Bulletin of
Duke University

School of Medicine
2026-2027

About the University Bulletins

The Office of the University Registrar is responsible for compiling, producing, and maintaining the bulletin for each school at Duke University. The content for the bulletins is established by the schools in conjunction with the Duke University Bulletins Policy.

The information in this bulletin applies to the academic year 2026-2027 and is accurate and current, to the greatest extent possible, as of August 2026. All bulletins are published online and serve as static documents for historical records of the university. 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.

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Duke University's Mission & History

Mission Statement

Approved by the Duke University Board of Trustees October 1, 1994, and revised February 23, 2001, the Mission Statement for Duke University reads as follows:

"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."

Duke University: A Brief Narrative History

Duke University traces its origins to a small school that opened in 1838 in Randolph County, North Carolina. Originally a preparatory school for young men called the Union Institute Academy, it was then chartered as a teaching college named Normal College by the state of North Carolina in 1851. The school underwent another transformation in 1859 when it turned to the Methodist Church for financial support. Reflecting the new partnership, the school’s name changed to Trinity College.

From 1842 to 1882, Braxton Craven served as the principal and then president of the institution, overseeing its transition from a tiny schoolhouse to a full-fledged college. Shortly before his death, he helped to establish the Cherokee Industrial School at Trinity College, one of numerous schools established in the United States to "westernize" indigenous students, in this case boys and young men from the Eastern Band of the Cherokee. The School at Trinity lasted only a few years. It is worth noting that Craven enslaved several Black people prior to the Civil War, and that a number of other faculty and trustees were also enslavers.

John F. Crowell, Trinity College's president from 1887-1894, suggested that moving the college to an urban setting would attract more students, faculty, and financial support. With Crowell's encouragement, the trustees agreed to move the college, and after a spirited competition among regional cities, Trinity opened in Durham in 1892. Local tobacco magnates Washington Duke and Julian S. Carr assisted in providing land and money to Trinity. In 1897, at Washington Duke's request, the school began admitting women as regular students, making it an early co-educational institution. Carr's support for Trinity College was recognized with a building named in his honor in 1930. His name was removed in 2018 in light of his virulent white supremacist beliefs and actions.

Trinity prospered in its new location, and in 1924 the school was again transformed through philanthropy. Washington Duke's son James Buchanan Duke established the Duke Endowment, and the charitable foundation infused the college with funds. The trustees changed Trinity College's name to Duke University as a memorial to his father. The new funds supported the construction of a new campus, designed in a Gothic style by the Philadelphia architectural firm of Horace Trumbauer. The chief designer of West Campus, as well as the re-envisioned East Campus, was Julian Abele, a Black architect whose role in creating the architecture of Duke University was largely overlooked during his lifetime. In 2016, the main quad on West Campus was renamed Abele Quad in his honor.

President William P. Few (1910-1940) oversaw this metamorphosis of a small college into a complex university. In 1930, the Trinity College site (today's East Campus) became the Woman's College, while the West Campus served as the grounds for the all-male Trinity College. In 1972, Trinity College merged both colleges of men and women into what is now known as Trinity College of Arts and Sciences. Other schools include the School of Religion and Graduate School founded in 1926, the School of Medicine and hospital in 1930, and the School of Nursing in 1931. Originally established in 1904, the Law School reorganized in 1930. In 1938, what is today's Nicholas School of the Environment opened, and in 1939 the university formed what is now known as the Pratt School of Engineering. The last of James B. Duke's desires for the university was fulfilled when what is now the Fuqua School of Business, opened in 1969. The Sanford School of Public Policy became Duke's tenth school in 2005. The school was named for President Terry Sanford, formerly the governor of North Carolina, who supported a number of initiatives in the 1970s and 1980s to build Duke's reputation for excellence, growing the university's national and international profile.

Long a segregated institution, Duke first admitted Black graduate and professional students in 1961 and Black undergraduates in 1963. In 1968, a major student protest known as the Vigil demanded pay increases and better treatment of hourly workers, most of whom were Black. In 1969, Black students protested in what is now known as the Allen Building Takeover, demanding improved services and treatment for Black students. The protest resulted in the formation of what is now called the Department of African and African American Studies.

Faculty at Duke produce influential scholarship across a wide range of disciplines and professions. Two Duke faculty members have received the Nobel Prize in Chemistry: Professor Robert Lefkowitz in 2012 and Professor Paul Modrich in 2015. Duke researchers have mapped the human chromosome and led research into the treatment of HIV and AIDS. Duke faculty also research pressing social issues, producing high-impact scholarship on such topics as election districting and public health. Faculty authors have written books of award-winning nonfiction, fiction, and poetry, and have won awards ranging from the National Book Award to the Pulitzer Prize. Fifty Duke faculty are members of the American Academy of Arts and Sciences. Duke students have many opportunities to work with leading faculty in labs and on projects, ensuring hands-on experience during their course of study.

Duke has a number of notable athletic achievements. Best known is the men's basketball team, coached by Mike Krzyzewski from 1980 to 2022. The team has earned 5 national championships. The women's golf team holds the record at Duke for most national championships, at 7. Duke football has been played since the 1880s, when President Crowell coached the team himself. During the 1930s and 1940s, the football team competed in and won a number of bowl games, earning the nickname "Iron Dukes." The Rose Bowl game of 1942 was played in Durham due to wartime concerns on the West Coast and remains the only Rose Bowl played outside of Pasadena, California.

International programs have expanded over the last several decades, bringing international students to Duke in Durham and expanding international opportunities for Duke students. In 2005, Duke partnered with the National University of Singapore and opened the Duke-NUS Medical School. In 2014, graduate programs at Duke Kunshan University began, followed by undergraduate programs in 2018. DKU is a partnership between Duke and Wuhan University in Kunshan, China.

The university has changed in many ways since its founding, and like other historically white schools it continues to confront issues of racism, sexism, and other inclusion and equity challenges. Students of color and international students now represent more than 50% of the student body. Duke's hometown of Durham has also grown and changed, and Duke and Durham collaborate on topics ranging from community service to downtown development.

Ever evolving, Duke University strives to meet the stated aims of the university: "to foster a lively relationship between knowledge and faith; to advance learning in all lines of truth; to defend scholarship against all false notions and ideals; to develop a love of freedom and truth; to promote a respectful spirit of dialogue and understanding; to discourage all partisan and sectarian strife; and to further the advancement of knowledge in service to society."

Updated September 21, 2020. Learn more from University Archives.

Duke University Leadership & Faculty

Full leadership profiles for those listed below are available at duke.edu/leadership.

Executive Leadership

Vincent E. Price, President
Daniel Ennis, Executive Vice President
Alec Gallimore, Provost
Mary E. Klotman, Executive Vice President for Health Affairs

Academic Leadership

Deans of Schools and Colleges

Kerry Abrams, James B. Duke and Benjamin N. Duke Dean of the School of Law
Suzanne Barbour, Dean of the Graduate School and Vice Provost of Graduate Education
Lori Bennear, Stanback Dean, Nicholas School of the Environment
Gary Bennett, Dean, Trinity College of Arts and Sciences
Edgardo Colón-Emeric, Dean, Divinity School
JR DeShazo, Joel L. Fleishman Dean, Sanford School of Public Policy
Mary E. Klotman, Dean, School of Medicine
Jerome P. Lynch, Vinik Dean, Pratt School of Engineering
Mary Frances Luce, Dean, Fuqua School of Business
Michael Relf, Dean, School of Nursing

Vice Provosts

Lee Baker, Vice Provost for Undergraduate Education
Edward Balleisen, Senior Vice Provost for Interdisciplinary Programs and Initiatives
Abbas Benmamoun, Vice Provost for Faculty Advancement
David Bowersox, Vice Provost for Finance & Administration
Mary Pat McMahon, Vice Provost/Vice President of Student Affairs
Mohamed Noor, Executive Vice Provost
Deborah Rutter, Vice Provost for the Arts
Joseph Salem, Rita DiGiallonardo Holloway University Librarian and Vice Provost for Library Affairs
Toddi Steelman, Vice President and Vice Provost for Climate and Sustainability

University Administration

Maggie Epps, Secretary to the Board of Trustees and Chief of Staff to the President
Tracy Futhey, Vice President for Information Technology and Chief Information Officer
Leigh P. Goller, Chief Audit, Risk and Compliance Officer
Kimberly Hewitt, Vice President for Institutional Equity
David L. Kennedy, Vice President for Alumni Engagement and Development
Nina E. King, Vice President and Director of Athletics
Jennifer Lodge, Vice President for Research & Innovation
Antwan Lofton, Vice President of Human Resources & Chief Human Resources Officer
Tom Morrison, Vice President for Facilities
Rachel L. Satterfield, Vice President for Finance and Treasurer
Chris Simmons, Vice President for Government Relations
Kim Taylor, Vice President and General Counsel
Frank Tramble, Vice President for Communications, Marketing and Public Affairs
Neal Triplett, President, DUMAC
Stelfanie Williams, Vice President for Community Affairs

The Faculty

Duke faculty are chosen from among the most competitive selection processes in the country, having demonstrated excellence in their fields of research. Profiles of Duke's faculty members are available via Scholars@Duke.

Duke University Policies

Accreditation

Duke University is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award baccalaureate, masters, doctorate, and professional degrees. Contact SACSCOC at sacscoc.org or call (404) 679-4500 for questions about the accreditation of Duke University.

Clery Act

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 police.duke.edu/news-stats/clery for more details.

Duke's Commitment to Inclusive Excellence

Duke aspires to create a community built on collaboration, innovation, creativity, and belonging. Our collective success depends on the robust exchange of ideas—an exchange that is best when the rich diversity of our perspectives, backgrounds, and experiences flourishes. To achieve this exchange, it is essential that all members of the community feel secure and welcome, that the contributions of all individuals are respected, and that all voices are heard. All members of our community have a responsibility to uphold these values. Find more details at provost.duke.edu/about.

Duke Community Standard

Duke University is a community dedicated to scholarship, leadership, and service and to the principles of honesty, fairness, respect, and accountability. Citizens of this community commit to reflect upon and uphold these principles in all academic and nonacademic endeavors, and to protect and promote a culture of integrity.

To uphold the Duke Community Standard:

- I will not lie, cheat, or steal in my academic endeavors;
- I will conduct myself honorably in all my endeavors; and
- I will act if the Standard is compromised.

Students' Obligation to Act with Respect to the Duke Community Standard

The Duke Community Standard (DCS) stresses the commitment that students share with all members of the community to enhance the climate for honesty, fairness, respect, and accountability at Duke University. Students affirm their commitment to foster this climate by signing a pledge that includes taking constructive action if they witness or know about behavior they perceive to be inconsistent with the DCS, which may include violation of university policies. Although there are no disciplinary sanctions associated with the failure to act, students are nonetheless expected to take action to do something as a responsibility of membership in the Duke community.

The university recognizes that it is not always easy to act in these situations, but several alternatives are available to suit a student's level of comfort and confidence. These alternatives are not mutually exclusive.

- Speaking directly with the individual exhibiting the behavior, both to gain clarity about the situation and to inform the individual about the concern.
- Publicly calling attention to the behavior as it is occurring.
- For incidents involving social behaviors, alerting residence hall, Student Affairs, or other university staff. The information provided will give staff an opportunity to address the matter informally or through appropriate formal channels.
- For cases involving academic integrity, alerting the instructor that cheating may be occurring in the course. This alert can be in any form, including anonymous notification, and the reporting student will not be identified. The information provided will allow the faculty member to consider corrective measures, in consultation with the Office of Student Conduct and Community Standards, and to address the topic with the class or suspected student(s).
- Directly alerting staff in the Office of Student Conduct and Community Standards at (919) 684-6938 or conduct@duke.edu, who will confer with the faculty member involved, if an academic issue, or with the reporting student(s), strategizing next steps. Maintaining the confidentiality of the source is possible, but may limit the extent of action that can be taken.

For current regulations, refer to dukecommunitystandard.students.duke.edu.

Family Educational Rights & Privacy Act (FERPA)

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.

Duke University adheres to a policy of compliance with the Family Educational Rights and Privacy Act. The policy (1) permits students to inspect their education records, (2) limits disclosure to others of personally identifiable information from education records without students' prior written consent, and (3) provides students the opportunity to seek correction of their education records where appropriate.

For additional information about FERPA, see ed.gov/policy/gen/guid/fpco/ferpa/index.html. For Duke's full FERPA policy, visit registrar.duke.edu/student-resources/family-educational-rights-and-privacy-act-ferpa.

Nondiscrimination Statement

Duke is committed to encouraging and sustaining a learning and work community that is free from prohibited discrimination and harassment. Duke does not discriminate on the basis of age, color, disability, ethnicity, gender, gender identity, gender expression, genetic information, national origin, race, religion, sex (including pregnancy and pregnancy-related conditions), sexual orientation, or military status, in the administration of its educational policies, admission policies, financial aid, employment, or any other institution program or activity.

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.

Questions or comments about harassment or discrimination can be directed to one of the following administrators in the Office for Institutional Equity.

Discrimination in Duke's programs and activities:

Sharon Fernandes Gooding, Associate Vice President for Institutional Equity, Equal Opportunity and Compliance
Title IX Coordinator
Office for Institutional Equity
114 S. Buchanan Blvd., Bay 8
Durham, NC 27708
(919) 684-8222

Sex discrimination in educational programs or activities:

Adrienne Allison, Deputy Title IX Coordinator for Students, Compliance Investigator
Office for Institutional Equity
114 S. Buchanan Blvd., Bay 8
Durham, NC 27708
(919) 684-8222

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. Additional information and resources are available through the US Department of Education Office for Civil Rights website, or by calling 1-800-421-3481.

About the School of Medicine

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 a 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. In the nearly 100 years since, the School of Medicine has built an international reputation as a world-class academic health care and research institution.

The School of Medicine ranked ninth among medical schools for NIH research funding by the Blue Ridge Institute for Medical Research rankings released in 2026.

The school's unique MD "Patient First" MD curriculum, launched in 2020, gives students the opportunity to develop patient care skills from the day they arrive, learn the core basic sciences through a clinical lens in one year instead of two, care for patients a full year earlier than their peers, and devote their entire third year to scholarly research.

The School of Medicine includes over 40 highly regarded educational programs in addition to the MD program, including the nation's perennially top-ranked Physician Assistant Program, a Doctorate of Physical Therapy program, a recently launched Occupational Therapy Program, 17 biomedical PhD programs, and numerous masters and graduate certificate programs.

The School boasts the research efforts of more than 2,700 basic science and clinical faculty. Their combined efforts make Duke one of the largest biomedical research enterprises in the country, with more than $1.2 billion in sponsored research annually.

Duke Health encompasses the world-class academic health care and research of the Duke University Health System, Duke University School of Medicine, Duke University School of Nursing, Duke-NUS Medical School, Duke Global Health Institute, and the Duke-Margolis Institute for Health Policy.

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 website for Duke University School of Medicine is medschool.duke.edu.

School of Medicine Facts and Figures: medschool.duke.edu/about-us/facts-figures

School of Medicine History and Notable Achievements

- 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 breakthrough. 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 to 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 opened.
- 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 the 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 opens.
- 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 opened 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 the 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, performs 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.
- 2018: Breakthrough in peanut allergies. In a study using mice bred to have peanut allergies, Duke researchers reprogram the animals' immune systems using a nanoparticle delivery of molecules to the lymph nodes that switches off the life-threatening reactions to peanut exposures.
- 2018: Duke Cancer Institute Therapy Promising for Gioblastoma Long-Term Survival. A genetically modified poliovirus therapy developed at Duke Cancer Institute shows significantly improved long-term survival for patients with recurrent glioblastoma, with a three-year survival rate of 21% in a phase 1 clinical trial.
- 2019: Advances in flu vaccine development. Duke Human Vaccine Institute receives three research contracts from the National Institute of Allergy and Infectious Diseases (NIAID), with an initial award of approximately $29.6 million in first-year funding to develop a longer-lasting, more broadly protective vaccine to replace the seasonal flu shot.
- 2019: Duke Human Vaccine Institute is awarded a $129 million grant in its ongoing quest for an HIV vaccine.
- 2019: Duke performs first HOPE Act HIV+ live kidney transplant in NC and region. A donor's altruism leads to the nation's second HIV-positive live kidney transplant.
- 2020: The FDA issues its first-ever approval of a video gaming device as a method for managing ADHD in children; the Duke Clinical Research Institute designed and conducted the randomized clinical trials that resulted in this approval.
- 2021: Pioneering therapy for immune system disease. The FDA approves the first and only therapy for congenital athymia, a group of rare and usually fatal diseases characterized by the lack of a functioning thymus. The new therapy is based on the work of Louise Markert, MD, PhD.
- 2021: Pan-coronavirus vaccine grant. The National Institute of Allergy and Infectious Diseases (NIAID) awards $17.5 million over three years to the Duke Human Vaccine Institute to develop a vaccine that protects against multiple types of coronaviruses and viral variants.
- 2021: Alzheimer's Disease Center established. The National Institutes of Health awards funds to a collaboration between Duke and the University of North Carolina at Chapel Hill to establish a prestigious Alzheimer's Disease Research Center.
- 2022: Combination heart/thymus transplant. Duke surgeons perform the world's first combination heart/thymus transplant, a procedure that should help the patient, a baby, overcome immune rejection without needing prolonged use of immunosuppressant drugs.
- 2022: Groundbreaking pediatric heart transplant. Duke surgeons perform the world's first partial heart transplant, implanting living arteries and valves into a baby born with a congenital heart defect.
- 2023: Contract to produce pan-coronavirus vaccine. The Duke Human Vaccine is awarded a federal contract of $11.2 million, with the potential for up to $21.5 million, to manufacture a pan-coronavirus vaccine for clinical 1 trials.
- 2023: Duke Health Integrated Practice. Duke Health enacts a historic realignment by establishing the Duke Health Integrated Practice, which brings the clinical practice into alignment with the research, education, and community partnership missions.
- 2023: Breast cancer breakthrough. The FDA approves elacestrant, developed at Duke in the lab of Donald McDonnell, as the first treatment to fight breast cancers with mutations in the ESR1 estrogen receptor, which makes tumors resistant to standard endocrine therapy.

- 2023: First-ever treatment for geographic atrophy. A groundbreaking treatment for geographic atrophy, a progressive blindness-causing eye disease, is approved by the FDA following clinical trials at Duke led by Eleanora Lad, PhD.
- 2024: Brain tumor drug. The FDA approves vorasidenib, a drug based on research and clinical trials conducted at Duke, which more than doubles disease progression-free survival in patients with glioblastoma.
- 2024: Pioneering total artificial heart. A Duke team performed the world's second implantation of a ViVACOR Total Artificial Heart, which completely replaces the patient's heart muscle and provides a bridge to heart transplant.
- 2025: First freestanding children's hospital. Duke Health and UNC Health launched a partnership to create a new children's health system in North Carolina, including the state's first freestanding hospital dedicated to children's care. A site in Apex was selected for the campus, which will include a robust research and education enterprise.
- 2025: First living mitral valve replacement. A Duke team performed the world's first living mitral valve replacement, saving three lives with one donated heart. One patient received a full heart transplant, and donated her heart valves to be transplanted into two other patients.
- 2026: CPR national record. Duke University School of Medicine led an initiative that set a US record by training nearly 20,000 people how to perform hands-only cardiopulmonary resuscitation in a single day.
- 2026: Early Alzheimer's detection. Duke researchers showed that a quick, outpatient nasal swab could detect biological changes linked to Alzheimer's disease, even before thinking and memory symptoms appear.

Administration

Duke Health and Duke University Health System Administration

Mary E. Klotman, MD, Executive Vice President for Health Affairs, Duke University; Dean, Duke University School of Medicine; Chief Academic Officer, Duke Health

David Zaas, MD, MBA, Chief Executive Officer, Duke University Health System

Thomas Owens, MD, Executive Vice President and Chief Operating Officer, Duke University Health System

Kristie Barazsu, President and Chief Operating Officer, Duke Health Lake Norman Hospital

Rhonda Brandon, Senior Vice President and Chief Human Resources Officer, Duke Health System

Edward Buckley, MD, Assistant Vice President for Duke-NUS Affairs

Aditee Narayan, MD, MPH, Vice Dean for Medical and Health Professions Education

Patrick Tan, MD, PhD, Dean, Duke-NUS Medical School

Mike Datto, MD, PhD, Associate Vice President, DUHS Clinical Labs

Matthew Barber, MD, MHS, MSOD, President of Duke Health Integrated Practice, Vice Dean for Clinical Affairs in the Duke School of Medicine

Terry McDonnell, RN, DNP, Vice President of Patient Care, System Chief Nurse Executive for Duke University Health System and Associate Dean of Clinical Affairs for Duke University School of Nursing

Jeffrey Ferranti, MD, MS, Chief Digital Officer and Senior Vice President, Duke Health

Gregory Pauly, MHA, Group President, Acute Care Services, Duke University Health System President, and Vice Dean, Clinical and Academic Integration, Duke University Health System

Jason A. Carter, MBA, President and Chief Operating Officer, Duke Regional Hospital

Alyson Parker Gordon, CCP, MBA, MSM, SPHR, Assistant Vice President of New Talent Strategies, DUHS

Ian Lee Brown, DMH, Chief Community Health & Social Impact Officer, Duke University Health System

Barbara Griffith, MD, President, Duke Raleigh Hospital, a Campus of Duke University Hospital

Christy M. Gudaitis, JD, Deputy General Counsel for Health Affairs, Duke University and Health System Counsel

Morgan Jones, MSPH, FACHE, Chief Strategy Officer

Michael V. Relf, PhD, RN, AACRN, ANEF, CNE, FAAN, Associate Chief Nurse Executive for Academic Partnerships and Innovation, Duke University Health System; Dean, Duke University School of Nursing

Erik Sulman, MD, PhD, Interim Executive Director, Duke Cancer Institute

Catherine Liao, Vice President for Government Relations, Duke Health

Paul Lindia, Vice President, Network Services, DUHS

Mark McClellan, MD, PhD, Director, Duke-Margolis Institute for Health Policy

Stacy L. Waters, MBA, Vice President, Duke Health Development and Alumni Affairs

Lisa M. Goodlett, CPA, MBA, FACHE, Senior Vice President and Chief Financial Officer

Colleen Shannon, Vice President of Compliance and Administration, Duke University Health System

Richard Shannon, MD, Senior Vice President and Chief Medical Officer, DUHS and Chief Quality Officer, Duke Health

Shilpa P. Shelton, MHA, FACHE, Associate Vice President for Musculoskeletal & Spine Services, DUHS

Scarlet Soriano, MD, ABOIM, Executive Director of Duke Health and Well Being

School of Medicine Administration

Mary E. Klotman, MD, Executive Vice President for Health Affairs, Duke University; Dean, Duke University School of Medicine; Chief Academic Officer, Duke Health

Heather Hamby, MPH, Executive Vice Dean for Administration

Mara Becker, MD, MSCE, Vice Dean for Faculty

Aditee Narayan, MD, MPH, Vice Dean for Medical and Health Profession Education

Mason Essif, Vice Dean for Communications and Advancement; Chief Communications Officer

Adrian Hernandez, MD, Vice Dean and Executive Director, Duke Clinical Research Institute

Christopher Lindsell, PhD, Vice Dean for Data Science and AI

Susanna Naggie, MD, Vice Dean for Clinical and Translational Research, Director Duke CTSI

Theodore N. Pappas, MD, Vice Dean for Department and Center Evaluations

Gregory Pauly, President of Acute Care Services for Duke University Health System; President of Duke University Hospital; and Vice Dean for Clinical and Academic Integration

Geeta K. Swamy, MD, Executive Vice Dean for Clinical Sciences and Research Administration; Associate Vice President for Research, Duke University

Kevin Thomas, MD, Vice Dean for Culture, Engagement, and Impact

Allan Kirk, MD, Vice Dean, Section of Surgical Disciplines

Lisa Varani, Associate Dean for Planning and Chief of Staff

Jennifer Averitt, Associate Dean for Medical and Health Professions Education Administration

Suresh Balu, Associate Dean for Innovation and Partnership

Michael Barrett, School of Medicine Finance Controller

Saumil Chudgar, MD, MHA, MSEd, Associate Dean of Curricular Affairs

Aimee Chung, MD, Associate Dean for Student Affairs

Leonor Corsino, MD, Associate Dean for Student Affairs; Associate Director of Selective Curriculum, Master of Biomedical Sciences

Donna Crenshaw, PhD, MHA, Associate Dean for Basic Science

Thomas N. Denny, MSc, M.Phil, Associate Dean for Duke RTP Administration

Joanna Downer, PhD, Associate Dean for Research Development

W. Gavin Foltz, JD, Associate Dean and Executive Director, Office of Research Contracts

Johnna Frierson, Associate Dean for Research Engagement

Jane Gagliardi, MD, MHS, FACP, DFAPA, Associate Dean for Learning Environment and Well-being

Rasheed Gbadegesin, MD, MBBS, FASN, Associate Dean for Physician-Scientist Development

David Gordon, MD, Associate Dean for Student Affairs

Betsy Hames, JM, SPHR-SCP, Associate Dean and Chief Human Resources Officer

Joseph A. Jackson, Jr., MD, Associate Dean for Student Affairs and Director of the Office of Student Affairs

Catherine Kuhn, MD, Associate Dean for Graduate Medical Education

Monica Lemmon, MD, Associate Dean for Scientific Integrity

Elizabeth Malinzak, MD, Associate Dean for Student Affairs

Moria Montalbano, Associate Dean, Space Management & Research Resources

Amanda Parrish, PhD, RAC, Associate Dean and Executive Director, Regulatory Affairs and Quality

Andrew Rose, MBA, Associate Dean of Finance

Ana Sanchez, PhD, Associate Dean, Performance Improvement and Project Management

Charles Scales, Associate Dean for Clinical Research Initiatives

Rachel Sedlak-Prittie, Associate Dean, Business Strategy

Svati Shah, MD, MHS, Associate Dean for Translational Research

Denise Snyder, MS, RD, Associate Dean for Clinical Research

Lindsey Spangler, Associate Dean for Research Integrity

Beth Sullivan, PhD, Associate Dean for Research Training

James E. Tcheng, MD, Associate Dean for Appointments, Promotion & Tenure

Laurianne Torres, Associate Dean for Research Administration

Megan Von Isenburg, MSLS, Associate Dean for Library Services

Cary Ward, MD, Associate Dean for Faculty Development

Linton Yee, MD, Associate Dean for Admissions

Duke-NUS Graduate Medical School in Singapore

Patrick Tan, MD, PhD, Dean, Duke-NUS Medical School

Karen Chang, Senior Vice Dean and Group Director, Office of Corporate Services

Sheemi Lok, PhD, Interim Vice Dean, Office of Research

Shiva Sarraf-Yazdi, MD, MEd, MBA, Vice Dean, Office of Education

Soon Thye Lim, MD, Vice Dean, Office of Academic Medicine

Silke Vogel, PhD, Vice Dean, Office of Faculty Affairs

Christopher Laing, Vice Dean, Office of Innovation & Entrepreneurship

Thomas M. Coffman, MD, Senior Advisor

Edward Buckley, MD, Vice President for Duke-NUS Affairs (at Duke)

Michael (Luke) James, MD, Assistant Vice President for Duke-NUS Affiairs, Duke-NUS Clinical Research Liaison (at Duke)

Daniel Laskowitz, MD, Duke-NUS Education and Research Liaison (at Duke)

Samira Wellemeyer, Director, Office of Duke-NUS Affairs (at Duke)

Standing Committees of the Medical Center Academic Administration

Admissions Medical School

Linton Yee, Associate Dean of Admissions; Drs. Bradley Collins and Devdutta Sangvai, Committee on Admissions Chairs; Committee Members: Drs. Andrew AtiaKatayoun Ayasoufi, Taylor Broome, Amanda Broderick, Aping Ding, Robert Drucker, Liping Feng, Henry Friedman, Megan Gilman, David Gordon, Jennifer Greene, Megan Huchko, Bruce Klitzman, Christopher Kontos (*ex officio*), Nicole Larrier, Shu Lin, Omar Martinez-Uribe, Abigail Melnick, Nilima Mosely, Sachiko Oshima, Julie Penzner, Cecelia Peterson, JMegan Rivera, Kristin Schroeder, Linda Sutton, Fatima Syed and Dean Taylor; Ms. Andrea Liu; Third or Fourth year medical students from the Davison Council

Basic Science Faculty Steering

Christopher Nicchitta, PhD; Chair; Huiman Barnhart, PhD; Jen-Tsan Ashley Chi, PhD; MD; Everardo Macias, PhD; Terrence Oas, PhD; David Tobin, PhD; Virginia Wang, PhD; and Kris Wood, PhD

Clinical Sciences Appointments, Promotions, and Tenure

Rodger Liddle, MD, Chair; Julia Walker, MD, Vice Chair; Drs. Cindy Amundsen, Pradip Challa, Dr. Rasheed Gbadegesin, John Murray, Mikhail Nikiforov, Kevin Saunders, Shyni Varghese, and Paul Wischmeyer

Clinical Science Faculty Council on Academic Affairs

Thomas Ortel, MD, PhD, Chair; Drs. Kathryn Andolsek, Cecil Borel, Brian Brigman, Claude Burton, Bradley Collins, Stephen George, Susan Halabi, Carol Hahn, Brant Inman, Andrzej Kosinski, Walter Lee, Howard Levinson, John Madden, Page McAdams, Sarah Myers, Thomas Price, Svati Shah, Craig Sobolweski, Brett Stolp, Dean Taylor, and Zhihang Wang. Alternates: Drs. Andrew Allen, Sanjay Asrani, Allan Chrisman, Dennis Clements, Brian Czito, Dennis Darcey, Eplin, Anne Ford, Joseph Govert, Steven Grambow, Heyneman, Kimberly Johnson, John Kirkpatrick, Anand Lagoo, Eugene Moretti, Holly Muir, Mark Stafford-Smith, Cynthia Toth, and Chip Walter

Clinical Training Committee

Julian Hertz, MD, Chair; Drs. Melanie Bonner, Gwendolyn Buhr, Saumil Chudgar, Aimee Chung, Cerrone Cohen, Leonor Corsino, Samrat Das, Jennifer DeCoste, Sarah Dotters-Katz, Louise Jackson, Karissa Gable, Jane Gagliardi, David C. Gordon, Nathan Hirshman, Joseph Jackson, Eun Langman, Elizabeth Malinzak, Grace McCarthy, Aditee Narayan, Cecily Peterson, John Purakal, Kenyon Railey, John K. Roberts, Fatima Syed, Poonam Sharma, Jenny Van Kirk, Matthew Velkey, Nancy Weigle, and Gabriel Yapuncich. Mses. Jennifer Averitt, Lori Crooks, Andrea Liu, and Tekisha Tedder

Comprehensive Administration Group

Aditee Narayan, MD, Chair; Drs. Saumil Chudgar, Jamie Fox, Mitchell Heflin, Julian Hertz, Joseph Jackson, Jane Gagliardi, Daniel Laskowitz, Erin Leiman, Sulochana Naidoo, Poonam Sharma, Fatima Syed, Jenny Van Kirk, Matthew Velkey, Nancy Weigle, Gabriel Yapuncich and Linton Yee; Ex-Officio members: Jennifer Averitt, Melanie Bonner, Joseph Cawley, Lori Crooks, Erin Eckert, Scott Heflin, Andrea Liu, Darren Taylor, Tekisha Tedder, and Megan Von Isenburg

Curriculum Committee – Undergraduate Medical Education

Aditee Narayan, MD, Chair; ***Voting Members***: Drs. Brian Antono, Katherine Applegate, Jeffrey Arnold, Joel Boggan, Taylor Broome, Vivian Chu, Andrea Deyrup, Jamie Fox, Kiani Gardner, Liza Genao, Brian Gilmore, Mitch Heflin, Julian Hertz, Neha Kayastha, Bruce Klitzman, EJ Langman, Erin Leiman, Sneha Mantri, Jordan Mayberry, Sharon McCartney, Andrew Muzyk, Rachel O'Brian, Toyosi Onwuemene, Ash Patel, Julie Penzner, Chris Prater, Kenyon Railey, Megan Reller, Christopher Shoff, Poonam Sharma, Betty Staples, Jenny Van Kirk, Nancy Weigle, Linton Yee, Angel Zeininger; ***Ex-Officio members***: Drs. Kathy Andolsek, Edward Buckley, Jen Carbrey, Saumil Chudgar, Jane Gagliardi, David Gordon, Mitch Heflin, Tiffany Hilton, Barbara Hooper, Joseph Jackson, Michelle Johnson, Sami Kaplan, Danny Laskowitz, Elizabeth Malinzak, Jacquelyn McMillan-Bohler, Andrew Muzyk, April Stouder, Fatima Syed, Matt Velkey and Gabriel Yapuncich; Jen Averitt, Lori Crooks, Scott Heflin, Megan Von Isenburg; ***Students:*** Lauren Holbrook, Christina Pontaza, Nubaira Milki, Mindy Kim, Aine O'Sullivan, Zoya Surani

Duke Cancer Institute Steering Committee

Erik Sulman, MD, PhD; Drs. Carey Anders, Gerry Blobe, Mara Bloom, Cheyenne Corbett, Jennifer Freedman, Kevin Oeffinger, Steve Patierno, Kathryn Pollak, Diane Reidy, JT Solomon, Alexandra Thomas, and Lee Zou; Ms. Chloe Fournier

Duke University Medical Center Radiation Control Committee

Terence Wong, MD, PhD, Chair; Drs. James Carney, John Kirkpatrick, Kevin Hill, Karen Johnson, Steve Mann, Eric Mastria, Leila Murebee, Robert Reiman, Matthew Stiegel, Chu Wang and Sua Yoo; Ms. Kelley Hikade and Chantal Howard; Messrs. David Soule and Kevin Orr

Duke University Safety Committee

Matthew Stiegel, PhD, Chair; Drs. Robert Reiman, Satish Subramaniam, Antony Schwartz, and Chu Wang. Messrs. Chris Allan, David Bass, Doug McGhee, Scott Martin, Ken Reikofski, Brad Schlitz, Ben Scoggin, Ken Shaw, and Robert Whiteside; Mses. Kristie Barazsu, Tonya Evans, Nicole Greeson, Evelyn Johnson, Erica King, Lindsey Morgan, Phyllis Parrot, Amy Puglia, Samantha Rimmer, Joy Vollers, and Da-Vida White

Fourth Year Committee

Jenny Van Kirk, MD, Chair; Drs. Saumil Chudgar, Sarah Dotters-Katz, James Fox, Jane Gagliardi, Brian Gilmore, David Gordon, Julian Hertz, Janet Lee, Sharon McCartney, Jordan Mayberry, Cecily Peterson, Lance Roy, Fatima Syed, and Gabriel Yapuncich; Mses. Lori Crooks

Hospital Clinical Ethics Consultation Service

To contact the Clinical Ethics Consultation Service, page (919) 970-8209.

Institutional Biosafety Committee

Brook Heaton, PhD, and Matthew A. Stiegel, PhD, Co-chairs; Drs. Matthew Case, Patrick Condreay, Paul Cray, Carol Epling, Sarah Goetz, Chelsea Landon, Huihua Li, Dieter Mielke, Noreen Naiman, Antony Schwartz, and Tai-Ping Sun; Mr. T. Scott Alderman, and Ms. Lindsey Morgan; Contact person: Dr. Antony Schwartz

Institutional Review Board for Clinical Investigations

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

Library Advisory Committee

Megan von Isenburg, MSLS, Chair; Kathryn Andolsek, MD, MPH; Jeffrey Baker, MD, PhD; Sherilynn Black, PhD; Rebecca Brouwer, MS; Erika Crosby, PhD; Colby Feeney, MD; Monique Fleurant, BSN, RN, CIC; Heath Gasier, PhD; Raheleh Ghasseminia, MS OT/L; Suzanne Hallquist, MSPH, MHS, PA-C; Josh Kim, Medical Student; Erin Leiman, MD; Christina Leonard, APRN, DNP, FNP-C, CNL; Clay Musser, MD, MS; Mirlene I. Perry, MSN, RN; Kelly B. Reynolds, PT, DPT, PhD. Ex-Officio members: Steph Hendren, MLIS, AHIP; and Russell Koonts, MA

Merit Awards

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

Misconduct in Research

Misconduct Review Officer, Dr. Donna Kessler; Website: dosi.duke.edu/misconduct-research

Student Progress Committee

Chair: Joseph Jackson, MD; Drs. Melanie Bonner; Aimee Chung, Leonor Corsino, David Gordon, Julian Hertz, Daniel Laskowitz, Elizabeth Malinzak, Fatima Syed, Matthew Velkey and Gabriel Yapuncich; Ex-officio members: Lori Crooks, Erin Eckert, Sheba Hall, Andrea Liu, and Megan Reller

Promotions Committee

Kathryn Andolsek, MD, MHS, Chair; Drs. Catherine Bowes-Rickman, Jennifer Carbrey, Bradley Collins, Aimee Chung, Leonor Corsino, Sarah Dotters-Katz, Jamie Fox, Liza Genao, David Gordon, Jamie Greco, Joseph Jackson, Bruce Klitzman, Nicole Larrier, Joseph Lo, Elizabeth Malinzak, Andrew Muzyk, Michelle Pavlis, Jennifer Plichta, Poonam Sharma, Jenny Van Kirk, and Kenicia Zimmerman; Members (ex-offico): Drs. Melanie Bonner, Saumil Chudgar, and Matt Velkey; Mses. Lori Crooks, Erin Eckert and Karen Tesoriero

Third Year Committee

Daniel Laskowitz, MD, Chair; Drs. Kathryn Andolsek, Karen Baker, Catherine Bowes Rickman, Vivian Chu, David Edelman, Christine Eyler, Mitchell Heflin, Neil Freedman, Rory Goodwin, Vikki Grossman, David Hsu, Megan Huchko, Bruce Klitzman, Neill Li, Joseph Lo, Chris Marx, Shannon McCall, Richard Moon, Brett Phillips, Megan Reller, Gopal Sreenivasan, Steve Taylor, and Anh Tran; Official Liaisons and ex-officio members: Saumil Chudgar, Leonor Corsino, Lori Crooks, Erin Eckert, Sheba Hall, Joseph Jackson, Samantha Kaplan, Lysa McKeen, Sulochana Naidoo, Haley Riddle, Mattie Stevenson, Tekisha Tedder, and Karen Tesoriero, and Gabriel Yapuncich

Student Resources and Student Life

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, 40 Medicine Circle, Room 0001, Durham, NC 27710. The bookstore is open from 8:30am to 5:00pm, Monday through Friday.

Campus Police

It is the mission of the Duke University Police Department to protect and serve the people and property of Duke. We are guardians of a community of world class education, research, and healthcare and must prevent violence, reduce fear, and build relationships. For more information, visit police.duke.edu.

Counseling and Psychological Services (CAPS)

CAPS helps Duke students enhance their strengths and learn to cope with the trials of living, growing, and learning. CAPS offers many services to Duke undergraduate, graduate, and professional students, including brief individual counseling/psychotherapy, consultation, couples and group counseling, and assistance with referrals. CAPS' staff also provide outreach education programs to student communities, promoting an empathic and supportive culture. Staff members are available for consultation with faculty concerning students or other matters relating to mental health in the university community. The CAPS staff includes psychologists, clinical social workers, and psychiatrists experienced in working with college-age adults. CAPS' staff carefully adhere to professional standards of ethics, privacy, and confidentiality. For more information, visit studentaffairs.duke.edu/caps.

DukeCard Office-Medical Center

Your DukeCard provides access to everything from campus academic and administrative buildings to residence halls. Your DukeCard allows you to access your DukeCard flex account at campus dining facilities, stores, and vending machines. 40 Duke Medicine Circle, Duke Clinics Building, Red Zone (by the Medical Center Bookstore and with the Parking Office), 04230 Duke Services Center, Durham, NC 27708, phone: (919) 684-2273, hours: 9:00am - 5:00pm, Monday through Friday.

Housing

Graduate and Professional Student Apartments. Limited on-campus housing is available to full-time graduate students. For more information on graduate student housing application timeline and facility amenities, visit students.duke.edu/living/housing/graduate-professional-housing. Assignments are made in the order of receipt of completed applications.

Off-Campus Housing. The Duke Community Housing Office maintains a listing of rental apartments, rooms, and houses provided by property owners or real estate agencies in Durham at durhamgradhousing.com.

Duke Housing and Residence Life (HRL) operates a website specifically to simplify the off-campus housing search for students, parents, faculty and staff, and for area property owners and managers at nearduke.com/housing.

Learning Environment and Well Being (Le Well)

The Office of Learning Environment and Well-being (Le Well) is dedicated to providing centralized resources that promote the well-being of students enrolled in medical and health professional education programs at the Duke University School of Medicine. We recognize that the demands of a rigorous curriculum and patient care can be challenging, and that well-being is not a one-size-fits-all intervention. We offer resources including resource navigation, learning support, community-building, outreach, and advocacy for a healthcare environment that promotes optimal patient care and learning.

Library

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. The 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. The Frank Engel Memorial Collection consists of a small group of books on health and nonmedical subjects for general reading, and the Graphic Medicine Collection contains a variety of healthcare related topics discussed through the medium of comics. There is no charge to Duke borrowers for requests of articles not available at Duke, which includes email delivery of PDF journal articles and book chapters. Library staff will contact you if there are copyright or other fees associated with requests.

Library services include reference, in-depth consultations, expert database searching including systematic reviews, customized and individual group training, online tutorials, navigating the scholarly communications landscape including bibliometrics and research impact, 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. Reservations are required for group study spaces, cubicles, and the Audio/Video Recording Studio. Any open tables, soft seating, PIN stations, and computers are all available for use without reservation. 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. It is accessible to Duke Health and Duke University ID Badge holders and to the General Public during the weekdays. Detailed information on hours, services and resources may be found on the website at mclibrary.duke.edu. Additional information about Archives can be found at mcarchives.duke.edu.

Duke Parking and Transportation

The Duke Parking and Transportation Customer Service Office is located in room 04230 Duke Clinic, next to the Medical Center Bookstore. Call (919) 684-7275 for more information

Dining

Information about Duke University Hospital dining is available at dukehealth.org/hospitals/duke-university-hospital/amenities.

Medical Center Catering is an in-house operation that provides catering services for the Duke Health System.

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.

Visit duh.catertrax.com or duke.healthcaredish.com for more information.

The Nosh Jo Rae Café is located at Duke University's Trent Semans Center for Health Education. This quaint shop serves up breakfast, salads, soups, sandwiches, and smoothies to the center's patrons throughout the week.

Dining on Campus. Duke is home to one of the most innovative, dynamic, and cutting edge collegiate dining programs in the country, with access to over 50 dining locations that include 34 on-campus locations, Merchants-on-Points (off-campus restaurants that deliver), and food trucks. Find more information at students.duke.edu/living/dining.

The Office of Curricular Affairs

The Office of Curricular Affairs (OCA) 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 the 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, analysis of course and program evaluations, adherence with educational continuous quality improvement and accreditation, and collaboration with Duke-NUS medical school. The Assessment and Evaluation team in the office conduct educational research for the continual improvement of the curriculum and trains faculty in innovations in educational methodology and assessment. 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 G. Mudd building (attached to TSCHE) along with satellite offices on the fifth floor of TSCHE, the Office of Curricular Affairs provides support to faculty including initial course planning and set-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; continuous quality review and improvement processes; maintenance of accreditation; and collaboration with Duke-National University of Singapore.

Student Disability Access Office (SDAO)

The Student Disability Access Office (SDAO) provides educational opportunities for students with disabilities in compliance with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 (ADA), and the ADA Amendments Act of 2008.

Core Functions of SDAO

- To establish services for equitable access on campus through partnership with students with disabilities.
- To manage, coordinate, implement and evaluate accommodation and service programs.
- To serve as a resource to students, faculty, and staff regarding access to academic and campus services
- To provide resource and referral information to the campus community at Duke and prospective students and their families.

SDAO works with each student individually to establish academic accommodations including adjustments, auxiliary aids and services for the purpose of mitigating barriers to students' access to campus facilities, programs, and activities.

For more information, visit access.duke.edu/students.

Student Health

Student Health Services at Duke University is jointly supported by the Division of Student Affairs and the Department of Pediatrics. The Duke Student Health Center is the primary source for a wide range of healthcare services, many of which are covered by the Student Health Fee. Its mission is to provide evidence-based, patient-centered health care to the Duke student community in a professional and compassionate manner that directly contributes to the student's well-being and overall success. For more information, visit studentaffairs.duke.edu/studenthealth.

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 in the School of Medicine decide how they want to handle such circumstances, what their options are, and to provide mediation if desired. To contact the Ombudsperson with a concern, email ombudsman@duke.edu or call (919) 668-3326. More information may be found on the Office of the Student Ombudsperson website at medschool.duke.edu/education/health-professions-education-programs/doctor-medicine-md-program/student-experience.

Technology Resources

Medical Education IT

MedEdIT consists of three support service groups: The Student Helpdesk Team, the Multimedia Team, and the Development Team. These teams work independently and collaboratively to provide the best services and support in technology to our faculty, staff, students, and guests.

The MedEdIT Helpdesk is the front-line of technical support for students in the School of Medicine, serving Medical Doctor (MD), Pathology (PATH), Master of Biomedical Sciences (MBS), Occupational Therapy (OTD), and Physical Therapy (DPT) programs.

- MD, MBS, & PATH Student Helpdesk Phone: (919) 668-6212
- PT and OTD Student Helpdesk Phone: (919) 660-0227

We provide all incoming students at the School of Medicine with a laptop and support for these machines throughout their lifespan while at Duke University.

Services we provide include:

- Technical Support
- Hardware & Software Repairs
- Loaner laptops, chargers, and other accessories
- Training & Guidance
- Advice and Best Practices on all tech-related issues
- Management and Support for the technology within the Trent Semans Center for Health Education (TSCHE)

The Office of Information Technology

The Office of Information Technology (OIT) manages Duke's central technology infrastructure and provides services and tools to support the educational and research missions of the institution, as well as the university's business functions.

School of Medicine Institutes, Buildings and Facilities

Duke University School of Medicine

The School of Medicine comprises eight basic science departments, eighteen 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 duke-nus.edu.sg.

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, Influenza, 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 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 for patients. In 2022, the DCI celebrated its fiftieth Anniversary as 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)

The CTSI serves as the administrative hub for Duke's Clinical and Translational Science Award (CTSA), integrating a variety of services and resources essential to advancing translational science across the university. CTSI leverages Duke's extensive research resources and fosters collaborations to build the infrastructure, education, and support needed to advance promising ideas from concept through development and testing to patient care. With more than 100 faculty and 95 staff, CTSI spans the full spectrum of translational science—from early-stage laboratory research to clinical trials and the implementation of innovations in healthcare and community settings. Supported by the NIH CTSA and Duke Health, CTSI accelerates real-world research with targeted funding, cutting-edge resources, and collaborative partnerships nationwide.

Global Health Institute

The Duke Global Health Institute, established in 2006, brings knowledge from every corner of Duke University to bear on the most important global health issues of our time. The Duke Global Health Institute was established as a university-wide institute to coordinate, support and implement Duke's interdisciplinary research, education and service activities related to global health. The Duke Global Health Institute is committed to developing and employing new models of education and research that engage global partners and find innovative solutions to global health challenges.

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. The largest academic research organization in the world, DCRI is devoted to conducting innovative, multi-center clinical research with a mission to develop and share knowledge that improves the care of patients.

Duke University Hospital

Duke University Hospital is consistently rated as one of the best in the United States and is known around the world for its outstanding care and groundbreaking research. Duke University Hospital has 1,062 inpatient beds and offers comprehensive diagnostic and therapeutic facilities, including a regional emergency/trauma center; a major surgery suite containing 51 operating rooms; an endosurgery center; an ambulatory surgery center with nine operating rooms, and an extensive diagnostic and interventional radiology area.

For 2025-2026, U.S. News and World Report ranked Duke University Hospital the best hospital in North Carolina, with national rankings in 11 adult specialties: cancer; cardiology & heart surgery; diabetes & endocrinology; ear, nose & throat; gastroenterology & GI surgery; geriatrics; obstetrics & gynecology; ophthalmology; orthopedics; pulmonology & lung surgery, and urology. Duke University Hospital is also nationally ranked in 10 pediatric specialties.

Duke University Hospital is approved for residency by the American Medical Association, the Accreditation Council for Graduate Medical Education and is accredited by the Joint Commission. In addition to its hospitals, Duke Health has an extensive, geographically dispersed network of outpatient facilities that include primary care offices, urgent care centers, multi-specialty clinics, and outpatient surgery centers.

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 27-county area of central and eastern North Carolina.

The DVAHCS offers health care services at 11 locations: the Durham VA Medical Center and 10 community-based outpatient clinics in Raleigh, Durham, Greenville, Morehead City, and Wake County. Outpatient clinics include two specialty clinics at Brier Creek for dialysis and blind rehabilitation. The VA Durham Healthcare System is one of the leading health care systems serving veterans in the Mid-Atlantic Region. It is an innovative care center within the Veterans Integrated Service Network 6 (VISN 6), which includes medical centers in North Carolina and Virginia, and well as dozens of other health care facilities. .

The medical center has 151 operating beds and is a regional center for radiation therapy, neurological disorders, therapeutic endoscopy, and other special procedures. The DVAHCS also conducts research to discover knowledge, develop VA scientists and health care leaders, and create innovations that advance health for veterans and the nation. The 100-bed, 5-star-rated Community Living Center (CLC) is reflective of an ongoing emphasis on wellness, preservation of functions, and rehabilitation.

The DVAHCS has five national centers of excellence in primary care, mental health, epidemiology, geriatrics, and epilepsy, as well as several other nationally recognized programs including cardiovascular and diabetes care and telehealth.

For additional information, visit va.gov/durham-health-care.

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, orthopedic, gastrointestinal, and neurodevelopmental disorders. The hospital also offers joint health for arthritis, physical therapy and occupational therapy, and neurological rehabilitation services for adults.

Duke Regional Hospital

Duke Regional Hospital offers the personal touch of a community hospital while serving as an essential arm of internationally recognized Duke University Health System.

Duke Regional has served Durham, Orange, Person, Granville, and Alamance counties and beyond for 50 years. The hospital has more than 3,500 employees who provide outstanding medical care with compassionate, personalized service in a comfortable community hospital setting.

Duke Regional has 388 inpatient beds and offers a comprehensive range of medical, surgical, and diagnostic services, including orthopedics, weight loss surgery, women's services, and heart and vascular services. The hospital also offers care at the Duke Rehabilitation Institute, Davis Ambulatory Surgical Center, Duke Ambulatory Surgery Center Arringdon, Health Services Center, and Duke Behavioral Health Center North Durham.

U.S. News & World Report ranked Duke Regional Hospital as a Best Regional Hospital and high-performing in two specialties and 10 procedures/conditions for 2025-26. Duke Regional is a Joint Commission-accredited and Magnet-designated hospital.

For additional information, visit dukehealth.org/hospitals/duke-regional-hospital/about.

Duke Raleigh Hospital, a Campus of Duke University Hospital

Duke Raleigh Hospital provides a patient-friendly setting in the hospital's North Pavilion, South Pavilion, or clinics. Duke Raleigh Hospital has been part of Duke Health since 1998 and has served Wake County for more than 35 years. It employs more than 2,000 people.

The hospital has 204 inpatient beds and offers a comprehensive array of services, including, cancer care, cardiovascular care, neuroscience, advanced gastrointestinal care, and wound healing. It also maintains laboratory and imaging services, a pain clinic, 24/7 emergency care, community outreach, and education programs.

For 2025-2026, U.S. News & World Report ranked the Duke Raleigh campus a Best Regional Hospital and high performing in eight adult procedures and conditions.

For more information, call (919) 862-5848 or visit dukehealth.org/hospitals/duke-raleigh-hospital.

