including scrubs and uniforms, office supplies, and Duke gifts are also offered. Special orders are welcomed. The store is located in Duke Clinic, lower level adjacent to the Food Court, 200 Trent Drive, Room 0001, Durham, NC 27710. The bookstore is open from 8:30 a.m. to 5:30 p.m. Monday through Friday. They are open on designated Saturdays specifically just prior to the start of a new semester. Please call (919) 684-2717 if you have questions concerning Saturday dates/hours.

## Searle Conference Center

The Searle Conference Center for Continuing Education in the Health Sciences provides elegant accommodations for conferences, symposia, lectures, and meetings to support the continuing education activities of the medical center and university. Additionally, banquets, dinners, weddings, receptions, and other private events may be held on a space-available basis. Meeting space, audiovisual needs, catering, and assistance with event planning are all provided by the onsite staff. Accepting credit cards/procurement cards, IRs



and other forms of payment. For information, call (919) 684-2244 or visit <https://duh.catertrax.com/> or <https://dukeunivhospital.healthcaredish.com/>.

Manager: Michael A. Evans

Conference Coordinator: Janet Kapp

## Medical Center Commons

The Medical Center Commons restaurant is open for fine dining at lunch time Monday through Friday. Accepting credit cards/procurement cards, IR, Flex Account Cards, and reservations at (919) 684-5805, the Commons is located in the Searle Conference Center on the ground floor of the Seeley G. Mudd Building. The restaurant is a Bistro-style atmosphere with full table service/linen, china and flatware, features gourmet salads, fresh homemade salads, freshly prepared soups, and hot buffet selections. There are weekly specials. Prices range from \$10 to \$13. Private dining rooms are available as well as morning, evening, or weekend meeting and catering space. For additional information on these services, call (919) 684-2244 or visit <https://dukeunivhospital.healthcaredish.com/>.

Manager: Michael A. Evans

## Medical Center Catering

Medical Center Catering is an in-house operation that provides catering services for the Duke Health System. We will deliver coffee breaks, lunch, and receptions to rooms within the North and South Hospital as well buildings accessible for push carts only (nonmotorized vehicles). We provide setup and breakdown paper/plasticware service. The hours of operation are 7 a.m. to 5 p.m. Monday through Friday. Call (919) 684-2904 for assistance or visit <https://duh.catertrax.com/> or <https://dukeunivhospital.healthcaredish.com/>. Accept credit cards/procurement cards, IRs, and other forms of payment.

Manager: Michael A. Evans

Conference Coordinator: Janet Knapp

## The Office of Curricular Affairs

The Office of Curricular Affairs provides professional, technical and administrative support for the development, implementation, and assessment of patient-centered medical education. The staff and faculty in the OCA strive to support students throughout their participation in the educational program.

Under the leadership of Aditee Narayan, MD, MPH, Associate Dean for Curricular Affairs, the Office of Curricular Affairs ensures education quality and innovation, alignment of educational goals and outcomes, assessment of student performance and analysis of course and program evaluations. The Assessment and Evaluation team in the office conduct educational research for the continual improvement of the curriculum, trains faculty in innovations in educational methodology and assessment and sponsors a third year study track in medical education research. The OCA also has a state-of-the-art clinical skills program with a robust standardized patient program allowing even the earliest learners practice in patient-centered care.

Mostly located on the third floor of the Seeley Mudd building (attached to TSCHE) along with satellite offices on the 1st and 5th floors of TSCHE, the Office of Curricular affairs provides support to faculty including initial course planning and se-up; coordination for interdisciplinary and longitudinal course and programs; all assessment and evaluation activities; various laboratory set-ups and specimen maintenance; support for various school-wide committees; maintenance of the curriculum management systems; and liaison with Duke-National University of Singapore.

## End of Year Objective Structured Clinical Examination (OSCE)

The End of Year Objective Structured Clinical Examination (OSCE) is a standardized patient exam which consists of six to ten individual patient encounters for which the student is in the role of primary provider. Some encounters will involve evaluating an undifferentiated physical complaint through a focused history and physical exam of a standardized patient. After these encounters, the student will write a patient note—similar to a SOAP note—on a computer. Other encounters involve patient counseling or screening. These encounters may be followed by brief test questions.