Duke Health Lake Norman Hospital

Duke Health Lake Norman Hospital has been serving the health care needs of the greater Lake Norman area, Iredell, and surrounding counties since 1926.

In 2025, Duke Health acquired the 123-bed acute-care hospital formerly known as Lake Norman Regional Medical Center. The Lake Norman community now has access to Duke Health's broad array of services.

The medical campus includes 24-hour emergency medicine, a weight loss surgery center, women's services, the Stork's Landing Maternity Center, cardiology, and surgical services. It also includes an orthopaedic specialty center, an outpatient imaging center, and an outpatient surgery center.

Other Hospitals

Various cooperative teaching and training programs are available for medical and allied health professional students and house staff at Duke hospitals including Duke University Hospital, Durham VA Medical Center, Duke Regional Hospital, Duke Raleigh Hospital (a campus of Duke University Hospital), and Central Regional Hospital.

Medical Center and Health System Buildings and Facilities

Across more than 100 buildings, three metro areas in North Carolina and nearly 10 million square feet, Duke School of Medicine and Duke Health System work in a unified effort to advance health together through innovative education, research, patient care, and community partnership. Duke's primary campus is situated on 200 acres primarily on or near Duke University's West Campus, with additional facilities distributed throughout Durham and nearby communities. These facilities are organized into several major geographic zones that collectively support Duke's integrated academic medical mission.

- The **Clinic Zone**, adjacent to the main university quadrangle, focuses on outpatient care, diagnostic and treatment services, clinical research, and administrative functions, housing numerous departments, specialty clinics, early-phase clinical research units, patient amenities, and cancer care facilities.
- The **Hospital Zone** centers on Duke University Hospital and related inpatient and specialty care facilities, including major towers, surgical and emergency services, imaging and laboratory services, children's health, eye care, nursing and interprofessional education, medical libraries, and centralized teaching and administrative spaces.
- The **Research Zone** contains a dense concentration of biomedical and translational research buildings supporting basic, clinical, translational, and population science across numerous departments and institutes, including genomics, neuroscience, cancer research, immunology, vaccine development, global health, and environmental health and safety.
- Additional facilities are grouped within the **West Zone**, which emphasizes specialty clinics, rehabilitation, wellness, nutrition, integrative medicine, and fitness, and the **North Campus Zone**, which includes ambulatory surgery, transplant and cellular therapy programs, pediatric and adult specialty care, and medical center operations and engineering offices.

Beyond Duke's primary academic medical campus, the School of Medicine operates a strategically distributed set of research, educational, and administrative facilities in and around Durham that expand opportunities for collaboration and deepen its presence within surrounding communities. **Downtown Durham** hosts a mix of laboratory and clinical research activities, educational programs, and administrative and development functions located across multiple facilities, embedding Duke faculty, trainees, and staff within the city's academic, health, nonprofit, and innovation ecosystems. **Near campus**, additional facilities support clinical research, dry-lab and computational research, education, and administrative operations, allowing close interaction with core academic programs while providing flexible space that encourages cross-unit collaboration. Further extending Duke's research presence, **Duke Research and Discovery @RTP** positions School of Medicine investigators within Research Triangle Park, where proximity to federal agencies, biotech and pharmaceutical companies, and peer institutions supports team science, external partnerships, and rapid engagement with emerging research opportunities. Together, these locations situate School of Medicine activities within diverse community and regional innovation environments across Durham.

Duke's reach isn't just about sites; it's about shared purpose across communities. Duke Health programs are designed to meet needs where they emerge. In short, these locations don't just house departments and services; they connect health care and research across disciplines, across cities, and across the full arc from discovery to impact.

Graduate Medical Education Program Information

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 a 403b contribution, professional liability insurance, disability insurance, life insurance, health insurance, parking, and uniforms.

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 two thirds of Duke University Hospital's training programs rotate to the Durham VA. Additional training sites include Duke Regional Hospital, and Duke Raleigh Hospital.

ACGME programs offered and the associated program training director are as follows:

PROGRAM	DIRECTOR
Adult Cardiothoracic Anesthesiology	Brandi Bottiger
Adult Congenital Heart Disease	Richard Krasuski
Adult Reconstructive Orthopaedics	Michael Bolognesi
Allergy and Immunology	Amy Stallings
Anesthesiology	Annemarie Thompson
Cardiovascular Disease	Anna Lisa Chamis
Child Abuse Pediatrics	Lindsay Terrell
Child and Adolescent Psychiatry	Tara Chandrasekhar
Child Neurology	Carolyn Pizoli
Clinical Biochemical Genetics	Sarah Young
Clinical Cardiac Electrophysiology	Donald Hegland
Clinical Informatics	Eric Poon
Clinical Neurophysiology	Aatif Husain
Complex Family Planning	Beverly Gray
Complex General Surgical Oncology	Trey Blazer
Congenital Cardiac Surgery	Joseph Turek
Critical Care Medicine (Anesthesiology)	Naszish Hashmi
Critical Care Medicine (Internal Medicine)	Stephen Bergin
Cytopathology	Rachel Factor
Dermatology	Erin Lesesky
Dermatopathology	Rami Al-Rohil
Diagnostic Radiology	Michael Taylor-Cho
Emergency Medicine	Joshua Broder
Endocrine Surgery Fellowship	Randall Scheri
Endocrinology, Diabetes and Metabolism	Matthew Crowley
Epilepsy	Prachi Parikh
Family Medicine	William Bynum
Family Medicine Rural Track	Thomas Koinis
Female Pelvic Medicine and Reconstructive Surgery	Amie Kawasaki
Foot and Ankle Orthopaedics	Mark Easley
Gastroenterology	Richard Wood
Geriatric Medicine	Mamata Yanamadala
Geriatric Psychiatry	Tracey Holsinger
Gynecologic Oncology	Brittany Davidson
Hand Surgery	Marc Richard
Hematology (Hematopathology) Fellowship	Ken Young
Hematology/Medical Oncology	Richard Riedel
Hospice and Palliative Medicine	Alisha Brenner
Infectious Disease	Eileen Maziarz
Internal Medicine	Aimee Zaas
Internal Medicine (P)	Aimee Zaas
Internal Medicine/Pediatrics	Colby Feeney
Internal Medicine/Psychiatry	Jane Gagliardi
Interventional Cardiology	W. Schuyler Jones
Interventional Radiology - Integrated	Paul Suhocki

PROGRAM	DIRECTOR
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
Molecular Genetic Pathology	Jadee Neff
Neonatal-Perinatal Medicine	Rachel Greenberg
Nephrology	Matthew Sparks
Neurological Surgery	Michael Haglund
Neurology	Suma Shah
Neurocritical Care (multidisciplinary)	Shreyansh Shah
Neuromuscular Medicine	Karissa Gable
Neuropathology	Karra Jones
Neuroradiology	Michael Malinzak
Nuclear Medicine	Olga James
Nuclear Radiology	Olga James
Obstetric Anesthesiology	Jennifer Dominguez
Obstetrics and Gynecology	Brittany Davidson
Ophthalmology	Pratap Challa
Orthopaedic Surgery	Robert Fitch
Orthopaedics Sports Medicine	Dean Taylor
Otolaryngology	Charles Woodard
Otology and Neurotology	David Kaylie
Pain Medicine	Peter Yi
Pathology - Anatomic and Clinical	Thomas Cummings
Pediatric Anesthesiology	John Eck
Pediatric Cardiac Anesthesiology	Warwick Ames
Pediatric Cardiology	Michael Jay Campbell
Pediatric Critical Care Medicine	Omar Alibrhim
Pediatric Dermatology	Neil Prose
Pediatric Endocrinology	Laura Page
Pediatric Gastroenterology	Narayan Venkatasubramami
Pediatric Hematology-Oncology	Jennifer Rothman
Pediatric Hospital Medicine	Mikelle Key-Solle
Pediatric Infectious Diseases	Matthew Kelly
Pediatric Nephrology	Shashi Nagaraj
Pediatric Pulmonology	Mai El Mallah
Pediatric Radiology	Charles Maxfield
Pediatric Rheumatology	Rebecca Sadun
Pediatrics	Mia Mallory
Plastic Surgery	Brett Phillips
Plastic Surgery – Integrated	Brett Phillips
Preventive Medicine - Occupational Medicine	Dennis Darcey
Psychiatry	Heather Vestal

PROGRAM	DIRECTOR
Pulmonary Diseases/Critical Care Medicine	Stephen Bergin
Radiation Oncology	Joseph Salama
Regional Anesthesiology and Acute Pain Medicine	Amanda Kumar
Reproductive Endocrinology and Fertility	Danny Schust
Rheumatology	David Leverenz
Sleep Medicine	Andrew Spector
Sports Medicine (FP)	Jeffrey Bytomski
Surgery	Elisabeth Tracy
Surgery (P)	Elisabeth Tracy
Surgical Critical Care	Amy Alger
Thoracic Surgery	John Haney
Thoracic Surgery - Integrated	John Haney
Transplant Hepatology	Omobonike Oloruntoba Sanders
Undersea and Hyperbaric Med.-Prev. Med.	Bruce Derrick
Urology	Andrew Peterson
Vascular Neurology	Nada El Husseini
Vascular Surgery	Chandler Long
Vascular Surgery Integrated	Chandler Long

Graduate Medical Education Program Information

Duke Graduate Medical Education Employment Requirements

Those eligible for appointment to the Associate Medical Staff (Graduate Medical Trainee) include:

- 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 North Carolina Medical 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 IMGs.)
- 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 at Duke, documentation of passing all three parts of the licensing examinations must be provided. Subspecialty trainees (fellows) must provide proof of passage of all three medical licensure examinations (USMLE Steps 1, Step 2 CK, Step 2 CS, and Step 3) prior to matriculation.

    - 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 the trainee has not passed Step 3)
- Attend Institutional Orientation

A trainee may begin their clinical duties after they have met the above GME requirements.

Graduate Medical Education Program Information

Continuing Medical Education

The mission of the Duke University Health System Department of Clinical Education and Professional Development - Joint Accreditation 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 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 ja.dh.duke.edu.

Graduate Medical Education Program Information

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 Duke's nondegree continuing studies programs 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, visit learnmore.duke.edu/academics/auditing.

Graduate Medical Education Program Information

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 ECMFG and the examination requirements, physicians must write to ECFMG, 3624 Market Street, Philadelphia, PA, 19104, or visit the website at ecfmg.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 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, visit the Duke Visa Services website at visaservices.duke.edu or email visahelp@mc.duke.edu.

Academic Credit

Doctor of Medicine, Pathologist Assistant, and Master of Biomedical Sciences

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 and Doctor of Physical Therapy

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

Master of Biostatistics, Clinical Leadership Program and Clinical Research Program

TIME	REQUIREMENT	CREDIT
3 hours	Prep, assignments, and studying	1 credit

Master of Management in Clinical Informatics

TIME	REQUIREMENT	CREDIT
3 hours	Assignments and lecture	1 credits

Cardiac Ultrasound Certificate Program and Orthoptic Training Certificate

TIME	REQUIREMENT	CREDIT
40 hours	Prep, lecture, clinical time, and studying	1 credit

Ophthalmic Technician Certificate Program

TIME	REQUIREMENT	CREDIT
32 hours	Prep, lecture, and clinical time	1 credit

Population Health Science Certificate Program

TIME	REQUIREMENT	CREDIT
39 hours	Prep, lecture, assignments	1 credit

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.

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 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.

Standards for expected academic performance are determined by each academic program. Standards for expected professional behavior are outlined in other regulations of the University, School of Medicine and Health System as per the Code of Professional Conduct.

If concerns arise regarding a student's academic performance and/or professionalism requiring possible sanction, each academic program will review and assess and will make a written recommendation to the Vice Dean for Medical and Health Professions Education (VDE). This includes reviewing any and all relevant documentation related to the concerns. Students will have the opportunity to hear the concerns and present their perspectives to the program prior to the recommendations being made, absent any immediate threat to health and safety of the student, other students and/or campus community which may warrant interim action.

The program will submit a written recommendation for proposed sanction, defined as a formal academic or professional status decision that may impact a student's academic progression such as academic warning, probation, suspension, or dismissal. The recommendation must include the supporting materials outlining the specific academic or professionalism expectations that were not met, as well as how and when the student was informed of the concerns, and any relevant communications or evaluations.

The VDE will review the program's recommendation and render a final decision about the resulting sanction, which may include either no concern, no action warranted, or a sanction (academic warning, probation, suspension, or dismissal). A written determination will be sent to the student and program with this decision and next steps.

Student Appeals

A student may appeal a decision made by the VDE to the Academic Appeals committee based on one of the following; New information not reasonably available at the time of the recommendation/decision is material to the decision; procedural error that substantially affected the VDE's decision; the sanction imposed is disproportionate to the circumstances or not supported by the evidence; the program decision-maker or VDE had bias or conflict of interest for or against the student that specifically affected the outcome.

Academic Sanctions Appeals Process

Step 1 – Student submits request for appeal

The student must submit their appeal in writing to the VDE within 10 business days of the date of the VDE decision letter. The written appeal must: (i) address the reasons they are challenging that were provided for the sanction and state why the sanction is not appropriate in their situation; (ii) state the grounds for appeal; and (iii) include any supporting documentation (e.g. new evidence, witness statements, relevant communications etc.). An appeal request may be summarily denied if it is not based on one of the grounds for appeal.

Step 2 – VDE requests Academic Appeals Committee to convene

The VDE will request that members of the Academic Appeals Committee (AAC) convene to review the student's appeal. The AAC's role is limited to reviewing the underlying record and recommendation of the program, the decision of the VDE, the student's written appeal statement and any supporting documentation, and any information presented at the committee meeting.

At least four faculty representatives (no more than one from each program) from each of the following programs: MD, DPT, OTD, PA, Pathology Assistant, Master's in Biomedical Sciences; and two faculty representatives from the non-clinical Master's programs. Faculty representatives will serve a 1-year term, renewable annually by the VDE.

- One student representative from the appealing student's program will serve on the AAC. The student representative must be from a different class than the appealing student at the time of the appeal for programs longer than one year.
- The chair will be selected by the VDE.
- The VDE will serve ex-officio to assist with process but will not participate in discussions or deliberations.

Step 3 – Student may submit concerns for conflict of interest on AAC membership

The student will be notified of the names of the AAC members who will serve on their appeal committee. The student may request replacement of any of the members based on actual conflict of interest, bias, or prejudice. Such request, including the rationale, must be submitted in writing to the VDE within 48 hours of receiving notice of the names. If there is demonstration of conflict of interest, these members will be replaced by members who have had no previous interactions with the student.

Step 4 – AAC meeting preparation and scheduling

- A committee meeting will be held either via zoom (or equivalent) or in-person within 20 business days to allow the student an opportunity to amplify the reason for their appeal. Notice of the meeting date, time and location will be sent to the student and the AAC members. The student may request a one-time extension of the meeting in writing at least 72 hours in advance to the committee chair, for consideration. Committee chair will notify the student if the request if granted. If the student fails to attend the scheduled meeting, whether rescheduled or not, the committee may proceed in their absence. If the student participates in the meeting but declines to answer any relevant questions the Committee may still proceed.
- The student may request that the committee 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". The student must submit these names at least 10 business days in advance of the committee meeting. The committee will determine the extent to which the witness will be permitted to attend, including the relevancy of the information they may have. The committee will not force any witness to participate.
- At least 72 hours prior to the committee meeting the members and student will have access to:
    - The VDE's summary report for the committee explaining the reason for the sanction and include supporting documents from the program and student.
        - The VDE's 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 may include exam scores, learning contracts, performance reviews, academic counseling attempts, remediation efforts, etc.

        - Supporting documents from the student as to why the sanction should not be upheld.
    - The names of all faculty, students, or staff the committee has asked to attend the meeting and provide pertinent information about the conduct to the committee.

Step 5 – Expectations on AAC meeting and outcomes

- The student has the right to be present at the AAC meeting to hear the presentation from the education program and any called witness. The student will not be allowed to question the presenters/witnesses – that is the purview of the AAC. The student may share their perspectives during their designated time to speak. The student is NOT permitted to be present for committee deliberations. The student can decline to participate in any or all of the meeting.
- The committee meeting will begin with a review of the sanction and the provided materials.
- The student's education program will present the reasons for their recommendation and answer any questions that the committee may have. The program representatives will then leave the meeting.
- Faculty, staff or other students with information relevant to the matter may be asked to attend and provide information at the request of the AAC to inform their decision. Please note that the student does not have the right to object to the additional faculty, staff or students requested to attend by the AAC. The witnesses will then leave the meeting.
- The student will then present to the committee why the sanction should be reconsidered, respond to the information provided by the program and witnesses, and answer any questions the committee may have.
- The student will then be asked to leave the AAC meeting. The committee will then deliberate and reach a decision by a majority vote as to whether the sanction should be upheld, changed to a lesser sanction or removed.
- Once the committee has reached a decision, the chair will draft the determination letter that includes a summary of the meeting, the committee's decision on whether the adverse action is warranted, a brief explanation of the reasoning, and information about appeals to circulate to the committee members for approval. The committee can uphold the VDE's adverse action, recommend another adverse action, or recommend no adverse action. Once approved by the committee members, the chair will submit the determination letter to the VDE within 10 business days of the appeals meeting. The finding of the committee will then be the final decision, absent appeal to the Dean (see below).
- The VDE will submit written documentation to the student detailing the outcome of the AAC meeting, including the committee's written decision, within 10 business days of receiving the committee's written decision.
- The student will have 10 business days after notification of the committee's decision to submit an appeal request to the Dean of the School of Medicine. An appeal to the Dean is not a re-hearing of the matter and may only be based upon the grounds of procedural error in the appeals process that materially impacted the outcome, rather than continued disagreement about the sanction. 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.
- The decision of the Dean will be final and no subsequent appeals are permitted. If the Dean of the School of Medicine upholds a decision of suspension or dismissal, the student relinquishes student status immediately and is no longer enrolled in the University.
- The academic sanctions and appeals process may affect the advancement, graduation, or dismissal of a health professions student. Students are not eligible to graduate until the appeal process has been fully resolved and a final decision has been rendered. If a sanction is overturned as a result of the appeal, the student will be eligible to graduate the following graduation cycle.

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.

In some Health Professions Education (HPE) programs, initial internal review by program-specific committee of data (such as end-of-clinical or preceptorship evaluations or communication from students to program faculty) will result in escalation of a report or situation to the attention of the CATL chair for consideration by the committee. In other HPE programs, similar data will be directed to the CATL chair without prior HPE program review.

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. Clearly communicating expectations, and applying consistent evaluation and grading methods which are communicated in advance of learner performance
3. Assigning tasks to learners based on their knowledge, skills and experience
4. Providing supervision and appropriate remediation when learners are not adequately prepared
5. Providing feedback to learners in a timely, constructive, personalized and explicit manner
6. Abiding by the Duty Hours Policy and other policies of the SoM
7. 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", "your 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 them 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 they deserve, 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:

- via the Adverse Events Reporting System (AERS) (can be anonymous)
- verbally or in writing to the course director of the learner's course
- verbally or in writing to faculty advisor of the learner
- verbally or in writing to the Associate Dean for Learning Environment and Well-Being or the Assistant Dean for Student Services
- in a mandatory end-of-course evaluation
- in other internal surveys done by the learner's program
- to a member of the School of Medicine Committee on Appropriate Treatment of Learners (CATL)
- to the SoM or University Ombudsperson

- to the Duke University Office of Institutional Equity

Evaluation of Reports of Inappropriate Treatment of Learners in the School of Medicine

CATL will approach reviews through a restorative process which includes:

- CATL Chair will train CATL members on principles of restorative justice on an annual basis, as this is the preferred lens through which to assess reports
- CATL Chair will de-identify all reports for presentation to CATL. The focus of CATL discussions is on behaviors and recommending next steps in light of the reported behaviors.
- Reports that may meet title IX criteria will be referred to OIE for consideration, while CATL approaches their assessment through a restorative lens

All reports of inappropriate treatment of learners will initially be evaluated by the School of Medicine Committee on Appropriate Treatment of Learners (CATL). CATL will review the concerns and will make recommendations for addressing the concerns. For example:

1. Evaluations of inappropriate treatment by students who are in a teaching role can be handled as potential breaches of professionalism and can be reported on an electronic Professionalism Notification Form on the School of Medicine website as a potential Code of Professional Conduct violation.
2. Evaluations of inappropriate treatment by residents who are in a teaching role will be reported to the Associate Dean for GME / DIO, Residency Program Director and/or Vice Chair for Education or Chair of the relevant clinical department.
3. Concerns for 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 Vice Dean for Faculty, who may involve the Vice Chair for Faculty of the relevant department.
4. Concerns for inappropriate treatment of learners by non-Duke Clinical Educators or staff will be directed to supervisors with input from clerkship director and departmental education leadership.

CATL will determine an appropriate deadline for reporting of actions taken based on the urgency of the situation. If CATL 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 Medical and Health Professions Education for further action. In all cases, CATL will report back to the person who reported the inappropriate treatment, if identified, that action has been taken on their 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 assessed 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 responsible employee (any paid employee of the university or health system) 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.

Code of Professional Conduct

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

The matriculating or current student should report the charge/offense against them (final or not) immediately but no later than 3 business days to the vice dean for education for the MD program and the program director for the MBS, DPT, OT, and 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.

If the program determines that the behavior reported in a 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.

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.

SYSTEM	METHOD	LOCATION	ANONYMITY
Professionalism Notification System (preferred for professionalism issues)	Electronic	Within professional school	Depends on Program **No Anonymity:** Physician Assistant (PA); **Up to Person Reporting:** Physical Therapy (PT), Occupational Therapy (OT), Master of Biomedical Sciences (MBS), Doctor of Medicine (MD)
Adverse Event Reporting System	Electronic	Within professional school	Anonymous
End of Course Evaluations (preferred for content about course)	Electronic, per individual programs	Within professional school	Depends on Program **No Anonymity:** Physician Assistant (PA); **Up to Person Reporting:** Doctor of Medicine (MD)
SOM Ombudsperson Email: ombudsman@mc.duke.edu or call 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
Duke Office for Institutional Equity 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

Health Professional Technical Standards for Duke School of Medicine

The full policy is available via Duke Box.

Introduction

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.

I. 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.

II. 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.

III. Motor & Sensory Functions:

Candidates must have adequate physical endurance, motor function and sensory ability to:

- provide general care and emergency treatment to patients
- perform routine physical examination and diagnostic maneuvers
- perform 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
- elicit 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.

IV. 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.

V. 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.

School of Medicine Policies

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 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 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.

Standards for expected academic performance are determined by each academic program. Standards for expected professional behavior are outlined in other regulations of the University, School of Medicine and Health System as per the Code of Professional Conduct.

If concerns arise regarding a student's academic performance and/or professionalism requiring possible sanction, each academic program will review and assess and will make a written recommendation to the Vice Dean for Medical and Health Professions Education (VDE). This includes reviewing any and all relevant documentation related to the concerns. Students will have the opportunity to hear the concerns and present their perspectives to the program prior to the recommendations being made, absent any immediate threat to health and safety of the student, other students and/or campus community which may warrant interim action.

The program will submit a written recommendation for proposed sanction, defined as a formal academic or professional status decision that may impact a student's academic progression such as academic warning, probation, suspension, or dismissal. The recommendation must include the supporting materials outlining the specific academic or professionalism expectations that were not met, as well as how and when the student was informed of the concerns, and any relevant communications or evaluations.

The VDE will review the program's recommendation and render a final decision about the resulting sanction, which may include either no concern, no action warranted, or a sanction (academic warning, probation, suspension, or dismissal). A written determination will be sent to the student and program with this decision and next steps.

Student Appeals

A student may appeal a decision made by the VDE to the Academic Appeals committee based on one of the following; New information not reasonably available at the time of the recommendation/decision is material to the decision; procedural error that substantially affected the VDE's decision; the sanction imposed is disproportionate to the circumstances or not supported by the evidence; the program decision-maker or VDE had bias or conflict of interest for or against the student that specifically affected the outcome.

Academic Sanctions Appeals Process

Step 1 – Student submits request for appeal

The student must submit their appeal in writing to the VDE within 10 business days of the date of the VDE decision letter. The written appeal must: (i) address the reasons they are challenging that were provided for the sanction and state why the sanction is not appropriate in their situation; (ii) state the grounds for appeal; and (iii) include any supporting documentation (e.g. new evidence, witness statements, relevant communications etc.). An appeal request may be summarily denied if it is not based on one of the grounds for appeal.

Step 2 – VDE requests Academic Appeals Committee to convene

The VDE will request that members of the Academic Appeals Committee (AAC) convene to review the student's appeal. The AAC's role is limited to reviewing the underlying record and recommendation of the program, the decision of the VDE, the student's written appeal statement and any supporting documentation, and any information presented at the committee meeting.

At least four faculty representatives (no more than one from each program) from each of the following programs: MD, DPT, OTD, PA, Pathology Assistant, Master's in Biomedical Sciences; and two faculty representatives from the non-clinical Master's programs. Faculty representatives will serve a 1-year term, renewable annually by the VDE.

- One student representative from the appealing student's program will serve on the AAC. The student representative must be from a different class than the appealing student at the time of the appeal for programs longer than one year.
- The chair will be selected by the VDE.
- The VDE will serve ex-officio to assist with process but will not participate in discussions or deliberations.

Step 3 – Student may submit concerns for conflict of interest on AAC membership

The student will be notified of the names of the AAC members who will serve on their appeal committee. The student may request replacement of any of the members based on actual conflict of interest, bias, or prejudice. Such request, including the rationale, must be submitted in writing to the VDE within 48 hours of receiving notice of the names. If there is demonstration of conflict of interest, these members will be replaced by members who have had no previous interactions with the student.

Step 4 – AAC meeting preparation and scheduling

- A committee meeting will be held either via zoom (or equivalent) or in-person within 20 business days to allow the student an opportunity to amplify the reason for their appeal. Notice of the meeting date, time and location will be sent to the student and the AAC members. The student may request a one-time extension of the meeting in writing at least 72 hours in advance to the committee chair, for consideration. Committee chair will notify the student if the request if granted. If the student fails to attend the scheduled meeting, whether rescheduled or not, the committee may proceed in their absence. If the student participates in the meeting but declines to answer any relevant questions the Committee may still proceed.
- The student may request that the committee 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". The student must submit these names at least 10 business days in advance of the committee meeting. The committee will determine the extent to which the witness will be permitted to attend, including the relevancy of the information they may have. The committee will not force any witness to participate.
- At least 72 hours prior to the committee meeting the members and student will have access to:
    - The VDE's summary report for the committee explaining the reason for the sanction and include supporting documents from the program and student.
        - The VDE's 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 may include exam scores, learning contracts, performance reviews, academic counseling attempts, remediation efforts, etc.
        - Supporting documents from the student as to why the sanction should not be upheld.
    - The names of all faculty, students, or staff the committee has asked to attend the meeting and provide pertinent information about the conduct to the committee.

Step 5 – Expectations on AAC meeting and outcomes

- The student has the right to be present at the AAC meeting to hear the presentation from the education program and any called witness. The student will not be allowed to question the presenters/witnesses – that is the purview of the AAC. The student may share their perspectives during their designated time to speak. The student is NOT permitted to be present for committee deliberations. The student can decline to participate in any or all of the meeting.
- The committee meeting will begin with a review of the sanction and the provided materials.
- The student's education program will present the reasons for their recommendation and answer any questions that the committee may have. The program representatives will then leave the meeting.
- Faculty, staff or other students with information relevant to the matter may be asked to attend and provide information at the request of the AAC to inform their decision. Please note that the student does not have the right to object to the additional faculty, staff or students requested to attend by the AAC. The witnesses will then leave the meeting.
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- The student will then be asked to leave the AAC meeting. The committee will then deliberate and reach a decision by a majority vote as to whether the sanction should be upheld, changed to a lesser sanction or removed.
- Once the committee has reached a decision, the chair will draft the determination letter that includes a summary of the meeting, the committee's decision on whether the adverse action is warranted, a brief explanation of the reasoning, and information about appeals to circulate to the committee members for approval. The committee can uphold the VDE's adverse action, recommend another adverse action, or recommend no adverse action. Once approved by the committee members, the chair will submit the determination letter to the VDE within 10 business days of the appeals meeting. The finding of the committee will then be the final decision, absent appeal to the Dean (see below).
- The VDE will submit written documentation to the student detailing the outcome of the AAC meeting, including the committee's written decision, within 10 business days of receiving the committee's written decision.
- The student will have 10 business days after notification of the committee's decision to submit an appeal request to the Dean of the School of Medicine. An appeal to the Dean is not a re-hearing of the matter and may only be based upon the grounds of procedural error in the appeals process that materially impacted the outcome, rather than continued disagreement about the sanction. 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.
- The decision of the Dean will be final and no subsequent appeals are permitted. If the Dean of the School of Medicine upholds a decision of suspension or dismissal, the student relinquishes student status immediately and is no longer enrolled in the University.

- The academic sanctions and appeals process may affect the advancement, graduation, or dismissal of a health professions student. Students are not eligible to graduate until the appeal process has been fully resolved and a final decision has been rendered. If a sanction is overturned as a result of the appeal, the student will be eligible to graduate the following graduation cycle.

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.

Commencement

Graduation ceremonies are held once a year, in May, when degrees are conferred on, and diplomas are issued to, those who have successfully completed requirements by the end of the spring semester. Those who successfully 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 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 or their program to advise of 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) at least a month prior to graduation.

Computer Policy

Laptops are provided to students that matriculate into the Doctor of Medicine, Pathologist Assistant, Doctor of Physical Therapy, Doctor of Occupational Therapy, and Master of Biomedical Science programs. Duke required software is installed on each laptop depending Duke Health System and on the program requirements. Students are expected to use the Duke issued laptop during their time at Duke. Devices must be kept regularly up to date with all security updates provided by Apple, Microsoft, Google or other vendors to keep the Duke Health systems secure.

Students that go on an approved personal or medical leave of absence, that will be on a leave six months or longer, are required to meet with Medical School Education Information Technology (MedEdIT) staff to have their computers erased and returned to factory settings. This will remove Duke installed software from the computer. Students will continue to have access to their Duke email and most web-based applications during this time. Students should contact the MedEdIT staff once they have been approved to return from leave of absence to have their laptops reconfigured and Duke software re-installed.

Students that are placed on suspension are required to have their laptops returned to their factory setting. Students will be given 5 business days to clear personal data from the laptop after being notified of their status change. Medical School Education Information Technology (MedEdIT) staff will remotely have the computers erased and returned to factory settings after the 5 business days. Students that return from suspension will need to meet with MedEdIT to have the Duke required software installed.

Students in their final year are required to meet with MedEdIT staff prior to match day or prior to graduation to have their laptops erased and retuned to factory settings without Duke installed software. This is a requirement for clearance to graduate. Medical students who have rotations after Match Day can arrange a time with MedEdIT to have their computer erased once their rotation is complete.

Students charged the technology fee that withdraw from the program or go on a leave of absence, cannot return the equipment for the technology fee to be waived. The only exception would be a student that receives a laptop and then withdraw prior to the first day of classes. Students that withdraw before the first day of classes and return the laptop (and iPad if one was issued) and accessories to the MedEdIT department in good condition within 20 days of the withdrawal, may have the technology fee waived.

Duke Community Standard

The Duke Community Standard policy is available at students.duke.edu/get-assistance/community-standard/osccs.

Duke's Commitment to Our Community

Duke aspires to create a community built on collaboration, innovation, creativity, and belonging. Our collective success depends on the robust exchange of ideas—an exchange that is best when the rich diversity of our perspectives, backgrounds, and experiences flourishes. To achieve this exchange, it is essential that all members of the community feel secure and welcome, that the contributions of all individuals are respected, and that all voices are heard. All members of our community have a responsibility to uphold these values.

Duke University Degree Revocation Policy

The university degree revocation policy is available at provost.duke.edu/duke-university-degree-revocation-policy.

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, email 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 they graduate or withdraw 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 their tasks. A school official has legitimate educational interest if the official needs to review an education record in order to fulfill their 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 registrar.duke.edu/student-records-resources/ferpa.

FERPA: registrar.duke.edu/student-resources/family-educational-rights-and-privacy-act-ferpa/

Federal Textbook Requirement

To view the policy, go to registrar.duke.edu/faqs/?f=/faq/federal-textbook-requirement.

Email, Official Means of Communication

Duke University School of Medicine uses email as an official means of communication with students. Deans, faculty, and administrators will generally employ the Duke email address (@duke.edu). Students are expected to check their Duke email account on a regular basis and to respond in a timely fashion. Students who have their @duke.edu forwarded to a different email address are responsible for ensuring that important and time-sensitive communications are not lost. Failure to read and respond to official email in a timely fashion can have serious consequences.

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 safety.duke.edu.

For more information about HIPAA compliance training, visit dukehealth.org/privacy/patient-bill-of-rights.

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, which should be uploaded to shc.duhs.duke.edu, no later than June 15.

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 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. All incoming Duke students must also complete Duke's TB Screening Questionnaire and complete TB testing in the US within 6 months of matriculation if indicated by the questionnaire. 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. Refer to studentaffairs.duke.edu/studenthealth/immunization-compliance for the most current detailed immunization information, immunization forms, and TB Screening Questionnaire.

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 or the Duke University School of Medicine Office of Admissions at medadm@mc.duke.edu.

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 using Canvas. Completion of the modules will be done on the Occupational and Environmental Safety Office (OESO) website at safety.duke.edu, the Learning Management System (LMS) website at hr.duke.edu/training/learning-management-system, and the CITI website, citiprogram.org. Annual reminders to complete required modules, will be sent to returning students from OESO and LMS. Requirements are also tracked via the Compliance Canvas Portal. Requirements are subject to change based on OESO and LMS compliance requirements. Failure to satisfy requirements by specified deadline(s) may result in the completion of a professionalism form. Additional information can be found at safety.duke.edu.

Satisfactory Academic Progress Policy for Financial Aid

Federal regulations 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: Qualitative (grades), Quantitative or PACE (percentage of completion) and Maximum Timeframe to complete degree. 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.

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 email 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, Doctorate of Physical Therapy, Doctorate of Occupational Therapy, and Doctor of Medicine second, third and forth 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 year will be checked at the end of each year. Students not achieving SAP will be notified of their status (Financial Aid Warning or Financial Aid Probation) by receiving an email to their Duke email account.

A student who fails to meet any of the SAP standards will be placed on a Financial Aid Warning for the next semester.

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 placed on SAP probation, in which the student is ineligible to receive federal aid without an approved appeal (outlined further in this policy).

There are three (3) parts to the SAP measurement:

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.
- If applicable, 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. Student will be placed on financial aid warning for the approved appealed term.
- Federal aid will be cancelled for a student on SAP Probation. If the SAP appeal is approved, federal financial aid will be re-instated for the term in which the aid was cancelled.

Students who fail to meet the requirements for academic progress after the second financial aid warning period and do not complete the requirements of their academic plan will again be ineligible for financial aid for the following term and will be placed on financial aid probation and subject to the appeal process.

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

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 warning. Academic progress will be evaluated at the conclusion of each enrolled term.

Students who fail to meet the requirements for academic progress after the second financial aid warning period and do not complete the requirements of their academic plan will again be ineligible for financial aid for the following term and will be placed on financial aid probation and subject to the appeal process.

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

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 (919) 684-INFO or the DukeAlert site, emergency.duke.edu, or today.duke.edu, or by visiting the School of Medicine, Office of the Registrar's website, 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.

Students that are studying away from Duke must follow the severe weather policy at the location in which they are studying, They must follow the policy of the host school based on the weather conditions at the host school location.

Please note that (919) 684-INFO and emergency.duke.edu are considered the official communication for inclement/severe weather announcements.

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.

Transcripts & Diplomas

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, medschool.duke.edu/education/health-professions-education-programs/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 or (919) 684-2304.

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 US 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.

Replacement Certificates for Approved School of Medicine Certificate Programs

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, 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.

All Programs

Doctoral Programs

Doctor of Medicine
Doctor of Occupational Therapy
Doctor of Physical Therapy

Master's Programs

Master of Biostatistics
Master of Health Sciences in Clinical Research Training
Master of Health Sciences Pathologists' Assistant
Master of Health Sciences Physician Assistant
Master of Management in Clinical Informatics
Master of Science in Biomedical Sciences

Certificates

Cardiac Ultrasound Certificate
Ophthalmic Medical Technician Certificate
Orthoptic Training Certificate
Population Health Sciences Certificate
Radiation Therapy Certificate

Doctor of Medicine

Website: medschool.duke.edu/education/health-professions-education-programs/doctor-medicine-md-program

Accreditation

The MD program at the Duke University School of Medicine is fully accredited by the Liaison Committee on Medical Education (LCME), the nationally recognized accrediting authority for medical education programs leading to the MD degree in the US and Canada. The MD program received full accreditation status during the 2024-25 academic year. Its next accreditation cycle will occur during the 2032-33 academic year. Contact the Association of American Medical Colleges at 655 K Street NW, Suite 100, Washington, DC 20001-2399, or call (202) 828-0596.

Vision Statement

To develop a transformational education program that will graduate an innovative, inquisitive, creative, and collaborative physician who aspires to be a leader in health practice, delivery, and research.

Mission Statement

The mission of the educational program for MD students at Duke University is to prepare a student body to pursue a spectrum of medical career options in order to become physician leaders who can advance biomedical research and improve local, national, and global health.

Patient FIRST Curriculum

The Duke MD curriculum provides a transformative learning experience that puts the patient **FIRST** (**F**oundations, **I**mmersion, **R**esearch, **S**ervice, and **T**ransformation). We start with the patient from day one of medical school. The biomedical sciences are taught in the context of patient symptoms integrating differential diagnoses, clinical reasoning, and the social context of medicine into a holistic view for care of the patient. We remove the artificial barrier between the biomedical and clinical clerkship years with intentional vertical integration of these two phases across the first two years. Our curriculum focuses on developing life-long learning and a habit of inquiry. A dedicated research project along with a curriculum on leadership equips our students to continually push the boundaries as change agents of science, patient care, medical education, health systems and public policy. Our graduates will become compassionate, highly competent physicians who put patients FIRST.

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.

The preceding objectives were adapted from the sources below:

- aamc.org
- Health Professions Accreditors Collaborative (HPAC) [2019]
  healthprofessionsaccreditors.org/wp-content/uploads/2019/02/HPACGuidance02-01-19.pdf
- Endorsing HPAC members support student achievement of the four IPEC competencies contained in the 2016 update, 2 described below or with minor modifications that embrace the substance of these competencies
  Core EPAs from the AAMC store.aamc.org/downloadable/download/sample/sample_id/63/%20

Program Objectives

By graduation, student will be able to…

DOMAIN 1: Ethics, Integrity, and Professionalism – Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and addressing health disparities in our diverse patient populations. Demonstrate the qualities required to sustain lifelong personal and professional growth.

Objectives

- 1.1 Incorporate the values of ethics, integrity, and inclusive practice in one's professional behavior in caring for diverse patient populations.
- 1.2 Practice the responsibilities of one's professional identity as a physician and leader
- 1.3 Consistently incorporate feedback and performance data for continual professional development
- 1.4 Recognize and address ethical issues in clinical care and research
- 1.5 Develop and engage strategies in self-care to promote well-being and resilience
- 1.6 Provide timely and respectful constructive feedback to improve the learning environment

DOMAIN 2: Scientific Foundations and Medical Knowledge – Demonstrate knowledge of established and evolving biomedical and clinical sciences related to the development, structure, and function of the human body in health and disease as well as the application of this knowledge to patient care. Practice seeking new biomedical knowledge as part of a commitment to life-long learning.

Objectives

- 2.1 Continually seek and develop foundational understanding of the biomedical sciences
- 2.2 Demonstrate application of foundational sciences to clinical care

DOMAIN 3: Clinical Skills – Practice the clinical skills needed for patient care across a variety of clinical settings, conditions, and acuity. Students should be entrusted to perform these skills upon graduation in a patient-centered manner across the variety of contexts.

Objectives

- 3.1 Efficiently gather essential and accurate information through history taking and physical examination
- 3.2 Develop a prioritized differential diagnosis justified by key features of the presentation
- 3.3 Formulate diagnostic and therapeutic plans based on prioritized differential diagnoses
- 3.4 Develop clinical questions and retrieve evidence to inform diagnostic and therapeutic plans
- 3.5 Order and interpret diagnostic tests
- 3.6 Organize, prioritize, and carry out patient care tasks
- 3.7 Differentiate and manage acute life-threatening conditions
- 3.8 Manage common chronic conditions

- 3.9 Describe value-based principles and risk-benefit analyses in patient care
- 3.10 Demonstrate tolerance for ambiguity in patient care management
- 3.11 Demonstrate principles of patient-centered communication
- 3.12 Counsel patients and families in health promotion and disease prevention

DOMAIN 4: Patient-centered Systems of Practice – Demonstrate respect and understanding of the social context of health care, including the impact on health care experiences and outcomes. Practice advocacy and patient-centered care that is compassionate, objective, and meets patient needs through humanity. Develop skills to consistently survey contemporary contexts to anticipate impacts to patients and populations.

Objectives

- 4.1 Assess the impact of patient context on healthcare systems access and care
- 4.2 Demonstrate empathy and responsiveness to the needs of diverse patient populations
- 4.3 Support patients in coping with the impact of disease on their lives
- 4.4 Advocate for patients across health care systems
- 4.5 Recognize the impact of systems of care on patients, communities, and populations

DOMAIN 5: Communication and Teamwork – Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with interprofessional team members. Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population- centered care. Develop skills to adapt one's role on the team, based on patient care and team needs.

Objectives

- 5.1 Demonstrate compassion and respect for interprofessional team members
- 5.2 Recognize your role on an interprofessional team across patient care encounters
- 5.3 Collaborate with interprofessional teams
- 5.4 Practice effective communication with team members in patient care discussions
- 5.5 Complete accurate medical documentation on time
- 5.6 Contribute to the learning of others on the team

DOMAIN 6: Critical thinking, Research and Scholarly Activity – Demonstrate skills in contributing to and applying our body of knowledge in a given domain, including biomedical sciences, clinical research, medical humanities, health systems, global health, interdisciplinary practices, medical education and/or patient care. Develop skills that prepare students to be change agents in their chosen fields through skills in life-long learning and improvement.

Objectives

- 6.1 Develop skills for scientific inquiry and communication of knowledge
- 6.2 Identify, analyze, translate, and participate in discovery of new knowledge
- 6.3 Develop skills using principles of design thinking, data science and technological advances
- 6.4 Recognize opportunities where scientific inquiry can advance patient care

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.

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 of the Duke curriculum for their individual needs and career goals, to gain access to resources the student needs for 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, White Coat Ceremony, Match Day, Graduation) in the life of the school. Advisory deans also serve on any institutional committees that impact the interest of the students.

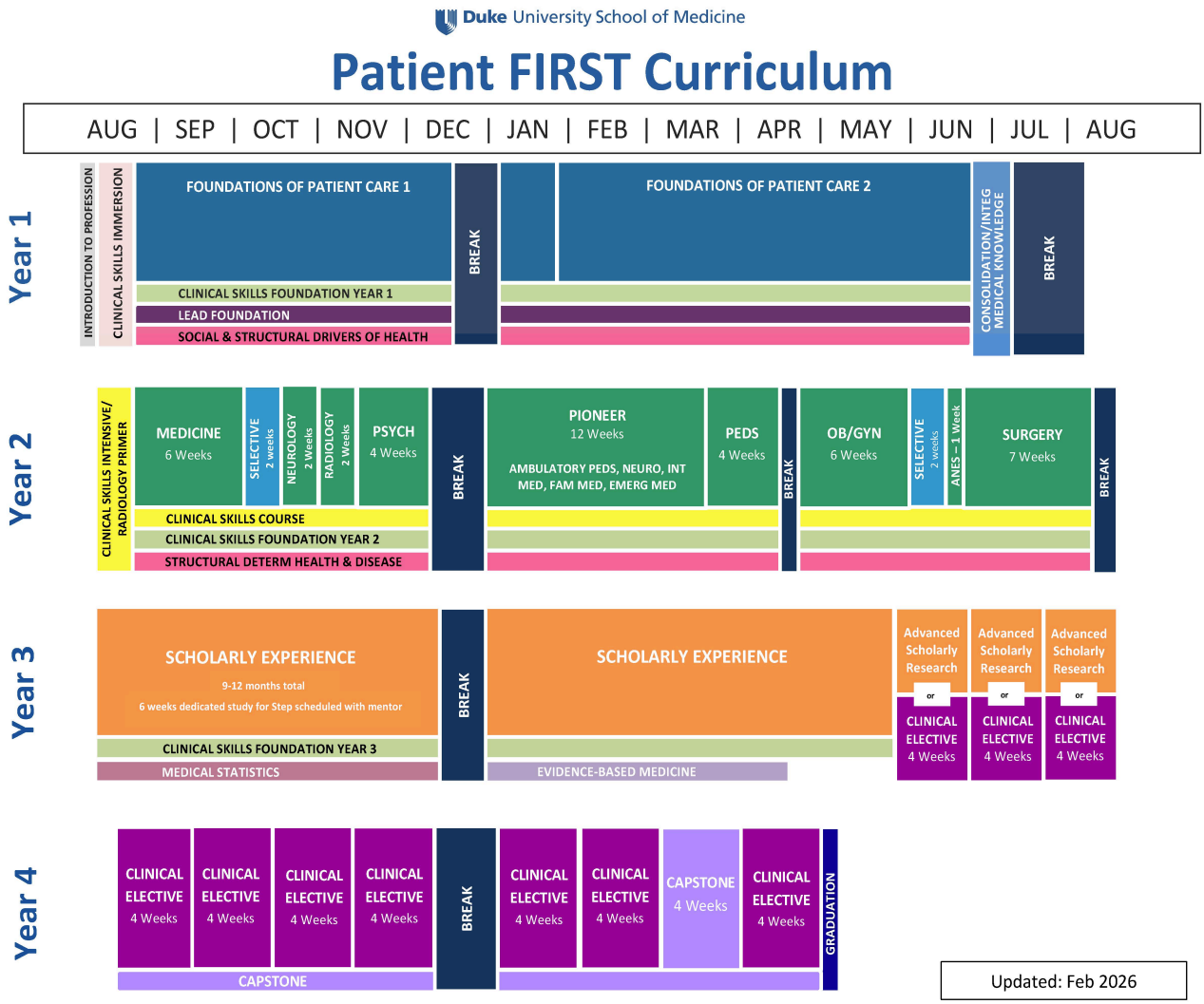
MD Academic Calendar

16 – Full length of the term	
21 – 1st two-weeks, two-week clerkship or selective	22 – 2nd two-weeks, two-week clerkship or selective
23 – 3rd two-weeks, two-week clerkship or selective	24 – 4th two-weeks, two-week clerkship or selective
25 – 5th two-weeks, two-week clerkship or selective	26 – 6th two-weeks, two-week clerkship or selective
27 – 7th two-weeks, two-week clerkship or selective	28 – 8th two-weeks, two-week clerkship or selective
41 – 1st four weeks of term	42 – 2nd four weeks of term
43 – 3rd four weeks of term	44 – 4th four weeks of term
81 – 1st eight weeks of term	82 – 2nd eight weeks of term

Approved School of Medicine Holidays for Medical Students (subject to change)

- Labor Day: All
- Thanksgiving Day (refer to calendar): All
- Christmas Day (and additional days as outlined on School of Medicine academic calendar): All
- New Year's Day: All
- Martin Luther King Jr. Day: All
- Memorial Day: All
- Juneteenth: All
- Independence Day: All

Patient FIRST Curriculum



Patient FIRST Curriculum Graphic 2026-2027

View a PDF of the Patient FIRST Curriculum here.

All calendar and registration dates are subject to change.

First Year Calendar

Fall 2026

- August 3 (M) Introductions to the Medical Profession—Mandatory attendance
- August 7 (F) Introduction to the Medical Profession Ends
- August 7 (F) Annual Medical Student Research Symposium—Mandatory attendance
- August 10 (M) Begin class, Clinical Skills Training Immersion
- August 21 (F) End class, Clinical Skills Training Immersion
- August 24 (M) Begin class, Foundations of Patient Care 1
- September 7 (M) Labor Day—student holiday
- October 28 (W, 8:30am) Registration for spring term opens
- November 3 (T, 1pm) Registration for Spring term closes
- November 24 (T, 6pm) Begin Thanksgiving student holiday
- November 29 (Su) Thanksgiving holiday ends
- November 30 (M) Monday, classes resume
- December 18 (F, 5pm) Classes end; Begin winter break
- January 1 (F) New Year's Day—holiday observed
- January 4 (M) Resume class, Foundations of Patient Care 1
- January 18 (M) Martin Luther King, Jr. Day—student holiday
- January 25 (M, 12pm) End class, Foundations of Patient Care 1

Spring 2027

- January 26 (T) Begin class, Foundations of Patient Care 2
- March 13-21 (Sa-Su) Spring Break for MS1
- March 22 (M) Resume class, Foundations of Patient Care 2
- May 31 (M) Memorial Day Holiday—student holiday
- June 1 (T) Classes resume after Memorial Day holiday
- June 18 (F) Juneteenth Holiday—student holiday observed
- June 25 (F) End Class, Foundations of Patient Care (FPC2)
- June 28 (M) Begin Consolidation and Integration of Medical Knowledge course
- July 5 (M) Independence Day holiday observed
- July 6 (T) Classes resume after Independence Day holiday observed
- July 9 (F, 5pm) End class, Consolidation and Integration of Medical Knowledge course

Grades are due within four weeks of the last day of class for each section.

Second Year

Fall 2026

- August 10 (M) Begin Clinical Skills Intensive
- August 11 (T) MS2 students register online for fall selectives (subject to change)
- August 22 (F) End Clinical Skills Course—Intensive
- August 24 (M) Begin sections 16; 21; 41; 81 (includes PIONEER)
- August 26 (W, 3pm) Begin Clinical Skills Course—Longitudinal
- September 4 (F) End, section 21
- September 7 (M) Labor Day—student holiday
- September 8 (M) Begin section 22
- September 16 (W) 3:00 p.m., Begin Structural Determinants of Health Disease (SDHD)
- September 18 (F) End sections 22; 41
- September 21 (M) Begin sections 23; 42
- September 23 (W, 3pm) Begin Clinical Skills Foundation 2 (CSF2)
- October 2 (F) End section 23
- October 5 (M) Begin section 24
- October 16 (F) End sections 24; 42; 81
- October 19 (M) Begin sections 25; 43; 82

- October 28 (W, 8:30am) Online registration MS2 spring selectives
- October 30 (F) End section 25
- November 2 (M) Begin section 26
- November 3 (T, 1pm) Online registration for MS2 spring selectives Ends
- November 13 (F) End sections 26; 43
- November 16 (M) Begin sections 27; 44
- November 25 (W) End section 27
- November 25 (W, noon) Begin Thanksgiving holiday
- November 29 (Su) Thanksgiving holiday ends
- November 30 (M) Classes resume, Begin section 28
- December 11(F) End sections 16; 28; 44 and 82 (includes PIONEER)
- December 12 (Sa) Begin Winter Break

Spring 2027

- January 1 (F) New Year's Day—holiday observed
- January 4 (M) Begin sections 16;21; 41; 81 (includes PIONEER)
- January 15 (F) End section 21
- January 18 (M) Martin Luther King, Jr. Day—student holiday
- January 19 (T) Begin section 22
- January 29 (F) End classes sections 22; 41
- February 1 (M) Begin classes section 23; 42
- February 12 (F) End classes in section 23
- February 15 (M) Begin section 24
- February 26 (F) End sections 24; 42; 81
- March 1 (M) Begin sections 25; 43; 82
- March 8-12 (M-F) MS2 students register for summer selectives
- March 12 (F) End section 25
- March 15 (M) Begin section 26
- March 26 (F) End sections 26; 43
- March 29 (M) Begin sections 27; 44
- April 9 (F) End section 27
- April 12 (M) Begin section 28
- April 15 (Th) MS3 Registration for fall opens
- April 23 (F) End sections 28; 44; 82 and 16 (includes PIONEER)
- April 24 (Sa) Begin Spring Break
- May 2 (Su) End Spring Break

Summer 2027

- May 3 (M) Begin sections 21; 42; 81 (includes PIONEER)
- May 14 (F) End section 21
- May 17(M) Begin section 22
- May 28 (F) End sections 22; 41
- May 28 (F, 12pm) Deadline for rising Third Year (MED3) Registration form to Third Year Coordinator; End sections 22 and 41
- May 31 (M) Memorial Day - student holiday
- June 1 (T) Begin sections 23; 42
- June 4 (F, 12pm) Online registration—Third Year, fall term ends
- June 11 (F) End section 23
- June 14 (M) Begin section 24
- June 16 (W) End Clinical Skills Foundation 2
- June 18 (F) Juneteenth Holiday—student holiday observed
- June 25 (F) End sections 24; 42; 81
- June 28 (M) Begin sections 25; 43; 82
- July 5 (M) Independence Day—student holiday observed
- July 9 (F) End section 25
- July 12 (M) Begin section 26
- July 21 (W) End Structural Determinants of Health and Disease (SDHD)
- July 23 (F) End classes in sections 26 and 43
- July 26 (M) Begin sections 27 and 44

- August 6 (F) End sections 27
- August 6 (F) Annual Medical Student Research Symposium—Mandatory attendance
- August 9 (M) Begin section 28
- August 11 (W) End Clinical Skills
- August 20 (F) End sections 16; 28; 44 and 82 (includes PIONEER)

Mandatory Clinical Skills Assessment due by December 2026. Grades are due within four weeks of the last day of class for each section.

Third Year

Fall 2026

- August 6 (Th) Poster presentations - Mandatory Attendance
- August 7 (F) Annual Medical Student Research Symposium—Mandatory attendance
- August 24 (M) Third Year Scholarly Year Begins
- August 27 (Th) MS3 Begin QMDM II - Medical Statistics
- September 7 (M) Labor Day—student holiday
- November 3 (W, 8:30am) spring registration opens
- November 10 (F, 1:00pm) Online Registration for spring closes
- November 25 (W, noon), Begin Thanksgiving student holiday
- November 29 (Su) Thanksgiving holiday Ends
- November 30 (M) Resume classes
- December 11 (F) End QMDM II—Medical Statistics; fall term ends
- December 12 (Sa) Begin Winter Break

Spring 2027

- January 1 (F) New Year’s Day—holiday observed; end Winter Break
- January 4 (M) Research resumes
- January 5 (Tu) Begin Quantitative Medicine & Dec. Making II—EBM
- January 18 (M) Martin Luther King, Jr. Day—student holiday
- March 3-9 (W), 8:30am-Tu, 1pm; Registration for MS3, summer
- April 2 (F) End QMDM Evidence Based Medicine
- April 30 (F) End Spring Term

Summer 2027

- May 3 (M) Begin Summer term
- May 28 (F) MS3 SWPs due (9 month deadline)
- May 31 (M) Memorial Day—student holiday
- June 1 (M) Summer 42 begins
- June 18 (F) Juneteenth Holiday—student holiday observed
- July 5 (M) Independence Day—student holiday observed
- August 5 (Th) Poster presentations—Mandatory Attendance
- August 6 (F) Annual Medical Student Research Symposium—Mandatory attendance

Thesis due date is dependent on the approved start date and track. 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. Grades are due within four weeks of the last day of class for each section.

Fourth Year

Summer 2026

- March 4-10 (W, 8:30am-Tu, 1pm) Registration opens for rising MS4 summer
- March 12 (Th, 8:30am) Drop/Add begins for summer 43; 44
- April 1 (W, 8:30am) Registration opens for rising MS4 fall
- April 7 (T, 1pm) Registration closes
- April 8 (W, 8:30am) Drop/Add begins for fall
- May 4 (M) Begin classes in sections 41; 81
- May 25 (M) Memorial Day - Student holiday
- May 29 (F) Friday, End classes in section 41
- June 1 (M) Begin classes in section 42
- June 5 (F, 1pm) Drop/Add ends for summer, sections 82;43; 44
- June 19 (F) Juneteenth—student holiday

- June 26(F) End classes in sections 81;42
- June 29 (M) Begin classes in sections 82; 43
- July 3 (F) Independence Day—student holiday observed
- July 24 (F) End classes in section 43
- July 27 (M) Begin classes in section 44
- August 7 (F, 1pm) Drop/Add ends for fall sections 41; 42; 81
- August 7 (F) Annual Medical Student Research Symposium—Mandatory attendance
- August 21 (F) End classes in sections 44; 82

Fall 2026

- August 24 (M) Begin sections 41; 81 and Capstone (16)
- September 7 (M) Labor Day—student holiday
- September 18 (F) End section 41
- September 21 (M) Begin section 42
- September 24 (Th) MS4, **Grades for 41 are due**
- September 25 (F) Drop/Add ends for fall sections 82, 43, and 44
- October 16 (F) End sections 42; 81
- October 19 (M) Begin sections 43; 82
- October 28 (W, 8:30am) Spring registration opens
- November 3 (T, 1pm) Registration for spring closes
- November 9 (M, 8:30am) Drop/Add for spring opens
- November 13 (F) End section 43
- November 16 (M) Begin section 44
- November 25 (W, noon), Begin Thanksgiving student holiday
- November 29 (Su), Thanksgiving holiday ends
- November 30 (M) Resume classes, sections 44; 82
- December 11 (F) End End section 44; 82
- December 12 (Sa) Begin Winter Break
- December 18 (F, 1pm) Drop/Add for spring sections 81; 41;42 ends

Spring 2027

- January 1 (F) New Year's Day—holiday observed
- January 4 (M) Begin section 41; 81; 16
- January 18 (M) Martin Luther King, Jr. Day—student holiday
- January 29 (F) End section 41
- February 1 (M) Begin section 42
- February 5 (F) Drop/Add period closes for spring sections 82; 43;44
- February 26 (F) End sections 42; 81
- March 1 (M), Begin required **CAPSTONE LIVE—mandatory attendance**
- March 1 (M), Begin sections 43; 82
- March 19 (F) Match Day
- March 26 (F) End section 43, Capstone Live group session
- March 29 (M) Begin section 44
- April 23 (F) End section 44; 82; 16
- May 3 (M, noon) All MS4 grades due
- May 7 -9 (F-Su) Graduation activities

Doctor of Medicine (MD)

MD Admissions

Admission Procedures

Compassion, empathy, passionate and dedicated in caring for others, emotional intelligence, cultural competency, resilience, and grit are among the essential qualities for admission to Duke University School of Medicine (SoM). Students should strive for an education that allows them to think critically and creatively and to develop leadership and team skills. Preparation for medical school should reflect a broad knowledge of both science and non-science (including the humanities).

Application for Admission

The Duke University School of Medicine participates in the American Medical College Application Service (AMCAS). The electronic AMCAS application may be accessed at the following website: students-residents.aamc.org.

Upon receipt of the AMCAS application data, all applicants receive a Duke University School of Medicine Supplemental Application. After submitting the Supplemental Application and application fee, the entire application is reviewed by the admissions committee for interview-potential. AMCAS applications for Duke School of Medicine must be submitted between June 1 and October 15. Interview slots fill quickly; therefore applicants are urged to file their AMCAS applications as early as possible. AMCAS may take as long as four to six weeks to process and verify applications and transcripts. It is the applicant's responsibility to ensure the application is verified by AMCAS by the Duke AMCAS application deadline.

The final deadline for receipt of the Supplemental Application is November 15.

All interviews are conducted virtually. Interviews will occur from early September to late January.

Duke University School of Medicine strives to attract, educate, and nurture students who have extraordinary intellect, compassion, humanism and leadership. 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.

Duke University School of Medicine is aware of the constant evolution encompassing the medical student educational process. Students applying should be well versed in the biomedical sciences and attentive of the larger psychosocial context in which medicine is increasingly practiced.

MCAT Examination and Coursework Expectations

For those who are planning to apply to the School of Medicine, our academic expectations will include multidisciplinary coursework in the following areas and completion of the MCAT examination at the time of admissions decisions. All applicants are required to take the MCAT as early as possible in the year they plan to apply. MCAT scores should be dated at least four years prior to the year for which an applicant is seeking.

Biochemistry: May be fulfilled by a single course in Biochemistry, or through coursework that 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. Online coursework during the academic years of 2020-2023 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.

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 three 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, they automatically release 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.

Reapplication

Applicants who wish to reapply must submit a new AMCAS application.

Technical Standards

Incoming students must attest that they have read, understand, and satisfy the Duke School of Medicine Health Professional 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. The School of Medicine Technical Standards are available at the following link: duke.box.com/s/gcr9bxfj62ggvnjqb9h0kypus9edajz3

Selection

The earliest date of notification of acceptance is mid to late February for applicants entering in July/August. Those selected to interview are carefully evaluated by the Committee on Admissions. Interviews are 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 the practice of medicine are interviewed and then considered for acceptance. Since admission is offered in advance of matriculation, it is provisional upon the successful completion of college coursework. Students must attest that they have read, understand and satisfy the Duke School of Medicine Health Professional Technical Standards, 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 each 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.

Transfer

Transfer students are considered only when there is an open seat in the clinical year (Year Two) at Duke University School of Medicine. With the extremely low attrition rate of our students, this is a very rare occurrence. If there is an open position, only students who are enrolled in an LCME-accredited medical school in the United States and who have demonstrated very compelling circumstances will be considered. A student requesting the transfer cannot begin the process until confirmation by the Duke University School of Medicine of space availability in the second year, which is on or before March 15. All required materials and evaluations must be received by July 15.

The application procedures are as follows:

1. completion of the Duke University School of Medicine Secondary Application
2. receipt of the AMCAS application data that was submitted for the applicant's original medical school application;
3. a letter from the dean/registrar of the medical school indicating the student is currently in good standing
4. two letters from faculty supporting the applicant's candidacy for transfer
5. a certified transcript from the institution the student will be transferring from
6. first-time passing/satisfactory performance on the USMLE Step 1 or Step 2
7. satisfactory completion of the basic science (pre-clerkship) coursework at the current medical school with no remediation
8. attestation to reading, understanding, and satisfying the Duke School of Medicine Health Professional Technical Standards
9. interview with at least two members of the Duke University School of Medicine executive committee to determine if the applicant's personal attributes are comparable to those of current medical students admitted through the regular admissions process

The vice dean is responsible for reviewing the academic portfolio to determine comparability. This includes a review of the AMCAS application data, Step results, transcript, and curriculum of the program, in addition to the review of personal attributes as per the two interviewers above. Based on the criteria used in the decision process cited in Section 10, the final decision is agreed upon between the executive committee on admissions and the vice dean of the Duke University School of Medicine. All decisions are non-negotiable.

Advanced Standing Matriculants

To receive advanced standing at matriculation, applicants must have received a recent quantitative doctoral degree in biomedical or preclinical sciences. If the PhD has been awarded prior to matriculation, the student may apply to be considered for a waiver of the third year Scholarly Experience, allowing the completion of an MD in three years. In this case, completion of the MD program 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.

To request a waiver at matriculation and to have a tuition waiver for the third year, the student submits a request to the Third Year Office prior to the end of the first year of enrollment, which assigns the initial review to the most appropriate study program director, based on their field of study.

The program director will then present directly to the third-year committee (or at their discretion, assemble a small subcommittee of faculty with the specific content expertise necessary to fairly evaluate the project if needed) and present to the full third-year committee. The committee reviews the following criteria:

- Was the PhD rigorous?
    - Rigorous from the perspective of the subcommittee/SPD who reviewed the thesis
    - From a comparable and reputable institution
    - Quality of publications arising from dissertation
    - Successful defense of their thesis
- Was it timely and relevant?
    - Usually completed within the past 5 years

    - Biomedically related and quantitative
- Does the work product meet or exceed the expectations for the scholarly work product for enrolled third-year students (requirements for the product are identified in the course syllabus on Canvas)?

The request is put to discussion and vote on, or before the 3rd year committee who would make a recommendation to approve or not approve. This recommendation gets reviewed by the Promotion Committee, which makes recommendations to the Vice Dean for Education, who makes a final decision to approve or disapprove the waiver. Following this action, the student and registrar's office are notified. Upon approval, a notation is made to the student transcript to reflect transfer credit, and the tuition for the third year is waived for those with advanced standing at matriculation.

Pursuing an Additional Degree After Enrollment

Students matriculating into another degree program that is not an existing approved dual degree program after matriculating into the MD program will be required to complete their Scholarly Experience year (third-year) in addition to the other degree requirements. This can occur in one of two ways:

1. Students complete a traditional third-year scholarly experience prior to beginning their additional degree program. Students would then enter the additional degree program.
2. With permission from both the other degree program and the Duke MD program, a student may enroll in their final year of the other degree program and the Duke MD scholarly experience/third-year at the same time.
    1. The student may submit their scholarly work product from the additional degree (i.e., their PhD dissertation) for review by the third-year committee to determine if it meets the requirements for the third-year.
    2. The Third Year Office assigns the initial review to the most appropriate study program director, based on their field of study.

Third year tuition must be paid for students pursuing and additional degree , a tuition waiver will not be granted for the third year.

Pursuing an Additional Degree After Enrollment

Students matriculating into another degree program—one that is *not* an approved dual-degree program—after beginning the MD program will be required to complete the MD Scholarly Experience year (third year) in addition to the requirements of the other degree. Tuition for the third year must be paid in this situation.

Students may fulfill this requirement in one of two ways:

1. Complete the traditional third-year Scholarly Experience before beginning the additional degree program. After finishing the Scholarly Experience, the student then enters the additional degree program.
2. With approval from both programs, complete the final year of the additional degree program concurrently with the Duke MD Scholarly Experience**.** a. The student may submit the scholarly work product from the additional degree (e.g., a PhD dissertation) to the Third-Year Committee for review to determine whether it satisfies the MD third-year requirements.

Payment of third-year tuition is required for students pursuing an additional degree after enrollment. Tuition waivers will not be granted for the third year in these cases.

Doctor of Medicine (MD)

MD Financial Information

Tuition & Fees

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 $101,609 for a fourth-year student to $110,892 for a first-year student. These are estimated figures only. Tuition and fees are subject to change without notice.

2026-2027 Estimated Cost of Education

EXPENSE	FIRST-YEAR AMOUNT	SECOND-YEAR AMOUNT	THIRD-YEAR AMOUNT	FOURTH-YEAR AMOUNT
Tuition	$72,297	$72,297	$72,297	$72,297
Fees	$4,875	$3,818	$4,128	$3,768
Mandatory Fees				
Health Fee	$1,235	$1,447	$1,447	$1,047
Health Insurance*	-	-	-	-
Government Dues	$125	$125	$125	$125
Graduate Student Activity Fee	$40	$40	$40	$40
Graduate Student Services Fee	$28	$28	$28	$28
Lab Fee	$300	-	-	-
Disability Insurance	$84	$84	$84	$84
Drug/Alcohol Screening Fee	$125	-	-	-
Recreation Fee	$408	$408	$408	$408
Technology Fee	$2,410	$1,790	$2,100	$2,100
Transcript Fee	$120	-	-	-
Total Mandatory Fees	$4,875	$3,922	$4,232	$3,832

*If a student is billed for the Duke Student Medical Health Insurance Plan, this amount will be added to the Cost of Attendance Budget mid-September. The fee for the Health Insurance for 2026-2027 will be announced July 2026. If applicable, financial aid will be re-calculated and an updated financial notification will be generated.

The full cost of attendance is available at the Duke School of Medicine Financial Aid website.

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 in the Doctor of Medicine program 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 diploma. Until all School of Medicine requirements are met, the diploma will not be released for any purpose.

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, 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. Fall bills will be due on August 1, and spring bills will be due on the fourth business day in January. Pay by e-check at 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, Box 90759, Durham, NC 27708. To ensure prompt credit to your student account, please include a copy of your bill when mailing your payment.

All checks should:

- be payable in US dollars to Duke University;
- include name and student account number (from bill); and

- be from a US financial institution (such as Bank of America) or a US branch of a financial institution (example: the New York City branch of Barclay's Bank PLC).

Checks will be deposited upon receipt.

Students who are paying from abroad and are unable to send a US dollar check from a US financial institution, or whose bank is unable to provide a check drawn on its US branch, should submit payment by bank wire. Students may submit payment via preferred international providers found by clicking the International Payment icon on the Bursar website. Bank wires take several days to reach the United States – students should contact their bank in advance of the due date on their bill to ensure that their wire is received by the University, by the due date.

Duke University does not accept credit or debit cards for payment of tuition and fees.

Scholarship checks and other correspondence should be sent to Duke University Bursar, Box 90759, Durham, NC 27708; Overnight and Express mail should be sent to 114 S. Buchanan Blvd., Bay 8, Room B-103, Durham, NC 27701.

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. Enrollment dates and additional details can be found at bursar.duke.edu.

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 mycollegepaymentplan.com/duke or contact Nelnet at (800) 609-8056.

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.

Financial Aid

Financial Aid Program

The Duke University School of Medicine provides financial assistance to accepted students who, due to economic circumstances, might not otherwise be able to attend the university. The Doctor of Medicine Program is committed to meeting the demonstrated financial need of applicants in accordance with federal and institutional policies and procedures. In the current academic year, approximately 80 percent of enrolled medical students received financial assistance from sources other than parents. Grants, scholarships, and loans awarded to medical students totaled more than $32 million, with over $17 million provided through Duke University School of Medicine scholarship and grant programs.

Financial assistance is offered as a combination of grants and loans, and all awards are based on the demonstrated financial need for eligible US citizens.

Federal Financial Aid – 45 Day Rule

A student is considered to have withdrawn from the program if they are not scheduled to begin another course, within the same period of enrollment, within 45 calendar days after the end of the course they last attended. For Title IV purposes, a student is considered to have withdrawn in a given term if they cease attendance at any point before completing the period of enrollment, unless the school obtains written confirmation at the time of withdrawal that the student will attend a course that begins later in the same period of enrollment.

Financial Assistance

Students should begin the financial aid application process once they have been admitted to the School of Medicine. All admitted students receive financial aid information at the time of their acceptance, regardless of whether they intend to apply for aid. An applicant's financial circumstances have no influence on the admissions decision.

Students applying for need-based funding are required to complete both the CSS Profile and the Free Application for Federal Student Aid (FAFSA). Copies of federal income tax returns, including all supplemental schedules and W-2 forms for both the student and their parent(s), must also be submitted as part of the application. Students applying only for federal loans are required to complete the FAFSA. An official financial aid award notice is emailed to the accepted applicant once all required documents have been received. Application details are available at medschool.duke.edu/education/student-services/office-financial-aid/prospective-students.

Students matriculating prior to Fall 2026 are required to reapply annually for need-based aid. Students matriculating in Fall 2026 and beyond will receive a need-based scholarship that is guaranteed for four years of tuition-based enrollment.

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 medschool.duke.edu/education/student-services/office-financial-aid/prospective-students.

Financial Aid When Studying Away

Need-based grant 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.

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.

Students matriculating prior to Fall 2026 will 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. Students matriculating Fall 2026 and after will apply in the first year and receive the same need-based grant for four years during tuition-based enrollment. 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 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

- **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 considered financially independent of their parents. The annual borrowing maximum for continuing medical students is $47,166, while new medical students are eligible to borrow up to $50,000. These loans do not include an interest subsidy; borrowers are responsible for all interest that accrues during their enrollment period.

  Students must complete the Free Application for Federal Student Aid (FAFSA). Borrowers must be U.S. citizens or permanent residents, have no previous federal loan defaults, and be enrolled at least half-time while maintaining satisfactory academic progress. Duke University School of Medicine reserves the right to decline loan applications from individuals who do not have a satisfactory credit history. Current interest rates and loan fees are available at 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. Funds from this loan must be repaid within 30 days of disbursement. 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.

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 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.

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 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 and professional progress.

The 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 who life experiences will meaningfully contribute to the care of patients. 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 and professional progress.

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 they are 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 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 based on academic excellence and whose life experiences will contribute meaningfully to the class.

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.

A database of external and internal scholarships can be found at research.duke.edu/ors. 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.

Financial Aid and Scholarships. Need-based financial aid is available during the third-year scholarly research year 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/continuity course during the fourth year. 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.

Satisfactory Academic Progress Policy for Financial Aid

Refer to School of Medicine Policies.

Doctor of Medicine (MD)

MD Policies: Assessment and Evaluation

Absences for Residency Interviews

Students must follow the Excused Absence and Incomplete Grades policies for any absences related to interviews. Please note that all make-up work must be completed within the time designated by the Incomplete Grades policy (i.e., within six weeks of the end of the course). If makeup time is extended beyond six weeks post the end of the course, students will receive an Incomplete and makeup time must be completed in the same semester in which the course was originally scheduled.

It is the recommendation of the School of Medicine that a student miss no more than 3 days in any four-week course/clerkship/elective. The student must give the course director sufficient notice of their 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 not jeopardized. Students must confer with the course director to complete missed time and work in a timely manner.

Attendance Policy

Students in the MD program 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.

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 do 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.

Holidays

Students in the Doctor of Medicine program are to observe approved holidays as outlined on the School Doctor 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 who 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 director and/or department may schedule the student to be on the wards until the end of their shift.

Approved Student holidays (subject to change)

- Labor Day
- Thanksgiving Day (and the day after Thanksgiving)
- Christmas Day (and additional days as outlined on academic calendar)
- New Year's Day
- Martin Luther King Jr. Holiday
- Memorial Day
- Juneteenth
- Independence Day

Grading and the Timely Submission of Grades

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 first section of the fall term and the last section prior to graduation for fourth year medical students. 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. Grades can be appealed through the Grade Appeal Process.

Fail/Unsatisfactory Grades

If a grade of Fail/Unsatisfactory 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/Unsatisfactory 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 will make recommendations to the Vice Dean for Medical and Health Professions Education regarding the timing of repeating the failed course and whether the student may progress in the curriculum. Students that fail or receive a grade of unsatisfactory in a course, clerkship, or elective are placed on Academic Probation. See Determination of Academic Standing in the Doctor of Medicine Program for details. See Academic Sanctions and Appeals in the School of Medicine for a full description of the appeal process.

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.

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 Medical and Health Professions 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 or Unsatisfactory is recorded. A grade of Incomplete (I) is reported while a retake of an exam is pending.

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.

Grade Appeal Process

A student wishing to appeal an official grade or comment must present their appeal to the course director within 10 business days 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 10 business days of the meeting with the course director by completing the Request for Grade Review form and submitting it to the Vice Dean for Medical and Health Professions will convene the Grade Review Panel, which will consist of one basic science faculty, one clinical science faculty, and one faculty member (either basic science or clinical), and should be convened ad hoc within 20 business days 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 determination regarding preserving or changing the grade.

The Grade Review Panel is expected to adhere to the following process:

- Review the material submitted by the student and the course director related to the student's performance. This may include written narratives, exam scores, assignments, attendance records, clinical performance evaluations, OSCE or mini-CEX performance, peer or patient feedback.
- Review the course syllabus and written grading criteria, including orientation materials (such as videos or written instructions).
- Review the "Request for Grade Review" form which includes the student's basis for the appeal.
- Meet with the course director who will present their basis for grading and their basis for denying the appeal.
- Meet with the student who will present their basis for the appeal.
- The reviews and meetings should be completed within 14 business days of the Grade Appeals Committee being convened.
- Submit their decision in writing to the Vice Dean for Medical and Health Professions Education within 48 hours of the meeting with student and course director.

An appeal to the Vice Dean for Medical and Health Professions Education may be made only upon the grounds of the Grade Appeals Committee not following the policy and processes as above. The student must submit their appeal in writing along with supporting documents to the vice dean within 10 business days of being notified of the outcome of the Grade Review Panel. Any background information to support the student's argument should be provided at that time. The vice dean will review the written explanation for the basis of the appeal and will assess if the policy and processes were followed. If the vice dean finds that the process was valid, the decision of the Grade Appeals Committee 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 vice dean finds the process invalid, a new Grade Appeals Committee will be convened. The decision by the vice dean is final and binding.

Provisioning of Formative Assessment of Student 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 their progress in learning. Formative feedback may include mid-course reviews with the course director, mid-course reviews with the primary clinical preceptor, and/or provision of workplace-based assessments.

Provisioning of Narrative Assessment of Student Performance

Narrative description of a medical student's performance, including 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:

- The course duration is four weeks or longer.
- 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.
- Attendance at the learning activities that form the basis of the narrative assessment is required.

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.

Request for Remediation and Retesting

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 their 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. See Leaves of Absence Policy.

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 re-examination 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.

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 Attendance and Testing policies).

Course Evaluations

Course evaluations are an integral element of the MD program's continuous quality improvement process. As such, all students are required to complete a course evaluation for each required course. Course evaluations are due one calendar week after course completion. Students will receive multiple email reminders to complete the course evaluation within this week. Failure to complete the course evaluation within this time-frame will begin the three-tiered process for non-compliance:

- 1st notification (sent at course evaluation deadline): Email to student and advisory dean to check on wellness/ability to complete course evaluation.
- 2nd notification (sent 3 business days after 1st notification): Email to student, advisory dean, and MD program leadership.
- 3rd notification (sent 3 business days after 2nd notification): Email to student and advisory dean.
- If no response after 3 business days from the 3rd notification, the formative Progress Committee will be notified of a professionalism concern and the student will relinquish the opportunity to provide feedback on the course.

For more information, contact the Office of Curricular Affairs.

Medical Licensure

The Federation of State Medical Boards (FSMB) and the National Board of Medical Examiners (NBME) work together to co-sponsor the United States Medical Licensing Examination (USMLE), which comprises Step 1, Step 2, and Step 3. More information can be obtained from the USMLE website at usmle.org.

Step 1 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 2 Clinical Knowledge (CK), assesses how well a student can apply 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 1 and 2CK prior to graduation. Students must sit for the required Step 1 and Step 2CK exams prior to the last day of classes on the approved fourth year academic calendar. 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 medical education program 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.

Steps 1 and 2CK must be passed to be eligible for Step 3. Step 3 is typically taken in the first year of postgraduate training. It 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. More information is available on the USMLE website.

MSPE Authorship and Content

Every graduating 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 their 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 their 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 their letter, to the director of assessment in the Office of Curricular Affairs. Neither the advisory dean nor the director of assessment have a formal role in assessing student performance or promotion. 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. A survey will be sent to all graduating medical students in the spring prior to assignment of MSPE writers to ensure all students have the option to request another advisory dean than the one assigned.

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, they 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.

MD Policies: Enrollment and Registration

Academic Calendar Approval Policy

The School of Medicine registrar's office formulates the Academic Calendar for the Doctor of Medicine program 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.

Academic Calendar Start Term and Enrollment

The academic calendar ensures that all students start the curriculum at the same time, fostering a consistent learning environment and preventing confusion. The calendar is also designed to align with the curriculum. Students must start their program (MS1, MS2, MS3, or MS4) on the approved program calendar start date. Following the approved academic calendar start dates ensures that medical schools comply with federal regulations, particularly those related to student financial aid.

Course Registration

Students are expected to register at specified times for each successive term. Prior to registration, students are sent registration instructions via email. All students register online via DukeHub. Courses in the School of Medicine are not available for enrollment or credit to undergraduates or students enrolled in other degree programs.

- First-year students register for the required first year classes.
- Second-year students register for their two selectives, the Clinical Skills course, Structural Determinants of Health and Health Disparities, and Clinical Skills Foundation 2.
- Third-year students register for their study programs, and other required third-year courses.
- Fourth-year students register for their elective, sub-internship, acute care, and Capstone courses. Students who are approved to complete an away rotation should refer to the Study Away Policy in the Bulletin.

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 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.

Credit Conformity

Credit for each elective course selected must conform to the amount listed in the course description, as approved by the Curriculum Committee. Credit cannot be increased or decreased by the instructor of the course. Credit changes must be approved by the Curriculum Administrative Group and the Curriculum Committee. A course approved for four credits may only be taken for that number of credits. There are some courses that are approved as variable credit (e.g., three - four credits). The amount of credit awarded for a variable credit course is determined by the instructor and student prior to registration.

Late Registration Penalty

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

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 School of Medicine registrar's office cannot appropriate office(s) to resolve any payment issues or registration/transcript holds.

Alternate Enrollment Statuses

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). 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). A semester term-based, noncredit-bearing enrollment status used for research following the completion of their core scholarly experience requirement. 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. Students must turn in a quarterly progress report to the study program director and Third Year Office documenting interaction with mentor/lab and research progress. Failure to provide timely updates or meet expected research milestones may result in a professionalism concern and could affect eligibility for financial aid. 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). 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. Students will submit an application consisting of a brief description of the activity to their advisory dean for approval. Students must submit monthly progress report providing a brief description of their activity to their advisory dean. Failure to provide timely updates or meet expected research milestones may result in a professionalism concern and could affect eligibility for financial aid. . 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. Students may not be enrolled in any other course work while enrolled in this status. Students are eligible to apply for federal financial aid. A continuation fee of $500 per term, as well as other applicable MD program fees, is charged for this status.

Independent Study (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. Students may not be enrolled in any other course work while enrolled in this status. Students are eligible to apply for federal financial aid. A continuation fee of $500 per term, as well as other applicable MD program fees, is charged for this status.

Dual-Degree Students. Students enrolled in an approved dual-degree program at Duke University are responsible for paying tuition expenses in both programs.

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.

Leave of Absence Policy

Students must meet all curricular and attendance requirements to be officially advanced to the subsequent year, as reviewed by the Promotions Committee. Please see the Advancement and Promotions in the MD Program policy for details. A student who takes a leave of absence may not be able to make up the missed requirements without delaying graduation.

Personal Leave of Absence

A personal leave of absence (PLOA) is a period of non-enrollment during which a student is not considered to be working toward the MD degree. PLOA must be invoked if the period of absence exceeds 29 calendar days. The initial leave of absence may be granted for personal or academic reasons for a period not to exceed 365 days. A student requesting an extension of the leave of absence beyond 365 days must update the status change form and obtain permission of their 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.

Students should contact the Insurance Specialist in the University Duke Office of Student Affairs (shs-insurance@duke.edu) for questions regarding their coverage and determine their eligibility for coverage. Please see additional information regarding the Student Health Insurance Policy for an approved PLOA in the Addendum section below.

Medical Leave of Absence

A student may be eligible for a medical leave of absence (MLOA) if they have a medical condition as assessed by a licensed healthcare provider, for which treatment may impact their ability to continue in their education program. A MLOA should be considered when the student may miss more days than allowed as per the attendance policy for the course. A medical leave is required if the absence exceeds 29 calendar days (on the 30th day of absence, the Office of Financial Aid is required to complete the Return of Title IV Funds, see Step 8 in “Application for a Leave” below). The student should meet with their advisory dean to facilitate all appropriate referrals required to establish eligibility for leave.

If additional medical leave time past the initial approved end date is recommended, an attestation from the treating physician/health care provider must be submitted to the Office of Learning Environment and Well-Being (Le Well) for consideration and determination of appropriate next steps.

Medical Leave of Absence – Parental

Students who become parents while enrolled in the Doctor of Medicine program may take a medical leave of absence (MLOA) before and/or after the child arrives. The maximum leave is twelve weeks. A leave of this length is likely to result in extension of the student's graduation date. A MLOA – Parental is granted for the birth and/or care of the newborn child of a student, or the placement with the student of a child for adoption or foster care.

Students should contact the Insurance Specialist in the University Duke Office of Student Affairs (shs-insurance@duke.edu) for questions regarding their coverage and confirm their eligibility for coverage based on their cited reason for the MLOA. Please see below for re-entry processes and requirements particularly if accommodations are needed.

Application for a Leave

Students applying for a personal or medical leave of absence must follow the steps outlined below.

1. Meet with your advisory dean to discuss leave plans.
2. Meet with the Office of Learning Environment and Well-Being (Le Well) for consultation on planned leave.
3. Meet with the Office of Financial Aid for consultation on planned leave.
4. Complete the status change form, which will route to the Registrar's Office.
5. The Registrar will review the status change form for determination of appropriateness and feasibility.
6. Upon approval of the status change form by the Registrar, and the student's status is changed, the student is required to meet with Medical Education Information Technology (MedEd IT) staff to remove Duke-installed software from laptop. Please refer to the computer technology policy for official requirements and guidelines.
   Student will turn their Duke-issued identification badge to the Office of Student Affairs for the duration of their leave.

*The SoM is required by the Higher Education Act to recalculate the eligibility for federal Title IV student financial assistance for students who withdraw, drop out, are dismissed, or take a leave of absence, prior to completing 60% of a semester. Title IV funds include Federal Work-Study, Federal Direct Unsubsidized Stafford Loans, and Federal Direct PLUS Loans. The application of the Return of Title IV Funds Policy may result in funds being due to the university and students are responsible for any outstanding balance (on the 30th day of absence, the Office of Financial Aid is required to complete the Return of Title IV Funds).

Eligibility to Return from a Leave of Absence. Students applying to return from a personal or medical leave of absence must follow the steps outlined below:

1. The student will contact their advisory dean to coordinate the requirements for the return process.
    1. Students must satisfy all financial obligations (debt) to the University. Students should work directly with the Office of the Bursar to resolve prior financial obligations or billing questions. Students will not be able to enroll in the program until the required fees are paid, as per University policy.
    2. In all LOA cases, the program has the prerogative to require a referral to the Office of Learning Environment and Well-Being (Le Well) and/or a fitness for duty evaluation as part of the return process. The Vice Dean for Medical and Health Professions Education will determine whether a student returning from LOA requires a fitness for duty evaluation. If so, the Office of Learning Environment and Well-Being (Le Well) will coordinate a fitness for duty evaluation with Duke Occupational Health. Recommendations from that evaluation will be sent to the Vice Dean for Medical and Health Professions Education who will outline conditions upon which the return is granted.
    3. The student will be required to complete the Status Change Form at least 30 days prior to re-enrollment so that necessary paperwork and registration may be accomplished, and relevant course directors and administrative offices informed.
    4. Students returning from LOA must complete all compliance requirements before final clearance to return to the classroom or clinical learning environment.
    5. Students on a Medical or Parental MLOA should contact the Student Disability Access Office and/or the Office of Institutional Equity if accommodations are needed. Students should work with the Office of Learning Environment and Well-Being (Le Well) for all accommodations requests.
2. Once approved to return from LOA, the student will be required to meet with Med IT to have laptop reconfigured and Duke software re-installed, if needed and in accordance with the computer technology policy.
3. Students returning from a leave who wish to apply for financial aid must notify the Office of Financial Aid and file the necessary application forms by May 1 for the following fall term, and by October 1 for the following spring term. Late applicants cannot be assured that their aid will be available in time for registration payment deadlines.
    1. If students do not apply for financial aid by the dates listed above and are unable to pay the full balance of their account (or have arrangements through a monthly payment plan), they will be ineligible to re-enroll. In this case, students would need to apply to extend their LOA.
4. Student borrowers returning from their LOA are required to follow up with their servicers to ensure loans are placed back into in-school deferment status. For information about loan deferment and to acquire a deferment form, please visit Office of Financial Aid. All forms must be completed and certified by the Office of Registrar immediately following Registration. Failure to file a deferment form upon return will cause payments to be due on loans and could affect future borrowing eligibility.

5. It is the program's expectation that students will return from an LOA at the start of a new academic term, as per the official SOM MD Program Academic Calendar. If a student wishes to return from the LOA in the middle of an academic term, they will approval from the Vice Dean for Medical and Health Professions Education. This approval process can be initiated with a special request submission by advisory dean to the Student Progress Committee. Additional expectations are as follows:
    1. Students are expected to spend at least 9 months on their Third-Year scholarly experience.
    2. Students may not make up more than 4 weeks of second-year coursework during the third year.
6. Requests from students to advance to the next academic year before completing all the academic requirements of the prior academic year (i.e., before they meet criteria for promotion to the next year) will be reviewed by the Promotions Committee.

In all cases of leave of absence, other than for approved second degree programs, a student must complete all MD degree requirements within six years of matriculation. Students who pursue a dual degree or take an additional research year are not granted extra time beyond the six-year limit. MSTP students must complete the requirements for the MD and the PhD degrees within 10 years. If additional time is requested, students must discuss their request with both MSTP leadership and their designated MD Advisory Dean. Following this discussion, a request should be brought forward to the Student Progress Committee for review. If approved by committee, a recommendation would be brought forward to the Vice Dean for Medical and Health Professions Education who reviews all requests for extended academic time. The VDE will make the final decision regarding approval for extended time to complete degree requirements. Students who are readmitted after a leave of absence may be required by the Vice Dean for Medical and Health Professions Education to repeat some or all the previously completed coursework.

Grading

- Students who take an LOA after the course begins will be withdrawn by the registrar from that course and will receive a grade of W (withdrawn) on their transcript. When the student returns from their LOA, they will be re-enrolled in that course in a future term and receive a final grade at that time.
- Students who anticipate an LOA in advance may in certain circumstances request to drop a course/clerkship prior to beginning the course/clerkship. In this case, if the request is approved, the student will only receive a grade on their transcript for the future term in which they are re-enrolled in this course/clerkship. Requests to drop a course must be submitted to the Office of Registrar at least two weeks prior to the start of a course. Approval from both the Office of Registrar and the Office of Financial Aid are required to drop any courses. Dropping courses may affect progress/financial aid status, so students must consult with Registrar/Financial Aid to understand consequences of dropping courses in advance.

While on Leave of Absence

- Access to buildings and other facilities, that normally may be used only by students who are currently registered and enrolled in classes, will be suspended. Students on leave may not participate in extracurricular activities. Exceptions to this rule must be specifically approved in advance by the Vice Dean of Medical and Health Professions Education, who also has the authority to require a student on leave to physically remain away from the University and/or Medical School campus. Students with parking passes will have their pass suspended.
- Students on leaves of absence are not registered at Duke and therefore do not have the rights and privileges of registered students. They cannot fulfill any official department or University requirements during the leave period.
- Students are not permitted to attend classes, use school services, or maintain employment as students at Duke while their leave is in effect.
- An approved LOA does not require the student to make degree progress during the period of the leave.
- MD Students are required to graduate within 6 years of matriculation, even if an LOA is taken. Leave periods are excluded from the maximum timeframe for completing incomplete grades. Please see the Request for Remediation and Retesting policy for details. However, students are still required to graduate within 6 years of matriculation (inclusive of any LOA periods), as described above.

All international students who are in F-1 and J-1 visa status must follow a set of immigration regulations as outlined by the U.S. Government in order to maintain their international student status. Students who are in F-1 and J-1 visit status must meet with the Duke Visa Service Office to discuss the decision to take a LOA or withdraw before submitting a completed status change form.

Curricular Expectations

Students who are on a leave of absence are still required to meet all curricular expectations and requirements, upon their return. This includes adherence to attendance policies, exams and assignments, and all other instructional and assessment requirements. They will be assessed for grades and for promotion/graduation on the same curricular requirements as their fellow students.

Personal Leave Student Health Insurance Policy

Personal Leave Student Health Insurance Policy is as follows. Students should contact Duke Student Affairs- Student Health, and/or the Office of Learning Environment and Well-being (Le Well) case manager for questions regarding their coverage and confirm their eligibility for coverage.

Course Withdrawal and Final Grade Policy

In order to receive a grade of withdrawal from a course, an MD student must submit the status change form, have it approved by the course instructor, and submitted to the School of Medicine Registrar Office no later than 1:00 pm (ET) the day prior to the last day of class. All other programs in the School of Medicine must notify the course instructor no later than 12:00 pm (ET) the day prior to the last day of the class and/or prior to completion of course requirements.

In order to be eligible to receive a grade of withdrawal (W) for a course, a completed and approved status change form (MD program) or an attrition notice (all other SoM programs) must be submitted to the School of Medicine registrar's office no later than 1:00pm (ET) on the day prior to the last day of the class from which they plan to withdraw from.

A grade of withdrawal is not an option after completion of all course requirements or if the proper documentation is not received by the deadline. If a student elects to withdraw, be placed on leave of absence, etc., after the completion of all course requirements, the grade that they received upon completing all course requirements will be applied and will become part of their academic record.

In order to appeal the grade, please refer to the grade appeal policy for your specific program of study. Program policies may be found in the School of Medicine bulletin, medicine.bulletins.duke.edu.

Program Withdrawal Policy

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 Status 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 dismissed for academic or professionalism reasons. The student will be notified in writing with a copy to the School of Medicine registrar. Appeals of involuntary withdrawal/dismissal are made through the Academic Sanctions and Appeals in the School of Medicine process.

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).

Readmission after Withdrawal

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

- 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
    - two letters of reference from people with whom the student worked during the withdrawal period

If a student takes a medical leave of absence, then later withdraws from the program and wants to return, they should work with the Office of Learning and Well-Being (Le Well) case manager to coordinate their readmission.

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.

Courses Taken at Durham Veterans Administrative Medical Center

Students that are scheduled to complete elective rotations at the VA Medical Center must notify the department in which they will be working at the VA Medical Center at least eight weeks prior to the start of the rotation. There are necessary procedures and paperwork that must be completed in order for the student to be eligible to work at the VA Medical Center. Students must be active in the VA system, have a valid PIV badge, and they must complete required paperwork in order to participate in clinics at the VA Medical Center.

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, (dual degree, mentor request, research is away from Duke School of Medicine), 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 clinical electives. In general, these are offered in the evenings. With mentor approval, students may also request to take an elective that is directly related to their research project.

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.

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 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 strongly discouraged for a student to study away from Duke for credit during the four weeks prior to their graduation. Study away applications are available for domestic and abroad locations on the School of Medicine registrar's website. The Office of Student Affairs is available to assist the students with questions pertaining to the completion of the study away application.

To obtain approval for work taken away from Duke University, the student must first contact their advisory dean to determine if qualified. Students who apply for an away rotation and obtain approval through the AAMC Visiting Student Learning Opportunities site (VSLO) must also complete the appropriate 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.

Duke student feedback about away rotations are available on the Away Rotation Student Feedback Dashboard. The dashboard is available on the recurring DukeMed Newsletter under Quicklinks for continuous access. The dashboard includes anonymized feedback from fellow Duke students on the away rotations regarding supervision, learning environment, and safety.

Fourth-year students may earn up to 12 graduation credits through completion of three approved away rotations at other institutions.

Course Audit

Medical students in the pre-clinical (MS1) year are permitted to audit one non-clinical course per semester while engaged in the required courses within the MD program. Consent from the auditing course instructor and the student's advisory dean are required for enrollment. Students who audit a course do not formally submit work or receive credit for the course.

Clinical courses cannot be audited. MS2 and MS4 students are not eligible to audit courses. MS3 students may audit a course if deemed relevant to their research project and approved by the Third Year Office and the research mentor. MS4 students may audit a course at Duke University if deemed relevant and an enhancement to their medical education if it is at Duke University. Following the first week of classes for any term, audited courses cannot be changed to credit courses or vice versa. An audited course may not be repeated for credit. Students that are not in the Doctor of Medicine program are not eligible to audit Doctor of Medicine program courses.

Repetition of Courses

Students enrolled in the MD 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.

Visiting Medical Students

The Visiting Medical Student Program enriches both Duke University School of Medicine and the visiting medical student. Applicants must be in good academic standing, receive academic credit by the home school for the visiting student experience, and be actively progressing toward a Doctor of Medicine degree at an affiliated LCME accredited institution or a Doctor of Osteopathic Medicine at an affiliated COCA accredited institution. Students from the following international institutions are also eligible to apply:

- Duke-National University of Singapore Medical School
- National Taiwan University College of Medicine
- Heidelberg University School of Medicine
- Nagoya University Graduate School of Medicine
- American University of Beirut

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 the home school are 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

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 the approved vendor company:

- Criminal Background Check
- 5 Panel Drug Screen
- Duke University Mandatory Immunization Requirements
- Current Influenza Immunization
- Current BLS (Basic Life Support)
- Proof of Health Insurance Coverage

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 the approved vendor company. All costs for these required services via the approved vendor company are the responsibility of the approved visiting student. These requirements for participation may only be fulfilled/completed via the approved vendor company.

Student Health Fee and Student Medical Insurance Program information for visiting international medical students

All approved and scheduled visiting international medical students participating with an F1, J1, B1/B2 or WB visa are 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 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 the School of Medicine Visiting Students website.

Reciprocal Agreements with Neighboring Medical Students

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.

The amount of credit granted for an interinstitutional 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.

Doctor of Medicine (MD)

MD Policies: Advancement and Promotions

Students in the Doctor of Medicine program are participants in a professional educational program whose graduates assume positions of responsibility as medical professionals. Accordingly, students are evaluated on their academic and clinical performance as well as their professional conduct. Deficiencies in any of these areas are brought to the student's attention, and failure to correct these issues may result in probation, suspension, or dismissal from the program.

It is the responsibility of the formative Progress committee and student's assigned advisory dean to review the academic and professional progress of each individual student. The Progress committee, which provides formative support for students, reviews all student performance periodically over the year to identify students who require early interventions and academic support prior to reaching the threshold for not meeting academic or professionalism expectations. Course directors monitor student progress within their courses, which are overseen by the assistant dean of basic science education and the assistant dean of clinical education.

Satisfactory Academic Progress for Advancement and Promotion

Satisfactory academic progress for students in the Doctor of Medicine program is defined as the successful completion of all academic 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 within 12 months.

- *Second to Third Year*. Requires satisfactory completion of 53.5 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 12 months.

The faculty of the Duke University School of Medicine has the responsibility to define minimum acceptable standards for academic performance within each course. In all courses, minimum passing standards are defined by the course director in collaboration with their department chair and faculty. These standards are communicated to the students at the beginning of each course in writing through course materials distributed or available electronically. In all courses, acceptable professional standards of behavior and attitudes are also included in the performance evaluation. Students must meet both the minimal passing academic performance standards and the expectations for professional behavior (as detailed in the Code of Professional Conduct) in order to receive credit for the course. Professionalism concerns outside of courses may also result in Promotions committee review, placement on academic probation, and/or dismissal. Passing standards are monitored by the Curriculum committee to ensure high quality education.

Inability to fulfill all the required components, including obtaining a passing score on a required examination, of any course may result in an Incomplete, as per the incomplete policy. The student is eligible for one retake of a failed exam. Per the policy, a grade of Incomplete (I) is reported while a retake of a required examination is pending. If a student fails the reexamination and thereby fails the course, the student will receive a Fail grade on the transcript.

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 12 months of the original exam. Time spent on a leave of absence will not be included when calculating the 12-month deadline for examination retakes. For example, if a student takes a leave of absence for 3 months, they will have up to 15 months to retake the exam once they return from their leave of absence.

Ultimately, including in unusual circumstances (including illness, remediation, or irregular sequence of courses) the determination of satisfactory academic progress is made by the vice dean.

In accordance with federal regulations, the office of the school of medicine registrar uses standards to determine satisfactory academic progress for students to maintain eligibility for financial aid. Please see the Satisfactory Academic Progress Policy for Financial Aid for details regarding the registrar's process to determine satisfactory academic progress for financial aid distribution.

Academic Probation

Academic probation notifies a student that their academic performance or behavior falls short of expectations and requires critical ongoing evaluation for a period of time to ensure achievement of expected development toward competency. A student who fails any course will be placed on academic probation. The probationary period will be determined by the vice dean for medical and health profession education. It will allow sufficient time for remediation 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.

Academic Suspension and Dismissal

Academic suspension notifies a student that their academic performance or behavior falls short of expectations and requires interventions that cannot occur while enrolled in the educational program. Therefore, the student will be required to take a leave of absence (please see Leave of Absence policy for details). The period of suspension and conditions for reenrollment will be determined by the vice dean for medical and health profession education. Academic suspension is noted on the academic transcript.

If a student was placed on academic suspension at the recommendation of the Promotions committee and the student has satisfied all the conditions of the academic suspension 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 suspension status will be noted on their academic transcript.

Academic Dismissal

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

- Failure of two courses.
- Failure of the same course twice.
- Failure to meet requirements to be removed from academic probation or suspension within the defined period.

Determination of Professional Behavior Standing

Good Professional Behavior Standing

Students must commit to complying with the Code of Professional Conduct for the School of Medicine, as well as any additional regulations regarding conduct established by Duke University, the School of Medicine, and the Doctor of Medicine Program.

Students are in Good Professional Behavior Standing if they show mastery of professional behavior in at all times as an enrolled student in the program, particularly in didactic and clinical education learning environments. Faculty will utilize the standard assessment methods to assess professionalism and identify concerns for professional behavior and will provide feedback to assist with correction of the student's behavior. These assessment methods include end of course evaluation forms, formative feedback sessions, performance on formative feedback EPAs, adherence to compliance requirements by the University and Health System, professionalism notifications process, and adverse events reporting system. Written descriptions of professional expectations are included in course syllabi. Faculty retain the responsibility and authority to determine a student's fitness to continue in the program.

Warnings of Professional Behavior Standing

If concerns are raised through any of the processes above, the advisory dean or their designee will communicate with the students to discuss the concerns.

Promotion

Promotions decisions and formal decisions regarding academic and professional standing are determined by the vice dean for medical and health profession education at the recommendation of the Promotions committee.

The following conditions require referral to the Promotion committee defined as not meeting requirements for academic or professional expectations:

- students who have failed a course
- students who have failed two final exams (including shelf exams)
- students who have received more than one professionalism notification
- students who have received a professionalism notification that involved patient care (including the first notification)
- students who have not successfully engaged in their individualized learning plan as per the Progress committee
- students who are not on track to meet expectations for promotion or graduation despite support from the Progress committee

Standards for satisfactory academic progress for promotion are defined in the Determination of Academic Standing policy and standards for professional behavior are detailed in the Code of Professional Conduct for the School of Medicine and the Determination of Professional Behavior Standing policy.

The Promotions committee will review the performance, including the academic progress and professional behavior, of medical students on a quarterly basis. The committee will also schedule additional meetings as needed to complete its work. Please note that a quorum (defined as at least 50% of the voting members) must be present (either in-person or virtually) to make recommendations.

The Promotions committee consists of two course directors from each year of the educational program plus seven other faculty members recruited through self-, peer-, or department chair-nomination, and appointed by the vice dean for medical and health profession education. Serving on the Promotions committee is a four-year commitment. Ex-officio members include the associate or assistant dean for admissions, assistant dean for biomedical sciences education. assistant dean for clinical education, assistant dean for assessment and evaluation, and the school of medicine registrar. The Chair of the Promotions committee is appointed by the vice dean. Meetings occur every October, January, April, and July. Advisory deans may be invited to present to the Promotions committee by the Chair, but are not allowed to vote or participate in decision-making regarding promotions decisions.

The Promotions Committee will make recommendations to the vice dean for medical and health profession education for:

- Promotion of the cohort of students who have made satisfactory academic progress and exhibited professional behavior to the next academic year or for graduation. Please see below for definitions of satisfactory academic progress as per the Promotions committee.
- 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.
- Students who have unprofessional behavior or unsatisfactory academic performance may be recommended for placement on Academic Suspension or Probation. Please see the Determination of Academic Standing policy for definitions of Academic Probation and Suspension.
- Removal of a student from academic probation or suspension who has demonstrated satisfactory academic progress and/or professional behavior either through repeating coursework or demonstration of corrected professional behavior.
- Dismissal from the program.

Prior to making any recommendations for adverse action, the Promotions committee will invite the student to present their perspectives. If the student is not present at the initial meeting, a subsequent meeting will be scheduled to allow the student to present. The Chair of the Promotions committee will email the student informing them that the Promotions committee is considering an adverse action, will share a copy of the Advancement and Promotion policy, and inform them of the date of the upcoming Promotions committee hearing. The student will be provided an excused absence from educational activities in order to attend. The student will be allowed to provide written perspectives either in addition to or in place of the appearance. If the student has a hardship that prevents attendance at the scheduled hearing, the Chair of the Promotions committee may allow the hearing to be rescheduled. Requests for alternative date must be made within 24 hours of the scheduled hearing. All hearings must be completed within 14 business days of the initial email sent by the Chair. If safety concerns are identified by professional law enforcement, the student will be allowed to present their concerns in writing only. All written materials must be submitted electronically to the Chair within 10 business days of being notified by the Chair.