Cases are selected to sample a variety of dimensions including patient age, gender, all organ systems, and specialties represented throughout the clerkship year. The major purposes of the OSCE are (a) to evaluate, in a standardized way, each student's approach to patients with common complaints, demonstrating the clinical activities of history-taking, physical examination, communication skills and diagnostic reasoning that cannot be adequately assessed through written tests, (b) to provide individualized feedback to students about their clinical skills performance, and (c) to provide a measure of curriculum effectiveness.

All student encounters with standardized patients during the OSCE are video recorded. Video recordings are available for students to review. The OSCE is structured to be competency-based, where each student's performance is compared to a predetermined standard. Each student receives a written report of their level of competence with each case, comments directly from standardized patients, and their individual performance scores as well as class performance scores for six major clinical skills. Passing the OSCE is required for graduation.

## Duke Hospital

Duke University Hospital, one of the largest private hospitals in the South, is part of Duke University Health System and currently has 957 beds. The mission and vision statements of Duke University Hospital are as follows:

Our mission is to put the person who needs our care at the center of everything we do. Our vision is to discover, develop, and deliver a healthier tomorrow.

Duke University Hospital, a tertiary and quaternary-care hospital, is consistently rated one of the top hospitals in the United States. It offers comprehensive diagnostic and therapeutic facilities, including a regional emergency/trauma center; a major surgery suite containing fifty-one operating rooms; an endosurgery center; an Ambulatory Surgery Center with nine operating rooms; and an extensive

diagnostic and interventional radiology area. The facility also functions as a research hospital where medical advances are achieved and applied, and as a teaching hospital for students of medicine, nursing, and the allied health sciences. Approximately 40,000 patients were discharged and more than 50,000 surgical procedures were performed in fiscal year 2015.

Duke's home care, hospice, and infusion services provide opportunities for continued care of patients after they leave Duke Hospital. Ambulatory services include the outpatient clinics, ambulatory surgery center, the employee health service, and the emergency department, with more than one million combined patient visits annually. The clinical faculty of the Duke University School of Medicine participate in undergraduate and graduate medical education and practice medicine in the hospital and in the Private Diagnostic Clinic. Duke Hospital is approved for residency training by the American Medical Association, the Accreditation Council for Graduate Medical Education, and is accredited by the Joint Commission.

## Durham VA Health Care System

Since 1953, Durham VA Health Care System (DVAHCS) has been improving the health of men and women who have so proudly served our nation. Services are available to more than 200,000 Veterans living in a twenty-seven county area of central and eastern North Carolina. The DVAHCS is a 245-bed tertiary care referral, teaching, and research facility affiliated with Duke University School of Medicine. The DVAHCS provides general and specialty medical, surgical, and psychiatric services. It serves as a major referral center for North Carolina, southern Virginia, northern South Carolina, southern West Virginia, and eastern Tennessee. In addition to the main facility in Durham, services are offered at the Health Care Center (HCC) located in Greenville, North Carolina, and three Community Based Outpatient Clinics (CBOCs), one located in Morehead City and two in Raleigh, North Carolina. Two outpatient Clinics are also located on Hillandale Road in Durham, one Mental Health specialty clinic in southern Raleigh, and the Dialysis Clinic and Blind Rehabilitation Outpatient Clinic at Brier Creek in Raleigh. The medical center is a regional center for radiation therapy, neurological disorders, therapeutic endoscopy, and other special procedures. In addition, it serves as a referral center for high-risk open-heart surgery cases, angioplasty, and hemodynamic cardiac catheterization. The 100-bed Community Living Center (CLC) is reflective of an ongoing emphasis on wellness, preservation of functions, and rehabilitation. Special programs at DVAHCS include a comprehensive Women's Health Center, a Home Based Primary Care program, a Telemedicine Home Care program, a Simulation Center, Geriatric Research Education and Clinical Center, the Center for Health Services Research in Primary Care, the VISN 6 Mental Illness Research Education and Clinical Center, and the Epidemiology Research and Information Center. For additional information, visit <https://www.durham.va.gov/>.

## Lenox Baker Children's Hospital

Located just one mile west of the main Duke University Hospital Campus, [Lenox Baker Children's Hospital](#) provides outpatient services for children with genetic, metabolic, endocrine, neurologic, orthopaedic, gastrointestinal and neurodevelopmental disorders. On-site services include physical and occupational therapy and speech pathology. In addition, several multidisciplinary clinics are conveniently located on site.