Until the Promotions committee renders their final recommendation, the student will be allowed to continue course work provided they are not felt to be a threat to themselves or others. The Promotions committee will then make their recommendation to the vice dean after reviewing concerns from the educational program and from the student. Based on the recommendations of the Promotions committee, it is the responsibility of the vice dean to make decisions regarding promotion for all students.

Recusal from the Promotions Committee

For Promotions committee members, there may be cases where a conflict of interest exists such that a voting member's ability to consider a student's promotion may be influenced, or have the appearance of being influenced, by a relationship between the committee member and the student or other circumstances. Such cases may include but are not limited to having previously given the student a failing grade, having filed a professionalism notification against the student, having a personal affiliation with the student (e.g., relative, current or former significant other), or having provided health care services to the student. In these cases, the committee member is required to recuse themselves from reviewing that student's academic performance.

In cases where the committee member is unsure a conflict of interest exists, the committee member may submit a written description of the circumstances to the Chair of the Promotions committee. The Chair will evaluate the committee member's ability to be impartial and recommend recusal as necessary. Please note that ex-officio members are available to assist the Promotions committee in their review of the students' academic performance, but they are not involved in any decision-making for recommendations to the vice dean for medical and health profession education.

Promotions Appeal Process

A student may appeal a promotion decision made by the vice dean for medical and health profession education to the Academic Appeals committee if the student feels that the process the Promotions committee used in making their recommendation was unfair or that the decision made by the vice dean was inappropriate based on the circumstances surrounding the situation. The appeals process is described in detail in the policy Academic Sanctions and Appeals in the School of Medicine. This appeals process policy includes specific expectations for academic performance principles, timelines and methods for students to submit an appeal, membership of the appeals review committee, timelines and expectations of the appeals review committee, and additional appeals options available to the student. The appeals process is the same for academic and professionalism concerns related to promotion.

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 their opinion, the student should not continue in the School of Medicine.

Doctor of Medicine (MD)

MD Policies: Student Wellness and the Learning Environment

Student Workload in the Basic Science Curriculum

In an effort to promote student well-being and work-life balance while maintaining the rigor of the Duke curriculum, the Duke University School Doctor of Medicine program 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 required pre-work (i.e., required videos and assignments).

Duty Hour Policy

Students will be expected to be working clinically no more than eighty hours per week, averaged over a four-week period. Duty hours include time in direct patient care in the clinical setting and in required clerkship activities such as didactics. Time spent studying should not be included in the reporting.

Students will have one full day (24 hours) completely free of curricular responsibilities or patient care in the hospital/clinic per week, again averaged over a four-week period.

Students may not be expected to work clinically for more than 28 consecutive hours at any given time, with up to 24 hours in direct patient care and 4 hours to facilitate education and transitions-of-care.

Proposed course schedules are reviewed at the time of approval by the Curriculum Committee and during course reviews to ensure adherence to the above policy.

Students are required to report their duty hours to receive their final grade for the course.

Duty hours are centrally monitored by the Assistant Dean for Assessment and Evaluation in conjunction with the Assistant Dean for Clinical Education. Aggregated duty hours reports are shared with clerkship directors on a semiannual basis.

Student Assignment to Clinical Instructional Sites

Clinical course directors are responsible for assigning students to instructional sites. Clinical sites are assigned within a 50-mile radius of Duke and will require driving or public transportation to access the sites. A medical student in the Doctor of Medicine program may formally request an alternative clinical site for their clerkships. Such requests must be made by email to the relevant clerkship director and clerkship coordinator at least one week prior to the course start date. The email should include the reason for requesting an alternate site. If a student has a preference, it should ideally be communicated before the schedules are made. Alternative site requests may be honored if there is space available at the alternative site and if the alternative site meets the learning objectives for the clinical training assigned for that rotation. Alternative sites must include previously approved clinical sites with Duke faculty and residents who have been trained in the course goals/objectives, required clinical encounters, and orientation to the course. Requests that would fundamentally alter the curriculum will not be honored. Requests that would negatively impact the learning of other students will not be honored. The decision to place the student at the alternative site will be determined by the clerkship director, with support from the assistant dean for clinical education as needed.

Preparation of Residents and Other Non-Faculty for Their Role as Educators

The Curriculum Committee of the Doctor of Medicine program 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. All Duke residents and fellows are required to complete mandatory on-line training modules in the medical school curriculum, policies, assessment methods, and learning environment during their on-boarding process. Completion of these required modules are tracked by the Duke GME Office and are required prior to beginning work at Duke.

Clinical Supervision of Medical Students

Duke University School of Medicine remains committed to ensuring a supportive clinical learning environment for medical students while also maintaining the utmost level of safety for both patients and medical students. Appropriate supervision from faculty, residents, or other members of the patient care team is essential.

Medical students will be supervised according to their level of training while engaging in patient care during all clinical activities:

1. Medical students may not independently provide care to patients. Medical students are expected to adhere to their scope of practice when participating in clinical care of patients.
2. Medical students may be supervised in the clinical setting by providers including faculty, fellows, residents, and other interprofessional providers who are acting within their scope of clinical practice (e.g., a nurse supervising a peripheral intravenous catheter placement).
3. Supervisors are required to autonomously authenticate medical student findings, including pertinent documentation, history, physical examination, ancillary data, and assessment/plan.
4. The required clinical encounters list details the minimum patient diagnoses in which all students must receive training; this list is reviewed annually by the Clinical Training Committee with any changes approved by the Curriculum Committee.
5. Students will be equipped with the basic skills necessary to perform general physical exam techniques commensurate with their level of training as they enter the clinical training environment. At the discretion of the healthcare team and in accordance with course-specific guidelines, students may perform general physical exam techniques under indirect supervision, excluding techniques defined as “sensitive” in #6 below.
6. Sensitive exams which include—but are not restricted to—genital exam on any patient, rectal exam on any patient, and breast exam on any person identifying as female—must always be performed under direct supervision.
7. Medical students must perform all procedures with direct supervision.
8. Supervisors and students must be informed of all policies and procedures concerning appropriate supervision requirements. Methods for dissemination include the SOM Bulletin, faculty webpage, and course director notification through faculty and resident orientations.
9. The course director will inform students of standard procedures for reporting concerns relating to lack of appropriate supervision. This may occur through reporting to the course director, assistant dean for clinical education, associate dean for student affairs, adverse events reporting system, or end-of-course evaluations.
10. Clinical course directors must monitor compliance with the supervision policy within their courses. Central monitoring occurs by the assistant dean for clinical education through biannual reviews of the end of course evaluations which include questions regarding appropriate levels of supervision and safety as reported by students. Immediate concerns for supervision and safety are monitored centrally by the associate dean for learning environment and wellbeing through the adverse events reporting system.

Even under direct supervision, under no circumstance should a medical student perform any clinical care that is NOT part of the clinical experiences agreed upon by the leadership of the course, clerkship, or clinical rotation, nor should a medical student participate in any clinical care outside of the independent scope of practice of their supervising provider. Clinical experiences per the course are defined as those clinical experiences which are specifically scheduled and/or approved for the students by the course director, with oversight from the Assistant Dean for Clinical Education and reviewed annually by the Curriculum Committee as part of the annual course review. These clinical experiences are scheduled in accordance with the scope of practice and care defined by the supervising physician’s licensing and board-certifications, as overseen by Duke University credentialling services.

If a student is concerned about the level of supervision provided in clinical care, they are expected to contact their clerkship director, Advisory Dean, or the Assistant Dean for Clinical Education to discuss their concerns further.

Definitions:

- **Direct supervision:** The supervisor is physically present with the student and patient (or continually on the call for virtual telehealth visits).
- **Indirect supervision:** The supervisor is not physically present but is immediately available at the site of patient care to provide direct supervision upon request (or join the call for virtual telehealth visits).

Medical Student Exposure to Infectious and Environmental Hazards

Compliance

All students at the Duke University School of Medicine must complete online and classroom training activities regarding personal safety and environmental exposures. Students will be notified of required modules when they matriculate into the program. The Office of Curricular Affairs will send reminders to students to complete annual training.

In addition, students must complete all required modules on personal safety to prevent environmental exposures prior to engaging in educational activities that may have exposures. Students must complete mandatory safety training sessions on preventing needle stick injuries and handling sharps in Clinical Skills Intensive 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.

Process and Management

All medical education students who experience a potential infectious and/or environmental exposure during clinical and/or educational activities must follow the outlined procedure to ensure their safety, compliance with institutional protocols, and continuity of education.

1. **Immediate Reporting**
    1. **In the event of a life-threatening emergency, call 911.**
    2. Upon exposure, the student must immediately contact the designated exposure hotline (Call 919-684-8115 or dial 115 from a Duke phone) to report the incident.
2. **Triage and Support.** The Employee Occupational Health and Wellness (EOHW) team will triage the exposure and provide guidance for immediate care. The student should contact the Office of Learning Environment and Well-Being (Le Well) at lewb@duke.edu for system support and risk management guidance.
3. **Referral for Follow-Up Care.** The student will be referred to Student Health for follow-up care and evaluation.
4. **Return to Rotation.** Clearance to return to clinical rotation and/or educational activities will be determined by Student Health following assessment and completion of any required interventions.

Roles and Responsibilities

- Medical Student: Promptly report exposure and follow all instructions and guidance provided by EOHW, Student Health and Le Well.
- EOHW: Triage exposure, provide initial guidance, and coordinate a referral for the student to Student Health.
- Le Well: Offer system support and risk management advice. Refer student to Student Disability Access Office (SDAO).
- Student Health: Conduct follow-up care, evaluate the student, and determine readiness to return to clinical rotation and/or education activities.

Documentation. All steps, communications, and interventions must be documented in accordance with institutional requirements.

Financial Responsibility. All initial costs of laboratory tests for properly reported occupational exposures or injuries are covered by the Student Health, and any treatment needed post-exposure or for a clinical condition that develops because of the exposure or injury, by the student's health insurance policy. If a student becomes disabled as the result of an occupational exposure or injury, the Duke Medical Student Disability Policy provides coverage. The Student Disability Access Office approves appropriate accommodations.

Prohibition of the Involvement of Student Health Service Providers in Student Assessment and Promotion

The health professionals who provide health services, including mental health services, to a medical student will not be involved in the academic assessment or promotion of the medical student receiving those services. The medical school ensures that medical student health records are maintained in accordance with legal requirements for security, privacy, confidentiality, and accessibility.

Providers of health services to a medical student will not be involved in the academic assessment of or in decisions about the promotion of that student.

Students as Health Service Providers to Peers

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. To protect their privacy, when a medical 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.

Artificial Intelligence Policy for the MD Program

Policy Statement

This guidance serves as the authoritative policy on the use of artificial intelligence for MD program courses. It is designed to align with the Association of American Medical Colleges (AAMC) Principles for Responsible AI Use, School of Medicine Code of Professional Conduct and strictly adheres to the Duke Community Standard. The default designation for use of artificial intelligence in all academic work is Tier 0: AI Disallowed unless explicitly designated otherwise in the course syllabus or assignment instructions.

Tiered Framework for Academic Assignments

The School of Medicine has adopted a Four-Tiered AI Usage Taxonomy for use in MD program courses. If not specified by faculty or in the course syllabus, the default is Tier 0. For Tier 2 and Tier 3 assignments, students must disclose their use of AI tools and retain sufficient documentation to support that disclosure if questions arise or if the assignment requires a corresponding verifiable record. This documentation satisfies the 'proper citation' requirement of the Duke Community Standard and serves to demonstrate students' critical audit of AI use. Unauthorized use outside the designated tier constitutes a violation of the School of Medicine Code of Professional Conduct and the Duke Community Standard.

- **Tier 0: AI-Disallowed (Unaided Cognition)**
    - Definition: Use of AI tools is strictly prohibited in assignments designed to assess foundational knowledge, memory retention, critical thinking, and unaided clinical reasoning.

    - Permitted Functions: None. Use of any AI tool in any form for all graded exams (including shelf exams) is prohibited unless explicitly permitted in the course syllabus.
- **Tier 1: AI-Restricted (Supportive & Formative Use)**
    - Definition: AI tools are permitted for preparatory or supportive tasks that do not generate the final submission content.
    - Permitted Functions: Exploratory inquiry (e.g., AI-assisted search), formative review (e.g., source-grounded quizzing or tutoring), brainstorming, and linguistic refinement.
    - Requirement: Simple disclosure (e.g., "Copilot was used for identifying potential sources for relevant thematic frameworks and for editing my original prose").
- **Tier 2: AI-Documented (Generative & Collaborative Use)**
    - Definition: AI tools are permitted to generate or co-create portions of the final submission content, provided the student maintains intellectual ownership through rigorous verification.
    - Permitted Functions: Drafting text or code, complex data synthesis, iterative argument construction, and "adversarial" co-creation (using AI to challenge and refine a thesis).
    - Requirement: Students must disclose their use of AI tools (e.g, “Claude was used to draft code for Python, which I reviewed and revised”) and retain sufficient documentation to support that disclosure if questions arise or if the assignment requires a corresponding verifiable record (e.g., student should save session or summarize prompts and changes).
- **Tier 3: AI-Integrated (Mandatory & Systemic Use)**
    - Definition: Use of specific AI tools is required as an intrinsic component of the assessment environment or clinical workflow simulation. Evaluation focuses on the "Human-in-the-Loop" workflow, specifically the student's ability to verify, correct, and safely manage system outputs.
    - Permitted Functions: Interaction with AI-simulated patients, utilization of AI-driven clinical decision support systems, or critique/correction of AI-generated clinical notes. Example: In a course focused on AI technology in healthcare, students are required to use AI to develop an interactive model to identify and intervene upon barriers to patient flow. In this case, use of AI is mandatory and integral to the assignment.
    - Requirement: Students must retain sufficient documentation or corresponding verifiable record as required by the assignment (e.g., save session or summarize prompts used and output that was generated and refined).

Doctor of Medicine (MD)

MD 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:

Year One Courses

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

Semester 1

- INTERDIS 107B (Introduction to the Medical Profession): 0 credits—1 week
- INTERDIS 109B (Clinical Skills Training Immersion): 2 credits—2 weeks
- INTERDIS 112B (Foundations of Patient Care 1): 21 credits—22 weeks

Semester 2

- INTERDIS 113B (Foundations of Patient Care 2): 22.5 course credits—21 weeks
- INTERDIS 115B (Consolidation and Integration of Medical Knowledge): 0 credits—2 weeks

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.

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 53.5 course credits in the approved clinical science curriculum.

The second year consists of the clinical skills course, ten core clerkship rotations, two, two-week selectives, the Clinical Skills Course, the Clinical Skills Foundation 2 course, and the Structural Determinants of Health and Disease 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	6 weeks, 6 course credits
Surgery	7 weeks, 7 course credits
Anesthesiology	1 week, 1 course credit
Obstetrics and Gynecology	6 weeks, 6 course credits
Pediatrics	4 weeks, 4 course credits
Family Medicine	12 weeks, 3 course credits
Pioneer	12 weeks, 9 course credits
Psychiatry	4 weeks, 4 course credits
Neurology	2 weeks, 2 course credits
Radiology	2 weeks, 2 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, plus longitudinal (fall)	3 weeks, 3 credits
Clinical Skills Intensive/Clinical Skills Course (longitudinal)	2.5 hours every other week, 1 course credit
Structural Determinants of Health and Disease	0.5 course credits: The course meets longitudinally throughout the academic year.
Selectives	Two, 2-week selectives, 2 course credits each

Students are required to choose two different selective opportunities in specialty or sub-specialty 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.

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 credit), and INTERDIS 310B – QMDM II – Evidence Based Medicine (1 credit), and INTERDIS 300B (unless waived) QMDM I – Medical Statistics (1 credit), their research study track, and THESIS 301B (3 credits). The first two semesters the student are enrolled in a total of 16.5 credits, which includes their scholarly research year study program/track; during the third semester, students are enrolled in THESIS 301B (3 credits). Students must also satisfy the Continuity Experience requirement (listed below). Third year students may take one MS4 clinical elective/sub-internship prior to the submission of their thesis/manuscript. However, the time missed for the elective/sub-internship, 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 sub-internship, acute care rotation, and Capstone course must be completed as well.

INTERDIS 305C - Third Year Clinical Experience

This course is required of third year students and allows them to build their clinical skills in ambulatory (outpatient) settings of their choice. Study away, dual degree, and scholarship students who may not be able to take the course in their third year must take an approved 3 or 4 credit ambulatory elective in their fourth year. If approved course is approved for 4 credits, the student must complete four weeks, four credits. The outpatient clinic experience is 30 weeks, one-half day a week at up to 3 sites with maximum 3 preceptors. A student may choose to do all 30 weeks at the same site. Credit: 3.0. Nancy Weigle, MD.

Students will delay this requirement to the fourth year as a one-month, four-credit, approved elective if they are exempt (see Number 1 below). Exemptions are posted in CANVAS via a document (Third Year Courses and Requirements), but are usually applicable to HHMI and most Study Away students. This requirement cannot be fulfilled away from Duke.

1. 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 one of the approved 4 credit electives in addition to their 28 Year 4 credits. Courses approved for four credits only may not be taken for three credits.
3. Students make arrangements with up to 3 preceptors 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. INTERDIS 305C (Third Year Clinical Experience) 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. Students should enroll in the course during the Fall, Spring, and Summer terms. A grade of Credit or No Credit will be entered for each term, but the credit will be awarded in the last term.
5. 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 an approved 3 or 4 credit course. Please refer to Fourth-Year Course Requirements in the Fourth-Year Electives book or the SoM Bulletin publication 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 must complete 28 course credits of clinical electives including several required rotations designed to enhance students' preparation for their internships and residencies:

- Sub-internship
- Critical/Acute care
- Clinical Skills Continuity clinic (only if not completed during 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
- advanced basic science principles

Fourth Year

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, they are required to complete an approved outpatient course during 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. (Fourth year students are not eligible to take 200-level second-year selective courses).

Eligible courses that satisfy the Clinical Skills Continuity requirement are:

- ANESTH 446C—Acute and Chronic Pain Management
- COMMFAM 423C—Occupational and Environmental Medicine
- 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 Arrythmia (outpatient option)
- MEDICINE 446C—Nephrology
- MEDICINE 449C—Geriatric Medicine
- NEUROSUR 404C—Neuro-Oncology
- ORTHO 430C—Orthopaedic Sports Medicine
- PEDS 402C—Pediatric Gastroenterology (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 429C—Pediatric Rheumatology (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
- PEDS 441C—Pediatric Nephrology
- PSYCHTRY 443C—Addiction Psychiatry
- RADONC 415C—Radiation Oncology

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
  - ANESTH 430C
  - ANESTH 440C
  - ANESTH 441C
  - EMERGMED 405C
  - MEDICINE 404C
  - MEDICINE 405C

    - MEDICINE 406C
    - NEURO 401C
    - PEDS 411C
    - PEDS 426C
    - PEDS 440C
    - SURGERY 441C
    - SURGERY 443C
- **Courses that count toward Sub-Internship requirement**
    - ANESTH 401C
    - ANESTH 441C
    - COMMFAM 401C
    - EMERGMED 401C
    - MEDICINE 401C
    - MEDICINE 402C
    - MEDICINE 404C
    - MEDICINE 405C
    - MEDICINE 407C
    - NEURO 401C
    - NEUROSUR 401C
    - OBGYN 405C
    - OBGYN 407C
    - OBGYN 409C
    - OBGYN 447C
    - ORTHO 429C
    - OTOLARYN 401C
    - PATHOL 401C
    - PEDS 401C
    - PEDS 426C
    - PSYCHTRY 401C
    - PSYCHTRY 407C
    - SURGERY 401C
    - SURGERY 403C
    - SURGERY 441C
    - UROLOGY 401C

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.

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.

MSTP students must complete requirements for the MD degree within 10 years of the start of the PhD program. If additional time is requested, students must discuss their request with both MSTP leadership and their designated MD Advisory Dean. Following this discussion, a request should be brought forward to the Student Progress Committee for review. If approved by committee, a recommendation would be brought forward to the Vice Dean for Health Professions Education who reviews all requests for extended academic time. The VDE will make the final decision regarding approval for extended time to complete degree requirements.

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. Candidates apply for admission to the first year of the MD program, and a small number of 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 2025-2026 was $43,775 per year (3647.93 per month). 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 September through the end of January, and admissions decisions are announced in 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.

Early Withdrawal from the MSTP Program

Students who withdraw from the Medical Scientist Training Program (MSTP) before completing all PhD degree requirements must enroll in and complete the third-year medical school curriculum (MD3), as well as the fourth-year medical school curriculum (MD4) at the Duke University School of Medicine.

Students withdrawing from MSTP at any time before completing the PhD degree will be responsible for all tuition and fees associated with enrollment in the School of Medicine for the third year as well as the fourth year. Students will be removed from MSTP funding when they leave the MSTP, but they may apply for School of Medicine financial aid.

Requirements

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): 0 credits—1 week
- INTERDIS 109B—(Clinical Skills Immersion): 2 credits—2 weeks
- INTERDIS 112B—(Foundations of Patient Care 1): 22 credits—22 weeks
- INTERDIS 113B—(Foundations of Patient Care 2): 22.5 credits—21 weeks
- INTERDIS 115B—(Consolidation and Integration of Medical Knowledge): 0 credits—2 weeks

Year Two—Core Clinical Science Year (53.5 clinical science credits). The second year consists of a Clinical Skills Course, ten core clerkship rotations, two two-week selectives, a Structural Determinants of Health and Disease course, a Clinical Skills Course, Clinical Skills Foundation 2, 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—Medicine: 6 weeks, 6 credits
- SURGERY 205C, 206C—Surgery: 7 weeks, 7 credits
- ANESTH 205C, 206C—1 week, 1 credit
- OBGYN 205C, 206C—Obstetrics and Gynecology: 6 weeks, 6 credits
- PEDS 205C, 206C—Pediatrics: 4 weeks, 4 credits
- COMMFAM 205C, 206C, or 209C—Family Medicine: 12 weeks, 3 credits
- INTERDIS 201C—Pioneer Curriculum: 12 weeks, 9 credits
- PSYCHTRY 205C, 206C, or 209C—Psychiatry: 4 weeks, 4 credits
- NEURO 205C, 206C, or 209C—Neurology: 2 weeks, 2 credits
- RADIOL 205C, 206C or 209C—Radiology: 2 weeks, 2 credits
- 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 sub-specialties 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, population health science, and the Cell and Molecular Biology Program, 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.

MSTP and PhD Students Returning to Medical School. After successfully completing all required courses, Responsible Conduct for Research (RCR) and examinations for the PhD degree in the Graduate School, the MSTP student may return to the School of Medicine to resume course work on the condition that he or she: (a) provides the MSTP Office with the signed thesis defense exam card and (b) meets with the appropriate advisory dean to discuss educational goals and to obtain that dean's signature prior to web registration. Upon completion of the PhD degree, 36 basic science credits are awarded in transfer by the School of Medicine.

Primary Care Leadership Track

Director: Fatima Syed, MD, MD; Co-Directors: Naomi Duke, MD, Brian Antono, MD and Anh Tran, PhD. OBGYN Liaison: Jordan Schaumberg, MD.

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. The Clinical Skills Foundation 2 course continues through Year Two, as well as a Structural Determinants of Health and Disease course. They have longitudinal clinics in primary care clinics. They also have experience in anesthesia and emergency medicine with a primary care focus and are required to complete a two-week radiology experience in their second year. Students complete a community engagement project and are exposed to quality improvement. Students also complete two, two-week selectives.
- **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.
- **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 careers in primary care. Students will also complete the required sub-internship, the critical care didactics, and the capstone course.

MD Dual-Degree Programs

Basic Science Research Training Program (BSRT) (for Second and Third Year students)

The Duke Office of Physician-Scientist Development (OPSD) and the Duke Burroughs Wellcome Fund Physician-Scientist Institutional Award (BWF-PSIA) are pleased to announce a request for applications for funding to offset tuition for enrollment in the Basic Science Research Track (BSRT) for the Master of Health Sciences (MHSc) in Clinical Research Program.

These need-based scholarships provide up to $30,000 (up to $15,000 per year for 2 years) to cover program tuition. This RFA is open to physician-scientists preparing to enroll in the BSRT program, including medical students intending to pursue a second 3rd year experience; fellows working in basic science laboratories; early career-stage faculty and potential K award applicants.

Proposals should include:

- Applicant's CV
- Research Summary (1- 2 pages)

- Statement of need including a description of the impact the BSRT degree program is expected to have on the applicant's ability to move their research forward
- An overview of the applicant's research and career plans
- Letter of support from Mentor (for students and trainees) or Division Chief/Department Chair (for faculty) (1 page)

Applications should be emailed directly to OPSD.

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. For more information refer to the "requirements" section of the bulletin.

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

This joint degree program of the Duke University Graduate Liberal Studies program and the School of Medicine would begin in the third year of a student's medical degree. It would be a two-year program in its first implementation.

The Master of Arts in Liberal Studies (MALS) 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 thinkers that are more comprehensive 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 are open to MALS students only. In addition, MALS students may take other courses of interest in Duke's 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, dzapf@duke.edu; or Margaret Humphreys, MD, PhD, meh@duke.edu.

MD/MA in Bioethics & Science Policy

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

Program Description: The Duke Master in Bioethics & Science Policy program teaches students how to identify, analyze, and propose solutions to myriad complex issues at the intersection of science, technology, ethics, and policy. Our curriculum is distinct from other bioethics degrees in its focus on bioethics and science policy, rather than bioethics or medical ethics alone. See more at scienceandsociety.duke.edu/learn/ma/mdma-program.

Length of Program: Three semesters. The program is completed typically by undertaking the course work during the fall and spring semesters, followed by a practicum or thesis during the following summer term. The program is, however, highly flexible in the scheduling of degree requirements, especially in the case of joint degree students.

Tuition: Tuition for the MA degree, as set by Duke Graduate School. All Duke Medical School students will be eligible for a 50% merit scholarship from Science & Society, reducing the tuition to $38,610. In addition, MD students will be eligible to receive a $10-15,000 tuition subsidy from the Medical School for third year studies.

Science & Society also grants substantial scholarships as Leadership Awards to applicants who demonstrate the greatest potential to become leaders in making scientific advancements more accessible, just and better integrated into society. Applications for the Leadership Awards are due January 9.

Eligibility: All Duke third year medical students are eligible to apply.

Deadlines:

- January 9 – Application for Leadership Award
- January 31 – Priority consideration for financial aid
- May 31 – Final deadline for fall admission

Application Procedure/Requirements: scienceandsociety.duke.edu/learn/ma/admissions/application-requirements

- Duke Graduate School Online Form
- MA Supplemental essays

- Three letters of reference
- College and medical school transcripts
- GRE or MCAT (may submit MCAT used for admission to Duke Medical School

Curriculum:

- Required core courses (12 credits): Science Law & Policy; Clinical Bioethics and Policy; Law Research and Bioethics; Contemporary Issues: Colloquium.
- Electives (15 credits): courses selected from across Duke schools and departments
- Practicum or Master's Thesis (9 credits) – Students have the option to either spend 10 weeks with a host organization engaged in work related to bioethics or science policy or to write a master's thesis

Contact/Study Program Director:

Michael B. Waitzkin, JD, LLM – MA Director of Graduate Studies, michael.waitzkin@duke.edu, (202) 528-1684

Margaret Humphreys, MD PhD - Study Program Director for the Medical Humanities Track, meh@duke.edu, (919) 684-2285

MD/MHS in Clinical Research (CTSA)

Name of Degree: Master of Health Sciences in Clinical Research (2 years)

Options/tracks within the degree program: Clinical Research, Genomic Research

Course of study: 4 semesters of coursework, plus a thesis is required. A one year, non-degree option may be available.

Location: Duke Clinical Research Training Program (CRTP).

Length of Program: Masters' Degree takes 2 years and requires a thesis.

Total time to graduation: Masters' program typically five years (the first or second year is congruent with your third year program).

Tuition arrangements: Full tuition for both programs is paid independently to the two schools. Scholarship funding is available for the entire Masters tuition; please apply for the CTSA scholarship by April 1.

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, Director, CTSA TL1 Scholarship.

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 with a focus on healthcare innovation in any Engineering major, but typically either in Biomedical Engineering or in Electrical and Computer Engineering. 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, and focus on innovations in healthcare, such as medical device design or data analytics that encompasses artificial intelligence, machine learning, optimization/systems analysis, feasibility analysis, etc. In the fourth year, students continue working on development of new technologies or data analytics for improving healthcare, improving public health, or reducing health hazards. The final work product is a quantitative 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 should matriculate with a Bachelor's degree in engineering or the physical sciences. The MEng in Artificial Intelligence & Product Innovation in the Department of Electrical and Computer Engineering may allow students whose undergraduate degree is in other majors to matriculate after thorough review by the program director of prior course work and other experience. In the Master's program, they 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

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:

1. 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;
2. 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;
3. present their proposed technology or engineering approach to a select group of prospective investors and/or end users (clinicians);
4. complete an Invention Disclosure Form approved by faculty advisor for the project and the faculty who teach the internship course, MEng 551;
5. (optional) submit the IDF, which requires review and signature of appropriate SOM Department Chair; review and signature by appropriate Engineering Department Chair; and
6. (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 requirement 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: 2-3 semesters of coursework, a field experience to apply learned research methods, and a research-based thesis are required

Location: Duke Global Health Institute (DGHI) and a variety of international sites/institutions

Length of Program: Typically 4 semesters.

Total time to graduation: Typically five years, could be accomplished in 4.5 years.

Tuition Arrangements: Full tuition for both programs and 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.

Director: Megan Huchko, MD, MPH

For more information: Contact Lysa MacKeen or visit globalhealth.duke.edu/education/mscgh-prospective-students

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

Director: Schroeder, Rebecca, MD, MMCi

Innovation in health care is being shaped by a digital transformation that is already underway. This effort was catalyzed by the Federal government's investment in electronic health records, and is now expanded beyond health records to analytics, data visualization, connectivity, and patient engagement. While the infrastructure is in place, the Duke MMCi program is designed to develop a cadre of leaders who understand the critical organizational skills needed to understand, assess and implement technology solutions that can transform the clinical environment for our patients.

The MMCi program leverages Duke's world-renowned expertise in medicine, business, and health informatics. MMCi is an exceptional opportunity for dual-degree students. The one-year program offers the academic training that is needed to be successful in the innovation space while it's unique Friday/Saturday class schedule offers time to complete the third-year practicum requirement concurrently with the program (most students leverage the program for their third-year research efforts but this is not required). Through access to the finest faculty and resources across health care, IT, and management education, students will acquire the knowledge and skills to merge technology with research and patient care and help improve human health.

Classes begin in August each year, meeting for four 12-week terms. During each term, classes meet on campus every other Friday and Saturday (a total of six week-ends per term) for the full day, with a short break between quarters. Students take three courses and an Ethics seminar each term. In addition, there are career seminars and industry networking events offered on Thursday evenings prior to class weekends.

Student Profile: MMCi alumni, students, and applicants represent diverse educational, professional and cultural backgrounds. While two-thirds of applicants have science or technology backgrounds, others have education and/or work experience in public health, public policy, business, and economics.

Approximately 40% of MMCi students have clinical experience. Professional experiences also include IT, business development, health administration, clinical trial management, consulting, and other business functions. International students add to the diversity of perspective in the MMCi program. Like domestic students, International students also come from a wide variety of IT, Medicine, and business backgrounds.

A key learning component of the MMCi experience is the study team, which is created to draw upon the diversity of experience and perspective within the class. A typical study team might include an IT professional, a clinician and/or a dual-degree student, an International student, someone with 20+ years of work experience and someone who has just a few years work experience. On a study team, each student brings a different perspective and has something unique to contribute, allowing a study team to see and learn about problems and solutions through other points of view.

Visit dukemmci.org for more information.

An additional opportunity available for our students in Informatics is the UNC Carolina Health Informatics Program (CHIP).

Master of Science in Information Science (MD/MSIS), Master of Library Master of Science in Information Science

Master of Science in Information Science

This study program provides students with an opportunity to pursue a dual degree in informatics or information and library science, or a third-year research experience with Duke faculty members involved in informatics research and applications within Duke's clinical and research settings.

Master of Science in Library Science

MD/MSLS The degree in library science is offered by the University of North Carolina Chapel Hill and is designed to develop knowledge and skills around the development, management, and organization of information.

For more information, go to Program Descriptions.

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

Focus on implementation science MPS are designed to be terminal degrees – i.e. a PhD is not required as in other Medical Informatics programs

Program: Carolina Health Informatics Program (CHIP) – coordinates with Library School, Computer Sciences, Nursing, Public Health, School of Medicine, and Kenan Business School.

CHIP coordinator: Larisa Rodgers

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.

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

Length: 12 to 18 months with a practicum (12-months can be done by our Duke students if they take a full load), starts at end of August.

Two tracks: 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.

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

Residential as opposed to commuter: very hands-on, work closely with faculty throughout program.

Assigned mentors: Work with students on practicum, as well as faculty advisors. Begin identifying mentor and project in first semester. Mentors can be from UNC, industry or other relevant settings, including Duke – others have been SASS, RTI, Quintiles, and BCBS.

Requirements/products: Project paper that could become a thesis. Presentations and posters (online) are required

Compared to Duke MMCI degree: MMCI is 50% business school courses and 50% 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.

Master of Science in Population Health Sciences

The Master of Science in Population Health Sciences prepares students to integrate knowledge, theory, and tools from multiple disciplines to find solutions that improve health.

What is Population Health? Population health is the science of improving health and health care for all.

Population health addresses the social influences on health with a shared goal of a healthier population by:

- Reducing *disparities*
- *Measuring* true health needs
- Improving the *implementation* of effective health interventions
- Linking communities and health care systems

Population health combines implementation science, health policy, data analysis, measurement science, epidemiology, and public health to find innovative solutions for better health.

Who should apply? The MS in Population Health Sciences is for current or recent undergraduates looking to build quantitative expertise plus current professionals – including clinicians – who want to develop their research skills. Prospective students can have a strong interest in social sciences, analytics, or health care, given the multidisciplinary nature of the field.

Successful applicants generally will demonstrate a passion for improving population health, an aptitude for learning high-level analytic research methods, and academic or professional achievements that show leadership skills, ethics, determination, resilience, and creativity. The admissions process considers both past accomplishments and future potential.

Each applicant is considered on the merit of their entire application, and no single factor (e.g., GRE scores) will automatically eliminate a candidate from consideration.

What kind of careers will the MS in Population Health Sciences prepare you for? The MS in Population Health Sciences prepares graduates for careers in community settings, health care systems, or industry. Example jobs could be:

- Program management in community nonprofits
- Policy evaluation in government agencies
- Quality improvement in health care systems
- Project development in health industry

Graduates will also be prepared for careers in academic or contract research, with positions in research coordination or project management.

Curriculum & Typical Schedule. In their first year, students take classes in population health, statistical methods and programming, research methods, and professional development. The program's second year mixes electives and experiential learning.

Capstone Project. The Capstone Project is a key feature of the MS program, and includes an internship and a final paper or thesis. The internship is a supervised experience in either a professional or research setting that's relevant to population health, structured throughout year 2 of the program. All students will complete either a master's paper or a thesis, based on their internship work.

Mentorship. All students in the MS program are paired with a faculty mentor from the very beginning of the program. Through regular 1-on-1 meetings, mentors provide support and guidance as students develop education goals and career plans, along with helping them identify research experiences and capstone projects.

Contact: Asheley Skinner, PhD, Director of Graduate Studies/Director of MS Program at asheley.skinner@duke.edu or (919) 668-6360

populationhealth.duke.edu/master-science

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/s: Duke Fuqua School of Business or a 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 at non-Duke institutions.

Length of Program: Usually two years, with requirements of third-year medical school accomplished in second year of degree. Students are enrolled solely at Fuqua during the first year of the dual degree program and then enrolled as a MS3 student in the School of Medicine and at Fuqua during the second year of the approved dual degree program.

Total Time to Graduation: Typically five years.

Tuition Arrangements: Full tuition for both programs is paid independently to the two schools. Currently there is a blended tuition for Fuqua through an agreement with the Duke School of Medicine but there is no guarantee it will continue in consecutive years. There is no reduction or blended rate if you attend another university for the MBA.

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

Note: Students completing a second degree at another institution are placed on leave of absence from Duke School of Medicine. They pay tuition and expenses and receive financial aid at the other institution. Upon completion of their second degree, students return from leave of absence status and complete all third year scholarly experience requirements. Students completing their third year scholarly experience are charged three terms of tuition and expenses and are eligible to apply for financial aid through the Duke School of Medicine Financial Aid Office.

For more information: Contact Rebecca Schroeder, MD, MMCi Study Program Director.

MD/JD

Options/tracks within the degree program: Varies across law schools

Course of study: Six semesters of coursework

Location: Duke University School of Law or at another University - (must be approved by the third year committee)

Length of Program: Usually three years, with requirements of third year medical school accomplished in third year of degree program. Students enrolled at Duke School of Law during the first (and second) year(s) of dual degree program.

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

Note: Students completing a second degree at another institution are placed on leave of absence from Duke School of Medicine. They pay tuition and expenses and receive financial aid at the other institution. Upon completion of their second degree, students return from leave of absence status and complete all third year scholarly experience requirements. Students completing their third year scholarly experience are charged three terms of tuition and expenses and are eligible to apply for financial aid through the Duke School of Medicine Financial Aid Office

For more information: Contact David Edelman, MD

MD/MPH

Program Director: Kathryn M. Andolsek, MD, MPH

The Duke Epidemiology and Public Health Study Program is designed for Duke MD students pursuing third year opportunities in public health through obtaining a Master 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. They also will conduct research.

It is strongly recommended that students select an appropriate Duke Faculty mentor in consultation with Dr. Andolsek and make sure they are already approved; if not work with Dr. Andolsek to have them review and 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 particularly encouraged especially if students are enrolled in a one-year master's concentration at UNC.

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. Students in this study track are to complete their MPH requirements AND fulfill Duke's third year requirements (submitting to Duke a complete thesis, grant, or manuscript consistent with Duke third year requirements, and a poster for Duke's Research Day).

Pathway 1

For students seeking a Master of Public Health at the University of North Carolina Gillings School of Global Public Health (Chapel Hill). More information is listed through the departments which sponsor one or more "concentrations" at sph.unc.edu or sph.unc.edu/resource-pages/gillings-master-of-public-health.

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 single 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,

decompressing re-entry into the fourth year of Duke SoM and taking time to explore other interests, travel, have personal time. In general, these curricula include: specified credits in a core curriculum; specified credits in a concentration curriculum, and 3 credits in a practicum. The pre-approved concentrations include:

- Master of Public Health in Applied Epidemiology
- Master of Public Health Behavior
- Master of Public Health in Health Policy
- Master of Public Health with Leadership in Practice
- Master of Public Health in Maternal, Child, and Family Health
- Master of Public Health in Nutrition (not Nutrition/Dietetics)

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 Duke Third Year committee (i.e. Master of Public Health in Global Health; Master of Public Health in Population Health; Master of Public Health in Health Equity/Social Justice). The most recent concentration was approved for a Duke student in March 2024. Is interested in Population Health and Global Health, students may want to compare/contrast the UNC MPH in Population Health and UNC MPH in Global Health with the Duke Masters in Population Health and Duke Masters in Global Health in terms of curriculum, duration, and cost.

Students should consult the UNC Gillings School of Global Public Health website carefully to make certain of the most up to date information, including application deadlines which often differ among concentrations, practicum requirements, and information on what is required to be considered an instate student (for tuition purposes).

UNC also offers Master of Science degrees in several concentrations which require additional credit hours for those interested in a more comprehensive degree. In the past, only a few Duke students have pursued this option.

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 UNC's requirements, should they desire. IRB approval is usually necessary through both Duke UNC and when relevant, 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 project, and 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 and usually expects the faculty member at an associate professor rank (or higher), a track record of successful mentoring, and research funding (sufficient that they will have protected time to mentor).

UNC makes the determination of whether a student is considered "in-state" for tuition purposes. For details, see sph.unc.edu/mch/mch-student-information. 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 the first semester can apply for subsequent semester(s).

UNC School of Global Public Health also has their own programs of scholarship and other support; students should apply as interested. Some students have served as TAs for courses or done work study activities.

Pathway 2 Seeking a Master of Public Health at Other Institutions

Students may also pursue an MPH at other institutions and some Duke students have done so, including some international schools. Students are strongly encouraged to work with Dr. Andolsek on this option. Students prepare a *study away packet* as any other third year student and provide information on their potential identified mentor and project as well as the curriculum of the MPH program. The program, project, and the mentor must be approved by the Third-Year Committee. Some students have a Duke mentor for a Duke research study in addition to their MPH at another institution; they pursue these two activities "in parallel."

UNC is a much more common choice, because

1. UNC is currently the #1 or #2 School of Public Health in the US.
2. UNC's out of state tuition is still a fraction of the cost of other private institutions.
3. The cost of living in the Triangle is frequently less than other locations.
4. It avoids need to physically leave and return for the 4th year.
5. It allows students to stay more connected to Duke as they consider GME options.
6. It may be easier to transition to 4th year.

Contact Dr. Andolsek for details. **Note:** Students completing a second degree at another institution are placed on leave of absence from Duke School of Medicine. They pay tuition and expenses and receive financial aid at the other institution. Upon completion of their second degree, students return from leave of absence status and complete all third year scholarly experience requirements. Students completing their third year scholarly experience are charged three terms of tuition and expenses and are eligible to apply for financial aid through the Duke School of Medicine Financial Aid Office.

MD/MPP

Name of degree: Master of Public Policy (2 years)

Options/tracks within the degree program: Varies across schools of Public Policy.

Course of study: Three-four semesters of coursework; Masters' Thesis is required.

Location: Duke Sanford School of Public Policy or a Public Policy School at another University (must be approved by the third year committee prior to the start of the program).

Length of Program: Two years, 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 16 months (see 'Note' below).

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.

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

Note: Students completing a second degree at another institution are placed on leave of absence from Duke School of Medicine. They pay tuition and expenses and receive financial aid at the other institution. Upon completion of their second degree, students return from leave of absence status and complete all third year scholarly experience requirements. Students completing their third year scholarly experience are charged three terms of tuition and expenses and are eligible to apply for financial aid through the Duke School of Medicine Financial Aid Office.

For more information: Contact David Edelman, MD, MHS, Study Program Director.

MD/MTS

Name of Degree: Master of Theological Studies (MTS). Must be organized and discussed early in the second year to allow time for applications and approvals.

Options/Tracks within the Degree Program: Masters of Theological Studies. If a student elects to complete the one-year certificate, they must be approved to do so during their third year scholarly research year. The certificate option is not considered a dual degree.

Course of Study: Year one: enrolled solely at Divinity and taking a full-time graduate course load (typically 8 courses, (may overload). Identify a third year mentor and propose third year project.

Year Two: Student is dually enrolled in third year scholarly research program and at the Divinity School; take remaining courses to complete Master of Theological Studies (MTS); Complete mentored third year project leading to medical school thesis. Complete 3rd year required courses on data analysis (fall) and EBM (spring); Take the USMLE exams (timing at the students' discretion). Master's Thesis required at both schools.

Location: Duke Divinity School (must be approved by Third Year Committee prior to the start of the program)

Length of the program: Two Years. The student enrolls during the first year of the dual degree program at the Divinity School only. During the second year of the MD/MTS program, the student is dually enrolled at Divinity and the School of Medicine. Since this is a Duke dual degree, the student is not placed on leave of absence during the first year. They are not active in the School of Medicine.

Total time to Graduate: Typically, five 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. For more information, contact Dr. Warren Kinghorn (warren.kinghorn@duke.edu).

The Certificate in Theology and Health Care is not considered a dual degree. For more information, contact Heather Plonk, MDiv, RBC, Program Coordinator at Duke Divinity School, or Dr. Warren Kinghorn in the Divinity School.

Doctor of Medicine (MD)

MD Courses of Instruction

Contact information for leadership of academic departments, centers, and institutes is available here: medschool.duke.edu/academic-departments-centers-and-institutes.

Anesthesiology

Second Year, One-Week Clinical Selective

- ANESTH220C CLINICAL ANESTHESIOLOGY. Clinical Anesthesiology
- ANESTH221C PAIN MANAGEMENT. Pain Management

Clinical Science Electives

- ANESTH401C CARDIO INTENSIVE CARE SUB-I. Cardiothoracic Intensive Care Sub-Internship
- ANESTH402C CARDIO INTENS CARE ELECTIVE. Cardiothoracic Intensive Care Elective
- ANESTH430C DIVING & HYPERBARIC MEDICINE. Diving and Hyperbaric Medicine
- ANESTH440C CLINICAL ANESTHESIOLOGY. Clinical Anesthesiology
- ANESTH441C SURGICAL INTENSIVE CARE. Sub-internship in SICU
- ANESTH445C PHYSIOL & MED OF EXTREME ENVIR. Physiology & Medicine of Extreme Environments
- ANESTH446C ACUTE & CHRONIC PAIN MNGMT. Acute and Chronic Pain Management

Dermatology

Second Year, One-Week Clinical Selective

- DERMATOL220C INTRO TO DERMATOLOGY. Introduction to Dermatology

Clinical Science Electives

- DERMATOL401C DERMATOLOGY INPATIENT CONSULTS. Dermatology Inpatient Consults
- DERMATOL450C CLINICAL DERMATOLOGY. Clinical Dermatology

Emergency Medicine

Elective (PCLT Students)

- EMERGMED240C EMERGENCY MED: LONG. EXP. Emergency Medicine: Longitudinal Experience

Clinical Electives

- EMERGMED401C EMERGENCY MEDICINE SUB-I. Emergency Medicine Sub-internship
- EMERGMED405C EMERGENCY MEDICINE. Emergency Medicine

Family Medicine and Community Health

Required Courses

- COMMFAM205C FAMILY MEDICINE. Family Medicine
- COMMFAM206C PCLT- FAMILY MEDICINE. Primary Care Leadership Track (PCLT) - Family Medicine

Second Year, One-Week Clinical Selective

- COMMFAM220C OCCUPATIONAL MEDICINE. Occupational Medicine: Prevention and Populations
- COMMFAM225C TRAVEL MED AT DUKE STDNT HLTH. Travel Medicine at Duke Student Health

Clinical Science Electives

- COMMFAM401C SUBINTERNSHIP IN FAM MED. Sub-Internship in Family Medicine.
- COMMFAM410C Travel Med at Duke Stdnt Hlth. Travel Medicine at Duke Student Health
- COMMFAM423C OCCUP & ENVIRON MED. Occupational and Environmental Medicine
- COMMFAM433C COMMUNITY HEALTH. Community Health
- COMMFAM435C HLTH PROM & DISEASE PREVEN. Health Promotion and Disease Prevention
- COMMFAM448C INTRO TO INFORMATICS. Introduction to Informatics

Head and Neck Surgery and Communication Sciences

Second Year, One-Week Clinical Selective

- OTOLARYN220C SURGL TRTMNT HEAD & NECK. Surgical Treatment of Diseases of the Head and Neck, Ears, Nose and Throat

Clinical Science Electives

- OTOLARYN401C SUBI IN OHNS. Sub-Internship in Otolaryngology Head and Neck Surgery
- OTOLARYN403C CLINICAL OTOLARYNGOLOGY. Clinical Otolaryngology

Independent Academic Development

- IAD101B INDEPEND ACADEMIC DEVELOPMENT. Year 1 Independent Academic Development
- IAD201C INDEPEND ACADEMIC DEVELOPMENT. Year 2 Independent Academic Development
- IAD301B INDEPEND ACADEMIC DEVELOPMENT. Year 3 Independent Academic Development
- IAD401C INDEPEN ACADEMIC DEVELOPMENT. Year 4 Independent Academic Development

Interdisciplinary

Required Courses

- INTERDIS107B INTRO MED SCHOOL PROFESSION. Introduction to the Medical School Profession
- INTERDIS109B CLIN SKILLS TRAINING IMMERSION. Clinical Skills Training Immersion
- INTERDIS112B FOUNDATIONS OF PATIENT CARE 1. Foundations of Patient Care 1
- INTERDIS113B FOUNDATIONS OF PATIENT CARE 2. Foundations of Patient Care 2
- INTERDIS115B CONSOL & INTEGRATION MED KNOWL. Consolidation and Integration of Medical Knowledge
- INTERDIS201C PIONEER. Pioneer Course
- INTERDIS203C CLINICAL SKILLS ASSESSMENT. Clinical Skills Assessment

- INTERDIS204C CLINICAL SKILLS COURSE. Clinical Skills Course
- INTERDIS205C CLINICAL SKILLS FOUNDATION 2. Clinical Skills Foundation 2 (CSF2)
- INTERDIS207C Prim Care Ldr Track. (PCLT). Primary Care Leadership Track (PCLT)
- INTERDIS208C Prim Care Seminar. Primary Care Seminar
- INTERDIS211C LONG. INTEG. CLRKSHP (LIC). Longitudinal Integrated Clerkships (LIC)
- INTERDIS212C LIC SEMINAR. Longitudinal Integrated Clerkships Seminar
- INTERDIS213C SDHD. Cultural Determinants of Health and Health Disparities Course Year 2
- INTERDIS300B QMDM - MED STATS. Quantitative Medicine and Decision Making - Medical Statistics
- INTERDIS305C THIRD YEAR CLINICAL EXPERIENCE. Clinical Skills Continuity Clinic
- INTERDIS310C QMDM - EBM. Quantitative Medicine and Decision Making I - Evidence Based Medicine YR3
- INTERDIS312B RESEARCH ETHICS. Research Ethics
- INTERDIS401C ACUTE CARE CURRICULUM. Acute Care Curriculum
- INTERDIS409C DUKE DESIGN HEALTH RESEARCH. Design Health Research Scholars
- INTERDIS410C ACADEMIC ENRICHMENT. Academic Enrichment
- INTERDIS450C CAPSTONE. Capstone

Basic Science Electives

- INTERDIS111B HUMANISM IN HEALTHCARE. Moral Moments in Medicine: Pandemics, Race, Social Justice
- INTERDIS114B ADV CLIN-CENTERED ED SPANISH. Advanced Clinically-Centered Education in Spanish (ACCES)

Clinical Science Electives

- INTERDIS301B INDEPENDENT STUDY. Independent Study – Year 3
- INTERDIS400C INDEPENDENT STUDY. Independent Study
- INTERDIS402C INTRO HLTHCARE MKTS AND POLICY. Introduction to Healthcare Markets and Policy for Practitioners
- INTERDIS403C NARRATIVE MEDICINE. Narrative Medicine for Medical Learners
- INTERDIS406C PHYSICIAN LEADERSHIP - DAILY. Physician Leadership: From Daily Challenges to Global Crises
- INTERDIS407C DUKE DESIGN HEALTH FELLOWS PRG. Duke Design Health Fellows Program
- INTERDIS408C BONE & SOFT TISSUE MULTIDISC. Bone and Soft Tissue Disciplinary Experience
- INTERDIS422C EXPLORING MEDICINE. Exploring Medicine: Cross-Cultural Challenges to Medicine in the 21st Century
- INTERDIS423C HONDURAS TRIP. Honduras Trip
- INTERDIS470C CLINICAL RESEARCH EXPERIENCE. MSTP Clinical Experience
- INTERDIS475C CLIN EXPER. Clinical Experience

Medicine

Required Courses

- MEDICINE205C MEDICINE. Medicine
- MEDICINE206C PCLT-MEDICINE. Primary Care Leadership Track (PCLT) - Medicine

Second Year, One-Week Clinical Selective

- MEDICINE221C A TASTE OF PALLIATIVE CARE. A Taste of Palliative Care
- MEDICINE223C GASTROENTEROLOGY. Gastroenterology Selective
- MEDICINE225C INTRO HOSPITAL MED QUAL IMPROV. Introduction to Hospital Medicine
- MEDICINE229C ADULT NEPHROLOGY. Adult Nephrology

Clinical Science Electives

- MEDICINE226C INTRO TO ENDOCRINOLOGY. Introduction to Endocrinology
- MEDICINE227C INTRO TO CONSULTATIVE CARDIO. Introduction to Consultative Cardiology
- MEDICINE231C INTRO TO INFECTIOUS DISEASES. Introduction to Infectious Diseases
- MEDICINE232C INTRO TO RHEUMATOLOGY. Introduction to Rheumatology
- MEDICINE233C INTERVENTIONAL PULMONOLOGY. Interventional Pulmonology
- MEDICINE401C INT MD SUBINTERN (DUKE-VA). Internal Medicine Sub-Internship (Duke/VA)
- MEDICINE402C MED SUBINTERN IN HEM-ONC. Medical Sub-Internship in Hematology-Oncology
- MEDICINE404C CARDIAC CARE UNIT SUBINTERN. Cardiac Care Unit Sub-Internship
- MEDICINE405C INTENSIVE CARE MED SUB-I-DUKE. Intensive Care Medicine Sub-Internship (Duke)
- MEDICINE407C SUBINTERN - INT MED/PSYCHIATRY. Sub-Internship in Internal Medicine/Psychiatry
- MEDICINE412C HOSPITAL MEDICINE. Hospital Medicine
- MEDICINE414C INTRO To OUTPAT PRIMARY CARE. Introduction to Outpatient Primary Care Internal Medicine
- MEDICINE415C CLINICAL MANAGEMENT OF OBESITY. Clinical Management of Obesity

- MEDICINE416C EFFECTIVE CLINICAL TEACHING. Effective Clinical Teaching
- MEDICINE423C RHEUMATOLOGY. Rheumatology
- MEDICINE424C FLUIDS AND ELECTROLYTES. Fluids and Electrolytes
- MEDICINE425C CLINICAL HEMATOLOGY. Clinical Coagulation
- MEDICINE427C HOSPICE AND PALLIATIVE MED. Hospice and Palliative Medicine
- MEDICINE428C METABOLISM AND ENDOCRIN. Metabolism and Endocrinology
- MEDICINE431C ADULT ALLERGY & CLIN IMMUNOL. Adult Allergy and Clinical Immunology
- MEDICINE432C INTRO TO DUKE MICU. Introduction to Duke Medical Intensive Care Unit
- MEDICINE434C OUTPATIENT HEM ONC-DUKE OR VA. Outpatient Hematology-Oncology (Duke or Durham VA)
- MEDICINE435C GASTROENTEROLOGY. Gastroenterology
- MEDICINE437C RHEUMATOLOGY. Rheumatology
- MEDICINE438C CLIN HEM/ONC CONSUL-DUKE OR VA. Clinical Hematology and Oncology Consults (Duke or Durham VA)
- MEDICINE439C GRIEF AND BEREAVEMENT 101. Grief and Bereavement 101
- MEDICINE440C CLIN INFECTIOUS DISEASES. Clinical Infectious Diseases
- MEDICINE442C CLIN ARRHYTHMIA SERVICE. Clinical Arrhythmia Service
- MEDICINE444C HEART FAIL & TRANSPLANTATION. Clinical Heart Failure and Cardiac Transplantation
- MEDICINE445C CONSULTATIVE CARDIOLOGY. Consultative Cardiology
- MEDICINE446C NEPHROLOGY. Nephrology
- MEDICINE447C PRAC & PATIENTS :HIST CLIN MED. Practitioners and Patients: The History of Clinical Medicine
- MEDICINE449C GERIATRIC MEDICINE. Geriatric Medicine
- MEDICINE452C WHAT WOULD A GOOD PHYS DO?. Clinical Medical Ethics: What Would a Good Physician Do?
- MEDICINE453C MEDICINE,HUMANITIES & THE ARTS. Medicine, Humanities and the Arts
- MEDICINE454C HUMANITIES FOR HEALTH JUSTICE. Humanities for Health Justice

Neurology

Required Courses

- NEURO205C NEUROLOGY. Neurology
- NEURO206C PCLT-NEURO. Primary Care Leadership Track (PCLT)-Neurology

Second Year, One-Week Clinical Selective

- NEURO220C NEUROCRITICAL CARE. Neurocritical Care

Clinical Science Electives

- NEURO401C NEUROLOGY SUB-INTERNSHIP. Neurology Sub-Internship
- NEURO402C NEUROLOGY CLERKSHIP. Neurology Clerkship
- NEURO403C CLIN NEURO SUBSPECIALTIES. Clinical Neurology Sub-specialties
- NEURO404C CONSULTATIVE NEUROLOGY. Consultative Neurology

Neurosurgery

Second Year, One-Week Clinical Selective

- NEUROSUR220C NEUROSURGICAL INTERVENTION. Neurosurgical Intervention in the Modern Era

Clinical Science Electives

- NEUROSUR401C SUBI IN NEUROSURGERY. Sub-Internship in Neurological Surgery
- NEUROSUR402C INTERMEDIATE CLIN NEUROSURGERY. Intermediate Clinical Neurosurgery
- NEUROSUR404C NEURO-ONCOLOGY. Neuro-Oncology

Obstetrics and Gynecology

Required Courses

- OBGYN205C OBSTETRICS and GYNECOLOGY. Obstetrics and Gynecology
- OBGYN206C PCLT-OBSTETRICS AND GYNECOLOGY. Primary Care Leadership Track (PCLT) - Obstetrics and Gynecology

Second Year, One-Week Clinical Selective

- OBGYN220C PRENATAL DIAGNOSIS. Prenatal Diagnosis
- OBGYN221C INTRO REPRODUCTIVE ENDOCRIN. Introduction to Reproductive Endocrinology

Clinical Science Electives

- OBGYN404C PREP FOR OB/GYN RESIDENCY. Preparation for ObGyn Residency
- OBGYN405C GYNECOLOGIC CANCER SUB-I. Gynecologic Cancer Sub-Internship
- OBGYN407C FEM PELV MED & REC SURG SUB-I. Female Pelvic Medicine and Reconstructive Surgery Sub-Internship
- OBGYN408C MIN. INVASIVE GYNECOLOGIC SURG. Minimally Invasive Gynecologic Surgery
- OBGYN409C BENIGN GYNECOLOGY SUB-I. Benign Gynecology Sub-internship
- OBGYN447C MATERNAL-FETAL MED SUB-I. Maternal-Fetal Medicine Sub-Internship

Ophthalmology

Second Year, One-Week Clinical Selective

- OPHTHAL220C OPHTHALMOLOGY. Ophthalmology

Clinical Science Electives

- OPHTHAL420C MEDICAL OPHTHALMOLOGY. Medical Ophthalmology
- OPHTHAL422C GENERAL OPHTHALMOLOGY. General Ophthalmology
- OPHTHAL425C PEDIATRIC OPHTHALMOLOGY. Pediatric Ophthalmology

Optional Research Studies

- OPTRS101B OPTIONAL RESEARCH STUDIES. Optional Research Studies
- OPTRS301B OPTIONAL RESEARCH STUDIES. Optional Research Studies
- OPTRS401C OPTIONAL RESEARCH STUDIES. Optional Research Studies

Orthopaedics

Second Year, One-Week Clinical Selective

- ORTHO221C PHYS MEDICINE & REHABILITATION. Physical Medicine and Rehabilitation
- ORTHO222C ORTHO SURGERY EXPERIENCE. Orthopaedic Surgery Experience

Clinical Science Electives

- ORTHO421C FRAC & MUSCULOSKEL TRAUMA. Fractures/Musculoskeletal Trauma
- ORTHO429C SUB-I IN ORTHOPAEDIC SURGERY. Sub-Internship in Orthopaedic Surgery
- ORTHO430C ORTHO SPORTS MEDICINE. Orthopaedic Sports Medicine
- ORTHO431C HAND/UPPER EXTREMITY SURGERY. Hand/Upper Extremity Surgery
- ORTHO432C MUSCULOSKELETAL ONCOLOGY. Musculoskeletal Oncology
- ORTHO433C PEDIATRIC ORTHOPAEDICS. Pediatric Orthopaedics

Pathology

Second Year, One-Week Clinical Selective

- PATHOL220C WHAT PATHOLOGIST REALLY DO?. What Does A Pathologist Really Do?

Clinical Science Electives

- PATHOL402C PRIMER OF CLINICAL PATHOLOGY. Primer of Clinical Pathology
- PATHOL423C AUTOPSY PATHOL. Autopsy Pathology
- PATHOL448C PRACTICAL SURGICAL PATH. Practical Surgical and Cytopathology

Pediatrics

Required Courses

- PEDS205C PEDIATRICS. Pediatrics
- PEDS206C PCLT-PEDS. Primary Care Leadership Track (PCLT) - Pediatrics

Second Year, One-Week Clinical Selective

- PEDS220C CLIN GENETICS & METABOLISM. Clinical Genetics and Metabolism
- PEDS221C CHILD ABUSE & FAMILY VIOLENCE. Child Abuse and Family Violence
- PEDS222C PED HEMATOLOGY-ONCOLOGY. Overview of Pediatric Hematology-Oncology
- PEDS224C DVLPMNTL CARE SICK NEWBORNS. Developmental Care of Sick Newborns - A Multidisciplinary Approach
- PEDS226C PEDIATRIC NEUROLOGY. Pediatric Neurology
- PEDS228C PEDIATRIC GASTROENTEROLOGY. Pediatric Gastroenterology

- PEDS229C PEDS CONGENITAL CARDIOLOGY. Pediatric Congenital Cardiology
- PEDS232C PEDIATRIC INFECTIOUS DISEASES. Pediatric Infectious Diseases

Clinical Science Electives

- PEDS401C PEDIATRIC SUBINTERN. Pediatric Sub-Internship
- PEDS402C PEDIATRIC GASTROENTEROLOGY. Pediatric Gastroenterology
- PEDS408C CHILD ADVOCACY LAB. Child Advocacy Lab
- PEDS409C PEDS PALL CARE & QUALITY LIFE. Pediatric Palliative Care and Quality of Life
- PEDS411C PEDIATRIC EMER MEDICINE. Pediatric Emergency Medicine
- PEDS412C INTRO PED PULMONARY/SLEEP MED. Introduction to Pediatric Pulmonary and Sleep Medicine
- PEDS413C PED PULMONARY/SLEEP MEDICINE. Pediatric Pulmonary and Sleep Medicine
- PEDS417C PEDIATRIC SUBSPECIALTY ELECTIV. Pediatric Subspecialty Elective
- PEDS419C LGBTQ HEALTHCARE. LGBTQ Healthcare
- PEDS420C INTRO TO PED INFEC DISEASES. Introduction to Pediatric Infectious Diseases
- PEDS421C PEDS INFECTIOUS DIS - COMP. Pediatric Infectious Diseases - Comprehensive
- PEDS424C INTRO PEDS ENDOCRN & DIABETES. Introduction to Pediatric Endocrinology and Diabetes
- PEDS425C ENDOCRINE DISORDERS CHILDREN. Endocrine Disorders in Children
- PEDS426C NEONATOLOGY. Neonatology
- PEDS427C PED HEMATOL /ONCOLOGY. Pediatric Hematology/Oncology
- PEDS428C INTRO PEDS RHEUMATOLOGY. Introduction to Pediatric Rheumatology
- PEDS429C PEDIATRIC RHEUMATOLOGY-COMPREH. Pediatric Rheumatology - Comprehensive
- PEDS430C HEALTHY LIFESTYLES PROGRAM. Healthy Lifestyles Program: A Clinical, Family-Based Approach to Pediatric Obesity
- PEDS431C CLIN PED CARDIOLOGY. Clinical Pediatric Cardiology
- PEDS433C ALLERGY AND CLIN IMMMUNOLOGY. Allergy and Clinical Immunology
- PEDS434C CLIN GENETICS/METABOLISM. Clinical Genetics/Metabolism
- PEDS436C PEDIATRIC NEUROLOGY. Pediatric Neurology
- PEDS440C PED INTENSIVE CARE UNIT. Advanced General Pediatrics-Intensive Care
- PEDS441C PEDIATRIC NEPHROLOGY. Pediatric Nephrology
- PEDS446C PED STEM CELL TRANSPLANT UNIT. Pediatric Stem Cell Transplant Unit

Psychiatry

Required Courses

- PSYCHTRY205C PSYCHIATRY. Psychiatry
- PSYCHTRY206C PCLT-PSYCHIATRY. Primary Care Leadership Track (PCLT) - Psychiatry

Second Year, One-Week Clinical Selective

- PSYCHTRY221C CLIN INTRO CHILD PSYCHIATRY. Clinical Intro to Child Psychiatry
- PSYCHTRY222C GERIATRIC PSYCHIATRY. Geriatric Psychiatry

Clinical Science Electives

- PSYCHTRY401C SUBINTERN IN PSYCHIATRY. Sub-Internship in Psychiatry
- PSYCHTRY403C SCIENCE OF WHOLENESS-COMP.CARE. The Science of Wholeness: Maintaining Compassionate Care.
- PSYCHTRY407C SUBINTERN-INT MED-PSYCHIATRY. Sub-Internship in Internal Medicine-Psychiatry
- PSYCHTRY443C ADDICTION PSYCHIATRY. Addiction Psychiatry
- PSYCHTRY445C CONSULT-LIAISON PSYCH. Consultation-Liaison Psychiatry

Radiation Oncology

Second Year, One-Week Clinical Selective

- RADONC220C CLINICAL RADIATION/ONCOLOGY. Brief Experience in Clinical Radiation/Oncology

Clinical Science Electives

- RADONC415C CLIN RADIATION ONCOLOGY. Clinical Radiation Oncology

Radiology

Required Courses

- RADIOL205C RADIOLOGY. Radiology
- RADIOL206C PCLT-RADIOLOGY. PCLT Radiology

Second Year, One-Week Clinical Selectives

- RADIOL222C VASCULAR & INTERVEN. RADIOL. Vascular & Interventional Radiology

Clinical Science Electives

- RADIOL402C BREAST IMAGING. Breast Imaging
- RADIOL404C VASCULAR INTERVENT RADIOL. Vascular and Interventional Radiology
- RADIOL406C ADV VASCU & INTERVEN RADIOL. Advanced Vascular and Interventional Radiology
- RADIOL420C PEDIATRIC RADIOLOGY. Pediatric Radiology
- RADIOL421C CLERKSHIP NEURORADIOLOGY. Clerkship in Neuroradiology
- RADIOL429C PCLT - BASIC RAD CLERKSHIP. PCLT Basic Radiology Clerkship
- RADIOL437C MUSCULOSKELETAL IMAGING. Musculoskeletal Imaging

Study Away

Clinical Science Electives

- STDYAWAY410C EXTRA-MURAL CLINICAL. Extra-Mural Clinical
- STDYAWAY411C STUDY AWAY AT UNC. Study Away at UNC
- STDYAWAY421C STUDY AWAY AT WFU. Study Away at Wake Forest University School of Medicine
- STDYAWAY431C STUDY AWAY AT ECU. Study Away at East Carolina University School of Medicine
- STDYAWAY440C INPATIENT CARE IN SRI LANKA. Externship in Inpatient Care at Teaching Hospital Karapitiya and Mahamodara Galle in Sri Lanka

Surgery

Required Courses

- SURGERY205C SURGERY. Surgery
- SURGERY206C PCLT-SURGERY. Primary Care Leadership Track (PCLT) - Surgery

Second Year, One-Week Clinical Selective

- SURGERY223C COSMESIS TO RECONSTRUCTN. From Cosmesis to Reconstruction, from Infants to the Elderly
- SURGERY224C SURGICAL CRITICAL CARE. Surgical Critical Care in the Modern Era
- SURGERY225C MODERN GEN.THORACIC SURGERY. Modern General Thoracic Surgery: Multidisciplinary Approach to Complex Thoracic Disorders
- SURGERY226C MODERN CARDIAC SURGERY. Modern Cardiac Surgery: From CABG to Gene Therapy
- SURGERY230C TRAUMA & ACUTE CARE SURGERY. Trauma and Acute Care Surgery
- SURGERY231C ESSENTIALS OF PED SURGERY. Essentials of Pediatric Surgery
- SURGERY232C Intro to Endocrine Surgery. Introduction to Endocrine Surgery

Clinical Science Electives

- SURGERY401C ADV SURGICAL CLERKSHIP. Advanced Surgical Clerkship
- SURGERY403C SUB-I PLAS SURG INT PROGRAM. Sub-Internship Plastic Surgery Integrated Program
- SURGERY405C INTRO TO POINT CARE ULTRASOUND. Introduction to Point of Care Ultrasound
- SURGERY406C ENDOCRINE SURGERY. Endocrine Surgery
- SURGERY409C SURG TECH AND REVIEW STAR. Surgical Technique and Review Course (STAR)
- SURGERY411C Vascular & Endovascular Surg. Vascular & Endovascular Surgery
- SURGERY413C ADV SURGERY- CARDIOVASCULAR. Advanced Surgery Cardiovascular
- SURGERY420C GEN SURGICAL ONCOLOGY. General Surgical Oncology
- SURGERY423C ADV SURGERY GEN THORACIC. Advanced Surgery-General Thoracic
- SURGERY426C ADV CLERK PEDIATRIC SUR. Advanced Clerkship in Pediatric Surgery
- SURGERY441C SUBI SURGICAL INTENSIVE CARE. Sub-Internship in Surgical Intensive Care
- SURGERY443C TRAUMA SERVICE. Trauma Service
- SURGERY444C INTRO PLAS REC MAX SUR. Introduction to Plastic, Reconstructive and Maxillofacial Surgery

Urology

Second Year, One-Week Clinical Selective

- UROLOGY220C UROLOGY. Urology

Clinical Science Electives

- UROLOGY401C SUB-I IN UROLOGIC SURGERY. Sub-Internship in Urologic Surgery

Thesis

Basic Science Electives

- THESIS301B THESIS. Thesis

Special Interdisciplinary Programs

- ASEP301B RESEARCH IN ASEP. Research in ASEP (Anesthesiology, Surgery & Environmental Physiology)
- BSP301B RESEARCH IN BSP. Research in BSP (Behavioral Neurosciences Study Program)
- BES301B RESEARCH IN BES. Research in BES (Biomedical Engineering and Surgery Study Program)
- CRSP301B RESEARCH IN CRSP. Research in Clinical Research (Clinical Research Study Program)
- CVS301B RESEARCH IN CVS. Research in CVS (Cardiovascular Study Program)
- CRS301B CONTINUATION OF RESEARCH STUDY. Continuation of Research Study (Continuation of Research)
- GHS301B GLOBAL HEALTH STDY PROG. Global Health Study Program (Global Health Study Program)
- HGP301B RESEARCH IN HGP. Research in HGP (Human Genetics and Genomics Study Program)
- MSIS301B INFORMATION SCI STUDY PROG. Master of Science of Information Science Study Program (Information Science Program)
- MSLS301B LIBRARY SCIENCE STUDY PROG. Master of Library Science Study Program (Library Science Program)
- MMCI301B RESEARCH IN MMCI. Research in MMCI (Master of Management in Clinical Informatics)
- MEDHUM301B RESEARCH IN MEDHUM. Research in MEDHUM (Medical Humanities Study Program)
- MERP301B RESEARCH IN MERP. Research in Medical Education Study Program (Medical Education Research Program)
- MIDIP301B RESEARCH IN MIDIP. Research in Microbiology and Infectious Disease Study Program (Microbiology, Infectious Disease and Immunology Study Program)
- MOLMED301B RESEARCH IN MOLMED-ONCOLOG SCI. Research in MOLMED - Oncological Sciences (Molecular Medicine)
- NSS301B RESEARCH IN NSS. Research in NSS (Neurosciences Study Program)
- OVS301B RESEARCH IN OVS. Research in OVS (Ophthalmology and Visual Sciences Study Program)
- PSP301B RESEARCH IN PSP. Research in PSP (Pathology Study Program)
- PCLT301B RESEARCH IN-PRI LDR TRACK. Research in - Primary Care and Leadership Track (Primary Care Leadership Track)
- RROMP301B RADIOL, RADONC, & MED PHYSICS. Radiology, Radiation Oncology & Medical Physics (Radiology, Radiation Oncology, and Medical Physics)

Doctor of Occupational Therapy

Division Chief: Barb Hooper, PhD, OTR/L, FAOTA

Program Director: MaryBeth Gallagher, PhD, MS, OTR/L, BCMH
Capstone Coordinator: Cambey Mikush, OTD, OTR/L
Academic Fieldwork Coordinator: Jannylle Pitter, EdD, MS, OTR/L

Faculty: Tami Atkins, MS, OTR/L, Antoine Bailliard, PhD, MS, OTR/L, BCP, Sarah Jean Barton, ThD, MS OTR/L, BCP, Abigail Carroll, PhD, MS, OTR/L, Emily M. D'Agostino, DPH, MS, MEd, MA, Tomeico Faison, OTD, OTR/L, Raheleh Ghassemenia, PhD, MS, OT/L, Kimberly Hreha, EdD, OTR/L, Michael Iwama, PhD, MSc, BScOT, Warren Lattimore, MDiv, Denise Nepveux, PhD, OTR/L

Website: medschool.duke.edu/education/health-professions-education-programs/occupational-therapy-doctorate

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 are 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

Duke OTD affirms the vital role of occupation in human flourishing and health through innovative education, research, and collaborations.

Program Objectives

To be a learning community whose members (students, graduates, staff, faculty, working partners, and community collaborators)

- authentically integrate who they are as persons with what they do as professionals.
- collaboratively address, through skillful practice and scholarship, the complex transactions that limit and enable peoples' access to and participation in everyday, health-supporting occupations.
- serve as compassionate, ethical, visionary leaders who anticipate the evolving occupational needs of diverse populations, communities, and individuals, who proactively and creatively address those needs through collaboration, innovation, and scholarship.
- contribute in diverse ways to the growth of occupational therapy locally and globally.
- advocate for collaborative, accessible systems that acknowledge and support the occupational needs of all people.

Accreditation

The entry-level occupational therapy doctoral degree program is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA), located at 7501 Wisconsin Avenue, Suite 510E, Bethesda, MD 20814. ACOTE's telephone number c/o AOTA is (301) 652-AOTA and its web address is acoteonline.org.

Doctor of Occupational Therapy (OT-D)

OTD Academic Calendar

Fall 2026

- August 17 (M) Classes begin for 1st and 2nd year
- September 7 (M) Fieldwork IIB for 3rd year
- December 11 (F) Classes end for 1st, 2nd and 3rd year

Spring 2027

- January 4 (M) Classes begin for 1st, 2nd, and 3rd year
- April 16 (F) Classes end for 3rd year
- April 30 (F) Classes end for 2nd year
- May 14 (F) Classes end for 1st year

Summer 2027

- May 17 (M) Classes begin for 2nd year
- May 24 (M) Classes begin for 1st year
- July 23 (F) Classes end for 1st year
- August 20 (F) Classes end for 2nd year

Doctor of Occupational Therapy (OT-D)

OTD Admissions

Application Requirements

Requirements for admission to the OTD Program include

1. A bachelor's degree in any discipline
2. Transcripts from all colleges and universities attended
3. Cumulative average GPA of 3.0 or above
4. Evidence of foundational knowledge in eight prerequisite knowledge domains
5. Three letters of recommendation
6. Two essays

Application and Admission Procedures

Applicants must submit their application with the Occupational Therapy Centralized Application System (OTCAS). The application is available from July to January, with deadlines in October (fall) and January (spring). Applications submitted by the deadline (fall or spring) must be verified by OTCAS no more than 10 days after the deadline to be considered. OTCAS charges an application fee. Duke charges an additional application processing fee.

After each deadline (fall and spring), applications are evaluated by the OTD admissions committee. Qualified applicants are invited to interview. Admission decisions are made as soon as possible after the interviews conclude. Decisions to admit are based on the matches between the applicant's academic merit and life experience with the OTD vision, aim, and core commitments as demonstrated in the written application and interviews. The program aims to admit students from a wide range of occupations, geographic locations, disciplinary backgrounds and walks of life.

Acceptance is contingent upon verification of credentials, the successful completion of any incomplete requirements, and the continued demonstration of scholarship in ongoing academic coursework. Duke OTD may rescind an offer of acceptance at any time for failure to meet compliance requirements or deadlines, providing falsified information, academic dishonesty, or ethical or professional misconduct.

Technical Standards for Admission

The OTD program follows the Duke University School of Medicine Technical Standards outlined in this bulletin.

Doctor of Occupational Therapy (OT-D)

OTD Financial Information

2026-2027 Tuition and Expenses

Fees set by the Occupational Therapy Doctorate program are specified on the Occupational Therapy website. Tuition and fees are estimates and are subject to change.

EXPENSE	FIRST-YEAR AMOUNT	SECOND-YEAR AMOUNT	THIRD-YEAR AMOUNT
Tuition	**$43,000**	**$43,000**	**$43,000**
Mandatory Fees			
Administrative Fee	$700	-	-
Health Fee	$1,447	$1,447	$1,047
Graduate Student Activity Fee	$40	$40	$40
Graduate Student Services Fee	$28	$28	$28
Lab Fee	$1,000	$1,000	-
Wellness Fee	$350	$350	$350
Recreation Fee	$408	$408	$408
Technology Fee	$2,731	$1,296	-
Transcript Fee	$120	-	-
Total Mandatory Fees	**$6,620**	**$4,465**	**$1,809**

The full cost of attendance is available at the Duke School of Medicine Financial Aid website.

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.

Graduate Assistants

Students who have completed the FAFSA are eligible to apply for Graduate Assistant positions and Graduate Teaching Assistant positions in the OTD.

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.

Doctor of Occupational Therapy (OT-D)

OTD Program Policies

This program follows all School of Medicine policies in addition to the policies below.

Criminal Background Check Policy Prior to Enrollment

A criminal background check (CBC) is not a component of the application, interview, or the admission decision process. However, it is a mandatory component of the post-acceptance matriculation process. All admitted students will undergo a 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. Adverse results on a CBC may result in rescinding the offer of admission or a requirement for further assessment. 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 dismissal of charges or successful rehabilitation
- the accuracy of the information provided by the applicant in their application materials
- 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 handled confidentially by the requisite Duke University personnel. 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.

Substance Screening Policy Prior to Enrollment

A clean drug screen is another component of the post-acceptance matriculation process. All admitted students will undergo a mandatory 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 Employee and Occupational Health medical review officer (MRO) who communicates with the OTD program if the applicant has passed the screen. The program must receive the results from the MRO by the published program deadline.

If an applicant does not undergo and submit a required drug test by the program deadline, the offer of admission will be revoked. If the results are positive for THC, diluted, adulterated, or invalid, the student will be allowed one retest from a program-approved facility at the student's expense. The sample for the retest must be submitted within 48 hours of Duke receiving the initial results. If the second test is positive, diluted, or adulterated, the offer of admission will be revoked. If the original test is positive for any substance illegal in the state of North Carolina other than THC the offer of admission will be revoked. A clean, negative drug test must be received by the program by the date indicated in the admission materials.

Criminal Background Check Policy for Enrolled Students

Students enrolled in the OTD Division will be required to undergo an annual CBC which includes major traffic violations. The results of the CBC are automatically released to the Duke compliance personnel, including adverse results. 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. If the fieldwork site does not cover the cost, the student will be responsible for the cost of any additional required background checks.

Additionally, all students are required to disclose to the Program Director any misdemeanor or felony charges or convictions other than minor 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 and in consultation with the Division Chief and the Vice Dean for Medical and Health Professions Education as needed.

Students will be immediately suspended from Duke OTD while the charges are addressed. In most cases, suspensions will impact program completion and graduation timelines. Return from suspension will be reviewed on a case-by-case basis following guidelines outlined by the Duke School of Medicine Code of Professional Conduct and in consultation with the Program Director, Division Chief, Le Well staff, and the Vice Dean for Medical and Health Professions Education.

Fieldwork sites may decline a request for a clinical placement based on the CBC. In this case, the student may be required to provide additional information from the courts. If a site declines a student, there is no guarantee that the student can be placed at another site or placed in a timely manner. Declined fieldwork placements may delay program progression and graduation or lead to an administrative withdrawal from the program if the students's progression will exceed the maximum allowed time in the OTD program (54 months).

Substance Screening Policy for Enrolled Students

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. Drug screen, results are automatically released to Duke Employee and Occupational Health medical review officer (MRO). The MRO reports positive results to the OTD program. Failure to undergo a drug test required by the program will result in dismissal from the program. If the annual drug screen results are positive for any substance illegal in the state of NC except for THC, the student will be dismissed from the program. If the initial annual drug screen results are positive for THC, the student is allowed one retest in a time period determined by the Program Director and Employee and Occupational Health MRO. If the initial drug screen results are diluted or adulterated, the student will be allowed one retest which must be submitted within 48 hours of Duke receiving the initial results. The OTD program may, at any time after a positive or diluted test, require a student to complete a fitness for duty assessment and complete subsequent recommendations or treatment to continue fieldwork and progress in the program. If a second test is positive, diluted, or adulterated, the student will be dismissed from the 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. Failure to undergo a drug screen required by a fieldwork site will result in dismissal from the program. If the fieldwork site does not cover the cost, the student will be responsible for the cost of any additional required background checks. If an initial fieldwork drug screen is diluted

or positive, the fieldwork site's policy will be followed. In the event of a positive screen, fieldwork sites may decline to take a student, cancel the student's placement, remove the student immediately, or require the student to complete a fitness for duty assessment and related recommendations before continuing with fieldwork. If students complete all fitness for duty requirements and are cleared to resume working with clients/patients, there is no guarantee that a new fieldwork site can be secured. This may delay the student's progression in the program and/or graduation.

A fieldwork site's policy may not allow a second drug screen. The student is removed from fieldwork and receives a grade of Fail. The student must complete the OTD requirement of a second test within the required timeline. If a second screen is allowed by fieldwork and is positive or diluted, the student will be removed from fieldwork and dismissed from the program.

The OTD program reserves the right to test for cause at any time during the program. This means that if there is indication that a student is under the influence of drugs or alcohol during class or class-related activities, including Fieldwork or Capstone activities, they can be asked to complete a drug/alcohol test immediately. If positive, students may be referred to appropriate support services, suspended, or dismissed from the program.

Computers and Technology

Laptops are provided to students that matriculate into the Occupational Therapy Doctorate Program. Duke required software is installed on each laptop depending on Duke Health System and program requirements. Students are expected to use the Duke issued laptop during their time at Duke. Devices must be kept regularly up to date with all security updates provided by Apple or Microsoft to keep the Duke Health systems secure.

Students who go on an approved leave of absence of six months or longer, or who and suspended from the program, are required to meet with Medical School Education Information Technology (MedEdIT) staff to have their computers returned to factory settings. This will remove Duke installed software from the computer. Students may continue to have access to their Duke email and most web-based applications during this time. In coordination with Le Well, students should contact the MedEdIT staff once they have been approved to return from a leave of absence or suspension to have their laptops reconfigured and Duke software re-installed.

Students who withdraw from the program, go on an approved leave of absence, or who are suspended do not receive a refund or waiver of the technology fee. The only exception would be a student who receives a laptop and then withdraws prior to the first day of classes. Students who withdraw before the first day of classes and return the laptop and accessories to the MedEdIT department in good condition within 20 days of the withdrawal may have the technology fee waived.

Voluntary Withdrawal and Leave of Absence Policy

Leave of Absence

Students may request a leave of absence (LOA) from the OTD Division for personal (including caregiving) or medical (including pregnancy or related conditions) reasons, for a period not to exceed one calendar year. To initiate an LOA request, students must submit the Le Well online LOA request form. 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. Students must have computers reimaged by MedIT.

An LOA may extend beyond one calendar year only following approval from the Program Director. Students must submit a written request to extend an LOA beyond a year to the Program Director prior to the enrollment deadline for the semester of the anticipated return. If granted, an LOA extension beyond one calendar year may have implications for coursework completion and may require readmission to the OTD Program. When an LOA is taken, the Program Director may require the student to repeat some or all of the courses completed prior to the LOA. Students requesting a medical LOA 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 required program technical standards and code of professional conduct standards. In all cases of an LOA, 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 a student's written request. Working with the Program Director, a mutual decision is reached about the effective date of the withdrawal and associated implications. 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. The Office of Financial Aid may require reimbursement of financial aid that has been disbursed. The student should also contact these offices to ensure that all responsibilities regarding this process have been fulfilled. The permanent academic record will reflect enrollment for the term and the withdrawal on the specific effective date. The student's computer must be reimaged by MedIT.

Grades

Assignment of grades, following a voluntarily withdrawal or LOA, is made based on current grading policies. If a student leaves the program before 70 percent of the completed semester, the student will receive a W (withdraw) for all currently enrolled courses. If a student leaves after 70 percent of the completed semester, the student will receive a WP (withdraw passing) or a WF (withdraw failing) depending on performance in currently enrolled courses.

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 sixth week:	20%
After sixth week:	None

Student fees are nonrefundable after classes begin.

Financial Aid During 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 and Le Well in writing of their wish to return to the OTD Program or to extend the personal leave at least 45 days prior to the anticipated date of return. In most instances, returns will occur at the start of a new academic semester. 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 an Academic Review 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 or remediation of all year one didactic courses within one year of matriculation, the completion or remediation of all second-year courses; both didactic and fieldwork, before starting Level II Fieldwork, the completion or remediation of all Level II Fieldwork requirements within two years and before starting the Capstone Experience, and the completion of the Capstone Experience within nine months. Not meeting Satisfactory Academic Progress will impact financial aid.

Program of Study

The curriculum is composed of 109 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 occupational therapy foundations, applied practice skills, and personal and career development.

Grading Standards

All didactic 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.

The Progression Review

Academic achievement and professionalism records are reviewed on a regular basis by the OTD Academic Review Committee. Records may also be reviewed at any time if there are repeated low grades in a course or repeated instances of professionalism lapses as outlined in the School of Medicine Code of Conduct and in the OTD Student Handbook. The Committee uses the following guidelines for their determination related to promotion.

Didactic Course Grades

The Progression Review includes reviewing final course grades. A failing final grade (F) in any course may suspend progression in the program or may result in dismissal from the program. Regardless, a failing grade is likely to delay graduation. Upon receiving a failing grade, students may withdraw from the program, appeal the failing grade, or repeat the course when it is next offered if agreed upon by the Academic Review Committee and Program Director. Only one failed course can be repeated. A second failed course, or a second failed attempt of the same course, will result in dismissal. Both failing grades will appear on the transcripts. If a course is successfully repeated, both the failing grade and the new passing grade will appear on the transcript.

Incomplete Grades

The Progression Review also considers any courses assigned a grade of incomplete. An Incomplete (I) grade is given when, at the time the grades are reported, some portion of coursework is missing due to unforeseen life situations, such as illness or bereavement. The assignment of an Incomplete grade will depend on how much of the course was completed, the extent of the incomplete work and how realistic it will be to finish in the allotted time. Incomplete grades may be given at the instructor's or Program Director's discretion, for the following reasons:

- A documented illness prevents completion of the required work in the semester when the course is offered.
- An illness of immediate family member(s) prevents completion of the required work in the semester when the course is offered.
- A leave of absence is needed before the semester in which the course is offered concludes.
- If a student passes APEx but has failed simulation and must remediate simulation.

Incomplete (I) grades may impact progression in the program if subsequent courses depend on content from the incomplete course. Work related to an Incomplete grade should be completed at the earliest opportunity following the end of the course. Coursework must, however, 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 replaces the incomplete on the permanent and official transcript. If 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 the expiration of the incomplete grade. The conversion of an I to an F may result in dismissal. No more than one incomplete course grade can be carried into succeeding semesters unless the Program Director approves additional incomplete grades. Incomplete grades cannot be carried into Level II fieldwork courses.

An Incomplete may impact financial aid distributions if the coursework is not completed within one semester.

Policies for Incomplete grades for APEx courses are outlined in the Fieldwork Handbook.

Code of Professional Conduct

The OTD program follows the School of Medicine Code of Professional Conduct. Reviews of academic standing include reviews of both scholastic performance and professional conduct.

Determination of Academic Standing and Promotion Following the Review

The Academic Review Committee takes the data from the above review and makes corresponding decisions about student progression. The following table provides an overview of the decisions and recommendations the OTD Division Academic Review Committee can make about academic standing and progression and the resulting actions from these decisions. Specific definitions of each category follow. These are not necessarily sequential and represent the range of possible actions.

Academic Standing (based on academic performance and professional conduct)	Promotion-related Actions
In Good Academic Standing	• Promote • May receive written or verbal feedback to support continued success in academics and professionalism • May receive a Letter of Academic Concern without a change in standing
OTD Academic Warning Period with initiation of Individual Learning Plan	• Issued written notice and approve summary of conditions of individual learning plan and specified timeline for completing learning plan objectives • May lose extracurricular positions, program employment and other privileges
Sufficient Progress with Academic Warning Period	• Receive written acknowledgment of progress on individual learning plan • Continue following individual learning plan and timeline created in consultation with advisor until all conditions met before restored to Good Academic Standing
Academic Probation	• Received written notice of Academic Probation from School of Medicine including a summary of conditions for return to Good Academic Standing. • May or may not continue progression in academic coursework • May or may not participate in APEx • May or may not lose on-campus employment • Academic Probation remains on transcript
Academic Suspension	• Progression in the OTD program is halted • Receive written notice of suspension from School of Medicine including a summary of conditions for the resumption of progression in the program • Withdrawal from the program may be advised in certain cases
Dismissed	• Receive written notice of dismissal from School of Medicine

Occupational Therapy Doctorate Division Academic Standings

In Good Standing

Students are in Good Academic Standing if they have no failing grades and no more than one Low Pass final course grade in all didactic or APEx courses across the curriculum AND professional conduct is consistently congruent with the expectations of didactic instruction, fieldwork education, and Duke University learning contexts. When students are in Good Academic Standing, the Academic Review Committee will decide to Promote. Students are required to be in Good Academic Standing to serve on any Division, Department, or School of Medicine committees.

Initiating Academic Warning

Students may be placed on Academic Warning based on any of these issues:

1. More than one final grade of LP across the curriculum.
2. A professionalism issue of serious concern has been documented.
3. A failing final grade in any course.

Students placed on Academic Warning will complete an Individual Learning Plan to address the concerns outlined in the warning. The purpose of an Individual Learning Plan is to identify action steps to support success in academics and professionalism. Students are active collaborators with the Home Group Advisors in establishing and evaluating the conditions that will support your success in coursework and professionalism.

The OTD Division Academic Review Committee may continue to assign the status of Academic Warning if the conditions of the individual learning plan from the previous semester are complete and if progress toward the conditions of remediation is satisfactory.

Sufficient Progress with Academic Warning Period

The OTD Division Academic Review Committee, in collaboration with Home Group Advisors, will review progress on the Individual Learning Plan. Good progress on the goals and action plan may result in the Committee assigning you the status of Sufficient Progress with academic warning period. This status assumes you will continue to work toward Good Academic Standing.

Restored to Good Standing

Once the conditions of the Individual Learning Plan are satisfied, the OTD Division Academic Review Committee, in collaboration with the Home Group Advisor, can recommend restoration to Good Academic Standing.

Academic Probation

If the Academic Review Committee determines a serious breach of academic or professional standards, they may recommend Academic Probation to the Vice Dean of Medical and Health Professions Education. The Academic Review Committee may also recommend probation if a student on Academic Warning has not satisfied the conditions of the Individual Learning Plan or has not demonstrated sufficient progress according to the established timeline. A student may be placed on Academic Probation by the School of Medicine. Academic Probation is recognized and recorded as a disciplinary status in the School of Medicine and remains on the student transcript. The Program Director consults with the Vice Dean of Medical and Health Professions Education, who is responsible for placing a student on Academic Probation, on Suspension, or Dismissal upon finding unsatisfactory academic, professionalism, or fieldwork remediation. The conditions to return to good standing will be determined on an individual basis.

Academic Suspension

A student may be placed on Academic Suspension if there is a severe breach of academic or professional standards or if the student entered the School of Medicine probationary period and has not satisfied the conditions of academic probation or demonstrated sufficient progress by the established timeline. Academic Suspension means the student does not progress in the curriculum until the conditions of a probationary period have been satisfied. The Division Chief and Program Director consult with the Vice Dean of Medical and Health Professions Education, who is responsible for placing a student on Academic Suspension or recommending dismissal upon finding unsatisfactory remediation of academic, professionalism, or fieldwork concerns.

Dismissal from the Program

Duke OTD's faculty and staff are strongly committed to helping students succeed; however, some circumstances warrant dismissal. The OTD Division Academic Review Committee and Division Chief and Program Director, in collaboration with the Home Group Advisor and the Vice Dean of Medical and Health Professions Education, will use the following standards for recommending that a student be dismissed from the program.

1. Failure to meet the conditions of suspension.
2. Failure of two courses.
3. Failure of two attempts at a Level II fieldwork course.
4. Failure of the same course twice.
5. A serious violation of the School of Medicine Code of Professional Conduct or the AOTA Code of Ethics (see Section 2).

Students are determined to be dismissed from the OTD program when they receive a decision of dismissal. If a student is dismissed from the program, the Vice Dean of Medical and Health Professions Education will notify them in writing.

Appeals of Academic Status

Students may appeal dismissal decisions by indicating in writing to the Vice Dean of Medical and Health Professions Education: (a) reasons why the student 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.

Upon receipt of the appeal, the Vice Dean of Medical and Health Professions Education will review the appeal and may convene a School of Medicine Appeals Committee. Refer to The Academic Sanctions Appeals Process for further information. Vice Dean of Medical and Health Professions Education ultimately determines if the appeal of dismissal should be granted. If the appeal of your dismissal is approved, the Vice Dean of Medical and Health Professions Education will document your change in status and communicate in writing the conditions and plans for reinstatement. If the appeal of academic status is not approved, the dismissal will be upheld.

Requirements for Sitting for the NBCOT Registration Exam

To sit for the national certification exam administered by the National Board for Certification in Occupational Therapy (NBCOT), you must:

- Successfully complete the academic, fieldwork, and capstone portions of the program.
- Receive clearance to graduate from the Duke School of Medicine and the SOM Registrar.
- Apply to take the certification examination through NBCOT. Follow all directions provided on the NBCOT web site and pay applicable fees. As requested by NBCOT, provide additional documentation (e.g., character references).

Please note that the NBCOT has security policies related to its certification examination that restrict disclosure of confidential examination material content to a third party. NBCOT strictly monitors compliance with these policies.

Requirements for Graduation

Academic Standards and Exit Requirements for Graduation

To successfully complete the OTD program, earn the Occupational Therapy Doctorate degree, and participate in all OTD and university-wide commencement events, students must successfully complete all 109 required course credits with a passing grade and satisfy all professional conduct requirements.

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 toward degree requirements. Students must complete the program within a maximum time limit of 4.5 years (54 months) from the date of matriculation.

Requirements to Participate in the OTD Commissioning Ceremony

Only students who have completed all year one and all fall and spring year two coursework, both didactic and Level I Fieldwork courses, and are progressing to Level II Fieldwork may participate in the OTD Commissioning Ceremony.

Requirements to Receive Diploma

Only students who have graduated and returned all OTD property and paid all outstanding fees, including program reimbursement for NC Area Health Education Centers (NC AHEC) funding, may receive their diploma.

Doctor of Occupational Therapy (OT-D)

OTD Program Requirements

The Duke OTD program of study is organized according to enduring ideas of the profession, meaning the ideas that undergird most, if not all, practice areas. The course schedule is configured with an expectation that students spend 2-3 hours in outside work for every one hour in class. Each of the first four semesters conclude with a two-week Applied Practice Experience, consisting of one week of simulation and one week in practice settings where occupational therapy service is (or could) be provided.

Year One

Students will learn why occupation is considered a mechanism of health and various models that guide expert thinking about occupation. Learning will range from the geopolitical factors that influence occupation all the way down to specific body functions that can influence occupation. Then students will learn ways that occupation can be disrupted by events such as acquired disability, stigma, bullying, life transitions, natural disasters, and poorly designed environments. Throughout the entire program of study, students will learn how expert occupational therapists think about, talk to people about, and observe people doing occupations, how they analyze what they hear and see, and how they collaborate with clients to create goals. Students learn the skills expert occupational therapists use to enable access to and participation in occupation. These skills include coaching, adapting, consulting, educating, and designing. Taken together, the skills students learn in Year One constitute the occupational therapy process.

Year One Requirements	
SESSION 1 FALL: 18 WEEKS (1 ORIENTATION, 14 DIDACTICS, 2 PRACTICE, 1 BREAK)	**17 CREDITS**
OTD 500 Occupation as a Mechanism of Health	3
OTD 501 Occupation, OT & Care Systems I (7 weeks)	2
OTD 502 Occupational Science (7 weeks)	2
OTD 504 Enabling Occupation Skills I	3
OTD 506 Formation for Service I	2
OTD 505 Assembling, Creating, Translating Knowledge I	3
OTD 507 Applied Practice Experience (APEx) IA	2
SESSION 2 SPRING: 20 WEEKS (16 DIDACTIC, 1 SCHOLARSHIP, 2 PRACTICE, 1 BREAK)	**19 CREDITS**
OTD 508 Occupational Transitions I	3
OTD 509 Occupational Transitions II	3
OTD 510 Occupational Transitions III	3
OTD 511 Enabling Occupation Skills II	3
OTD 513 Formation for Service II	2
OTD 512 Assembling, Creating, Translating Knowledge II	3
OTD 514 Applied Practice Experience (APEx) IB	2
SESSION 3 SUMMER: 9 WEEKS (7 DIDACTIC, 2 PRACTICE)	**8 CREDITS**
OTD 515 Innovation & Everyday Leadership	2
OTD 516 Teaching, Learning and Change	2
OTD 517 Enabling Occupation Skills III	2
OTD 519 Applied Practice Experience (APEx) IC	2

Year Two

In year two, students will learn how expert occupational therapists use the occupational therapy process to impact occupation through interventions targeting groups, organizations, and communities. These skills include creating education programs, conducting program evaluations, designing programs, consulting, and providing direct service. Also, in year two, students have the opportunity to customize their program of study through electives. Electives require the enrollment of a minimum of five students unless special consideration is granted by the Program Director. Students finish year two in the first of two culminating practice experiences, a 12-week Level II Fieldwork experience.

Year Two Requirements	
SESSION 4 FALL: 18 WEEKS (1 ORIENTATION, 14 DIDACTICS, 2 PRACTICE, 1 BREAK)	**18 CREDITS**
OTD 600 Needs Assessment and Programming to Support Occupation	3
OTD 601 Occupation and Technology	3
OTD 602 Occupation, OT, & Care Systems II	3
OTD 603 Enabling Occupation Skills IV	3
OTD 604 Formation for Service IV	2
OTD 606 Capstone Project I	2
OTD 619 Applied Practice Experience (APEx) ID	2
SESSION 5 SPRING: 18 WEEKS (17 DIDACTIC, 1 SCHOLARSHIP)	**11 CREDITS**
OTD 607 Advanced Practice Course (APC) I	1
OTD 608 Advanced Practice Course (APC) II	1
OTD 609 Advanced Practice Course (APC) III	1
OTD 612 Comprehensive Assessment & Management of Practice (CAMP)	3
OTD 616 Formation for Service V	2
OTD 617 Capstone Project II	3
SESSION 6 SUMMER: 12 WEEKS	**12 CREDITS**
OTD 618 Fieldwork IIA 12	12

Year Three

Year three includes one culminating practice experience; a 12-week Level II Fieldwork experience and one 14-week capstone experience.

Year Three Requirements	
SESSION 7 FALL: 14 WEEKS	**12 CREDITS**
OTD 701 Fieldwork IIB	12
SESSION 8 SPRING: 14 WEEKS	**12 CREDITS**
OTD 700 Capstone Experience	12

Doctor of Occupational Therapy (OT-D)

OTD Courses of Instruction

- OT-D 500 – Occupation as a Mechanism of Health
- OT-D 501 – Occupation, Occupational Therapy, & Care Systems I
- OT-D 502 – Occupational Science
- OT-D 504 – Enabling Occupational Skills I
- OT-D 505 – Assembling, Creating, & Translating Knowledge I
- OT-D 506 – Formation for Service I
- OT-D 507 – Applied Practice Experience (APEx) IA
- OT-D 508 – Occupational Transitions I
- OT-D 509 – Occupational Transitions II
- OT-D 510 – Occupational Transitions III
- OT-D 511 – Enabling Occupation Skills II
- OT-D 512 – Assembling, Creating, & Translating Knowledge II
- OT-D 513 – Formation for Service II
- OT-D 514 – Applied Practice Experience (APEx) IB
- OT-D 515 – Innovation & Everyday Leadership

- OT-D 516 – Teaching, Learning and Change
- OT-D 517 – Enabling Occupation Skills III
- OT-D 519 – Applied Practice Experience (APEx) IC
- OT-D 600 – Needs Assessment and Programming to Support Occupation
- OT-D 601 – Occupation and Technology
- OT-D 602 – Occupation, Occupational Therapy, & Care Systems II
- OT-D 603 – Enabling Occupation Skills IV
- OT-D 604 – Formation for Service IV
- OT-D 606 – Capstone I
- OT-D 607 – Advanced Practice Course I
- OT-D 608 – Advanced Practice Course II
- OT-D 609 – Advanced Practice Course III
- OT-D 610 – Advanced Practice Course IV
- OT-D 611 – Customized Learning Project
- OT-D 612 – Comprehensive Assessment and Management of Practice (CAMP) I
- OT-D 613 – Comprehensive Assessment and Management of Practice (CAMP) II
- OT-D 614 – Comprehensive Assessment and Management of Practice (CAMP) III
- OT-D 615 – Comprehensive Assessment and Management of Practice (CAMP) IV
- OT-D 616 – Formation for Service V
- OT-D 617 – Capstone II
- OT-D 618 – OTD Level II Fieldwork IIA
- OT-D 619 – Applied Practice Experience (APEx) ID
- OT-D 620 – Occupational Justice and Social Entrepreneurship
- OT-D 621 – Becoming an OT Social Entrepreneur
- OT-D 622 – Introduction to Low Vision Rehab
- OT-D 623 – Occupational Therapy in Acute Care
- OT-D 624 – Spirituality and Religion in Occupational Therapy
- OT-D 625 – Introduction to Medical Spanish
- OT-D 626 – Occupations in the Neonatal Intensive Care Unit
- OT-D 700 – Capstone Experience
- OT-D 701 – OTD Level II Fieldwork IIB
- OT-D 702 – Continuation

Doctor of Physical Therapy

Division Chief: W. Todd Cade, PT, PhD, FAPTA, and **Program Director:** Tiffany Hilton, PT, PhD

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Website: medschool.duke.edu/education/health-professions-education-programs/doctor-physical-therapy-program

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.

Vision, Mission, and Values of the Doctor of Physical Therapy Division

Vision: To transform physical therapy through innovative education, research, and practice.

Mission: Duke DPT is committed to foster learning through a community that embraces equity and inspires discovery.

We will accomplish these by embracing our core values that drive and inform all things that we as an organization aim to accomplish. These values include:

1. Belonging: Creating an inclusive environment that supports, respects, and values authenticity;
2. Equity: A commitment to supporting diverse needs to ensure success;

3. Education: Fostering growth in the process of learning;
4. Innovation: Bringing bold novel, and forward-thinking ideas to transform education, research, advocacy, service, and leadership;
5. Respect: Building a community of trust, humility, critical consciousness, and collaboration that values unique perspectives to achieve mutual goals; and
6. Collaboration: Pursuing relationships, experiences, and diverse perspectives to strengthen our work towards a common goal.