## Duke Regional Hospital

Duke Regional Hospital, a 388-bed acute-care hospital, has served the healthcare needs of Durham, Orange, Person, Granville, and Alamance counties and the surrounding communities since 1976. Duke Regional offers a comprehensive range of medical, surgical, and diagnostic services, including weight loss surgery, orthopaedics, behavioral health, obstetrics, gynecology, cardiology, radiology, oncology, emergency medicine, and outpatient surgery. Duke Regional features a level IIB Special Care Nursery, Duke Cancer Center North Durham, Duke Behavioral Health Center North Durham and Duke Rehabilitation Institute as well as James E. Davis Ambulatory Surgical Center, Duke Ambulatory Surgery Center Arrington, Duke Regional Hospital Spine and Neurosciences, and Duke Regional Hospital Vascular Access clinics. Duke Regional is a Magnet Hospital designated by the American Nurses Credentialing Center. The hospital also earned The Joint Commission's Gold Seal of Approval™ for its Forward Motion joint replacement program and hip fracture program, as well as certification as a Primary Stroke Center.

Built on the tradition of caring of its predecessor hospitals, Lincoln and Watts, Duke Regional is proud to be part of Duke University Health System and remains dedicated to providing exceptional care with the personal touch and convenience only a community hospital can offer.

## Duke Raleigh Hospital

Duke Raleigh Hospital offers the world-renowned resources of Duke Health conveniently located in Wake County. Duke Raleigh Hospital has been an important part of the Duke University Health System since 1998 and has provided high-quality, compassionate care to the citizens of Wake County for more than 100 years.

Duke Raleigh Hospital is a 186-bed hospital providing a comprehensive array of services including cancer care, orthopaedics, neurosciences, spine, cardiovascular services, disease management, inpatient care, emergency services, surgical services, outpatient imaging, community education events, and more. Duke Raleigh Hospital has achieved Magnet™ designation for excellence in nursing by the American Nurses Credentialing Center. For more information, call (919) 954-3000 or visit <http://dukeraleighhospital.org>.

## Other Hospitals

Various cooperative teaching and training programs are available for medical and allied health professional students and house staff at other hospitals to include Duke University Hospital, Durham Veteran's Administration Medical Center, Duke Regional Hospital, Duke Raleigh Hospital, and Central Regional Hospital in Butner, North Carolina.

## Medical Center and Health System Buildings and Facilities

The ninety-four buildings and additions which make up the medical education, research, and patient care facilities are located on approximately two hundred acres, mostly on or near the West Campus of the Duke University.

**The Clinic Zone** is contiguous with the main quadrangle of the university and consists of the following: Duke Clinic—a multi-building contiguous building complex, including: Clinic Reception Building—Entrance lobby, outpatient clinics, food court, and amphitheater; Edwin

A. Morris Building— Outpatient clinics, diagnostic, treatment, and support services, Departments of Radiation Oncology, Surgery, and Duke Cancer Institute administration, departmental research and offices; Davison Building—Hospital Pharmacy offices; Departments of Pathology and Brain Imaging & Analysis administration, research education space and offices; Duke Medicine and Health System Administration, and School of Medicine Administration; Original Hospital, 1940 and 1957 Additions—Outpatient clinics, diagnostic, treatment, and support services including: clinical laboratories, imaging, pharmacy, Departments of Dermatology, Family Medicine & Community Health; Medicine, Neurology, Orthopedics, Pathology, Radiation Oncology, Anesthesiology, Neurosurgery, and Heart Center offices; Baker House—Departments of Obstetrics and Gynecology, Heart Center, Anesthesiology, Medicine, Neurosurgery & Neuro-Oncology program, and Surgery administration, clinical support services; offices for pastoral care and counseling; Barnes Woodhall Building—Duke Store, Nursing offices, , Clinical Research unit/Duke Early Phase Clinical Research Unit (DEPRU), Departments of Psychiatry, Radiology, Radiation Oncology and Surgery diagnostic, treatment, and support services and research and offices, PRMO offices, outpatient pharmacy, preoperative screening, and hospital administration; Diagnostic and Treatment #3 Building—Human Resources offices, Departments of Radiation Oncology, Radiology, Psychiatry, Surgery, and Neurosurgery research support services and offices; Ewald W. Busse Building—Center for the Study of Aging and Human Development, diagnostic, treatment, and support services, research, and offices; Eugene A. Stead Building— Clinical Research Center/Duke Early Phase Clinical Research Unit (DEPRU) Departments of Surgery, Neurosurgery, Psychiatry, Medicine and Duke Cancer Institute research and offices; Clinical Research II—Clinical Research Center/Duke Early Phase Clinical Research Unit (DEPRU) Departments of Surgery, Medicine, Anesthesiology, and Psychiatry research and offices, hyperbaric medicine unit. Other buildings within The Clinic Zone also includes Marshall Pickens Building—Family Medicine Clinics; Parking Garage I (Duke Clinic Garage); and the Cancer Center facility: diagnostic, treatment, and support services.

**The Hospital Zone** consists of the following buildings: Duke Hospital— a multi-building contiguous building complex including: Duke Hospital

Anlyan Tower and Ancillary Building—Inpatient care units, diagnostic, treatment, and support services including surgical suite, cath labs, emergency department, labor and delivery suite, operating and recovery suite, full-term nursery, radiology, clinical laboratories, respiratory therapy, pharmacy, the departments of Anesthesiology, Medicine, Radiology, Surgery offices; MRI facilities and Brain Imaging and Analysis facility; and Children’s Health Center—Department of Brain Imaging and Analysis and Children’s clinics, diagnostic, treatment and support services, Department of Pediatrics administrative offices and the Duke Central Tower – inpatient bed units. The Hospital zone also includes Duke Eye Center Joseph A.C. Wadsworth Building (Eye Center)—Clinical Labs; Ophthalmology clinics, diagnostic, treatment, and support services including: operating rooms, recovery, research and offices; Duke Eye Center: Albert Eye Research Institute—Ophthalmology faculty offices and research space, Pharmacology & Cancer Biology research space, and Pediatrics Ophthalmology Clinic; Duke Eye Center Hudson Eye Building—Department of Ophthalmology administration; Clinical Labs; Duke Eye clinics; Civitan Building and Child Development & Behavioral Clinic—Clinics and offices for the Departments of Psychiatry and Pediatrics. Hanes House—Duke Hospital Transplant offices, Departments of Medicine, Pediatrics, Anesthesiology, Neurology, and Surgery administrative and departmental offices, teaching facilities; Christine S. Pearson School of Nursing—School of Nursing offices and educational facilities; Interprofessional Education (IPE) Building: Physical Therapy and Nursing education; Seeley G. Mudd Communications and Library—Medical Center Library, Medical Center Commons, Medical Education, Trent Center for BHHM, Departments of Surgery, Medicine and Duke Cancer Institute offices; Parking Garage II (Hospital Garage)—House Staff and Exercise Facility, and Nursing Recruitment and the Duke Medicine Pavilion— Inpatient care units, diagnostic, treatment, and support services including operating and recovery, radiology, Clinical Labs, iMRI, and iCT suites; and the Trent Semans Center for Health Education—Central teaching facilities, School of Medicine admissions, registrar, and financial aid.

**The Research Zone** consists of the following: Joseph and Kathleen Bryan Research Building for Neurobiology—Department of Neurobiology, Radiology and Neurology administration, departmental research and offices; Nanaline H. Duke Building—Departments of Biochemistry, Dermatology, Medicine, and Cell Biology administration, departmental research and offices; Alex H. Sands Building— Departments of Anesthesiology, Biochemistry, Cell Biology, Obstetrics & Gynecology, Medicine, Radiology, Duke Human Vaccine Institute and Neurosurgery research and offices; Edwin L. Jones Building—Departments of Immunology, Medicine, Pediatrics, Pathology, Surgery, and Molecular Genetics & Microbiology administration, departmental research and offices; Medical Sciences Research Building—Departments of Medicine, Pathology, Pediatrics, Neurosurgery, Orthopedics, Radiology, Surgery, and Duke Cancer Institute research and offices; Medical Sciences Research Building-II—Departments of Medicine, Surgery and Duke Human Vaccine Institute research and offices; Medical Sciences Research Building-III—School of Medicine space; Departments of Medicine, Surgery, Bioinformatics & Biostatistics, Basic Science Admin, Neurology, Pharmacology & Cancer Biology, Molecular Genetics & Microbiology, and Anesthesiology; Clinical and Research Laboratory Building—Departments of Cell Biology, Molecular Genetics & Microbiology, and Medicine research and offices; Leon Levine Science Research Center, section C—Duke Institute for Brain Sciences, Departments of Pharmacology & Cancer Biology, Medicine, BioMed Engineering, Radiation Oncology, Orthopedics, and Neurosurgery administration, research and offices; Surgical Oncology Research Building; Environmental Safety Building; Research Park Buildings 1, 2, 3 and 4—Departments of Surgery, Radiology, Pharmacology & Cancer Biology, Duke Human Vaccine Institute, Obstetrics & Gynecology, Pediatrics, Neurosurgery, Anesthesiology, Duke Global Health Institute research and offices, and Occupational and environmental safety; and Clinical Labs; Vivarium & Surgical Research Pavilion; Cancer Center Isolation Facility; Snyderman Genome Science Research Building; and Genome Science Research Building-II—Departments of Anesthesiology, Neurobiology, Surgery, Duke Cancer Institute; Pathology, Dermatology, Duke Human Vaccine Institute, Psychology & Neuroscience, Medicine, and Pediatrics genomic science research; and Global Health Research Building—DHVI research and offices.