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 in the prevention and rehabilitation of movement related dysfunction in patients with neurologic, musculoskeletal, cardiovascular, urologic and metabolic abnormalities, 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), 3030 Potomac Ave., Suite 100, Alexandria, VA 22305-3085; telephone: (703) 706-3245; email: accreditation@apta.org; website: capteonline.org.

Doctor of Physical Therapy (PT-D)

DPT Academic Calendar

All calendars are subject to change.

Year One – Class of 2029

Session 1 (Fall 2026)

18 weeks (16 didactic, 1 clinical, 1 vacation)

- August 10-14: Orientation
- August 17: Session 1 Begins
- September 7: Labor Day Holiday
- October 12-13: Fall Break
- October 24-November 2: STEPs® I
- November 23-27: Thanksgiving Break
- December 18: Session 1 Ends
- *2-week Intersession Break*

Session 2 (Spring 2027)

21 weeks (18 didactic, 2 clinical, 1 vacation)

- January 4: Session 2 Begins
- January 18: Dr. Martin Luther King Jr. Holiday
- March 13-28: STEPs® II
- March 29-April 2: Spring Break
- May 28: Session 2 Ends
- *1-week Intersession Break*

Session 3 (Summer 2027)

9 weeks (8 didactic, 1 clinical)

- June 5: Session 3 Begins
- June 5-13: STEPs® III
- June 18: Juneteenth Holiday
- July 5: Independence Day Holiday
- August 6: Session 3 Ends
- *1-week Intersession Break*

Year Two – Class of 2028

Session 4 (Fall 2026)

18 weeks (15 didactic, 2 clinical, 1 vacation)

- August 17: Session 4 Begins
- September 7: Labor Day Holiday
- September 26-October 11: STEPs® IV
- October 12-13: Fall Break

- November 23-27: Thanksgiving Break
- December 18: Session 4 Ends
- *2-week Intersession Break*

Session 5 (Spring 2027)

21 weeks (19 didactic, 2 vacation)

- January 4: Session 5 Begins
- January 18: Dr. Martin Luther King Jr. Holiday
- February 1-5: CSM Break
- March 8-12: Spring Break
- May 28: Session 5 Ends
- May 31: Memorial Day
- June 1-11: Comprehensive Practical
- *2-week Intersession Break*

Year Three – Class of 2027

Session 6 (Summer-2 2026)

12 weeks (12 clinical)

- June 29: Session 6 Begins
- September 18: Session 6 Ends
- *1-week Intersession Break*

Session 7 (Fall 2026)

14 weeks (12 clinical, 2 didactic)

- September 28: Session 7 Begins
- January 1: Session 7 Ends

Session 8 (Spring 2027)

14 weeks (12 clinical, 2 didactic)

- January 4: Session 8 Begins
- April 9: Session 8 Ends
- *3-week Break*
- May 5: Graduation Week Activities Begin
- May 9: Graduation

View the PDF of this academic calendar at medschool.duke.edu/education/health-professions-education-programs/doctor-physical-therapy-program/dpt-academics-0.

Doctor of Physical Therapy (PT-D)

DPT Admissions

Requirements for admission to the DPT Program include: a baccalaureate degree, completion of prerequisite courses with a grade of C or better, 50 verified observation hours of a licensed Physical Therapist at the time of application, three recommendation letters (one each from a professor who has taught the applicant in a collegiate academic course and can attest to the applicant's academic abilities, a licensed physical therapist the applicant has observed and/or worked with, and a person of the applicant's choice), the filing of an application (including essays and reference letters), and upon invitation, a personal interview, and a $50 application fee. There is no early decision option for admission.

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.

The DPT Program practices a need-blind admissions process.

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 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 medschool.duke.edu/education/health-professions-education-programs/doctor-physical-therapy-program/dpt-admissions/dpt.

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 for the 2026-2027 admissions cycle must be submitted through PTCAS on or before October 15, 2026. Only students for full-time study are accepted. State residence does not influence admissions policies or tuition costs.

Technical Standards for Admission

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 (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 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.

Doctor of Physical Therapy (PT-D)

DPT Financial Information

Tuition and Expenses

2026-2027 Estimated Cost of Education

EXPENSE	FIRST-YEAR AMOUNT	SECOND-YEAR AMOUNT	THIRD-YEAR AMOUNT
Tuition	$42,000	$42,000	$42,000
Mandatory Fees			
Administrative Fee	$700	-	-
Health Fee	$1,447	$1,047	$1,234
Graduate Student Activity Fee	$40	$40	$40
Graduate Student Services Fee	$28	$28	$28
Lab Fee	$2,000	-	-
Recreation Fee	$408	$408	$408
Wellness Fee	$350	$350	$350
Technology Fee	$2,731	$1,296	-
Transcript Fee	$120	-	-

The full cost of attendance is available at the Duke School of Medicine Financial Aid website.

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 or at the Duke University SOM Office of Financial Aid website at medschool.duke.edu/education/health-professions-education-programs/student-services/office-financial-aid-and-student.

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.

Doctor of Physical Therapy (PT-D)

DPT Program Policies

This program follows all School of Medicine policies in addition to the policies below.

Academic Performance

Non-APC Didactic and STEPs® Course Grades

For all 1st phase didactic and STEPs® courses in the curriculum, the following grading system is used:

- **P:** Pass
- **LP:** Low Pass
- **F:** Fail
- **I:** Incomplete

APC and Terminal Clinical Experience Course Grades

For all 2nd phase APC/CAMP and 3rd year TCE courses in the curriculum, the following grading system is 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 are 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. 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 pass a previously failed course, the passing grade will be placed next to the failing grade on the student's transcript. If the student fails a second time, the failing grade will be placed next to the original failing grade.

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 or her 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 Division Chief 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.

Grade Appeal Process

A student wishing to appeal a final course grade or comment must present a written appeal to the course director within five business days of the grade being posted. If not previously available to the student, the student may request access to graded material that have been compiled as part of the grade. Identity of the evaluators submitting these data may be kept confidential. If a satisfactory resolution cannot be accomplished directly with the course director, the student may appeal the grade to the DPT Promotions Committee within two weeks of the meeting with the course director. The student will submit the written appeal and associated documentation to the Chair of the Promotions Committee. The Promotions Committee 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 Program Director within one month of receiving the notification of the appeal. The Program Director will either uphold the decision of the Promotions Committee or make their independent decision relative to the documentation submitted.

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 Duke DPT program utilizes abilities-based assessment throughout the curriculum to ensure the acquisition of entry-level skills and promote the development of professional behaviors. Basic knowledge provides the framework for physical therapy education; however, to cultivate successful practitioners the didactic delivery must bear responsibility for instilling characteristics that promote personal responsibility and the development of professional behaviors. Ability-based assessment is a dynamic process that focuses on behavior to complement knowledge-acquisition and skill building.

See Code of Ethics for the Physical Therapist and Professional Behaviors for the 21st Century.

Students are expected to demonstrate appropriate professional behaviors in all interactions with faculty, staff, TAs, peers, volunteers, and patients. DPT Program faculty and staff may submit professional behavior concerns (and accolades) through the Duke DPT Professional Behavior Reporting system. Additionally, professionalism concerns can be submitted by faculty, staff, and students through the School of Medicine Adverse Event Reporting Systems (AERS).

The Promotions Committee is responsible for monitoring and reviewing any reports submitted through the DPT Professional Behavior Reporting System. Reports submitted to AERS are reviewed first by the SOM Committee for Appropriate Treatment of Learners and then may be submitted to the DPT Promotions Committee for review. The Promotions Committee will review reports and determine appropriate next steps based on the nature of the report as compared to

expected behaviors outlined in the School of Medicine Code of Conduct, PT Code of Ethics, and Professional Behaviors for the 21st Century. The Promotions Committee can recommend coaching and guidance by appropriate faculty, verbal warning, or written warnings with or without associated academic probation. When a verbal or written warning is recommended, the Promotions Committee is responsible for making the recommendation to the Division Chief.

The flowsheet provides a visual representation of responses to submitted reports. If the reported behavior is minor or a first-time event, the student will meet with a member of the Promotions Committee or their academic advisor for appropriate coaching and guidance; or, if the report involves behavior within a course, the student with be directed to meet with the course director for coaching with potential follow up with the Promotions Committee as needed.

Verbal Warnings: A second minor professional behavior event or the emergence of a pattern of concerning professional behavior typically results in a verbal warning. The verbal warning will indicate the reason for the warning and include the specific Behavioral Criteria and/or Professional Core Values that require improvement.

Written Warnings:

- In the event of a major violation of the Code of Conduct or Professional Code of Ethics, a recommendation may be made to bypass the verbal warning and for the student to immediately receive a written warning, even if it was a first-time event.
- Once a student has received a verbal warning, any additional professional behavior reports or reports that the original reported behavior is continuing will result in a review by the Promotions Committee to determine if a formal written warning will be recommended to the Division Chief. If dispensed, the written warning will indicate the reason for the warning and will include the Behavioral Criteria and/or Professional Core Values that require improvement.
- When a student receives the first written warning, the DPT Division Chief will notify the student that their behavioral performance will be monitored and that future poor performance may result in withdrawal from the program. Written warnings may also be accompanied by academic probation. Continued professional behavior concerns can result in a second written warning. The issuing of two written warnings is grounds for suspension from the program.

A student who demonstrates unprofessional behavior will receive specific feedback and instruction from faculty to assist with correction of their behavior. Professional behavior that is not corrected by the student following this policy may result in suspension from the program.

Determination of Academic Standing

All students' records are reviewed at the midpoint and conclusion of the semester, and more frequently if needed by the Student Promotions Committee. Based on their academic and professional performance, the Student Promotions Committee will recommend one of the following for each student:

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.

Written Notice of Academic Concern

A student will receive a written notice of academic concern when their academic performance or professional behavior has created considerable cause for concern and requires critical ongoing evaluation for a period of time. The following standards are used by the Student Promotions Committee for recommending a student receive a written notice:

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.
4. A student who, during any one session, is at risk for failure of a course or who is at risk for accumulation of four LP grades in didactic courses. (The student will return to Good Academic Standing at the end of the session if the student does not meet any of the above warning criteria).
5. A student has received one written professional behavior warning.

The Student Promotions Committee will make a recommendation for written notice to the Program Director. If accepted, the Program Director will issue the notice of academic concern as a warning to the student. A notice of concern initiates opportunities for the student to seek resources and support to promote future success in the program. The student will meet with their Academic Advisor and the Student Promotions Committee to discuss strategies for success. The student will also be required to engage in an academic intervention which may include meeting with an Educational Support Specialist and accessing tutoring services. The academic concern is not noted on the student's academic transcript.

Academic concerns may affect positions of student leadership or employment within the division such as class officer, SIG leader, or graduate assistant. Division leadership will review any situation to determine student eligibility.

Returning to Good Academic Standing following Academic Concern

Students may return to good academic standing under the following conditions:

- Successful completion (i.e. receives Pass in all coursework) of two full semesters.
- A student only receives one LP in STEPs I and II, or STEPs III and IV.
- A student has met all requirements designated by the warning letter if placed on probation due to a professional behavior warning.

While a student may return to Good Academic Standing, accumulated LPs remain on the academic record. Any future LP grades will be added to the previous LPs and will result in another academic concern notification. After a fourth LP, the Student Promotions Committee may recommend to the Division Chief that the student be placed on Academic Suspension.

If a student receives a notice of academic concern and has not satisfied all the conditions to return to Good Academic Standing specified by the Program Director, the Student Promotions Committee may recommend to the Program Director that the student be placed on Academic Suspension. A suspension is noted on the student's Academic transcript.

Academic Probation

A student may be placed on Academic Probation at the recommendation of the Student Promotions Committee when academic or professional behavior concerns are egregious and/or if the student has previously been suspended for academic or behavioral concerns. Academic Probation status is noted on the student's academic transcript. A student will be placed on Academic Probation at the recommendation of the Student Promotions Committee for the following reasons:

1. A student who has returned from Academic Suspension. The student will remain on Academic Probation for the first semester upon return to the program.
2. A student who has had an egregious lapse in professional behavior as defined and recommended by the Student Promotions Committee.

Returning to Academic Standing following Academic Probation

Any student placed on Academic Probation will be notified in writing by the Program Director. The written notification will include a timeframe and criteria that the student must meet to return to Good Academic Standing. A student may return to good Academic Standing once they have met the criteria outlined in the written notification. If a student has not satisfied all the conditions to return to Good Academic Standing specified by the Program Director, the Student Promotions Committee may recommend to the Program Director that the student be placed on Academic Suspension. A suspension is also noted on the student's Academic transcript.

Academic Suspension

The DPT Division will use the following standards for recommending that a student be placed on Academic Suspension.

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 violation of professional behavior as defined by the Student Promotions Committee.

A learning plan will be developed for the time period that the student is suspended from the DPT Program. This may include re-taking a course that the student failed or re-taking the courses that the student received a grade of LP.

Dismissal

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.

Academic Progression

Progression and Academic Standing

All first-phase courses and the first comprehensive exam must be completed before a student may enroll in the second-phase courses, and all second-phase 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 Division Chief. Altered sequences for students who require remediation may be considered for approval by the Division Chief.

Earned grades and professional behavior are considered in determination of the student's academic standing.

Promotion

All students' records are reviewed as needed and at the conclusion of each semester by the Doctor of Physical Therapy Division Student Promotions Committee. The Student Promotions Committee will interpret the policies of the Doctor of Physical Therapy Division related to academic progression and will recommend to the Division Chief:

- Promoting students whose work and professional behavior are satisfactory.
- Developing a comprehensive remediation plan as a result of poor performance on program competencies, comprehensive exams, and/or any other academic or behavioral performance concern.

- Placing on Written Notice of Academic Concern any student whose academic performance or behavior has created considerable cause for concern and requires critical ongoing evaluation for a period of time.
- Warning (verbal or written) any student who has demonstrated professional behavior lapses as reported through the Professional Behavior Reporting system.
- Placing on suspension any student who fails to demonstrate successful progress in academics or professional behavior
- Removing a student on Academic Concern or Academic Probation that has satisfactorily demonstrated scholastic requirements or professional behavior either through repeating coursework or demonstration of corrected professional behavior.
- Suspension or dismissal from the program

The Student promotions committee will report to the core faculty on a semester basis the students' readiness to progress. The core faculty will affirm progression.

The Vice Dean for Education, in consultation with the Dean of the School of Medicine, reserves the right to require the dismissal of any student at any time if, in their opinion, the student should not continue in the Doctor of Physical Therapy Program.

Comprehensive Exams

There are two comprehensive exams that all students must complete 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 adjusted score of 70%. If a student scores below an adjusted score of 70%, the student will be required to enroll in a specific APC to reinforce foundational content.

The second comprehensive exam is a practical exam that is administered prior to students beginning their Terminal Clinical Experiences. 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 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 Student Promotions Committee to address areas of deficiency before the start of Terminal Clinical Experiences (TCEs), as well as during TCEs. In instances where student performance on the practical exam raises concerns for safety or well-being of patients, the Program Director will require a student to complete a remediation plan prior to the start of Terminal Clinical Experiences. This may delay the start of TCEs.

Interprofessional Education

Interprofessional education (IPE) is an integral component of the Duke DPT program. Interprofessional education (IPE) occurs when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.

IPE Foundations of Learning in Interprofessional Practice (FLIP). Students are required to participate in IPE FLIP workshops provided by the Duke Health Center for Interprofessional Education and Care (IPEC) with learners from other health professions programs at Duke. Active engagement in each workshop is required. To meet program requirements, students must attend each FLIP workshop and score a minimum of 70% on the associated workshop knowledge assessment. If a student scores below 70%, they will have the opportunity to re-take the assessment to demonstrate mastery of content. If a student scores below 70% a second time, the student will be referred to the Student Promotions Committee, and a remediation plan will be developed.

Attendance at IPE FLIP workshops is mandatory. Students should follow the attendance policy referenced in section 7.7 for details about mandatory program events. Instances of unexcused absence from a FLIP workshop may result in academic repercussions, including but not limited to, student being referred to the Student Promotions Committee, receiving a professional behavior report, and/or receipt of notice of academic concern. Any student who is absent from an IPE workshop, whether excused or unexcused, will be expected to complete a review of the workshop content and the associated assessment within 1 week of their return to campus following the absence. Additionally, the student may be expected to attend an alternative IPE experience as directed by Duke DPT's Assistant Director in the Duke Health Center for Interprofessional Education and Care.

Interprofessional Education (IPE) Passport Program. To further foster interprofessional collaboration and to enhance the educational experience of Duke Doctor of Physical Therapy (DPT) students, all enrolled students will be required to participate in the IPE Passport Program. The IPE Passport Program will assist students in developing a broader understanding of healthcare practice, research contributing to evidence-based practice, collaborative work with professionals from various fields, and improvement in patient-centered care, outcomes, and safety through enhanced interprofessional knowledge.

Passport Requirements:

- Students must complete a total of 6 IPE learning opportunities on the following timeline:
    - Minimum of 4 activities completed in first 2 years of program
    - All activities must be completed prior to the end of Year 3
- Approved Activities:
    - All students must complete the following 3 pre-determined activities: 2 Rehabilitation Research Seminars, 1 IPEC Case Conference
    - Students can select the remaining 3 from an approved list (e.g., interprofessional course elective, interprofessional community service, etc.).
- Students will be responsible for tracking their progress in the IPE Passport Program. Progress will be monitored by their assigned faculty advisor.
- Students seeking an extension or exemption from any part of the IPE Passport Program must submit a formal request to the Program Director, outlining the rationale for their request. Decisions on exemptions will be made on a case-by-case basis by the Program Director.

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 129 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 Division Chief 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. The DPT Division Chief in consultation with the DPT Directors 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.

Early Testing for the National PT Exam (NPTE)

Presently, the State of North Carolina permits early testing of the NPTE if the physical therapy educational program certifies that graduation is assured. This information is subject to change based on jurisdiction. The Duke Doctor of Physical Therapy Division criteria for student eligibility to take the NPTE before graduation (i.e. early) are as follows:

- The student must remain actively engaged in the licensure preparation course and demonstrate consistent progress toward meeting all course milestones and deadlines.
- Is in Good Academic Standing per academic progression policies outlined in the DPT Student Handbook.
- Is assured to successfully complete all Terminal Clinical Experiences on time. Evidence that student meets this requirement will be determined by the Directors of Clinical Education. The student will not be eligible if:
    - There is evidence of significant performance challenges as per midterm assessment.
    - A learning contract or individualized learning plan is created due to performance and/or behavior challenges in the TCE experience.
- Has submitted proof of a score of 600 or above on FSBPT's Practice Exam and Assessment Tool (PEAT). Proof must be submitted in a manner and by a deadline determined by the program.

Voluntary Withdrawal / Leave of Absence

Submission

Voluntary withdrawals are initiated at the request of the student via written request to the Division Chief of the division. Working with the Division Chief, a mutual decision is reached with regard to the effective date of the withdrawal and any academic penalty to be assessed. Per letter, the Division Chief 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.

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. 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 sixth week:	20%
After sixth week:	None

Student fees are nonrefundable after classes begin. Student laptops are the property of the student only after the last technology fee has been paid at the end of the first year. Students who go on leave prior to that must return their laptop to the division. Students who take their computer must make an appointment with MedEdIT to have it re-imaged before leaving.

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 the Division

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.

Academic Accommodations Policy

The Duke DPT program recognizes the individual needs of students in our program with disabilities and is committed to ensuring all students are afforded the accommodations granted through the Duke University Student Disability Access Office per ADA guidelines. The DPT program appoints a faculty member who serves as the DPT program's Disability Service Liaison (DSL) to communicate and liaise with the university's SDAO. The current DSL is the Duke DPT Director of Student Affairs. The DSL works with students in the DPT program and the SDAO to ensure the following procedures are followed whenever a student requests accommodations for the classroom or clinic.

1. DSL is notified of an inquiry about accommodations from either student or another faculty/staff member.
    1. A meeting is set up with the student by the Student Affairs team to review the accommodation request process.
    2. The student submits an accommodation request through the portal. The Student Disability Access Office reviews the student's documentation and records and determines which requested accommodations are supported for purposes of the ADA and ADA Amendments Act.
    3. Duke's SDAO Accessibility Coordinator for Graduate and Professional Students will reach out to the students for an individual meeting and discuss if additional documentation and paperwork are warranted.
    4. The SDAO Director or Coordinator, Program DSL, and/or Academic Dean, determines if the accommodations are reasonable in the context of the student's academic program.
2. The SDAO staff meets with the student to discuss the accommodations approved in the context of the student's academic program. **NOTE:** When accommodations are approved in areas such as transportation, those offices are notified.
3. The SDAO provides the DPT program with a formal letter of accommodation. Once the letter is received, the DSL sends out an email to course directors with the approved accommodations.
4. After the DSL notifies course directors, the Student Affairs team schedules a follow-up meeting with the student to discuss their accommodations.
    1. During the meeting with the DSL, arrangements are made for the implementation of approved accommodations for the current semester. Procedures for the implementation of accommodations in future semesters is discussed.
    2. **NOTE:** Should a student wish to discuss receiving an accommodation not listed on the Accommodations Agreement, the student should make an appointment to meet with the SDAO coordinator to discuss the student request. Additional documentation may be needed.
    3. Students are expected to notify course directors or the DSL if they are not intending to utilize an approved accommodation.
5. If a student disagrees with accommodation decisions made by the Student Disability Access Office, they have the right to file a grievance/complaint. Information regarding the filing of a grievance and/or complaint is available by contacting the Office of Institutional Equity at (919) 668-6214.

Standards of Academic Conduct and Examinations

Students will maintain the highest standards of academic integrity and conduct in accordance with the Duke University School of Medicine Code of Professional Conduct.

1. An honor system is employed during the administration of all written and academic integrity practical examinations and for specified assignments that are completed in other locations. By signing their name to their work, students are indicating that they have neither been given nor have received assistance during the examination or assessment and that their work represents the student's effort. Misrepresenting work as their own, including the use of artificial intelligence technologies, would represent a violation of the Code of Professional unless explicitly permitted by the course director. All examinations administered by the department are confidential communications between the student and the instructor.
2. 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.

3. Students should report any witnessed violations of the Code of Professional conduct or concerns of learner mistreatment through the School of Medicine Adverse Events Reporting System (AERS). All reports submitted through AERS are reviewed by the School of Medicine's Committee for Appropriate Treatment of Learners.

Attendance Policy

Students are expected to model professional behavior by attending, being on time, and being prepared for classes, labs, tutorials, meetings, and clinical experiences. Students should view their courses in a manner similar to the way they would view a professional career. In the workplace, on-time attendance is mandatory, and absences or lateness require reasonable notification and approval. Likewise, student attendance throughout the Duke DPT curriculum is an expectation.

The Duke DPT program is a team-based learning curriculum. Absence of team members from class discussions and activities negatively impacts the peer-learning model. Students receive semester schedules prior to the beginning of each semester, and students should refrain from making other commitments during scheduled class hours.

Attendance is expected for all program classes and labs. Attendance is considered mandatory for the following program activities:

1. **All class sessions where assessments are given.**
    - Assessment: Any activity (formative or summative) within a course for purposes of evaluating participation, performance, knowledge, and/or skills. This includes quizzes, written examinations (i.e., midterm, final), practical examinations, Readiness Assessments, graded simulations, and Team Applications, and participation-based activities.
2. **Designated program events, including by not limited to**
    - Comprehensive Written Exam (including preparatory class sessions)
    - Comprehensive Practical Exam (including preparatory class sessions)
    - White Coat Ceremony
    - Branch Lecture
    - IPE Activities
3. **Clinical education experiences** (e.g., STEPs, TCEs)
    - All clinical education experiences are **mandatory**, including all STEPs and TCE preparatory class sessions.
    - Students should expect to be assigned to schedules that require being in the clinic on any day of the week, **including weekends and holidays.**
    - Refer to the Clinical Education Manual for further details on clinical education time-in clinic policies.

Medical/dental appointments should be scheduled, when possible, at times when classes, clinical experiences, or scheduled activities are not in session. It is the responsibility of the student to review the semester schedule and to avoid conflicts where possible. Students are expected to make every effort to modify their schedule conflicts to avoid absence from class. Schedules for sessions are subject to reasonable change and students are expected to keep themselves informed of changes and to adjust their attendance accordingly.

The DPT Program faculty acknowledge there are a variety of legitimate reasons students may need to be absent or miss mandatory activities.

Excused absences from mandatory activities may be granted under the following six reasons:

1. Religious or holiday observances
2. Illness of the student, student's dependent, or someone for whom the student is a caregiver (medical provider documentation is required)
3. Court and legal appointments
4. Bereavement, including travel related to bereavement
5. Personal or family crises
6. Healthcare appointments (medical provider documentation is required)

Procedures

For an excused absence from a mandatory activity, a student should use the following process to submit a request:

1. A student will submit request for approval of a planned absence via the Student Absence Request Form on the Student Portal.
2. Planned absence requests should be submitted no later than the first week of the semester in which the absence will occur.
3. In absences related to illness or crisis on the day of a mandatory activity, a student should use the link on the Student Portal to communicate the absence prior to the start of the class/activity.
    - Each student is personally responsible for contacting the Course Director(s) as a follow up to the absence as expediently as possible.
    - The DPT Division encourages students to seek any necessary medical attention. Any student who becomes ill with a fever (e.g. influenza) should only return to the class/clinic after they have been fever-free for 24 hours.
4. The student is notified in writing of the outcome of the absence request. If approved, the student is responsible to make up the work from all missed classes and activities.
    - Students are expected to communicate with classmates to obtain course information.

- Students should contact Course Directors to discuss make-up work and missed assignments, if applicable. The onus is on the student to make up missed material and the student should contact the course director to establish a plan prior to the excused absence.
- Students who are dissatisfied with the outcome of an Excused Absence Request may submit a written appeal to the Duke DPT leadership group. Appeals must be submitted within 1 week of student receiving the outcome of initial request. The DPT Directors will submit a recommendation to the Program Director (or in their absence, the Division Chief). The Program Director will make the final determination of the outcome and communicate with the student.

The following policies will prevail when an absence is deemed unexcused:

1. Course Directors are not responsible for providing additional make-up opportunities, supplying materials, or offering alternative methods for meeting session objectives.
2. Unexcused absences in clinical education courses may impact course grades.
3. Missed practical exams and unit exams must be completed in concordance with Program requirements for safe practice. The practical exam or unit exam must be completed within 1 week of the missed class. When completed, a student can achieve a maximum of 69% on the missed practical exam or unit exam resulting in a failing grade. Missing any other type of assessment due to an unexcused absence will result in zero credit.
4. The student will receive zero credit for assessments that miss the deadline for a retake and for breaches to the Duke Community Standard and Student Conduct (ie. academic dishonesty, plagiarism).
5. Instances of unexcused absences, whether resulting from a failure to submit a request or denial of a request, may subject a student to academic repercussions, including course failure(s), professional behavior report, placement on academic warning, and/or referral to the Student Promotions Committee.

Tardiness

1. Punctuality is an expected professional behavior. Students are expected to be in the designated class area and prepared at the start of all class sessions, assessments, required program activities, and clinical experiences, and to return promptly following breaks.
2. Unexpected lateness due to poor planning or organization (i.e., oversleeping) will not be considered valid reasons and students arriving late, irrespective of reason, will not be given additional time to complete classroom activities or assessments.

Assessment Requirements

All students must adhere to the School of Medicine Code of Professional Conduct at all times.

Examplify Requirements

1. Download by the day before the exam.
2. Only laptops, writing utensils, and water bottles are allowed on desks.
    1. Exams: No bags, phones, or personal items are allowed in the classroom. Please use your locker. Students with approved accommodations or medically necessary situations may be exempt.
3. Following an iRA, students are to remain in their testing room with laptops closed. During this time, students are expected to remain silent and refrain from accessing any technology (including phones) or resources.
4. All scratch paper must be turned in.
5. Students arriving late are only given the remaining time to complete the assessment.
6. Only headwear of a religious nature is permitted.
7. All students who exit the room during an exam will be required to sign out and in.
8. Do not discuss any aspects of the assessment, prior to, during or after.

Practical Exam Requirements

1. Bring 1st Hand Kit to the practical unless told otherwise.
2. Be at your assigned location no later than 10 minutes before your scheduled time.
3. You may only bring writing utensils and required equipment to the practical.
4. Please use your locker to store bags, phones, or personal items. Students with approved accommodations or medically necessary situations may be exempt.
5. All practical materials must be turned in to the proctor, prior to leaving the room.
6. Do not discuss any aspects of the practical experience, prior to, during or after.
7. Immediately exit the area after your exam is complete

Professional Attire

Wearing professional attire is one means of identifying yourself as a professional in physical therapy and as a representative of Duke University's DPT Division. Students are expected to wear professional attire for all activities including clinical education. You may be instructed by academic or clinical faculty to adapt your style of dress for particular occasions.

Classroom

Required: ID badge that identifies student as a "student" must be worn at all times and readily visible to others.

Appropriate attire: Attire should be appropriate for bending and stooping. Shoes must be worn at all times for basic hygiene and personal safety.

Only religious headwear is permitted during exams.

Laboratory

The purpose of laboratory attire is to provide a positive learning experience for you and your partner. Some lab experiences require students to practice techniques that require access to a particular body part or region. If a class is labeled a laboratory that involves bringing patient volunteers into the classroom, then regular classroom attire is required. Appropriate: Shorts, t-shirts, tank tops, sports bras, and other casual attire may be permitted to allow free movement and adequate coverage. If the student comes to laboratory improperly attired, the student will be expected to change into appropriate clothing prior to participating in the laboratory session. If students have concerns regarding attire that is suggested or permitted, they should consult with the course instructor.

Clinic

Required: ID badge that identifies student as a “student” or "intern" must be worn at all times and readily visible to others. Students with long hair should be prepared to fasten hair up and away from the neck and back. No jewelry other than a watch, small rings, and earrings. A watch with a second hand is helpful.

Appropriate attire: Attire should be appropriate for bending and stooping. Shoes must be worn at all times for basic hygiene and personal safety. Students may be expected to follow the dress code of their assigned clinic.

Email Policy

Electronic mail (email) is the official medium by which Duke University communicates policies, procedures, and items related to course work or degree requirements to students enrolled at the university. All students matriculated at the School of Medicine 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. No other email account may be used for official communication with the school. Failure to respond promptly to email indicates a lapse in professional behavior and will trigger a professional behavior report.

Safety/Compliance Requirements

Student Professional Liability Insurance

The University provides professional liability insurance for physical therapist students assigned to clinical sites as part of their training. This coverage is in effect as long as the student is participating in the clinical environment as part of a required course.

Student Health Insurance

Students are required to carry health insurance while participating in clinical education coursework, and at all times as a matriculated student of Duke University. Students may purchase the student health insurance policy made available through the University or show evidence of their coverage under a private policy. Students may be required to show evidence of in-force health insurance while on clinical education assignments.

Compliance Modules

All students enrolled in the DPT program are required to complete annual online compliance and safety training modules. These modules are found on the Occupational and Environmental Safety Office (OESO) website at safety.duke.edu. Students will be required to complete some modules through the Learning Management System (LMS). Some modules are only required once every two or three years, which is indicated online. Compliance with these modules is a graduation requirement. Failure to complete the modules by the set due date may result in the placement of a transcript hold and/or a registration block on the student’s account. Requirements are subject to change based on OESO compliance requirements.

Blood and Body Fluid Exposure

Students who have parenteral or mucous membrane exposure to blood or other body fluids at Duke should report immediately to the Duke Employee Occupational Health & Wellness (EOHW) office by using the BBF Exposure 24-hour Hotline at (919) 684-8115. The exposure will be assessed and managed accordingly to standard protocols. Students who have paid the student health fee will not be billed for protocols or services provided by Duke EOHW.

Students exposed at clinical sites outside Duke should notify their clinical instructor immediately and follow the recommended protocol. Any charges incurred for these services will not be covered by Duke Student Health Center and will be the responsibility of the student.

CPR Certification

Students enrolled in the DPT Division must maintain current certification in Cardiopulmonary Resuscitation (CPR) throughout the didactic and clinical education experiences. A CPR certification course will be held during orientation and a re-certification course will be offered at the end of the second year.

Certification must be at the Health Care Provider’s level of basic life support and must include infant and adult CPR, obstructed airway management, and use of an automated external defibrillator (AED). Each student is responsible for providing the Division and their assigned clinical sites with a copy of their current CPR card.

Any student who does not have valid CPR Certification will not be permitted to attend classes or laboratories or participate in clinical experiences until they present a copy of their current CPR card.

Criminal Background Check Policy

Admissions

All applicants to the Duke 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 they may have access to CBC data about themselves 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 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, non-admission 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.

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 Division Chief. Nondisclosure or falsification may be grounds for dismissal or degree revocation.

Students enrolled in the DPT Division will be required per clinical education policy to undergo an annual CBC. In addition, sites conducting clinical education may require students to undergo additional background checks prior to undertaking their TCE. 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, they automatically release 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 Division Chief 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 per the SOM Drug Screen Policy.

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 responsible for paying for any additional drug screens.

The student is aware that, when applying for the drug screen, they automatically release 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.

Technical Standards for Admission and Matriculation

All candidates for the Doctor of Physical Therapy (DPT) degree must possess the intellectual ability to learn, integrate, analyze, and synthesize data. They 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 carry out all activities required for a complete physical therapy education. Candidates must have motor-function capabilities, physical endurance and the emotional health to meet the demands of entry-level physical therapy education and the demands of total patient care, which may include extended hours of instruction and time in clinic, evenings, nights and weekends.

The candidate for the DPT degree must possess the abilities and skills outlined in the Duke School of Medicine Technical Standards document.

The faculty of the Duke University DPT Division recognizes its responsibility to present candidates for the DPT degree with knowledge, skills and behaviors 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 Admissions Committee to select entering physical therapy students and with DPT faculty who advance those students who will become candidates for the DPT degree.

Professional Development

The DPT program faculty is committed to developing in our students a strong value for life-long learning and excellence in practice. To facilitate these values in our students, we commit to the following professional development opportunities for all enrolled students.

Each enrolled DPT student is eligible for a one-time, non-transferable reimbursement of up to $200 to attend a national or state meeting of the APTA.

In lieu of attending an APTA meeting, students may apply this one-time reimbursement toward costs associated with either of the following:

- **Continuing Education Courses Required by the Terminal Clinical Experience (TCE) Site.** Students may request reimbursement consideration for a continuing education course only if the course is formally required by the assigned TCE site. Courses that are encouraged—but not required—by the site are not eligible for consideration. The Clinical Education team will verify all stated requirements directly with the clinical site. Students completing a pelvic health experience are required to complete a Level 1 Pelvic Health course, regardless of whether required by the clinical site. For this course, the one-time reimbursement amount is $350.
- **Costs associated with an Advanced Practice Course.** Students may submit APC-related costs for consideration. Approval is not guaranteed and will be evaluated on a case-by-case basis.

Reimbursement will be issued to the student upon submission of an original receipt for the meeting or course attended.

All documentation/receipts must be submitted no later than 90 days after payment of APTA dues and/or following the attendance of a conference in order to be eligible for reimbursement.

Complaint Procedures for Students, Family, and the General Public

The Complaint Procedures for Students, Family, and the General Public is intended to enable students, family members of students, and the general public to bring matters of concern about the DPT Division to the attention of the University and enable investigation of those concerns with the goal of satisfactory resolution.

Definition

A complaint is defined as a written expression of dissatisfaction regarding an aspect of the DPT Division.

Procedure

The complaint procedure is divided into two parts, Informal and Formal Procedures. The Informal Procedure emphasizes resolution of the complaint at the local, DPT Division, level. The Formal Procedure directs the complaint from the DPT Division onto the Department of Orthopaedic Surgery.

Informal Procedure. It is anticipated that most complaints will be resolved at the DPT Division level. Therefore, individuals with a complaint should first present their complaint to the Division Chief. The Division Chief will respond to the complaint in writing within three weeks after receiving the complaint. The Division Chief may choose to include senior faculty as a consultative resource when a complaint has been received. A course of action will be recommended and the complaint resolved.

If the complaint is not resolved to the satisfaction of the individual making the complaint, an appeal can be made to the Division Chief to reconsider the outcome of the complaint, or the complaint can be made Chair of the Department of Orthopaedic Surgery.

Formal Procedure. If the response to the complaint is not considered to be satisfactory, then, the individual making the complaint may submit the complaint in writing to the Chair of the Department of Orthopaedic Surgery. The Chair will then respond in writing within three weeks after receiving the complaint. All complaints regarding the Division Chief of the DPT Division should be directed to the Chair of the Department of Orthopaedic Surgery.

Complaints should be directed as appropriate to the following individual:

W. Todd Cade PT, PhD
Professor
Division Chief, Doctor of Physical Therapy Division
Department of Orthopaedic Surgery
Duke University School of Medicine
DUMC Box 104002
Durham, NC 27710

Records and Confidentiality

A record of all complaints and resolutions will be confidentially maintained in perpetuity by the Division Chief. Complaints and related information will be made available as required by law and to University personnel requiring such information as may be required to fulfill their official duties.

If a complaint is not resolved at the Department level, due process will provide for the complaint to be forwarded to the Vice Dean and, ultimately, to the Dean of the School of Medicine.

Filing Formal Complaints with CAPTE

CAPTE has a mechanism to consider formal complaints about physical therapy education programs (PT or PTA) that allege a program is not in compliance with one or more of CAPTE's Evaluative Criteria or has violated any of CAPTE's expectations related to academic integrity.

CAPTE will consider two types of complaints: those that involve situations subject to institutional due process policies and procedures and those that involve situations not subject to due process procedures.

Due Process

If the complainant is involved with an institution/program grievance subject to due process and procedure, CAPTE requires that the process be completed prior to initiating CAPTE's formal complaint process, unless the complaint includes an allegation that the institution/program process has not been handled in a timely manner as defined in the institution/program policy, in which case CAPTE will consider the complaint prior to completion of the grievance process. Evidence of completion of the institutional process or of the untimely handling of such must be included in the complaint materials.

Outside Due Process

If the complaint is related to situations that fall outside of due process policies and procedures, the complaint may be filed at any time. CAPTE will not consider complaints that fall outside its jurisdiction/authority as expressed in the Evaluative Criteria and the academic integrity statements. When appropriate, complainants will be referred to other organizations to pursue their concern(s).

Procedure

In order for CAPTE to consider a formal complaint, several conditions must be met:

1. The complaint must be specifically linked to the relevant Evaluative Criteria (PT or PTA) or to the integrity statements.
2. The complainant must have exhausted all remedies available through the institution, if appropriate.
3. The complaint must be submitted in writing, using the format prescribed by CAPTE, and must be signed by the complainant.
4. The event(s) being complained about must have occurred at least in part within three (3) years of the date the complaint is filed.

In reviewing and acting on a complaint, CAPTE cannot and does not function as an arbiter between the complaint and the institution. Should CAPTE find that a complaint has merit and that the program is out of compliance with the Evaluative Criteria or the integrity statement(s), CAPTE can only require the program to come into compliance with the Evaluative Criteria. CAPTE cannot force a program into any specific resolution of the situation that resulted in the complaint.

To obtain the materials necessary for submitting a complaint, contact the APTA Accreditation Department at (703) 706-3245 or at accreditation@apta.org.

CAPTE acts on formal complaints twice a year, in April and October/November. The timelines involved in the complaint process are such that complaints received between January 1 and June 30 will be considered at the October/November meeting and complaints received between July 1 and December 31 will be considered at the April meeting.

Complaints that are submitted anonymously are not considered to be formal complaints and will not be reviewed by CAPTE. Depending on the circumstances and severity of the complaint, it may or may not be forwarded to the program for information purposes only. The decision to forward is made by the Director of the Accreditation Department. A record of anonymous complaints will be maintained by the Department of Accreditation.

Complaints about CAPTE

Anyone may file a signed complaint about the agency with CAPTE. Complaints about the agency's criteria, its procedures or other aspects of the agency's work, including its staff and volunteers, will be considered by CAPTE. To be considered as a formal complaint against CAPTE, however, a complaint must involve issues other than concern about a specific program action.

Complaints must be submitted in writing. The event(s) being complained about must have occurred at least in part within one (1) year of the date the complaint is filed. The complaint must be identified as a complaint and submitted independent of any other documentation submitted to CAPTE. The complaint must 1) set forth and clearly describe the specific nature of the complaint, 2) provide supporting data for the charge, 3) specify the changes sought by the complainant, and 4) identify the person making the complaint.

Complaints are submitted to the Department of Accreditation,

APTA
3030 Potomac Avenue, Suite 100
Alexandria, Virginia, 22305-3085

CAPTE acts on these types of complaints at its next regularly scheduled meeting following receipt of the complaint.

capteonline.org/Complaints

Building and Facility Policies

Building Access

You will have badge access to the DPT buildings. At Erwin Square, this includes access to Wing A and the First Floor Classroom from 7am to 10pm, 7 days a week. In the Duke Health IPE building (311 Trent Drive) your badge will allow access to the student lounge, classrooms and study spaces on floors one and two.

For security purposes, there should be no students at either building after 10 PM. You may not bring non-Duke DPT students into any DPT space without permission.

Building Use

- Approved DPT student organization published materials may be placed only on bulletin boards in the student lounge.
- Posting of materials is prohibited on the doors, windows, or walls of any DPT facility.
- For student's safety and to ensure the life of our equipment, use of exercise equipment at any DPT facility is not permitted by students. Students are expected to report malfunctioning equipment to staff and to label unsafe equipment to ensure the safety of all students, staff and faculty.

Parking

You have 24/7 access with your ADT badge to the Erwin Square parking garage. The ADT card will also give you access to the Erwin Square entry door to Wing A during off hours – 7 days a week. The Duke H2 and H5 buses run from Erwin Square starting at 6am.

MedIT – Computers, Copying, and Printing

Copying and printing services are available on the first floor of the IPE Building at the Genius Bar. If for any reason you have a problem with a copier or printer located in this area, please do not attempt to "fix" it – report the problem immediately to the Genius Bar support staff.

Computer Needs

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 (MedIT - DPT). The MedIT provides administrative, professional and technical expertise to the students of the School of Medicine. We value an open, collaborative, and congenial environment where safety is paramount. Efficient and dependable service to support state-of-the-art medical education is our goal.

Medical Education IT Office DPT – Division
Hours: Monday – Friday; 8:00am – 5:00pm
Office Phone: (919) 660-0227
Email: mededithelpdesk@duke.edu
Location: IPE Building; 1st floor lobby Genius Bar

Doctor of Physical Therapy (PT-D)

DPT Program Requirements

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.

Duke University Doctor of Physical Therapy Division Curriculum Outline

YEAR ONE

Session 1: 18 weeks total (1 STEPs®)	FALL
PT 601 Clinical STEPs® I	1
PT 631 PT Professional Practice I	1
PT 632 Structure and Function of the Human Body	7
PT 633 Movement Science	4
PT 634 Introduction to the Patient Examination	5
PT 650 Contextual Drivers of Health and Disease I	1
Total Credits	**19**

Session 2: 21 weeks total (2 STEPs®)	SPRING
PT 611 Clinical STEPs® II	2
PT 635 PT Professional Practice II	1.5
PT 651 Contextual Drivers of Health and Disease II	2
Block 1	
PT 636 Healthcare Systems	2
PT 638 Exercise Prescription in the Continuum of Care	2
PT 642 Physical Therapy for the Older Adult	2
PT 643 Evidence Based Practice	2
PT 647 Structure and Function of the Human Brain	3
Block 2	
PT 639 Foundational Cardiovascular & Pulmonary Practice	4
PT 644 Adaptive Technologies	2
PT 646 Foundational Neurologic Practice I	5
Total Credits	**27.5**

Session 3: 9 weeks total (1 STEPs®)	SUMMER
PT 621 Clinical STEPs® III	1
PT 637 Foundational Integumentary Practice	2
PT 641 PT Professional Practice III	1
PT 645 Foundational Musculoskeletal Practice I	7
PT 752 Foundational Neurologic Practice II	3
Total Credits	**14**

YEAR TWO

Session 4: 18 weeks total (2 STEPs®)	FALL
PT 640 Pain Science	2
PT 701 Clinical STEPs® IV	2
PT 731 PT Professional Practice IV	2
PT 732 Foundational Pediatrics Practice	4
PT 733 Management of the Complex Patient	2
PT 751 Foundational Musculoskeletal Practice II	5
Total Credits	**17**

Session 5: 21 weeks total	SPRING
PT 734 PT Professional Practice V	3
PT 750 Contextual Drivers of Health and Disease III	0.5
Total Credits	**3.5**

Session 4 – 5*	FALL, SPRING
PT 736 Practice Management (CAMP) I	1.5
PT 737 Practice Management (CAMP) II	1.5
PT 738 - PT 749 Advanced Practice Course (APC) (9 courses selected for 1 credit each)	9
Total Credits	**12**

***** Students are required to take 9 APC's in Session 5 and CAMP I & II over Sessions 4-5.

YEAR THREE

Session 6: 12 weeks total	SUMMER-2
PT 801 Terminal Clinical Experience I	12
Session 7: 14 weeks total	**FALL**
PT 802 Terminal Clinical Experience II	12
Session 8: 14 weeks total	**SPRING**
PT 803 Terminal Clinical Experience III	12

Total Credits - 129

View a PDF version of these academic requirements at medschool.duke.edu/education/health-professions-education-programs/doctor-physical-therapy-program/dpt-academics/dpt-4.

Doctor of Physical Therapy (PT-D)

DPT Courses of Instruction

- PT-D 601 – Clinical Steps I
- PT-D 611 – Clinical Steps II
- PT-D 621 – Clinical Steps III
- PT-D 631 – Professional Practice I
- PT-D 632 – Structure and Function of the Human Body
- PT-D 633 – Movement Science
- PT-D 634 – Introduction to The Patient Examination
- PT-D 635 – Professional Practice II
- PT-D 636 – Healthcare Systems
- PT-D 637 – Foundational Integumentary Practice
- PT-D 638 – Exercise Prescription in the Continuum of Care
- PT-D 639 – Foundational Cardiovascular and Pulmonary Practice
- PT-D 640 – Pain Science
- PT-D 641 – Professional Practice III
- PT-D 642 – Physical Therapy for the Older Adult
- PT-D 643 – Evidence Based Practice
- PT-D 644 – Adaptive Technologies
- PT-D 645 – Foundational Musculoskeletal Practice I
- PT-D 646 – Foundational Neurologic Practice I
- PT-D 647 – Structure and Function of the Human Brain
- PT-D 650 – Contextual Drivers of Health and Disease I
- PT-D 651 – Contextual Drivers of Health and Diseases II
- PT-D 701 – Clinical Steps IV
- PT-D 731 – PT Professional Practice IV
- PT-D 732 – Foundational Pediatrics Practice
- PT-D 733 – Management of the Complex Patient
- PT-D 734 – Professional Practice V
- PT-D 735 – Professional Practice VI
- PT-D 736 – CAMP I
- PT-D 737 – Practice Management (CAMP) II
- PT-D 738 – Advanced Practice Course (APC) I
- PT-D 739 – Advanced Practice Course (APC) II
- PT-D 740 – Advanced Practice Course (APC) III
- PT-D 741 – Advanced Practice Course (APC) IV
- PT-D 742 – Advanced Practice Course (APC) V
- PT-D 743 – Advanced Practice Course (APC) VI
- PT-D 744 – Advanced Practice Course (APC) VII
- PT-D 745 – Advanced Practice Course (APC) VIII
- PT-D 746 – Advanced Practice Course (APC) IX
- PT-D 747 – Advanced Practice Course (APC) X
- PT-D 748 – Advanced Practice Course (APC) XI
- PT-D 749 – Advanced Practice Course (APC) XII
- PT-D 750 – Contextual Drivers of Health and Disease III
- PT-D 751 – Foundational MSK Practice II
- PT-D 752 – Foundational Neurologic Practice II
- PT-D 753 – Community Health
- PT-D 801 – Terminal Clinical Experience I
- PT-D 802 – Terminal Clinical Experience II
- PT-D 803 – Terminal Clinical Experience III
- PT-D 810 – Continuation
- PT-D 901 – InternationallyEducatedPTCourse(FEPT-C):HealthcarePolicy,Practice,& Regulation in the United States

Master of Science in Biomedical Sciences

Assistant Dean for Premedical Education and Executive Director: Kathryn M. Andolsek, MD, MPH

Director: Christie T. McCray, EdD, MEd

Associate Directors: Rosie Canizares, PT, DPT; Cerrone Cohen, MD; Leonor A. Corsino, MD, MHS; Kiani Gardner, PhD; Judith C. Holder, PhD; Christian Mauro, PhD

Staff Assistant: Kim Roberson, MPA

Website: medschool.duke.edu/mbs

The Master of Science in Biomedical Sciences is a Duke University School of Medicine professional master's degree program.

Mission: To prepare our students to be engaged and impactful in science, healthcare, and related interdisciplinary fields through rigorous teaching, team-based collaborative learning, and professional development in an inclusive, welcoming, respectful, and supportive environment.

Vision: We contribute to

- Clinical and research efforts to improve health outcomes for all.
- Advancing the practice and art of care in the biomedical sciences.
- Improved societal well-being through enhanced individual self-efficacy and well-being.

Values: Excellence, Advocacy, Inclusion, Self-Reflection, Service, Integrity, Belonging, Interprofessional Collaboration.

The Master of Biomedical Sciences (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 with pre-health learners, e.g. students in the medical, nursing, physician assistant, physical therapist, occupational therapy programs, 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.

Our community of learners, faculty, and administrative team members commit to upholding the School of Medicine's Code of Professional Conduct.

Master of Science in Biomedical Sciences (A-MSBS)

MBS Academic Calendar

Fall 2026

- July 1 (W) Orientation
- July 2 (Th) EMT-B Orientation
- July 6 (M) Fall semester classes begin
- August 28-September 13 (F-Su, includes some weekends) EMT training
- September 7 (M) Labor Day. No classes
- October 2-6 (F-Tu) Fall break. No classes
- October 7 (W) Classes resume
- November 25-27 (W-F) Thanksgiving recess. No classes
- November 30 (M) Classes Resume
- December 14 (M) Fall classes end

Spring 2027

- January 4 (M) Spring semester classes begin
- January 18 (M) Martin Luther King Jr. Day holiday. No classes
- March 14-20 (Su-Sa) Spring recess. No classes
- March 22 (M) Classes Resume
- April 27 (Tu) Spring semester end
- May 7-9 (F-Su) Duke University Commencement Weekend
- May 8 (Sa) MBS graduation exercises
- May 9 (Su) University graduation exercises; conferring of degrees

Master of Science in Biomedical Sciences (A-MSBS)

MBS Admissions

Duke is committed to encouraging and sustaining a learning and work community that is free from prohibited discrimination and harassment. Duke does not discriminate on the basis of age, color, disability, ethnicity, gender, gender identity, gender expression, genetic information, national origin, race, religion, sex (including pregnancy and pregnancy-related conditions), sexual orientation, or military status, in the administration of its educational policies, admission policies, financial aid, employment, or any other institution program or activity.

Applicants must have earned a minimum UGPA (undergraduate GPA) of 3.2 from an accredited institution. Grades earned through completion of post-baccalaureate studies are considered on an individual, case-by-case basis. Students should demonstrate success in upper-level life and natural sciences courses. Applicants should review the Admissions section on the MBS website and specifically the FAQ section for suggested coursework. At least one upper division

course, such as biochemistry, is required. Other upper-level division courses in cell biology, molecular biology, and/or genetics are strongly recommended. Students who intend to apply to health professions schools (e.g., MD, DO, DDS, DPT, PA, OTD, PharmD, nursing) or graduate schools (e.g., PhD, DPhil, MPH, MBA, other MS) are strongly encouraged to complete prematriculation requirements specified by the relevant professional associations (e.g., Association of American Medical Colleges, Commission on Osteopathic College Accreditation, Accreditation Review Commission on Education for the Physician Assistant) or graduate schools, prior to applying to the Duke MBS program. Students must have the ability to meet the MBS program's technical standards with or without reasonable accommodations.

Applicants are not required to take the GRE, MCAT, DAT, or any other standardized test to be considered for admission (unless applying for the Bridges to Excellence (BTE) pathway and a prior score is available. The MBS application does not have a place to record such scores (unless the applicant indicates their eligibility and interest in the BTE pathway). Applicants who wish to be reviewed for pathways within the MBS program should follow instructions on the MBS website. Students who matriculate into the program are expected to provide all test scores, if taken, as part of the MBS advising process.

Because "In the health professions, professionalism is integral to academic success and cannot be separated from "academic" issues" (*), applicants must also demonstrate, typically through essay responses and letters of recommendation, behaviors consistent with the Duke University School of Medicine Code of Professional Conduct and other key Professional Competencies. These include the demonstration of expected professional behaviors and not demonstrating unacceptable professional behaviors.

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

- Integrity and honesty
- Growth Mindset
- Resilience
- Self Awareness
- Kindness and Empathy
- 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
- Adherence to program policies
- Respectful incorporation of feedback

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

- Cheating
- Lying, Stealing, and Plagiarism
- Bullying and disrespectful behavior towards others

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 the online application); (2) an unofficial transcript from each post-secondary institution attended, even if only a single course is taken (uploaded within online application). Transcripts are necessary for any post-secondary schools attended even as part of an "early college" program and regardless of whether the courses are listed on the transcript of the school from which they are obtaining their bachelor's degree; and (3) two letters of evaluation written by persons qualified to testify to the applicant’s capacity for graduate work (e.g., at least one letter should be from a faculty member who taught the applicant in an upper level science course), on official letterhead (solicited and submitted through the online application system)). An application cannot be reviewed until all of the above materials are received and the application is complete by the posted deadline.

As part of submitting an application, applicants must agree to adhere to the Duke University School of Medicine Criminal Background Check/Drug Screening Policy. All admitted MBS candidates will be required to undergo a criminal background check and drug screening through a Duke School of Medicine approved process, after they sign their statement of intent and pay their deposit, as part of the requirements for "onboarding." Incoming students will not be permitted to begin orientation and/or the MBS program until the requirement is met and they have been cleared to participate in the educational environment. Depending on the results, Duke reserves the right to rescind or revoke the offer of admission. This information is communicated on the MBS website, on the application itself, and again in the letter of acceptance.

Detailed application instructions can be found on the program’s website, in the admissions section at medschool.duke.edu/mbs. For questions not answered in the FAQs, or if unclear, please email dukembs@duke.edu or call (919) 684-6351.

Program Technical Standards

All candidates for the MBS degree must possess intellectual 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, sterognosis, 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 Access and Accommodation Service (access.duke.edu/students). Given the training requirements for the EMT-Basic training, 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. 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.

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, and accurately evaluate patients' conditions and responses. Vision, hearing, touch, smell, stereognosis, vibratory sense or the functional equivalent is required.

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 communications.

Motor Function: Candidates must have adequate physical endurance, motor function, and sensory ability to:

- perform routine physical examination and diagnostic maneuvers
- provide general care and emergency treatment for patients
- respond to emergency situations in a timely manner
- elicit information from patients by palpation, auscultation, percussion, and movement of limbs
- perform 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 and their team members

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 required by the clinical site(s), which may include masking.

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. 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 settings 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 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, 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 clinical care 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, 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.

The Faculty of the Duke University School of Medicine recognizes its responsibility to present candidates for the MBS degree that have the knowledge, attitudes and skills to function a broad variety of academic, clinical and scientific situations. The MBS Program Admission Committee is responsible for adhering to these technical standards during the selection of the students. Students requesting accommodations to meet these standards are referred to the Student Access and Accommodation Service at accessibility.duke.edu and work with Dr. Bonner.

Master of Science in Biomedical Sciences (A-MSBS)

MBS Financial Information

The MBS Program practices a need-blind admissions process. Applicants to the MBS Program are evaluated for admission without regard to their, or their family's ability to pay.

Tuition and Fees

Tuition for the 2026-2027 academic year is $53,275 for full-time study. On notification of acceptance, prospective MBS students are required to pay a nonrefundable program deposit of $250. The program deposit is applied to the cost of tuition.

EXPENSE	AMOUNT
Tuition	**$53,275**
Total Fees	**$4,718**
Health Fee	$1,047
Graduate Student Activity Fee	$40
Graduate Student Services Fee	$28
Health Insurance	$0
Recreation Fee	$408
LeWell Fee	$350
Student Government Fee	$50
Technology Fee	$2,500
Transcript Fee	$120
Drug/Alcohol Screening & Background Check	$175

The full cost of attendance is available at the Duke School of Medicine Financial Aid website, medschool.duke.edu/education/health-professions-education-programs/student-services/office-financial-aid-and-student.

Health Insurance

All students are required to carry full major medical health insurance throughout their enrollment in the Duke 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 at studentaffairs.duke.edu/studenthealth.

Please refer to the Financial Aid website. If a student is billed for the Duke Student Medical Health Insurance Plan, this amount will be added to the Cost of Attendance Budget mid-September. The fee for the Health Insurance for 2026-2027 is $4,290. If applicable, financial aid will be re-calculated and an updated financial notification will be generated.

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 (FASFA). 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.

To be eligible for the Grad PLUS loan, students must be registered and must accept their loans before July 1. Students who are not registered or who have not accepted their loans by this date will not be considered for the Grad PLUS loan and will need to pursue financing through a private lender.

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, or by visiting the Duke University SOM Office of Financial Aid website at medschool.duke.edu/education/student-services/office-financial-aid.

Scholarships

All applicants accepted for full-time study in the MBS Program are considered for the program's limited need-based tuition scholarship, upon completion of a FASFA application. Need-based scholarship decisions are determined by the Duke School of Medicine Office of Financial Aid and are based on each student's completed FAFSA.

In addition, one to two partial Bridges to Excellence (BTE) Scholarships may be available for eligible students who are admitted to this pathway.

Bridges to Excellence Scholar's Pathway

The BTE Scholars Program is an innovative educational opportunity developed in collaboration between Duke University School of Medicine and The University of South Carolina Greenville School of Medicine, initially funded in part by the Fullerton Foundation. Since the grant ended, a relatively smaller version has been sustained through philanthropy. 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 may have an opportunity to be linked to a "near peer" mentor at the University of South Carolina School of Medicine.

Eligibility: In addition to fulfilling all other MBS eligibility requirements, BTE Scholars will be:

1. Residents of North Carolina or South Carolina
2. Willing to apply **only** to the University of South Carolina School of Medicine, and accept admission to this school (if offered)

Standardized Tests. MCAT scores are strongly preferred at the time of MBS application. The University of South Carolina School of Medicine-Greenville Admissions Committee expects a minimum MCAT that is above the 1st Quartile for the corresponding year, as published by the AAMC. Students will remain eligible and the last MCAT submission possible for this program is a January MCAT for the January following MBS matriculation.

BTE scholars will:

1. be offered and accept conditional acceptance to Duke MBS based on successful completion of their undergraduate degree
2. successfully participate in and complete the Duke Master of Biomedical Sciences program
3. be offered and accept the opportunity to earn conditional acceptance to the University of South Carolina School of Medicine-Greenville, **if satisfactory completion of MBS and fulfillment of the other criteria developed by the Admissions Committee of the University of South Carolina School of Medicine-Greenville (e.g., completed AMCAS application by deadline; completion of secondary application by deadline; successful interviews, among other items)**
4. agree to only apply to the University of South Carolina School of Medicine-Greenville during the upcoming application cycle, meeting the deadlines established by that school
5. fulfill all other conditions of medical school acceptance (i.e. MCAT timing and performance)
6. accept an offer to the University of South Carolina School of Medicine-Greenville (if offered)

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 [the University of South Carolina School of Medicine-Greenville], and if offered acceptance, will matriculate there.

More information about the Bridges to Excellence Scholar program can be found at medschool.duke.edu/mbs.

Master of Science in Biomedical Sciences (A-MSBS)

MBS Program Policies

This program follows all School of Medicine policies in addition to the MBS-specific policies below.

Attendance Policy

All students are expected to be present and punctual for all required curricular and co-curricular activities. Course directors critically assess which activities require synchronous in-person attendance to optimize the student's participation. Active participation allows learners to achieve course objectives. It benefits leaner, and as a learning community, their team and the class ass a whole. In person attendance is generally reserved for team-based learning activities, individual and team/group presentations, skill building activities, and course assessments. These include classroom-based activities on the Duke University campus and on the campuses of our partner institutions, including Alamance Community College, and hospital and urgent care sites in the Duke University Health System. Course syllabi will indicate what activities are subject to mandatory attendance. Regardless of whether an activity is mandatory or optional, MBS students are always expected to be punctual. If the course director(s) would consider "excused absences", request for excused absences must be made in advance in writing (e.g., Duke email) to the relevant course director and copied to the MBS advisor. The interpretation of excused absence is subject to the discretion of the course director; such interpretations may differ among faculty. If an emergency arises and the student is not able to request an excused absence in advance, the student should contact the relevant course director(s) as soon as is reasonably possible.

Each course director will define the consequences for missing a learning, team, or assessment activity, and whether an absence is deemed to be excused. Course policies on the consequences for missed activities are subject to the discretion of the course director(s), and may differ among courses. Some course directors will not allow excused absences and this should be reflected in the syllabi. In most cases, teamwork activities cannot be replicated or "made-up" in the event of an absence. Thus, there is always something missed or lost when absences occur, impacting both absent individuals and their team members. If possible, all requests for planned excused absences should be made at the start of each academic term, or as early as possible.

On clinical shifts, tardiness may, and absenteeism will need to be made up. Although an attempt will be made to obtain student input in arranging the times and locations of these make-up clinical shifts, the scheduling of the time and location for any make-up will be primarily based on site availability and at the discretion of the course director.

Tardiness also pertains to deadlines for meeting programmatic, school, and institutional requirements. The Duke MBS program conforms to institutional (e.g., Student Health), School of Medicine, and/or Duke Health System deadlines for several required professional tasks. These include compliance with Duke Health's annual flu vaccine program and any "new" vaccination, required compliance education or other health related activities that may be activated. Failure to provide documentation of compliance with such policies by the stated deadline will result in the immediate suspension of participation in all Duke MBS activities, including classes and examinations, until full compliance is achieved. During any such suspension, students will be absent without excuse from all programmatic activities until the student comes into compliance. Any missed graded assessment or assignment during such a suspension will result in a score of "zero" without the possibility for make-up or remediation of the missed activity.

Dress Code

In keeping with MBS's core values of Excellence, Advocacy, Inclusion, Self-Reflection, Service, Integrity, Belonging and, Interprofessional Collaboration, students' autonomy in their choice of attire within certain MBS settings, such as the classroom environment, is recognized. As future professionals, the program supports learners to be comfortable within the learning environment but also intentional in their clothing choices, recognizing settings in which more casual or more formal attire may be preferable and prioritizing respect for self and for others in the classroom above all.

Regardless of an individual's choice, attire should always:

1. Prioritize respect for ourselves and respect for others over personal style or convenience.
2. Support the comfort of "self" and others while learning/studying.
3. Avoid language/symbols that are offensive, obscene, or suggestive.
4. Model self-refection and receptivity to feedback, change, and growth in one's own professional development.

Students must adhere to the policies of other entities when in clinical spaces such as EMS, urgent care sites, emergency department, and when there are "guests" of other units/entities such as selectives or community-based course work.

Specific attire may also be required, on occasion, at the programs' discretion when interacting with prospective students, invited speakers, standardized patients, and/or for the Scholar's Day presentation, among other instances.

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. A leave may be granted for up to one academic year. If a leave expires without the student re-entering the program, the student will either voluntarily withdraw from the program or be administratively withdrawn. Enrolled students should refer to the Duke MBS Program for detailed information regarding leave requests, program re-entry, requirements for repeating and/or completing degree requirements, and eligibility to earn the degree. Students who return in the following academic year will adhere to entry requirements of that class year's entering students and may include repeat criminal background check, drug screening, compliance education/modules, and may when indicted, a "fitness for duty evaluation."

Time Limitations to Degree

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. Students granted a leave of absence would be expected to complete all requirements within two calendar years of their original matriculation. Exceptions to this expected time to degree may be granted to students who fail one MBS course. They may be allowed a second attempt of a single failed course and attempt to complete that course within the following academic year, according to Academic Progression policies.

Activities Outside of the MBS Degree Program

Due to the rigors of the Duke MBS curriculum, most students will find it difficult or impossible to be employed during 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 MBS students beyond those required for completion of their academic program. The following policies apply to students who wish to be employed during MBS:

- Any student working/employed while attending the program is strongly encouraged to discuss their planned work commitments with 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 should not interfere with class or clinical schedules and assignments. Students will not be eligible to "make-up" a required activity, examination, quiz, or assignment.
- Students cannot receive both a salary/stipend and academic credit for the same activity.
- Any student who is unable to maintain satisfactory academic standing as outlined in the bulletin will be strongly advised to terminate their employment.
- Students whose employed location requires a Duke ID/badge must agree to wear their Duke employment ID for "employment activities" and their Duke School of Medicine/MBS ID/Badge for "MBS activities" to minimize confusion of those around them.

Transfer of Credit

Academic credit associated with coursework completed outside of Duke University is not transferable to the Duke University School of Medicine. All academic credits earned toward completion of the Master of Science in Biomedical Sciences degree must be earned at Duke University under the administration of the MBS Program.

Grading

Courses in the MBS program will be graded according to one of the following two grading schemes: (1) a conventional graduate school letter grade scheme with grades of A, A-, B+, B, B-, C+, C, C-, or F (Fail); or a P (Pass)/F (Fail) grading scheme. See Courses of Instruction for which courses apply one or the other grading scheme.

For actively enrolled students, an I (incomplete) indicates that some portion of the student's work is lacking in the judgement of the instructor, and inconsistent with the syllabus's criteria, for successful course completion at the time grades are reported. An I may be considered when non-academic circumstances arise (e.g., protracted or chronic illness) that prevent the usual allocation of the student's time, attention, and energy to their responsibilities as a full-time student. Absent such non-academic circumstances, an I may not be used as a substitute for a final grade of failing, if the student's cumulative performance at that point in the semester represents a failing grade. The decision to award a grade of I must be made prior to the last graded assessment in the course. Students will not be permitted to enroll in any course for which they have an unresolved I in a prerequisite course. If a grade of I is awarded, the course director will determine what outstanding work needs to be completed to satisfy the I and the timetable for completion of that work. A grade of I must be resolved no later than the end

of the following academic semester. For students on an approved leave, the work necessary to satisfy the I should be completed by the end of the first academic term following conclusion of the approved leave. A grade is added upon completion of the course requirements; however, a note of the incomplete (I) remains on the official transcript. If an I is not resolved within the specified period, the grade of I becomes replaced with the grade of F.

Grade Appeal Policy

Within 24 hours of the posting of final course grades, a student may appeal a grade awarded in a course, ideally after discussing the concern with their academic advisor and course director(s). The MBS program will notify students by email when grades are posted and visible. The MBS Program will accept requests by email for appeals during the next 24 hours. The only acceptable grounds for appeal to change a grade after posting are (1) a clerical error in grade determination, or (2) demonstrable deviation from the grading rubric published in the relevant course syllabus. Students appealing a course grade should do so by submitting an email to the Executive Director justifying the reason of 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, Director, and Associate Directors. 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) prior to the determination of final course grades.

Satisfactory Academic Progression

Graduate students in the MBS Program are participants in a Duke University School of Medicine health professions' education program. Accordingly, students are evaluated on their academic and clinical performance, communication and interpersonal skills, teamwork, professionalism [including trustworthiness, adherence to the program’s policies (including dress code), timeliness, and professional conduct. These are identified in the Duke School of Medicine's Code of Professional Conduct.

Throughout this process students are guided by their assigned advisors. This includes anticipatory guidance as to how to maximize their learning in the current phase of the curriculum. Deficiencies in any of these areas are brought to the student's attention, generally by the advisor. Failure to correct performance issues may result in lower course grades (as adjudicated by relevant course syllabi), an individualized learning plan (ILP), or in some cases by the Executive Director recommending the Vice Dean for Medical and Health Professions Education (VDE) impose an adverse sanction (academic warning, probation, suspension, or dismissal).

The Executive Team members and Dr. Melanie Bonner serve as the Student Success Committee. They review each student’s performance routinely and are in touch with course directors and the Professionalism Council on a regular basis. The Student Success Committee will provide input as to additional formative feedback and resources to support student learning which the individual advisors will communicate to their advisees. Communication curs at regularly scheduled meetings between the advisors and their advisees and at additional meetings instigated by the advisor or the advisee. Many of these include anticipatory advice based on the next phase of the MBS curriculum. At times, some of this feedback and recommendations take the form of a formative ILP. It is desirable the MBS student co-creates the ILP with the advisor and aware its use is formative and to support the student's learning.

Unsatisfactory Academic Progression

Upon regular review of a student’s performance in the MBS Program, the Executive Director, after consultation with the Student Success Committee may issue a notice of academic concern if the student’s performance is deemed unsatisfactory due to course grades or professional behaviors. The Executive Director and the advisor will convey the notice of academic concern to the student. The notice will include the identified concern(s), a more formalized individual learning plan, a timeline for completion, additional resources (if available), and consequences of failure to remediate the concern(s) by the deadline. If the concern(s) is/are adequately remediated, the academic concern is resolved. The notice of academic concern will not appear on the academic transcript, and the student will not be obligated to disclose it in future applications. An issued notice of academic concern that is not fully remediated will be further carefully reviewed by the Student Success Committee and they may recommend to the Executive Director that the issue be escalated to the Vice Dean for Medical Education (VDE). The Executive Director may recommend the VDE consider imposing an adverse sanction (academic warning, probation, dismissal). The School of Medicine processes for the VDE imposing adverse sanctions and the appeal process, are available in the bulletin.

A student who fails a course will be given a notice of academic concern. The individual learning plan may include opportunity for the student to retake the course and earn the MS degree in the next semester, if available, once they have fulfilled all the expectations identified notice of academic concern. Alternatively, they may need to complete the expectations in the following academic year if the course is given only one yearly. Similarly, a student who withdraws from a course (with a grade of WP or WF; see below) will be given a notice of academic concern. The individual learning plan may include an opportunity for the student to retake the course and earn the MS degree in the next semester, if available, once they have fulfill all the expectations identified in the notice of academic concern. Alternatively, they may need to complete the expectations in the following academic year if the course is given only once yearly.

Failure of a second course, a pattern of deficiency in one of the domains listed above, or involving unacceptable behaviors of the Code of Professional Conduct will result in the Executive Director recommendation to the VDE that they consider imposing an adverse sanction.

Should the VDE impose one of these adverse sanctions, it will include information on the Duke University School of Medicine’s appeal process (the Appeal Process is described in Academic Sanctions Appeals Process available in the School of Medicine Bulletin). The final status of the sanction will appear on the student’s transcript and may be reported by the Executive Director and/or academic advisor in any official communication regarding the academic progression of the student in question.

The Academic Success Committee does not use a sequential, linear process for their academic recommendations. A single egregious professional issue, for example, may lead to recommendation for an adverse sanction even if there has been no prior notice of academic concern.

Tuition and Other Fees Required to Repeat a Course

With the exception of the EMT Course, students who choose to repeat a failed course (either F or WF) that is 4 or more credits , will be required to pay a fee to retake the course. Students are not eligible for financial aid when repeating one course.

Students who withdraw during an academic term and return to retake all the courses in that term, will be required to pay tuition, which will be half the annual tuition rate. Students are eligible to apply for financial aid when repeating a full term.

These tuition charges will be in addition to any University or school- required charges such as health insurance and technical, or other required fees.

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 as WP for withdrawal while passing or WF for withdrawal while failing, as determined by the relevant course director(s).

A withdrawal must occur prior to completion of all course requirements (typically, prior to the last exam or submission of the last course assignment/project).

Dropping a Required Course

There are no drop-add options for required courses.

Dropping a selective course. All selective enrollment has been carefully approved by the student, their advisor, and the selective course directors prior to registration for the spring semester. Only with specific justification and approval of their advisor and course directors will a student's request to drop a selective course be considered for approval. The student will have five (5) days after the first day of the spring semester to submit a course drop request. The drop request should be approved by the student's advisor and the faculty with oversight of the MBS Selectives. Approval for dropping from a selective course will be considered on an individual basis by the faculty with oversight of MBS Selectives. If the course drop is approved, it is the student's responsibility to:

- Contact the School of Medicine's Office of the Registrar and the course director of the course they are dropping to inform them of the change
- Indicate the course(s) they intend to add if dropping a course would cause them to fall below the required 38 credits for degree completion
- Maintain eligibility for May graduation

Adding a selective course. Approval to enroll in another course, to achieve the mandatory four (4) selective credits for graduation, must be provided by the student's advisor, the MBS Selectives course directors, and the new course director of the course(s) to be added. Students adding a selective course after the spring semester has begun will be limited to those selective courses with sufficient capacity for additional students.

Additional coursework (i.e., "overloading") beyond the total of 38 credits is not allowed, except for the audit of HLTHSCI 533.

Auditing a selective course. HLTHSCI 533 Planning for Health Professions Education is the only MBS selective course that may be audited if approved by the advisor, the course director, and the Selectives course directors. The student must register to audit a course at the same time as registration for the other spring courses. The audited course will be indicated as such on a student's transcript and no grade provided. Nevertheless, students auditing a selective course must complete all course assignments and must satisfy attendance requirements. Failure to do so will result in a notice of academic concern.

Withdrawal from the Program

If a student withdraws from the program, including involuntary withdrawal for reasons determined by the Student Success Committee, tuition is pro-rated and credited to the student's account according to the following schedule relative to the start of the semester.

Before classes begin:	100%
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.

The status of the student in all in-progress courses at the time of withdrawal from the program is indicated on the transcript as WP or WF.

Voluntary withdrawal from the program is initiated at the request of the student. Such requests must be submitted in writing to the Executive Director. The Executive Director will notify the School of Medicine's Office of the Registrar and course faculty, as appropriate 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.

Students who withdraw and wish to return will be required to provide documentation of readiness to return to their educational program.

Computer Technology

All matriculating students in the School of Medicine are assessed a mandatory technology fee. The fee covers hardware, software, technical service and technical updates to comply with all Duke Health System and Duke University School of Medicine compliance guidelines. The Duke School of Medicine's Medical Education IT unit distributes and supports a dedicated laptop to each MBS student for their education. Students receive the laptop, configured and secured for use in the Duke MBS program, during orientation. Students returning for an additional semester to complete or repeat a course will also be assessed School

of Medicine's required technology fees. Students who go on leave for any reason, or students who are suspended, must have their laptops returned to factory settings by working with IT, and they may be asked to return their laptop to the program. Student laptops become the property of the student only after the last technology fee has been paid.

Criminal Background Check

Incoming students must consent to and undergo a mandatory criminal background check (CBC) prior to matriculation. The criminal background check is conducted by a Duke University School of Medicine approved agency and the results 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 CBC with negative results.

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. In addition, sites providing experiential learning experiences may require students to undergo additional background checks prior to undertaking their experiences. The cost for such requested background checks tests, if not borne by the site, will be incurred by the student.

The student is aware that, when applying for the CBC they automatically release 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 the program and its clinical experiences.

Failure to undergo the required CBC prior to starting MBS will result in revocation of acceptance from the program.

DUSOM Medical Education and Health Profession Education Programs Prohibited Substance Use Recommendations for Policy, Procedures, Testing and Sanctions

The Duke MBS Program adopts the DUSOM Medical Education and Health Profession Education Programs Prohibited Substance Use Recommendations for Policy. Procedures, Testing, and Sanctions with the following modifications given the required EMT curriculum.

Background:

All students and members of the Duke University community are expected to follow the standards of conduct established by the University. This includes the prohibition against the unauthorized use, possession, storage, manufacture, distribution and sale of alcohol, controlled substances, and illegal drugs on Duke's premises, in or during Duke activities, or during any business conducted in Duke-supplied vehicles or during working hours. In accordance with the Duke Community Standard, Duke is committed to providing a safe and healthy environment for all enrolled students. In addition, students in medical and health professions programs participate in patient interaction and patient care activities at Duke, Duke University Health System (DUHS), and affiliated sites, where drug and alcohol-related impairment can have a detrimental impact on patient care and safety.

I. Purpose

These recommendations refer to medical and health profession education programs in the Duke University School of Medicine including: Doctor of Medicine, Doctor of Physical Therapy, Occupational Therapy Doctorate, Physician Assistant, Pathologist Assistant, and Master of Biomedical Sciences. The intent of these policy recommendations is to define expectations in the assessment and management of prohibited substances.

II. Persons Affected

- Students matriculating into SOM Health Professions Education programs
- Students in SOM Health Professions Education programs

III. Policy Statement

Prohibited substances. This policy applies to all substances covered under the Federal and North Carolina Controlled Substances Act, the North Carolina Toxic Vapors Act, the Drug-Free Schools and Communities Act and/or any other applicable law ("Prohibited Substances"). Prohibited substances include but are not limited to Schedule I controlled substances, illegal drugs, and legal substances that can affect or impair physical or mental capacity, judgement or fitness for patient-related duty (including but not limited to alcoholic beverages, THC and cannabinoids, hallucinogens, and certain medically authorized or prescribed drugs or therapies). See the Duke Community Standard for more details here. Based on location and nature of students' clinical assignments, specific substances and policies associated with their use may be more restrictive in those jurisdictions (and clinical sites may request additional or different testing outside of this policy).

Definition of prohibited substances. This policy applies to all substances covered under the Federal and North Carolina Controlled Substances Act, the North Carolina Toxic Vapors Act, the Drug-Free Schools and Communities Act and/or any other applicable law ("Prohibited Substances"). Prohibited substances include but are not limited to Schedule I controlled substances, illegal drugs, and legal substances that can affect or impair physical or mental capacity, judgement or fitness for patient-related duty (including but not limited to alcoholic beverages, THC and cannabinoids, hallucinogens, and certain medically authorized or prescribed drugs or therapies). See the Duke Community Standard for more details here. Based on location and nature of students' clinical assignments, specific substances and policies associated with their use may be more restrictive in those jurisdictions (and clinical sites may request additional or different testing outside of this policy).

Expectations for prohibited substance and alcohol testing. The definition of matriculation is as follows: Matriculation occurs only after all conditions of admission have been satisfied and approved. Substance screening and a criminal background check are mandatory conditions of admission and must be completed, reviewed, and the students cleared to participate in MBS prior to matriculation. Admission remains contingent on this clearance as students will participate in clinical care in the health system and area EMS as part of the EMT curriculum, The University *reserves the right to rescind admission* based on results.

All MBS students will be subject to testing for Prohibited Substances prior to matriculation and in accordance with MBS program guidelines. Minimally, all students must be tested for the following substances at matriculation: amphetamines, cannabinoid (marijuana), cocaine, opiates and phencyclidine. All testing will be overseen by a designated certified medical review officer (MRO). If there is a positive result, the MRO will meet with the student to interpret the results, make referrals, and/or arrange subsequent testing. The MRO will inform the program leadership who will determine if the student is allowed to matriculate or not – no other personal health information will be shared with the program leadership. There are no additional costs to the student for the initial MRO evaluation.

Students may also be referred for testing at any other time **for cause** (e.g., exhibiting behaviors raising suspicion of substance use). If reasonable cause exists, enrolled students may be subject to unannounced drug screening, meaning students could be requested at any time to submit to a urine and/or serum screen to assess for Prohibited Substances.

Testing under this policy may occur at any time, without advance notification. The University *reserves the right to* terminate participation in the program based on results.

Students will not be charged for these testing costs. However, students recommended to take part in surveillance monitoring (e.g., random urine testing secondary to a positive result) must comply as a condition of return to clinical service and will be responsible for paying for these associated costs ($110-$150 per test). Additionally, students will be required to execute a waiver prior to testing for release of test results to individuals and sites who need this for relevant clinical work to begin/continue.

Expectations for identifying and managing concerns for impairment post-matriculation. Education leaders or clinical supervisors will use the following definition of impairment:

Impairment is defined as the inability of a person (in this policy, medical education and HPE students) to provide clinical care with level-appropriate skill and safety due to being under the adverse influence of alcohol, narcotics or other drugs, whether illicit or otherwise; or mentally or physically unable to reason, communicate, or perform clinical services in a safe and acceptable fashion; or distress that is recognized by the individual or others as detrimental to the person's or patient's well-being. Behaviors that may be observed in someone who is impaired include, but are not limited to unexplained absences or tardiness, inappropriate orders or responses to queries, diminishing quality of work, lack of preparedness, impaired interpersonal interactions.

Program leadership is responsible for making the determination of removing a student from educational and/or clinical care activities upon evidence of impairment. If there is an urgent concern or imminent threat to the student and/or patient well-being, the Vice Dean, in collaboration with program leadership, will refer the student to the Office of Le Well for an immediate Fitness for Duty evaluation with a provider trained in Occupational Health and Medicine. The process of evaluation and clearance for return to educational program activities may take time such that a student's curricular progress may be interrupted and/or delayed. The student will be allowed to return to educational program activities upon clearance by the Occupational Health provider. This notification will be provided in writing by the Office of Le Well to the Program Director and the Vice Dean. The program will cover the costs for a Fitness for Duty evaluation, but the student must pay for any recommended treatments or evaluations deemed necessary before returning to the education environment.

Confidential or anonymous reporting of suspected violations. Any concerns regarding a student under this policy can be reported to the Program Director, the Office of Le Well Associate Dean for Learning Environment and Well-Being and/or the Vice Dean. Anonymous reports also may be made using the Adverse Events Reporting System (AERS).

Academic and disciplinary action. Violations of the Medical and HPE Education Programs Substance Use Policy may result in disciplinary and/or academic actions consistent with University policy and applicable federal, state and local laws. Specific violations and actions include, but are not limited to:

- Incoming students will not be permitted to begin the MBS program, starting with the required orientation without consenting to and undergoing required testing that is performed in time that the results can be reviewed and the student have clearance to participate in the educational environment.
- Students who do not consent to pre-matriculation, screening will not be permitted to begin any educational activities and their acceptance will be rescinded.
- Students who do not consent to for-cause screening will not be permitted to continue in any educational activities and may be suspended or dismissed from the program.
- Students can be temporarily removed from any clinical or academic site pending testing results.
- If a student is not cleared to participate in educational activities, the MRO will communicate that result and associated recommendations to the Office of Le Well, and Le Well will inform the Program Director of the MRO's recommendation.
- Students returning to the educational environment are expected to follow the recommendations of the MRO in order to maintain eligibility to remain in the educational program.
- Noncompliance with this policy and/or inability to meet the requirements set by the MRO will result in communication of noncompliance to the program director and review for possible adverse academic actions.
- Please refer to program specific policies on professionalism, advancement and promotion, as well as the SOM Academic Appeals Policy for details. All are located in the SOM Bulletin.

Resources. Students are at risk for considerable health consequences related to use of Prohibited Substances. Students in medical and HPE programs are also responsible for professional conduct in and around healthcare settings and may experience serious professional consequences for violations of the policy. For students seeking assistance, resources are available to help students in understanding and dealing with substance and alcohol abuse. Those resources can be found at the Duke Student Affairs Alcohol & Other Drug Resources.

For more information, see the Duke University SOM policy.

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 or continue their coursework until all immunization requirements are met. Vaccination requirements can be fulfilled by documentation of having received the annual vaccination(s) that may be required (e.g. influenza) or an approved medical or religious exemption. For questions or concerns about immunization requirements, contact Student Health at immunizations@duke.edu or by phone at (919) 681-WELL.

Students are encouraged to review and update their student health records as soon as possible. Failure to meet requirements may result in matriculation and/or participation delays. Since most courses are only offered once per academic year, such delays may result in a delay of graduation by an entire year. Refer to studentaffairs.duke.edu/studenthealth/immunization-compliance for the most current immunization information.

Additional immunizations and health records may be required for participation in the EMT-B course and clinical sites.

Academic Regulations

Registration

Registration in the Duke MBS program is processed in accordance with instructions distributed by the Office of the Registrar of the School of Medicine prior to official registration periods.

Optimizing Team-Based Learning (TBL) Success through Teamwork

All students enrolling in the MBS program are assigned to teams of five to six members based on characteristics identified from their applications to maximize cognitive and social diversity in teams. During their MBS year, students/teams move through four stages:

1. **Teamwork Orientation.** Students participate in workshops on understanding self and others in teams, becoming familiar with effective and ineffective interpersonal teamwork behaviors and dynamics.
2. **Individual Team Coaching.** Each team meets for a coaching session with the Associate Director for Team Enhancements focused on personal and interpersonal teamwork dynamics.
3. **Interdisciplinary Faculty Facilitation.** During each Fall and Spring semester, individual teams meet with assigned faculty facilitators (not the students' advisor) to share, as an example, 360-peer assessment perceptions around progress working as a team to accomplish their class projects and assignments.
4. **Team Closure Sessions.** Students discuss progress, learnings, and reflections as a team and with their advisors and/or faculty facilitator.

Students are with the same team for the entire year in the program. For many students, this is a new growth opportunity in their thinking and orientating toward teamwork. It requires transitioning from an individual-only focus to a team-focused contributor in completing assignments, managing differences, and flexing interpersonal and communication style(s).

Duke School of Medicine Code of Professional Conduct

Students enrolled in the Duke MBS program are expected to adhere to the Duke Community Standards and 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 Academic Assessments

The faculty of the Duke MBS program expects and will require of all its student's cooperation in maintaining high standards of scholarship and conduct in accordance with the professional expectations of the Duke University School of Medicine Code of Professional Conduct.

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 their name to work, students are indicating that they neither gave nor received inappropriate assistance during the examination and/or that all work is their own, or in the instance of groups assignments, their group's work product. This includes the exclusion of authoring software. 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 current or future students of the Duke MBS program. Similarly, students may not share publicly or privately any examination; to do so would be considered a violation of this Code of Professional Conduct.

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 Executive 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 Executive Director should be informed of this decision by the faculty member.

The Duke MBS program and the Duke School of Medicine recognize their professional responsibility to maintain the learning environment. Student concerns of actions such as harassment and mistreatment can be communicated anonymously to the Associate Dean of Learning Environment and Well-being using the link duke.qualtrics.com/SE/?SID=SV_0xINCG6gxBow5Rr. These are reviewed by a School-wide community of faculty and learners.

Student Policy on the Use of Artificial Intelligence and Large Language Models (LLMs) in Assignments. The MBS Program has adopted the policy for the Doctoral of Medicine program, unless otherwise indicated by specific course faculty and noted in course syllabi. This stipulates:

1. An honor system is employed during administration of all written and practical examinations and for specified assignments that are completed in other locations. By signing their name to work and/or submitting an assignment electronically, students are indicating that they have neither given nor have received assistance during the examination or assessment, and that their work represents the student's work or in the instance of group assignments, their group work's product. Misrepresenting work as their own, including the use the AI technologies, would represent a violation of the Code of Professional unless explicitly permitted by the course director.
2. 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 students are provided for the specific purpose of enhancing that individual's learning and are not to be shared with any other students.
3. Students should report any witnessed violations of the Code of Professional conduct or concerns of learner mistreatment through the School of Medicine Adverse Events Reporting System.

MBS students should pay particular attention to policies for their EMT-B course, which may include prohibition about using AI applications (such as ChatGPT) for test or quiz questions and can lead to expulsion from the EMT course.

For further reading on artificial intelligence (AI) tools (e.g., ChatGPT, Google Bard, DALL-E2) at Duke, see the Duke Center for Learning and Teaching page AI and Teaching at Duke.

As technology advances, students have access to various tools and resources, including artificial intelligence (AI) and natural language processing platforms like ChatGPT. While these tools can be beneficial for learning, course directors are obligated to ensure academic integrity, promote critical thinking, and foster the ethical and responsible use of technology for course assignments.

Course directors will include any relevant AI/LLM policies in their course syllabus. Some course instructors may choose to prohibit any use of these technologies. Other may allow their use but with conditions.

Course instructors that may allow their use may include expectations for:

1. Transparency: Students should acknowledge the use of AI and specify the extent of its contribution.
2. Critical analysis: Students must critically evaluate and refine any AI content to ensure accuracy, relevance, and avoidance of plagiarism of others work without attribution.
3. Attribution: Proper citation must be provided for the use of others' work, including any AI-generated content.

Violations will be addressed as are other professional violations for course, program, and school policies.

Professionalism Counsel (PC)

Background. The Professionalism Council (PC) will consist of faculty, students and staff of the Duke MBS program. The PC is designed to promote professionalism and to assist with addressing allegations of professionalism lapses, which include, but are not limited to, dress code violation, inadequate electronic communication, disorderly conduct (non-criminal), absenteeism, plagiarism and/or cheating. The PC will not address professionalism lapses which are criminal or governed by other institutional entities and processes, such as for Title IX complaints as these will be assessed by the appropriate institutional offices.

Composition. The council will include student, faculty, and staff members. Student representatives will be selected by class vote to serve a yearlong term. The council will also include faculty representatives and members from the Executive Board. The council will be led by a faculty chairperson and convene regular meetings to review and discuss issues related to professionalism amongst students in the Duke MBS program. The chair of the professionalism council, in consultation with its members, will lead administrative hearings to identify allegations of minor professionalism lapses. Any student under review may request a formal Professional Hearing Committee process rather than an administrative hearing.

Aims.

- To serve as a consulting body for professionalism matters involving students enrolled in the Duke MBS Program.
- To facilitate hearings, surveys, and reports related to professionalism matters within the academic community.
- To acknowledge and promote exemplary behavior, service, and other professional conduct.

Professionalism Hearing Committee (PHC)

Background. The Professionalism Hearing Committee (PHC) is a committee of the Professionalism Council (PC) tasked with advising Duke MBS executive leadership regarding allegations of breaches in professionalism or the Duke University Code of Professional Conduct that may result in recommendations for adverse sanctions to the Vice Dean for Medical and Health Professions Education. 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 identified from existing PC membership, and must include student and faculty representation. 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. The PHC will be chaired by the chair of the professionalism council.

Process. In the event that a professionalism concern is reported, the student's advisor and/or member of the professionalism council will speak directly with the identified student(s). If the advisor, a member of the professionalism council, or Executive Director deems it necessary, then a request to convene a hearing by the Professionalism Hearing Committee can be shared with the chair of the professionalism council 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 may include individuals with knowledge of key details of the incident 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.

Confidentiality. The minutes of the PHC will be considered confidential and not released without written permission except as applicable by law.

Hearing procedures. The Executive Director 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 unprofessional behavior, 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 committee (PHC) shall deliberate and decide whether the accused student has violated the Duke University School of Medicine Code of Professional Conduct. 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; and (4) a brief statement of the hearing body's reasoning; and, if a violation is found, (5) recommended sanction(s). The accused student will also receive information on the rights and process of appeal.

Sanctions. The PHC does not impose sanctions. The PHC will make the determination if they believe a professionalism lapse has occurred and share its findings with the MBS Executive Director. The Executive Director will seek additional information they believe to be relevant and meet with the student and the advisor.

- The Executive Director may conclude there is insufficient documentation to conclude a professionalism lapse has occurred. No written documentation will be placed in the student's file.
- The Executive Director may issue a notice of academic concern, and use the process outlined in the section on Unsatisfactory Academic Progression.
- The Executive Director may recommend an adverse academic action (Probation, Suspension, Dismissal) to the Vice Dean of Medical and Health Profession Education.

The processes of the PHC and the PC do not preclude the Executive Director from making an independent recommendation to the Vice Dean or acting on their own for a time sensitive issue.

Appeals. There is no appeal to the decision of the Executive Director in issuing a notice of Academic Concern.

Should the VDE impose an adverse action, their process will follow the Duke School of Medicine Policies on the notification of the sanction and the student's right to an appeal. See the Bulletin for the School of Medicine Appeals Policies.

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. Selective opportunities vary from year to year and are contingent upon faculty availability, approval from other Duke University programs, departments, schools, and institutes, and resource constraints that may result in a required maximum or minimum of students for the selective to be offered. Students are able to complete the selective concentration by selecting courses within the MBS Program.

Satisfactory Academic Progress

Students are required to meet with their academic advisors at least once each semester and encouraged to meet more frequently.

When performance issues are identified, advisors may consult with course directors, the learning specialist, and the Executive Committee as needed, to ensure students are aware of and linked to appropriate resources, and help the student develop an individualized learning plan.

Satisfactory academic progress consists of the successful completion of all requirements necessary to advance toward completion of degree requirements.

Graduation

To graduate, students must complete with a passing grade the 38 credits required for the Master of Science in Biomedical Sciences degree, which includes credits associated with all required courses, and required clinical and other experiential learning activities. 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,

- Successfully complete all MBS core courses and selective courses (for a total of 38 credits) with a passing grade. (≥ C- or Pass)
- Document North Carolina EMT-B license by uploading it into the learning management system
- Return Duke-issued photo identification "badge"
- Complete all requirements pertaining to technology as specified by Duke Medical Education IT and the Duke Office of Information Technology
- Clear Bursar account

Requirements to Participate in Graduation. To participate in the Duke MBS diploma ceremony, including but not limited to wearing academic apparel, walking across the stage, being hooded, receiving a diploma cover, serving as student speaker, and participating in official MBS photos of graduates, students must have successfully completed all required course credits and program requirements by the end of the spring academic semester.

This policy helps maintain the integrity of the graduation process and ensures that expectations and required timelines are clear for all students, faculty, and guests. Students who are unsure of their eligibility for graduation should consult with relevant course directors and their advisor(s) before the conclusion of the spring semester.

Any student who still needs to complete any MBS requirement is warmly invited to attend the MBS graduation ceremony and share in the celebration with their classmates, friends, and family, but will not participate in the formal aspects of the ceremony. Students who complete all program requirements in time for graduation in September or December can participate in the MBS graduation ceremony in May of the following year.

Master of Science in Biomedical Sciences (A-MSBS)

MBS Program Requirements

The degree requires a total of 38 credits; of these, eleven courses comprise a required core curriculum of 34 credits. The remaining four credits are earned through the successful completion of one or more selectives.

11 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 credits each of two semesters; 4 total)
- HLTHSCI 518 – Evidence Based Clinical Practice (4)
- HLTHSCI 509 – Medical Statistics (4)
- HLTHSCI 510 – Health Systems (3)
- HLTHSCI 511 – Enhanced EMT-Basic (1)
- HLTHSCI 512 – EMT Clinicals I (1)
- HLTHSCI 513 – EMT Clinicals II (2)

Selective concentration (4 credits)

Selective opportunities vary each academic year and are contingent upon faculty and course availability. Students take one or more selectives during the spring semester to fulfill the program requirement of 4 selective credits, successfully completing either one 4-credit selective or two 2-credit selectives, selected from courses offered within the MBS program. Courses outside of MBS cannot be applied toward this 4-credit selective requirement. Some selectives may have a minimum or maximum number of students able to be enrolled. The minimum and maximum are determined by the course director. Selective credits will range from 1-4 credits. Students should discuss their selective selection with their advisor and enroll early to secure their selective preference(s).

Students are not allowed to overenroll or exceed the 4 selective credits which will fulfill the MBS program expectation of successful completion of 38 total credits. They may be allowed to register to audit HLTHSCI 533 Planning for the Health Professions Education course beyond the 4 selective credits which fulfill the program requirements. To do so requires permission of the student's advisor and the course director. If a student choose to audit this course, they are responsible for attending all sessions and submitting all course assignments. Successful completion of this course will then be noted on the transcript as an "audit."

With the exception of the Basic Science Selective (graded ABCF), all selective courses are graded P (pass)/F (fail). Questions related to Selectives should be directed to Dr. Leonor Corsino and Dr. Christian Mauro, Associate Directors for the MBS Selective Curriculum.

Approved Elective Courses in Other Programs and Departments

Selective availability, course directors/faculty, and credit hours are provided to students each fall **and are subject to change without notice.** For questions, contact Dr. Corsino and Dr. Mauro. As an example, the selective courses listed below (MBS Courses) were offered during the 2025-2026 academic year. In prior years, some programs have given MBS an opportunity for selectives in the Bioethics and Science Policy Degree Program (BIOETHIC 606 and BIOETHIC 701), Clinical Research Training Program (CRP 253), Family Medicine and Community Health (COMM FAM 423C and COMM FAM 448C), and Global Health. The availability of these selectives is assessed yearly by Dr. Corsino and Dr. Mauro.

Master of Science in Biomedical Sciences (A-MSBS)

MBS Courses of Instruction

Core Courses

- HLTHSCI 501 – Human Structure
- HLTHSCI 502 – Cellular Sciences
- HLTHSCI 503 – Organ Systems
- HLTHSCI 504 – Essentials of Health Practice and Professional Development I
- HLTHSCI 505 – Essentials of Health Practice and Professional Development II
- HLTHSCI 509 – Medical Statistics
- HLTHSCI 510 – Health Systems
- HLTHSCI 511 – Enhanced EMT-Basic Training Course
- HLTHSCI 512 – EMT Clinicals I
- HLTHSCI 513 – EMT Clinicals II
- HLTHSCI 517 – EMT Selective
- HLTHSCI 518 – Evidence Based Clinical Practice

Selective Courses

Selective opportunities vary each academic year and are contingent upon faculty and course availability. The following selectives were offered during the 2025-2026 academic year.

- HLTHSCI 517 – EMT Selective
- HLTHSCI 519 – Rural Primary Care Selective
- HLTHSCI 520 – Physical Therapy Outpatient Selective
- HLTHSCI 521 – Community Health Engagement Practicum
- HLTHSCI 523 – Duke Office of Clinical Research (DOCR) Immersion
- HLTHSCI 524 – Directed Study
- HLTHSCI 525 – Fundamentals of Ultrasound
- HLTHSCI 530 – DUHS Clinical Laboratory Training Program
- HLTHSCI 532 – Reimagining Aging
- HLTHSCI 533 – Planning for Health Professions Education
- HLTHSCI 536 – Health Systems Selective
- HLTHSCI 539 – Outpatient Mental Health Selective
- HLTHSCI 540 – DECHS Community Centered Research Design and Education
- HLTHSCI 541 – Practicing Constructive Dialogue
- HLTHSCI 542 – Global Classroom in Health Humanities and Geographies
- HLTHSCI 543 – Promote and Teach

For up-to-date course, course descriptions, schedules, and grading schemes, students should refer to the Duke University Course Catalog.

Master of Biostatistics

Department Chair: C. David Page, PhD
Director of Graduate Studies: Jesse D. Troy, PhD
Associate Director of Graduate Studies: Gregory P. Samsa, PhD
Senior Program Coordinator: Kendall Mincey, NBC-HWC

Website: biostat.duke.edu/education-and-training/master-biostatistics

As biomedical research becomes increasingly quantitative and complex, individuals with exceptional analytical skills, a strong foundation in human biology, and the ability to effectively communicate statistical principles to multidisciplinary research teams are needed. Demand for individuals with formal training in biostatistics is exceptionally high.

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 methods in the context of cutting-edge scientific research. Duke's Master of Biostatistics Program is unique for 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 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 four tracks: Clinical and Translational Research (CTR) Track for students who plan to gain employment as a collaborative biostatistician in an academic or industry setting, or who plan to pursue a doctoral program in biostatistics or a related field with an emphasis on applied work; Biomedical Data Science (BDS) Track for students who would like to blend statistics and computer science; Mathematical Statistics (MS) Track for students who plan to enroll in a mathematically-intensive doctoral program in biostatistics or similar field; and Health Artificial Intelligence (HAI) Track for students with adequate preparation for advanced training in AI-related methods, such as deep learning and optimization.

Master of Biostatistics Academic Calendar

The Master of Biostatistics Program follows the Graduate School's academic calendar.

Fall 2026

- August 19 (W) New graduate student orientation begins
- August 24 (M, 8:30 am) Fall semester classes begin
- September 4 (F, 1:00 pm) Drop/Add ends
- September 7 (M) Labor Day (No classes are held)
- October 9 (F, 7:00 pm) Fall break begins
- October 14 (W, 8:30 am) Fall break ends
- October 19 (M) Shopping carts open for Spring 2027
- October 28 (W) Registration begins for Spring 2027
- November 24 (T, 10:30 pm) Thanksgiving recess begins
- November 25-December 8 (W-T) Graduate reading period
- December 9 (W, 9:00 am) Final exams begin
- December 14 (M, 10:00 pm) Final exams end

Spring 2027

- January 6 (W, 8:30 am) Spring semester classes begin (Monday class meeting schedule is in effect this day)
- January 18 (M) Martin Luther King Jr. Day holiday (No classes are held)
- January 20 (W, 1:00 pm) Drop/Add ends
- February 15 (M) Registration begins for Summer 2027
- March 5 (F, 7:00 pm) Spring recess begins
- March 15 (M, 8:30 am) Spring recess ends
- March 22 (M) Shopping carts open for Fall 2027
- March 31 (W) Registration begins for Fall 2027
- April 14 (W) Graduate classes end
- April 15-25 (Th-Su) Graduate reading period
- April 26 (M, 9:00 am) Final exams begin
- May 1 (Sa, 10:00 pm) Final exams end
- May 7 (F) Commencement begins
- May 9 (Su) Graduation exercises; conferring of degrees

Master of Biostatistics Admissions

All persons seeking a degree in the Master of Biostatistics Program must be admitted to the program through the admissions process. The information outlined in the School of Medicine Bulletin is a brief summary of the program website at biostat.duke.edu/education/master-biostatistics/overview. This website should be consulted for the most up-to-date and comprehensive information about the application process and requirements. Questions may be directed to Kendall Mincey at 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 a 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 completed and submitted to the Master of Biostatistics Program, along with the application fee, by the application deadline. The necessary supporting documents must also be included with 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; and (3) 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 the application is considered complete.

If an applicant accepts an offer of admission, they 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 if there is a discrepancy between the transcript included in the online application and the official transcript.

Materials submitted to support an application are not released for other purposes and cannot be returned to the applicant.

Applicants are not required to take the General Record Examination (GRE) or submit scores; however, scores may be submitted if desired.

TOEFL/IELTS Policy for 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) (ets.org/toefl) or the International English Language Testing Service (IELTS) (ielts.org).

Students who will have completed at least two full years of academic study at an institution located in an English-speaking country where English is the primary language before 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, all students whose first language is not English must demonstrate proficiency in academic English by taking oral and written exams upon their arrival at Duke. It is not possible to waive these assessments. Depending on their exam results, students are either exempted from or placed into one or more English Language Support Program (ELSP) courses. Students with ELSP requirements must begin these courses in their first year of study.

Non-Degree Study. Non-degree 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.

Master of Biostatistics (A-BST-M)

Master of Biostatistics Financial Information

2026-2027 Tuition and Fees

EXPENSE	FIRST-YEAR AMOUNT	SECOND-YEAR AMOUNT
Tuition	**$43,036**	**$43,898**
Total Fees	**$1,643**	**$1,283**
Health Fee	$1,047	$1,047
Graduate Student Activity Fee	$40	$40
Graduate Student Services Fee	$28	$28
Recreation Fee	$408	$408
Transcript Fee	$120	-

Tuition and fees vary each year. The second-year figures are estimates that are likely to change in the 2027-2028 academic year. The full cost of attendance is available at the Duke School of Medicine Financial Aid website.

Financial Support

Students are responsible for ensuring they have the means to support themselves and the ability to pay tuition and fees due to the university. Financial assistance for the Master of Biostatistics Program can include program scholarships and federal need-based financial aid packages. More information about these options can be found on the program website and biostat.duke.edu/education-and-training/master-biostatistics/tuition-and-fees.

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; Website: medschool.duke.edu/education/health-professions-education-programs/student-services/office-financial-aid-and-student.

Master of Biostatistics (A-BST-M)

Master of Biostatistics Program Policies

This program follows all School of Medicine policies as well as the policies listed below.