**The West Zone** consists of the *Lenox Baker Hospital*—Clinics, diagnostic, treatment, and support services, Departments of Pediatrics and Orthopedics offices; Center for Living Campus consists of five buildings including *Sarah Stedman Nutrition Center*—



Duke Molecular Physiology Institute (DMPI) offices; *Andrew Wallace Clinic Building (original and 2015 addition)*—Department of Orthopedics and Sports Medicine clinics, diagnostic, treatment, and support services; *PepsiCo Fitness Center*—Exercise and physical therapy facilities including indoor track, exercise equipment, swimming pool; *Aesthetic Services and Dermatologic Surgery Clinic*—Clinics, diagnostic treatment, and support services, and CFL administrative offices; and *Duke Integrative Medicine*—treatment facility.

**The North Campus Zone** consists of the following buildings: *North Pavilion*—Ambulatory Surgery Center, Adult and Pediatric Bone Marrow Transplant, Department of Pediatrics, Psychiatry, Medicine, Marcus Center Cellular Cures, Duke Cancer Institute offices, and Nursing administration; and *2216 Elba Street (House of Healing)*—small residence for families and patients; and *Elder Street Buildings*—Occupational and environmental safety, and medical center engineering and operations offices.



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# Graduate Program Information



# Accreditation Council for Graduate Medical Education

## Accredited Programs

Appointments are from July 1 through June 30 with a few exceptions. Trainees receive competitive stipends and a comprehensive benefits package, including but not limited to professional liability insurance, disability insurance, life insurance, health insurance, parking, and uniforms.

Programs offered and the program training director of each service are as follows:

Program	Director
Adult Cardiothoracic Anesthesiology	Brandi Bottiger
Adult Congenital Heart Disease	Cary Ward
Adult Reconstructive Orthopaedics	Michael Bolognesi
Advanced Heart Failure and Transplant Cardiology	Gary Michael Felker
Allergy and Immunology	Amy Stallings
Anesthesiology	Annemarie Thompson
Cardiovascular Disease	Anna Lisa Crowley
Child Abuse Pediatrics	Lindsay Terrell
Child and Adolescent Psychiatry	Tara Chandrasekhar
Child Neurology	Sujay Kansagra
Clinical Biochemical Genetics	Sarah Young
Clinical Cardiac Electrophysiology	Donald Hegland
Clinical Informatics	Eric Poon
Clinical Neurophysiology	Saurabh Sinha
Complex General Surgical Oncology	Trey Blazer
Congenital Cardiac Surgery	Joseph Turek
Critical Care Medicine (Anesthesiology)	Naszish Hashmi
Critical Care Medicine (Internal Medicine)	Scott Shofer
Cytopathology	Sarah Bean
Dermatology	Erin Lesesky
Dermatopathology	Rami Al-Rohil
Diagnostic Radiology	Karen Johnson
Emergency Medicine	Joshua Broder
Endocrinology, Diabetes and Metabolism	Matthew Crowley
Epilepsy	Saurabh Sinha
Family Medicine	William Bynum
Family Medicine Rural Track	Thomas Koinis
Female Pelvic Medicine and Reconstructive Surgery	Cindy Amundsen
Foot and Ankle Orthopaedics	James De Orio
Gastroenterology	Richard Wood
Geriatric Medicine	Mamata Yanamadala
Geriatric Psychiatry	Tracey Holsinger
Gynecologic Oncology	Paula Lee
Hand Surgery	Marc Richard
Hematology (Hematopathology) Fellowship	Richard Riedel
Hematology/Medical Oncology	Alisha Brenner
Hospice and Palliative Medicine	Jason Webb
Infectious Disease	Eileen Maziarz
Internal Medicine	Aimee Zaas



Program	Director
Internal Medicine (P)	Aimee Zaas
Internal Medicine/Pediatrics	Jane Trinh
Internal Medicine/Psychiatry	Jane Gagliardi
Interventional Cardiology	William Jones
Interventional Radiology - Integrated	Paul Suhocki
Interventional Radiology – Independent	Paul Suhocki
Laboratory Genetics and Genomics	Kristen Deaks
Maternal - Fetal Medicine	Sarah Ellestad
Medical Biochemical Genetics	Marie McDonald
Medical Genetics and Genomics	Marie McDonald
Medical Microbiology	Christopher Polage
Neonatal-Perinatal Medicine	Ronald Goldberg
Nephrology	Ruediger Lehrich
Neurological Surgery	Michael Haglund



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<b>Program</b>	<b>Director</b>
Neurology	Christopher Eckstein
Neuromuscular Medicine	Karissa Gable
Neuropathology	Anne Buckley
Neuroradiology	James Eastwood
Nuclear Medicine	Olga James
Nuclear Radiology	Olga James
Obstetric Anesthesiology	Jennifer Dominguez
Obstetrics and Gynecology	Beverly Gray
Ophthalmology	Pratap Challa
Orthopaedic Surgery	Robert Fitch
Orthopaedics Sports Medicine	Dean Taylor
Otolaryngology	Charles Woodard
Pain Medicine	Peter Yi
Pathology - Anatomic and Clinical	Thomas Cummings
Pediatric Anesthesiology	John Eck
Pediatric Cardiology	Michael Jay Campbell
Pediatric Critical Care Medicine	Kyle Rehder
Pediatric Endocrinology	Laura Page
Pediatric Hematology-Oncology	Jennifer Rothman
Pediatric Infectious Diseases	Matthew Kelly
Pediatric Nephrology	Shashi Nagaraj
Pediatric Pulmonology	Mai El Mallah
Pediatric Radiology	Gary Schooler
Pediatric Rheumatology	Charles Maxfield
Pediatrics	Mia Mallory
Plastic Surgery	Brett Phillips
Plastic Surgery - Integrated	Brett Phillips
Preventive Medicine - Occupational Medicine	Dennis Darcey
Psychiatry	Heather Vestal
Pulmonary Diseases/Critical Care Medicine	Scott Shofer
Radiation Oncology	Joseph Salama
Regional Anesthesiology and Acute Pain Medicine	Michael Kent
Reproductive Endocrinology and Fertility	Thomas Price
Rheumatology	Lisa Criscione-Schreiber
Sleep Medicine	Andrew Spector
Sports Medicine (FP)	Jeffrey Bytomski
Surgery	John Migaly
Surgery (P)	John Migaly
Surgical Critical Care	Amy Alger
Thoracic Surgery	John Haney
Thoracic Surgery - Integrated	John Haney
Transplant Hepatology	Lindsay King
Undersea and Hyperbaric Med.-Prev. Med.	Bruce Derrick
Urology	Michael Ferrandino



Program	Director
Vascular Neurology	Nada El Husseini
Vascular Surgery	Mitchell Cox
Vascular Surgery Integrated	Mitchell Cox

Duke University Hospital is a participating member of the National Resident Matching Program, Washington, DC. All applicants for first-year, post-medical school appointments must register with this program.

The Durham Veterans Administration Medical Center adjoins the Duke University campus and is affiliated with Duke University Medical Center. Currently, approximately one-half of Duke University Hospital's training programs rotate to the Durham VA, which includes approximately one-third of our Graduate Medical Trainees.

## Duke Graduate Medical Education Employment Requirements

Eligibility for membership to the Associate Medical Staff (Graduate Medical Trainee) includes:

- Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME)
- Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA)
- Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
  - Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates
 or
  - Have a full and unrestricted license to practice medicine in a US licensing jurisdiction.
- Graduates of medical schools outside the United States who have completed a Fifth Pathway program provided by an LCME accredited medical school

Additionally, the following requirements apply to all members of the Associate Medical Staff:

- ACGME Residency and Fellowship applicants must meet all existing requirements for entry into ACGME subspecialty programs
- Have a Full State License or Resident Training License (RTL)
- Official medical school transcript with conferred or graduated date
- A completed Postgraduate Training Verification Form (if applicable)
- Appropriate current life-support skills (e.g., ACLS/PALS) certification
- Proof of identity and US Employment Eligibility (I-9) via E-Verify (See: I-9 Form Policy) including SS card
- Health Record Clearance, which includes drug screening
- A signed Agreement of Appointment
  - The signed Graduate Medical Education Agreement of Appointment is not effective, and employment will not commence, until all credentialing documents have been received and approved by the Office of GME and all requirements for hire have been satisfied.
- Application for Appointment (which requires reference forms, criminal background check, National Practitioner Databank check, EPLS check, OIG check, and ECFMG check for IMG's.)
- Completion of all required online safety training
- Completion of all required payroll forms
- Completion of all prerequisite institutional training modules (completed after hire)
- USMLE (or equivalent) Transcript
  - Document passing scores in the first two parts of appropriate medical licensure examinations (USMLE Step 1 and Step 2CK (if applicable, COMLEX, or equivalent Canadian examinations, etc.) After 24 months of post graduate training documentation of passing all three parts of the licensing examinations must be provided.
  - This policy applies to all graduate medical trainees whether United States or International Medical School graduates. Programs have the right to impose more stringent requirements, but no less than those contained in this policy. An Agreement of Appointment will not be valid without satisfying this requirement. (\*USMLE statement if trainee has not passed Step 3)
- Attend Institutional Orientation

A trainee may begin his/her/their clinical duties after he/she/they has met the above GME requirements.

## Auditing of Courses by House Staff

Residents and fellows at the medical center may audit courses through the undergraduate and graduate divisions of Duke University by obtaining written permission of the course director and the Office of Continuing Studies and by paying the current audit fees. House staff members are not permitted to take courses offered through the School of Medicine. For more information, please contact Kim Price, Director of Academic Services for Continuing Studies & Summer Session, The Bishop's House, Duke University, Durham, NC 27708, (919) 684-5375; [kprice@duke.edu](mailto:kprice@duke.edu); <https://learnmore.duke.edu/academics/auditing>.

## International Medical Graduates (IMG)

An international medical graduate is a physician who received their basic medical degree or qualification from a medical school located outside the United States and Canada. Citizens of the United States who have completed their medical education in schools outside the United States and Canada are also considered international medical graduates. They must hold a valid certification from the Educational Commission for Foreign Medical Graduates (ECFMG) for admission to and participation in training programs. For information on ECFMG and the examination requirements, physicians must write to ECFMG, 3624 Market Street, Philadelphia, PA, 19104, or visit the website at <https://www.ecfm.org/>.

Physicians who are not United States citizens or lawful permanent residents and who need visa sponsorship must also contact this organization. ECFMG is the sole organization authorized to sponsor physicians for clinical training in J-1 exchange visitor status. No other J-1 program is permitted to sponsor physicians in clinical training. Physicians who have passed additional exams and hold additional qualifications may qualify for visas other than the J-1.

Applicants should send applications directly to the department or training program. For program information and online applications, visit the Office of Graduate Medical Education website at <https://gme.duke.edu/>. Please note: an application from an IMG that does not include a copy of a valid ECFMG certificate, or other evidence from ECFMG confirming passage of all of the required exams, is considered incomplete and may be discarded without further notice to the applicant.

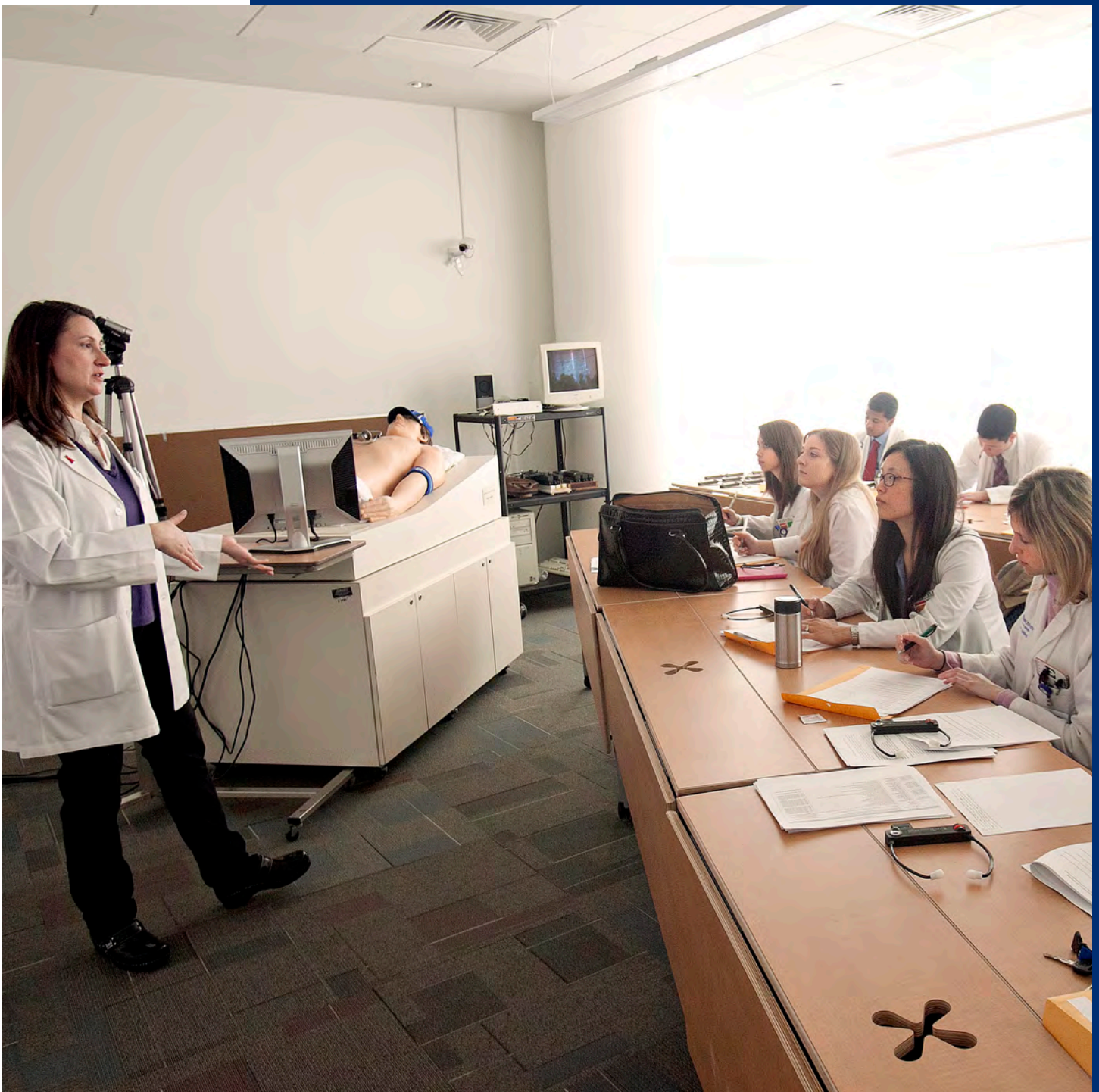
For additional information regarding international medical graduates, please visit the Duke Visa Services website at <https://visaservices.duke.edu/>, or email [visahelp@mc.duke.edu](mailto:visahelp@mc.duke.edu).



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# Continuing Medical Education





The mission of the Continuing Medical Education (CME) Program, as part of the Joint Accreditation Program Office, is to assist health care professionals in the translation, diffusion, and application of evidence-based knowledge to specifically improve clinical care and enhance patient safety. The Joint Accreditation program seeks to distill complex research and medical information into formats useful to physicians, scientists, and health care workers to promote implementation of that information in the health care setting. The Duke University Health System Department of Clinical Education and Professional Development (CEPD) designates all types of activities: live presentations, online education, simulation, medical games, and enduring materials (monographs, DVD, etc). The Duke University Health System Department of Clinical Education and Professional Development (CEPD) provides educational programs inclusive of medicine, nursing, pharmacy, and other healthcare providers.

To obtain a listing of current CME activities, you may check the School of Medicine website or <https://ja.dh.duke.edu/>. To request credit for a meeting, please contact Department of Clinical Education and Professional Development DUMC Box 2722, 2424 Erwin Road, Hock Plaza 1, Suite G07, Durham, NC 27705; (919)-385-4339. To view your Duke CME transcripts, please log into <https://ja.dh.duke.edu/>.



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