Attendance Policy

Students are required to attend and participate in all class sessions in accordance with the expectations set by individual course instructors. In the absence of a specific course attendance policy, students should assume attendance is expected and absences require prior consultation with the instructors regarding arrangements for missed work.

Registration and Drop/Add Policy

Registration in the Master of Biostatistics Program is processed according to instructions distributed by the Office of the Registrar in the School of Medicine before the 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 the Director of Graduate Studies must approve courses taken outside the department before enrollment.

Policy for Substitution of Core Course Requirements

Students who have relevant pre-matriculation coursework or training may request to meet the core course requirements for the first-year statistical theory and computing course sequences by taking more advanced graduate-level courses in related areas for equivalent credit. Advanced courses that may be selected are: BIOSTAT 732 (3 credits), BIOSTAT 828, BIOSTAT 906, STA 532, STA 640, STA 732, and ECE 551D. Testing or other evaluation may be required prior to approval. Instructor permission may be required for enrollment in some courses. Requests must be submitted to the Director of Graduate Studies either two weeks prior to the start of the fall semester (for courses to be taken in the fall) or no later than the last day of the fall semester (for courses to be taken in the spring). Approval is required by the Director of Graduate Studies.

Credit Limit

The Master of Biostatistics students have a credit limit of 16 credit hours per semester. The Director of Graduate Studies may grant exceptions in special circumstances.

Audits

The Master of Biostatistics program does not permit students to audit its courses.

Grades

All graded courses will be graded on a five-letter grade scale (A, B, C, D, F) with +/- grades assigned at the course instructor’s discretion.

An Incomplete (I) indicates that some portion of the student’s work is lacking for a reason acceptable to the instructor when 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 I must be resolved no later than the end of the following academic semester unless the course instructor specifies an earlier date by which the student must make up for the deficiency. In exceptional circumstances, an Incomplete that is not resolved within the designated period may be extended for a specified period with the 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. If an Incomplete is resolved within the specified period, the I is removed from the transcript.

A student’s enrollment as a degree candidate may be terminated if the student 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 a student withdraws from a course after the drop/add period, the student will receive a grade of W (Withdrawn), as determined by the Director of Graduate Studies and the course instructor.

The following process is required if a student wishes to appeal their assigned grade.

1. A student wishing to appeal the grade should discuss this with the course instructor within two weeks of the grade posting in DukeHub.
2. If the student is not satisfied with the instructor’s decision, then the student may contact the Director of Graduate Studies within two weeks of the grade posting in DukeHub.
3. If the student is dissatisfied with the Director of Graduate Studies' decision, the student may appeal the grade within two weeks after the Director of Graduate Studies meeting.
4. The student is to submit a formal written appeal to the Director of Graduate Studies. The appeal is to be addressed to the B&B Academic Review Committee.
5. Within one month of receiving the student’s formal appeal, the B&B Academic Review Committee is to meet and render a decision.
6. If the student is dissatisfied with the B&B Academic Review Committee’s decision, the student may submit an appeal to the Vice Dean for Education for a ruling.
7. If the student is dissatisfied with the Vice Dean of Education's ruling, the student may appeal to the Dean, but only on the grounds of improper procedure.

Graduation Requirements

To receive the Master of Biostatistics degree, students must successfully complete 50 graded credits of coursework (including the master's project) as outlined in this bulletin, a practicum experience, and a proficiency examination. Candidates for the Master of Biostatistics degree must apply to graduate through DukeHub per the instructions and deadlines announced by the Office of the Registrar in the School of Medicine. Failure to do so may delay the conferral of the degree and issuance of the diploma, even if all degree requirements have been met.

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 proficiency examination (see above) and meeting the requirements and standards for completing the practicum and the master's project, as described in the program guidelines. Students must also maintain a cumulative grade point average of 2.70 to maintain satisfactory academic progress.

For non-degree students, satisfactory academic progress consists of successful completion toward attaining 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 be placed on academic probation. When a student is placed on academic probation, an individualized remediation plan will be developed and approved by the B&B Academic Review Committee. 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 the conditions that will result in either the removal of academic probation or dismissal from the program. The terms of the remediation plan will be based on the student's academic needs. If the terms of the remediation plan are not met, there will be multiple layers of review. First, the B&B Academic Review Committee will assess the situation, including possible extenuating circumstances. If the recommendation is to suspend or 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 Education. 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 or medical 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, 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 their wish to return to the Master of Biostatistics program or to extend the personal leave at least sixty calendar days before 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 one or more courses completed before the leave. In all leave-of-absence cases, the student must complete the entire 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 the first or second week:	80%
During the third to fifth week:	60%
During the sixth week:	20%
After the sixth week:	None

Student fees are nonrefundable after classes begin.

Voluntary withdrawals are typically initiated by the student. Working with the Director of Graduate Studies, a mutual decision is reached regarding 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 they have fulfilled any responsibilities regarding 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 have the issues relating to the withdrawal been addressed?
- Why is the student reapplying to the program, including details of any changes in the situation and an explanation of the chosen return time?

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, the Director of Graduate Studies will make a final decision.

Time Limitations

A degree candidate must complete all requirements within six calendar years of matriculation. Degree credit for a course expires 6 years after the student completes it. In this case, the credit can be obtained only by retaking the course.

Reporting of Inappropriate Treatment in the Teacher-Student Relationship

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

- Verbally or in writing to the course instructor of the student's course
- Verbally or in writing to the Director of Graduate Studies
- In an end-of-course evaluation
- In other internal surveys done by the student'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

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 typesetting software that is compatible with .docx files)
- Running the R software (r-project.org)
- Running the SAS software (support.sas.com/en/documentation/system-requirements.html)

Master of Biostatistics (A-BST-M)

Master of Biostatistics Program Requirements

The Master of Biostatistics requires 50 total course credits.

The Master of Biostatistics Program has four specialty tracks:

- 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 typically includes statistical electives and additional coursework in topics such as workflow best practices, software tools for large biomedical datasets, 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.
- The **Health AI Track** emphasizes training in advanced methods of health AI for students with a substantial background in data science.

Enrollment in the Health AI Track must be approved by the Director of Graduate Studies before the first year of study begins. All other 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, these students may choose to differentiate after their first year of study.

Course Planning

The course planning below describes which courses to choose. Some choices are based on the track, as noted below. Exceptions to the course plan shown below will be considered by the Director of Graduate Studies on a case-by-case basis.

First Year (26 graded credit hours)

- **Fall (13 credit hours)**
  - Statistical Theory Sequence (3 credits): BIOSTAT 701, BIOSTAT 701A, or BIOSTAT 830 (830 is permission-only)*
  - Applied Data Analysis Sequence (3 credits): BIOSTAT 702, BIOSTAT 702A, or BIOSTAT 707 (707 is permission-only)**
  - Practice of Biostatistics Sequence (3 credits): BIOSTAT 703L, and one of: BIOSTAT 703 or BIOSTAT 703A***
  - Computation Sequence (3 credits): BIOSTAT 721, BIOSTAT 721A, or BIOSTAT 726 (726 is permission-only)****
  - Professional Development Sequence (1 credit): BIOSTAT 801*****
- **Spring (13 credit hours)**
  - Statistical Theory Sequence (3 credits): BIOSTAT 704, BIOSTAT 704A, BIOSTAT 709, or BIOSTAT 724*
  - Applied Data Analysis Sequence (3 credits): BIOSTAT 705, BIOSTAT 705A, or BIOSTAT 826 (826 is permission-only)**
  - Practice of Biostatistics Sequence (3 credits): BIOSTAT 706 or BIOSTAT 706A***
  - Computation Sequence (3 credits): BIOSTAT 722, BIOSTAT 722A, or BIOSTAT 821****

    - Professional Development Sequence (1 credit): BIOSTAT 802*****
- **Summer**
    - Master's Proficiency Examination (Required): Covers content from the first and second semesters of training.
    - Practicum (Required): May be completed at any point after the first year.
    - Internship (Optional): All students who accept an internship external to Duke must register for the internship course, BIOSTAT 829 (1 credit). BIOSTAT 829 is permission-only.

Planning Notes:

*Students must take two courses to fulfill the Theory Sequence requirement. In the first year, students choose from BIOSTAT 701/701A or 830 in the fall semester. In the spring semester, students choose 1 of 3 courses (BIOSTAT 704/704A, 709, or 724) to complete their Theory Sequence requirements. Any course not selected may be taken for elective credit in the second year with the Director of Graduate Studies' approval.

**Students must take two courses to fulfill the Applied Data Analysis sequence. In the first year, students choose from BIOSTAT 702/702A and 707. In the spring semester, students choose between BIOSTAT 705/705A OR 826. The Health AI students take BIOSTAT 707 and 826 to complete their Applied Data Analysis requirements. Students from other tracks may take BIOSTAT 707 or 826 for elective credit in the second year with the Director of Graduate Studies' approval.

***Students must take BIOSTAT 703/703A and 703L in the fall semester and BIOSTAT 706/706A in the spring semester to fulfill the Practice of Biostatistics sequence requirements.

****Students must take two courses to fulfill the Computing Sequence requirement. In the first year, students choose from BIOSTAT 721/721A or 726 in the fall semester. In the spring semester, students choose BIOSTAT 722/722A or 821. Any computing course not selected may be taken for elective credit in the second year with the Director of Graduate Studies' approval.

*****To meet program requirements for the Professional Development sequence, students must take BIOSTAT 801 and 802.

Second Year (24 graded credit hours)

In the second year, students may choose from the various courses listed below. In addition, second-year students may request and be approved to substitute listed courses with other program and non-program courses. Permission from the Director of Graduate Studies is required. Students may potentially take each of the courses on the list in any program track. The tracks are instead differentiated by content emphasis, and the second-year curriculum is personalized and approved by the Director of Graduate Studies. The Director of Graduate Studies chooses the mechanism by which the appropriate emphasis of the student's proposed curriculum is assessed.

- **Fall (12 credit hours)**
    - Master's Project (3 credits): BIOSTAT 720
    - 3 additional Second-Year Courses (see list below) (9 credits)
- **Spring (12 credit hours)**
    - Master's Project (3 credits): BIOSTAT 720
    - 3 additional Second-Year Courses (see list below) (9 credits)*

*Health AI Track students must take BIOSTAT 827 as a second-year elective course.

Program Requirements

Core Courses

All students must complete coursework in the core course sequences (2 courses each): Practice of Biostatistics, Statistical Theory, Applied Data Analysis, Computation, and Professional Development. The specific required courses vary by track, as indicated above. Some required courses are also available as electives in the second year (see Second-Year Elective Course Options and Course Planning). Foundational core courses are required of all degree-seeking students. See the Courses tab for full details about these core courses.

Proficiency Examination

All candidates for the Master of Biostatistics degree must pass all portions of the Proficiency Examination, which may include written, recorded, or oral components, demonstrating their mastery of fundamental concepts acquired through completion of the first-year courses. Students are expected to take the Proficiency Examination after completing their first year of program study and before beginning their elective coursework. Students receive two attempts to pass the Proficiency Examination successfully. The Proficiency Examination is offered twice each summer.

Practicum

All candidates for the Master of Biostatistics degree are required to complete a practicum. The practicum is an experiential learning opportunity. The primary goal of the practicum is to enable students to develop their analytical skills, biological knowledge, and communication abilities. The practicum is typically completed during the summer after the first year, but it can be completed during the second year as well.

Internship (Optional)

Students are encouraged to apply for and participate in internships related to their curricular training. Students may not work more than 39.9 hours per week during the summer term and/or more than 19.9 hours per week during the fall and spring terms.

All students who participate in an external internship (outside of Duke) are required to register for the internship course (BIOSTAT 829).

International students who want to complete an external internship must: (1) accept only internships that fall within the program's Classification of Instructional Programs (CIP) code; (2) apply for Curricular Practical Training (CPT) with Duke Visa Services; and (3) enroll in BIOSTAT 829. Internships at Duke do not require CPT approval or enrollment in BIOSTAT 829.

Research (Optional)

Students are permitted to join ongoing research projects (paid or unpaid) at Duke when available. Students may work up to 19.9 hours per week in fall and spring terms and 39.9 hours per week during the summer term.

Master's Project

All candidates for the Master of Biostatistics degree are required to complete a Master's Project. This is a 2-semester course sequence (total 6 graded credits each semester) of BIOSTAT 720 completed during a student's final year of study and provides a foundation in core skills related to successful biostatistical practice including, but not limited to, writing and critiquing of specific aims, development and defense of research proposals, making scientific presentations, scientific writing (e.g., statistical reports, abstracts, and manuscripts) and oral presentation of biostatistical content. All students are required to complete a master's project, a real-world research project of the student's choice, performed under the direction of a faculty mentor. Successful project completion will be monitored and graded as part of this course. The course meets weekly and is graded using a letter grade scale (A, B, C, D, F). The Master's Project demonstrates the student's mastery of core statistical concepts and the practice of biostatistics.

Summer Term Restrictions

The only course students may enroll in during the summer term is BIOSTAT 829 (Internship). This course is permission-only and must be approved by the Director of Graduate Studies.

Second-Year Elective Course Options

Full-time Master of Biostatistics students must select six elective courses (18 graded credit hours) in the second year of study from the courses listed below. The Director of Graduate Studies (for all tracks except the HAI Track) will meet with each student who has not selected a track to assist in selecting a track and customizing their curriculum. The HAI Track Director will meet with current HAI Track students to customize their second-year curriculum. The choice of second-year courses depends on the student's interests and their approved educational track. Students who want to enroll in courses outside the Biostatistics and Bioinformatics Department require approval from the Director of Graduate Studies/HAI Track Advisor and the course instructor. Students may enroll in courses outside the Biostatistics and Bioinformatics Department, as listed below. **A completed non-program (NP-1) form must be submitted to the program coordinator for each course taken outside the department**.

- **Biostatistics and Bioinformatics Courses** (3 graded credit hours unless otherwise noted)
    - BIOSTAT 707: Statistical Methods for Learning and Discovery - **Required for the Health AI Track** - Permission only
    - BIOSTAT 708: Clinical Trial Design and Analysis
    - BIOSTAT 709: Observational Studies
    - BIOSTAT 710: Statistical Genetics and Genetic Epidemiology
    - BIOSTAT 713: Survival Analysis
    - BIOSTAT 718: Analysis of Correlated and Longitudinal Data
    - BIOSTAT 719: Generalized Linear Models
    - BIOSTAT 724: Introduction to Applied Bayesian Analysis
    - BIOSTAT 725: Bayesian Health Data Science
    - BIOSTAT 726: Computational Foundations for Biomedical Data Science - Permission only
    - BIOSTAT 732: Independent Study (1-6 course credits) - Permission only
    - BIOSTAT 740: Continuation (0 credits) - Permission only
    - BIOSTAT 823: Statistical Programming for Big Data
    - BIOSTAT 824: Case Studies in Biomedical Data Science
    - BIOSTAT 825: Foundation of Reinforcement Learning
    - BIOSTAT 826: Deep Learning for Health Data - **Required for the Health AI Track** - Permission only
    - BIOSTAT 827: Ethical Evaluation and Governance of Clinical AI in Healthcare - **Required for the Health AI Track** - Permission only
    - BIOSTAT 828: Modern Optimization for Statistical Learning - Permission only
    - BIOSTAT 829: Internship Course (1 course credit - not graded) - Permission only
    - BIOSTAT 830: Foundations of Statistical Inference and Decision Theory - Permission only
    - BIOSTAT 900: Current Problems in Biostatistics (1 course credit)
    - BIOSTAT 902: Missing Data Analysis: Theory and Applications
    - BIOSTAT 903: Advanced Survival Analysis
    - BIOSTAT 905: Linear Models and Inference
    - BIOSTAT 906: Statistical Inference
    - BIOSTAT 907: Phase II Clinical Trials
    - BIOSTAT 911: Inferential Techniques/Theory

    - BIOSTAT 914: Graphical Models for Biological Data
    - BIOSTAT 915: High-Dimensional Statistics and Machine Learning
    - BIOSTAT 917: Quantitative Methods for Biomedical Studies
    - BIOSTAT 920: Probability

      (All 900-level courses are permission-only.)
- **Courses in Other Duke Departments** (3 credits unless otherwise noted)

  Students must obtain permission from the course instructor to register for courses outside the department in addition to following all policies and procedures described in the Bulletin and Student Handbook. Enrollment in courses outside the department may be subject to that department's requirements, policies, and procedures.
    - Biology:
        - BIOLOGY 790S: Graphic Design for Biologists
    - Computational Biology:
        - Any 500- or 600-level CBB course *except* 510S, 511, or 591
    - Computer Science:
        - Any 500- or 600-level COMPSCI course
    - Engineering:
        - Biomedical Engineering: Any 500- or 600-level BME course
        - Electrical and Computer Engineering: Any 500- or 600-level ECE course *except* 631
    - Environmental Sciences (NSOE courses require NSOE department approval in addition to that of the student's Director of Graduate Studies and the course instructor before submitting the NP-1 form and enrolling):
        - ENVIRON 537: Environmental Health and Epidemiology
        - ENVIRON 761: Geospatial Analysis for Land and Water Mgmt
    - Global Health (GLHLTH courses require approval by the Director of Graduate Studies and the course instructor before submitting the NP-1 form and enrolling):
        - GLHLTH 531: Cost-Benefit Analysis for Health & Environmental Policy
        - GLHLTH 562: Data Science and Data Visualization with R
        - GLHLTH 590: Special Topics in Global Health
        - GLHLTH 690: Special Topics in Global Health Studies
    - Math:
        - MATH 531: Real Analysis I
        - MATH 574: Quantitative Methods for Biomedical Data
        - MATH 721: Linear Algebra and Application
        - MATH 731: Introduction to Real Analysis
        - MATH 765: Introduction to High Dimensional Data Analysis
        - MATH 766: Statistical Learning and Bayesian Nonparametrics
    - Statistical Sciences:
        - Any 500-900 level STA course *except* 501S, 693, 701S, 790, 791, 851, 993, 994, and 995

Master of Biostatistics (A-BST-M)

Master of Biostatistics Courses of Instruction

- BIOSTAT 701 – Introduction to Statistical Theory and Methods I
- BIOSTAT 701A – Advanced Introduction to Statistical Theory and Methods I
- BIOSTAT 701L – Advanced Statistical Theory and Method I Lab
- BIOSTAT 702 – Applied Biostatistical Methods I
- BIOSTAT 702A – Advanced Applied Biostatistical Methods I
- BIOSTAT 703 – Introduction to the Practice of Biostatistics I
- BIOSTAT 703A – Advanced Introduction to the Practice of Biostatistics I
- BIOSTAT 703L – Introduction to the Practice of Biostatistics I Lab
- BIOSTAT 704 – Introduction to Statistical Theory and Methods II
- BIOSTAT 704A – Advanced Introduction to Statistical Theory and Methods II
- BIOSTAT 705 – Applied Biostatistical Methods II
- BIOSTAT 705A – Advanced Applied Biostatistical Methods II
- BIOSTAT 706 – Introduction to the Practice of Biostatistics II
- BIOSTAT 706A – Advanced Introduction to the Practice of Biostatistics II
- BIOSTAT 707 – Statistical Methods for Learning and Discovery
- BIOSTAT 708 – Clinical Trial Design and Analysis
- BIOSTAT 709 – Observational Studies

- BIOSTAT 710 – Statistical Genetics and Genetics Epidemiology
- BIOSTAT 712 – Clustered Data Designs and Applications
- BIOSTAT 713 – Survival Analysis
- BIOSTAT 714 – Categorical Data Analysis
- BIOSTAT 718 – Analysis of Correlated and Longitudinal Data
- BIOSTAT 719 – Generalized Linear Models
- BIOSTAT 720 – Master's Project and Statistical Consulting
- BIOSTAT 721 – Introduction to Statistical Programming I (R)
- BIOSTAT 721A – Advanced Introduction to Statistical Programming I (R)
- BIOSTAT 722 – Introduction to Statistical Programming II (SAS)
- BIOSTAT 722A – Advanced Introduction to Statistical Programming II (SAS)
- BIOSTAT 724 – Introduction to Applied Bayesian Analysis
- BIOSTAT 725 – Bayesian Health Data Science
- BIOSTAT 726 – Computational Foundations for Biomedical Data Science
- BIOSTAT 732 – Independent Study
- BIOSTAT 740 – Continuation
- BIOSTAT 801 – Biostatistics Career Preparation and Development I
- BIOSTAT 802 – Biostatistics and Career Preparation and Development II
- BIOSTAT 821 – Software Tools for Data Science
- BIOSTAT 822 – R for Data Science
- BIOSTAT 823 – Statistical Program for Big Data
- BIOSTAT 824 – Case Studies in Biomedical Data Science
- BIOSTAT 825 – Foundation of Reinforcement Learning
- BIOSTAT 826 – Deep Learning for Health Data
- BIOSTAT 827 – Ethical Evaluation and Governance of Clinical AI in Healthcare
- BIOSTAT 828 – Modern Optimization for Statistical Learning
- BIOSTAT 829 – Internship
- BIOSTAT 830 – Foundations of Statistical Inference and Decision Theory

Master of Management in Clinical Informatics

Department Chair: C. David Page, PhD
Operations Director: Randy Sears, MBA

Website: medschool.duke.edu/education/health-professions-education-programs/master-management-clinical-informatics

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 fifteen required courses that carry 1-3 course credits per course. 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.

Certificate in Clinical Informatics

A certificate may be earned. This is a one-year program. Graduates may return for the full Master of Management in Clinical Informatics degree within three years of earning the certificate. Tuition for returning students within that time frame are charged the same as when they earned the certificate.

Students interested in the program should contact MMCi Admissions, Duke University School of Medicine, DUMC 2734, Durham, NC 27710; email: mmci@duke.edu; website: Master of Management in Clinical Informatics.

Master of Management in Clinical Informatics (A-MCI-MMCI)

MMCi Academic Calendar

Dates for the Academic Terms

- July 30 - August 2, 2026: Boot Camp and Orientation
- August 5 - October 24, 2026: Fall Term 01
- October 28 - January 23, 2027: Fall Term 02
- January 27- April 17, 2027: Spring Term 03
- April 28 - July 24, 2027: Summer Term 04
- July 26 - July 30, 2027: Finals Week
- Degrees are issued September 1

Class Weekend Dates

July 30 - August 2 August 5 August 15 August 28 - 29 September 2 September 12 September 25 - 26 September 30 October 10 October 23 -24	October 28 November 7 November 20 - 21 November 25 December 5 December 18 -19 December 23 January 9 January 22 -23	January 27 February 6 February 19 - 20 February 24 March 6 March 19 - 20 March 24 April 3 April 16 - 17	April 28 May 8 May 19 May 28 & 29 June 12 June 25 - 26 June 30 July 10 July 23-24
Exams: October 26	**Exams:** January 25	**Exams:** April 19	**Exams:** July 26

Master of Management in Clinical Informatics (A-MCI-MMCI)

MMCi Admissions

All students seeking admission to the Master of Management in Clinical Informatics Program and Clinical Informatics Certificate 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 experience with data.

The minimum requirements for admission to the MMCi Program and Certificate include:

- academic and graduate transcripts, as relevant. Official transcripts must be received by October 15.
- two 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 or designee 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. (Certificate not available to students living outside of the US)

There is no application fee.

Master of Management in Clinical Informatics (A-MCI-MMCI)

MMCi Financial Information

2026-2027 Tuition and Fees

EXPENSE	DOMESTIC STUDENT AMOUNT	INTERNATIONAL STUDENT AMOUNT
Tuition	**$70,312**	**$70,312**
Total Fees	**$2,620**	**$8,807**
Mandatory Fees		
Graduate Student Activity Fee	-	$40
Graduate Student Services Fee	-	$28
Health Fee	-	$1,421
Health Insurance (estimate)	-	$4,290
MMCI Associate Dues	$2,500	$2,500
Recreation Fee	-	$408
Transcript Fee	$120	$120

The full cost of attendance is available at the Duke School of Medicine Financial Aid website, medschool.duke.edu/education/health-professions-education-programs/student-services/office-financial-aid-and-student.

Students that are participating in the MMCI Certificate program will have a $25 certificate fee.

Financial Aid

MMCi Scholarship

Every admitted applicant is considered for a scholarship based on their profile. Criteria for selection includes prior academic achievement, demonstrated leadership qualities, extracurricular activities, and employment background. Contact an admissions counselor for more information.

Certificate students do not qualify for a MMCi scholarship.

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 (FASFA). 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 medschool.duke.edu/education/health-professions-education-programs/student-services/office-financial-aid-and-student.

Refund Policies

The following policies apply to withdrawal from school during fall, spring and summer semesters. In the event of death, refund of 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.

Master of Management in Clinical Informatics (A-MCI-MMCI)

MMCi Program Policies

This program follows all School of Medicine policies in addition to the policies below.

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.

The certificate is part time. Courses are mandatory and dropping or adding courses is not permitted.

Attendance Policy

Degree students are required to attend class on site for 12 class weekends, Friday and Saturday, or online for Saturday-only classes. Remote attendance is offered to Certificate students. If over 20% of synchronous course time is missed per term, the program may dismiss a 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. 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), W (withdraw), 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. An Incomplete can continue for up to a year. At that point an Incomplete will become an F. These may not be removed from the student's record. The Program Director may extend this time in exceptional circumstances.

A W (withdraw) means the student leaves the program due to special circumstances. A WP (withdraw passing) means the student was passing all classes at the time of withdrawal. Students with a W or 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 they receive a single grade of F or two grades of L in the program. Both WF (see below) and a permanent I is 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.

Beyond academic performance, professional conduct requires appropriate and cooperative interactions with classmates, faculty, and administrators or others related to the University. Should there be student behavior that raises concern, program administrators, and possibly faculty will meet with the student or students to address the concern.

After a program faculty or administrator interaction with a student or students occurs over a behavioral event, a follow-up email will be sent to the student and copied to MMCi@duke.edu. This provides a record of the interaction, and the email is saved in the student's electronic folder. Student records are private and only available to school or program administration on a need-to-know basis. It is common for students to come to program administration with concerns or worries and it is helpful to have a documented trail for program leadership to track these situations effectively. Students will be reminded of counseling services available as appropriate.

In cases of a mismatch or communication barriers with classmates, students may be directed to complete assignments independently, change teams or other actions to achieve student success, as determined by program administration and faculty as appropriate. If misconduct or malfeasance behavior places the student or others in peril, immediate dismissal may occur.

If actions by program administrators to intercede in misconduct situations are unsuccessful, the issue may be escalated to department leaders and then or school leadership as appropriate.

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-semester program calendar. Satisfactory progress also includes working successfully in a group or individual setting throughout the year. Per faculty and program leadership, if not making satisfactory academic progress, student can be dismissed.

Graduation

To graduate, students must complete the required 38 course credits in the Master of Management in Clinical Informatics Program or17 credits for the Clinical Informatics Certificate. 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.

Degrees and certificates for the Master of Management in Clinical Informatics Program will be conferred September 1 by the university. Only diplomas will be mailed to students in mid-October.

Master of Management in Clinical Informatics (A-MCI-MMCI)

MMCi Program Requirements

The MMCi program curriculum is made up of fifteen required courses. Each course represents 1-3 course credits, for a total of 38 course credits. The Clinical Informatics Certificate curriculum is made up of seven required courses, for a total of 17 course credits. Each credit requires nine contact teaching hours which is met through the asynchronous and weekend schedule. There are no elective courses, and no exemptions or substitutions are permitted.

Management Courses

- MMCI 511 - Principles of Cost and Managerial Accounting
- MMCI 525 - Healthcare Finance
- MMCI 544 - Foundations of Management and Organizations
- MMCI 550 - Introduction to Marketing Analysis
- MMCI 554 - Introduction to Operations and Supply Chain Management
- MMCI 557 - Principles of Strategy

Clinical Informatics Courses

- MMCI 512 - Foundations of Data Analysis
- MMCI 513 - Boot Camp
- MMCI 514 - Clinical Informatics Ethics and Equity Seminar
- MMCI 515 - Independent Study
- MMCI 517 - AI in Healthcare
- MMCI 537 - Health IT Business Solutions
- MMCI 538 - Data, Information and Knowledge Representation
- MMCI 539 - Digital Informatics Strategy
- MMCI 540 - Data, Information and Health Care Transformation
- MMCI 541 - Clinical Informatics Practicum

Certificate Program Requirements

Certificate students are required to take seven courses:

- MMCI 513 - Boot Camp
- MMCI 514 - Clinical Informatics Ethics and Equity Seminar
- MMCI 515 - Independent Study
- MMCI 517 - AI in Healthcare
- MMCI 537 - Health IT Business Solutions
- MMCI 538 - Data, Information and Knowledge Representation
- MMCI 540 - Data, Information and Health Care Transformation
- MMCI 541 - Clinical Informatics Practicum

Master of Management in Clinical Informatics (A-MCI-MMCI)

MMCi Courses of Instruction

- MMCI 511 – Principles of Cost and Managerial Accounting
- MMCI 512 – Foundations of Data Analysis
- MMCI 513 – Boot Camp
- MMCI 514 – Clinical Informatics Ethics and Equity Seminar
- MMCI 515 – Independent Study
- MMCI 517 – Applied Data Science
- MMCI 525 – Healthcare Finance
- MMCI 533 – Clinical Informatics Ethics & Equity Seminar 1
- MMCI 534 – Clinical Informatics Ethics and Equity Seminar 2

- MMCI 535 – Clinical Informatics Ethics & Equity Seminar 3
- MMCI 536 – Clinical Informatics Ethics & Equity Seminar 4
- MMCI 537 – Health IT Business Solutions
- MMCI 538 – Data, Information and Knowledge Representation
- MMCI 539 – Digital Health Informatics Strategy
- MMCI 540 – Data, Information, and Health Care Transformation
- MMCI 541 – Clinical Informatics Practicum
- MMCI 544 – Foundations of Management and Organizations
- MMCI 550 – Introduction to Marketing Analysis
- MMCI 554 – Introduction to Operations and Supply Chain Management
- MMCI 557 – Principles of Strategy

Master of Health Sciences in Clinical Research

Department Chair: David C. Page, PhD
Program Director: Steven C. Grambow, PhD
Co-Directors: Karen M. Goldstein, MD, MSPH; Jamie L. Todd, MD, MHSc; Jesse D. Troy, PhD; and Kevin P. Weinfurt, PhD
Senior Program Coordinator: Gail D. Ladd

Website: biostat.duke.edu/education-and-training/clinical-research-training-program

This Duke University School of Medicine program provides formal academic training in the quantitative and methodological principles of clinical research. Administered by the Department of Biostatistics and Bioinformatics, the Clinical Research Training Program (CRTP) is a part-time program designed for health professionals and trainees who wish to advance their research skills while continuing their clinical or professional responsibilities. All courses are delivered online in a live, synchronous format. While class sessions are recorded and made available for later review, real-time attendance is required to support active engagement, discussion, and participation.

CRTP equips physicians, investigators, and healthcare professionals with the training needed to advance in today's clinical research environment. Admissions are structured by institutional affiliation.

Internal learners are applicants affiliated with Duke University, the National Institutes of Health (NIH), or another program-approved affiliated institution. These learners are typically clinicians or health science professionals. Applicants with a bachelor's, master's, or doctoral degree in a health science or related field from an accredited institution are encouraged to apply. Internal learners may apply for the Master of Health Sciences (MHSc) degree, the Certificate, or the nondegree option.

External learners are applicants who are not affiliated with Duke University, the NIH, or another program-approved affiliated institution. They must meet the same professional background criteria but are eligible only for the certificate or nondegree option. The MHSc degree is not available to external learners.

All learners must reside in the United States for the duration of their participation in the program. International learners who are not US citizens or nationals must submit appropriate documentation to Duke Visa Services before enrollment. This includes lawful permanent residents, conditional residents, and refugees. CRTP is a part-time program and cannot sponsor student visas; therefore, applicants must already hold a valid U.S. visa or immigration status that permits study at Duke University.

Summary of CRTP Program Options (2026–2027)

TRACK	ELIGIBLE LEARNERS	CREDITS	CREDENTIAL	CAN CONVERT?	TIME LIMIT
MHSc – Clinical Research	Internal (Duke/NIH)	36 (24 coursework + 12 project)	Master's Degree	May request	10 years
MHSc – Basic Science Research (BSRT)	Internal (Duke/NIH)	36 (18 coursework + 18 project)	Master's Degree	May request	10 years
Academic Core Certificate	Internal	16 (5 required courses)	Certificate	May request	2 years
Academic Core Certificate	External	16 (5 required courses)	Certificate	No	2 years
Non-degree	Internal	Varies by course	None	May request	N/A
Non-degree	External	Varies by course	None	No	N/A

Master of Health Sciences in Clinical Research (A-CRP-MHS)

CRTP Academic Calendar

Fall 2026

- Monday, June 1: Fall course registration begins
- Monday, August 24: First day of class. New student orientation

- Friday, September 4: Drop/Add ends
- Monday, September 7: Labor Day Holiday. No classes are held
- Wednesday, October 28: Registration begins for the Spring Semester 2027
- Tuesday, November 24: Thanksgiving recess begins
- Monday, November 30: Classes resume
- Monday, December 14: Last day of class

Spring 2027

- Monday, January 11: Spring Semester begins. First day of Drop/Add
- Monday, January 18: Martin Luther King Jr. Day. No classes are held
- Friday, January 22: Drop/Add ends
- Monday, April 26: Last day of class
- Sunday, May 9: Graduation exercises; conferring of degrees

Master of Health Sciences in Clinical Research (A-CRP-MHS)

CRTP Admissions

Learning Options

Duke University School of Medicine's Clinical Research Training Program (CRTP) provides physicians, investigators, and healthcare professionals with the academic training needed to advance in today's clinical research environment. Admissions are structured by institutional affiliation.

- **Internal Learners** (Duke/affiliates) are typically clinicians or health science professionals affiliated with Duke University, the National Institutes of Health (NIH), or another program-approved affiliated institution. Applicants with a bachelor's, master's, or doctoral degree in a health science or related field from an accredited institution are encouraged to apply. Internal learners may apply for the Master of Health Sciences (MHSc) degree, the Certificate, or the Nondegree option.
- **External Learners** are applicants who are not affiliated with Duke University, the NIH, or another program-approved affiliated institution. They must meet the same professional background criteria but are eligible only for the Certificate or Non-degree option. The MHSc degree is not available to external learners.

Program by Learner Type

Internal Learners (Duke/affiliates)

Internal learners may pursue any of the following options:

Master of Health Sciences (MHSc) in Clinical Research. A graduate degree for professionals seeking advanced training in clinical or translational research. All MHSc learners complete a mentored research project under the guidance of a three-member faculty committee. The degree includes two track options: the **Clinical Research Track**, which emphasizes research methods, statistical analysis, trial design, ethics, and scientific communication, and the **Basic Science Research Track (BSRT)**, which is designed for clinician-scientists engaged in mechanistic or laboratory-based research.

Academic Core in Clinical Research Certificate. A certificate program for clinicians and health professionals seeking foundational training in clinical research.

- Format: Five required courses, typically completed in one year and no later than two years from matriculation
- Total coursework: 16 credits

Internal learners enrolled in the certificate may later apply to convert to the MHSc degree, subject to program policies and timing requirements.

Nondegree enrollment. Internal learners may enroll in individual courses for academic credit to strengthen skills in clinical research and related areas.

External Learners

External learners may pursue the following options:

Academic Core in Clinical Research Certificate. A certificate program for clinicians and health professionals seeking foundational training in clinical research.

- Format: Five required courses, typically completed in one year and no later than two years from matriculation
- Total coursework: 16 credits

External learners are not eligible to convert to the MHSc degree.

Nondegree enrollment. External learners may enroll in selected individual courses for academic credit, based on course availability, prerequisites, and program approval.

Application Requirements

Internal Learners (Duke/affiliates)

All internal applicants must submit the Online Application Form and a current CV. Additional requirements vary by program option.

MHSc Degree Applicants

- Official transcripts from all prior post-secondary institutions
- One letter of recommendation from an evaluator qualified to assess readiness for graduate work
- NIH applicants must submit a completed NIH Scholarship Form with sponsorship approval
- TOEFL or IELTS scores, if applicable
- Required visa documentation for non-U.S. citizens or nationals

Certificate Applicants

- Official transcripts from all prior post-secondary institutions
- TOEFL or IELTS scores, if applicable

Nondegree Applicants

- Transcripts may be requested based on course selection and professional background
- TOEFL or IELTS scores, if applicable

External Learners

All external applicants must submit the Online Application Form and a current CV. Additional requirements vary by program option.

Certificate Applicants

- Official transcripts from all prior post-secondary institutions
- TOEFL or IELTS scores, if applicable

Nondegree Applicants

- Transcripts may be requested based on selected course(s) and professional background
- TOEFL or IELTS scores, if applicable

Detailed application instructions are available at crtp.duke.edu.

Master of Health Sciences in Clinical Research (A-CRP-MHS)

CRTP Financial Information

Tuition for the 2026-2027 academic year is $878 per credit hour.

TUITION	$896/credit
NIH CRP270-NIH AND CRP270-NBST	$598/credit
TRANSCRIPT FEE	$120

The full cost of attendance is available at the Duke School of Medicine Financial Aid website.

All learners must register for academic credit and are responsible for tuition payment. CRTP does not permit auditing.

Internal Learners (Duke/affiliates). Internal learners may be eligible for institutional or departmental support. Funding sources may include:

- Departmental educational or discretionary funds
- Sponsored research or career development awards (for example, K, T32, KL2, and TL1)
- Duke University's **Educational Assistance Program** for eligible faculty and staff

Prospective students should consult with their program director, business manager, or division chief regarding the availability of support and any **potential tax implications**. NIH applicants must follow NIH-specific financial clearance procedures, including submission of the NIH Scholarship Form.

External Learners. External learners are responsible for the full cost of tuition and fees. Institutional or departmental support is **not available** to external applicants. Tuition is billed based on the number of credit hours for each course. The transcript fee is required upon matriculation.

Master of Health Sciences in Clinical Research (A-CRP-MHS)

CRTP Program Policies

This program follows all School of Medicine policies and the policies below.

Conversion of Status for Certificate and Degree

Internal Learners (Duke/affiliates). Learners who enter CRTP as certificate or degree-seeking candidates may request to convert their status during their enrollment, subject to program approval and timing restrictions:

- A **degree candidate** who meets the certificate requirements may request to convert to certificate status and receive the certificate instead of the degree.
- A **certificate learner** may apply to convert to degree-seeking status **prior to receiving the certificate**. Once the certificate has been awarded, learners are no longer eligible for status conversion to the degree program. Any later entry into the degree program requires a new application and is subject to program review and applicable admissions policies.
- All conversion requests must be submitted to the CRTP Senior Program Coordinator and require review by the Program Director.

External Learners. External learners are not eligible for admission to the MSHc degree program. External learners enrolled on a nondegree basis may, with program approval, convert to certificate-seeking status in the Academic Core in Clinical Research Certificate. External learners are not eligible to convert to the MHSc degree program.

Attendance Policy

This policy applies to all CRTP learner. Class attendance and participation are essential to the learning process for each learner and for the class community.

All CRTP learners must attend scheduled classes. All courses are delivered in a live, synchronous online format via Zoom. While class sessions are recorded and available for later review, attendance and participation are expected unless an absence is excused.

Course directors will communicate course-specific attendance policies in their syllabi. If any aspect of a course policy is unclear, learners are expected to seek clarification from the course director.

Excused absences from course activities should be requested in situations such as:

- Illness or health care appointments
- Attendance at scientific or professional meetings
- Personal or family emergencies
- Major life events

Course directors are responsible for specifying which portions of their courses require attendance and whether limits apply to excused absences. All absences should be negotiated in writing (email is acceptable) as far in advance as possible. If an absence arises unexpectedly due to illness or an emergency, it may still be excused with proper notification. Unannounced absences may be excused in cases of incapacitation that prevent communication.

Learners are strongly encouraged to review their schedules at the start of each academic term and discuss any planned absences with course directors during the Drop/Add period. Course directors will determine how missed work must be completed, such as through early submission, alternative assignment, or a rescheduled exam. If accommodation cannot be made, learners should consider dropping the course during the Drop/Add period or selecting an alternate course.

Registration and Drop/Add Policy

All CRTP learners must register for courses through Duke University systems in accordance with the procedures and deadlines established by the School of Medicine Office of the Registrar.

Learners may drop or add courses during each semester's designated **Drop/Add period**. After the period ends, no tuition will be refunded for dropped courses, and the learner's transcript will reflect the appropriate academic status in the course (see Withdrawal Policy below).

- **Internal Learners**: Internal learners may use department codes, career development funds, or educational assistance programs to help cover tuition. Learners should work with their departmental business managers or sponsors to ensure that all necessary bursar forms are submitted by the end of the Drop/Add period.
- **NIH Learners**: NIH participants must submit completed vendor and scholarship forms before the first day of class to finalize their registration and ensure funding approval.
- **External Learners**: External learners are responsible for submitting all required enrollment forms and payment before the first class session. Tuition is billed per credit hour. No refunds will be issued for courses dropped after the Drop/Add period.

Learners are strongly encouraged to finalize their schedules early and consult with the CRTP Senior Program Coordinator regarding any questions about registration, deadlines, or funding procedures.

Learners receiving tuition support from a grant, division, or department should consult their business manager about any potential tax implications related to their employment status.

Enrollment in nondegree coursework is subject to space availability and course prerequisites. All nondegree learners must register for academic credit and are expected to meet the same academic and participation standards as other CRTP learners. CRTP does not permit auditing.

Course Substitution for Unavailable Required Courses

If a required course is not offered, the Program Director may approve an appropriate elective substitute for affected learners. Any approved substitute must support the learner's academic plan and does not reduce the total credits required for the program.

Grades

All CRTP courses use a Pass/Fail (P/F) grading scale.

An Incomplete (I) indicates that some of the learner's work is lacking for a reason acceptable to the course director when grades are submitted. Learners may not enroll in any course for which they have an unresolved incomplete in a prerequisite course.

Incomplete grades must be resolved by the end of the following academic semester unless the course director specifies an earlier deadline. In exceptional circumstances, an extension may be granted with the written approval of both the course director and the CRTP Program Director.

If the Incomplete is resolved within the approved period, it will convert to a Pass (P), and the grade of I will be removed from the transcript. If the Incomplete is not resolved within the approved period, it becomes permanent and is recorded as a Fail (F) on the transcript.

Grade Appeal Process

1. A learner wishing to appeal a final course grade must discuss the matter with the course director within two weeks of the grade posting in DukeHub.
2. If not satisfied, the learner may submit a written appeal to the CRTP Program Director within two weeks of the grade posting.
3. If the issue remains unsolved, the learner may submit a formal appeal to the Academic Honor Committee in the Department of Biostatistics and Bioinformatics.
4. The committee will review the appeal and render a decision within one month.
5. If the learner is dissatisfied with the committee's decision, they may appeal to the Vice Dean for Medical and Health Professions Education for review.
6. A final appeal may be made to the Dean of the School of Medicine only on the grounds of procedural impropriety.

Auditing. CRTP does not permit course auditing. All enrolled learners must register for credit and are responsible for the tuition associated with each course. In limited cases, individuals working directly in a CRTP faculty member's research group may be permitted to observe a course without receiving credit, subject to program approval. This arrangement requires prior approval from both the course director and the CRTP Program Director and is not considered formal enrollment.

Satisfactory Academic Progress

All CRTP learners are expected to meet academic and professional standards in accordance with Duke University School of Medicine policies and CRTP program guidelines.

Degree-Seeking Learners. Learners pursuing the Master of Health Sciences (MHSc) degree must demonstrate ongoing progress toward completing program requirements, including successful performance in coursework and the mentored research project, within ten years of matriculation. This includes:

- maintaining satisfactory performance in all registered courses
- meeting research project milestones within the expected timeline
- resolving any grades of Incomplete within the designated period

Failure to meet these expectations may result in academic warning, academic probation, or dismissal from the program.

Certificate and Nondegree Learners. Learners enrolled in the Academic Core in Clinical Research Certificate or in individual courses on a nondegree basis are expected to complete all coursework in a timely manner and adhere to CRTP's grading and attendance policies.

Although certificate and nondegree learners are not subject to a program-length completion limit, repeated course failures or academic disengagement may result in ineligibility for future enrollment in CRTP courses or reentry into the program.

Academic Probation Policy. A learner may be placed on academic probation if they fail to meet minimum academic standards as defined by CRTP policies. Academic probation provides an opportunity for remediation and support before more serious action, such as dismissal, is considered.

Conditions That May Trigger Probation

- receiving a final grade of Fail (F) in any CRTP course
- accumulating two or more Incomplete (I) grades that remain unresolved past the designated deadline
- repeated unexcused absences or violations of participation expectations
- demonstrated lack of progress on the research project (for degree-seeking learners)

Probation Process. Learners placed on probation will be notified in writing and may be asked to meet with the Program Director or a designated faculty committee. A remediation plan will be developed to outline the steps, timeline, and expectations for returning to good academic standing. This plan may include required meetings, course repetition, time-based milestones, or other tailored conditions.

The learner will be required to sign the plan to indicate understanding and intent to comply.

Review and Outcome. At the conclusion of the probationary period, the learner's progress will be reviewed by the Program Director and relevant faculty. Outcomes may include:

- removal from probation and return to good standing
- extension of the probation period
- recommendation for dismissal from the program if conditions are not met or performance does not improve

Leave of Absence Policy. All degree-seeking learners must complete their degree requirements within ten years of matriculation. Time spent on an approved leave of absence does not automatically pause the completion deadline unless explicitly stated in the leave approval letter. Requests for extensions must be based on documented extenuating circumstances and approved by the CRTP Program Director.

Eligibility and Duration

- degree-seeking and certificate learners may request a leave of absence for up to one calendar year, subject to program approval and applicable School of Medicine policies.
- leave requests must be submitted in writing to the CRTP Program Director and approved before the leave takes effect.

A written approval letter will specify the start and end dates of the leave and will be shared with the learner, the School of Medicine Office of the Registrar, and (as appropriate) the Office of Financial Aid.

Notification and Return from Leave. Learners must notify the Program Director in writing at least 60 calendar days before their anticipated return date. Learners who wish to extend a leave beyond one year may be required to reapply for admission. Depending on the length of the leave and the coursework completed, they may also be required to retake prior courses to ensure mastery of the content and academic readiness.

Nondegree Learners. Learners enrolled in nondegree coursework are generally not eligible for formal leaves of absence. If unable to complete a course, they should drop the course during the Drop/Add period or formally withdraw. Re-enrollment in future courses requires reapplication.

Completion Timeline Reminder. All degree-seeking learners must complete degree requirements within ten years of matriculation. Time spent on an approved leave of absence does not automatically pause the completion deadline unless explicitly stated in the leave approval letter. Requests for extensions beyond this timeframe must be based on documented extenuating circumstances and are subject to program approval.

Academic Status—(Dismissal) Policy

A learner may be dismissed from the Clinical Research Training Program for failure to meet academic expectations, program requirements, or professional conduct standards. Dismissal is considered a last resort, typically following a period of academic probation or failure to remediate deficiencies.

Grounds for Dismissal May Include:

- earning two or more final grades of **Fail (F)** in CRTP courses
- failing to meet the terms of an academic probation or remediation plan
- demonstrated lack of progress on the research project (for degree-seeking candidates)
- violations of the Duke School of Medicine Code of Professional Conduct or CRTP learning environment policies

Dismissal Review Process:

- The Program Director will initiate a review in consultation with at least two CRTP faculty members.
- The learner may be invited to meet with the review committee to discuss any relevant information or extenuating circumstances.
- If the review committee recommends dismissal, the decision will be submitted to the Vice Dean for Medical and Health Professions Education for review in accordance with School of Medicine procedures.
- The Vice Dean's decision will be communicated to the learner. Appeals may be submitted to the Dean of the School of Medicine on the grounds of procedural impropriety only.

Nondegree and Certificate Learners. Nondegree or certificate learners who earn a final grade of Fail (F) or fail to comply with participation or conduct expectations may be removed from the course and may be ineligible for future enrollment in CRTP. While formal dismissal procedures may not apply, the program reserves the right to restrict access to future courses or credentials based on academic or professional performance.

Withdrawal

Withdrawal from a Course

Learners may drop a course during the Drop/Add period without academic penalty. No grade is recorded, and all tuition is refunded. If a learner withdraws from a course after the Drop/Add period, tuition will not be refunded, and the following transcript notations will apply:

- WP (Withdrew Passing): The learner was in good standing at the time of withdrawal.
- WF (Withdrew Failing): The learner was not meeting course expectations at the time of withdrawal.

The course director and CRTP Program Director will determine the appropriate designation. Learners are responsible for submitting formal withdrawal requests and notifying the CRTP Senior Program Coordinator in writing.

Withdrawal from the Program

A learner may withdraw from the CRTP degree or certificate program at any time by submitting a formal written request to the CRTP Program Director. Withdrawl is typically initiated voluntarily but may also occur for academic reasons, such as failure to meet progression requirements.

- Learners who withdraw during the first two weeks of the term will receive a full tuition refund for that term.
- Learners who withdraw after the second week are not eligible for a tuition refund for that term, and transcript notations will reflect their academic status in any courses in which they are enrolled at the time of withdrawal.

The CRTP Senior Program Coordinator will notify the Office of the Registrar, the Program Director, and relevant course faculty. Learners are responsible for contacting the Bursar's Office to fulfill any financial obligations.

External Learners in Nondegree Courses

Nondegree external learners are not considered enrolled in the degree program and do not undergo a formal withdrawal process. If they cannot complete a course, they should drop it during the Drop/Add period or notify the CRTP Senior Program Coordinator of their intent to discontinue. In such cases:

- no academic credential will be awarded
- future course enrollment may require reapplication

No refunds will be issued after the Drop/Add period.

Reinstatement to the Program

Learners who withdraw from the CRTP degree or certificate program and wish to return must submit a formal reinstatement request to the CRTP Senior Program Coordinator. Reinstatement is not automatic and will be considered on a case-by-case basis by the Program Director and co-directors.

The learner must provide a written statement addressing the following:

1. the reason(s) for the original withdrawal
2. how the issues leading to withdrawal have been addressed
3. why the learner is now requesting reinstatement
4. why this is the appropriate time to return
5. an updated curriculum vitae (CV)
6. a transcript of any academic coursework completed since leaving the program
7. a letter of reference from a supervisor, advisor, or colleague with whom the learner has worked during the interim period.

Review Process. After submitting the written materials, the learner will meet with the CRTP Program Director. Following that meeting, a review committee composed of the Program Director and co-directors will consider the reinstatement request. The committee's decision is final and will be communicated in writing to the learner, the School of Medicine Office of the Registrar, and the Office of Financial Aid, as applicable.

External Learners in Nondegree Courses. Nondegree external learners who withdraw or discontinue a course are generally not eligible for reinstatement. If they wish to enroll in a future course, they must reapply through the nondegree application process and meet any updated admissions criteria.

Time Limitations. All CRTP learners must complete their academic programs within the timeframes defined by the program. Degree-seeking learners must complete all program requirements, including coursework and the mentored research project, within ten calendar years of matriculation.

This limit applies regardless of enrollment status unless a formally approved leave of absence includes a written extension of the completion timeline. Learners seeking an extension must submit a written request to the CRTP Senior Program Coordinator, including a rationale and supporting documentation. Extensions are granted at the discretion of the Program Director.

Failure to meet the program's time limitation may result in administrative withdrawal or the requirement to reapply for admission.

Student Information Reported by CRTP

The Clinical Research Training Program (CRTP) may share aggregate student data and directory-level biographical information in compliance with the Family Educational Rights and Privacy Act (FERPA). Shared data may include:

- learner name
- degrees or certificates awarded
- dates of attendance and enrollment status
- program of study

This information may be shared with key stakeholder groups such as:

- the National Institutes of Health (NIH)
- partner institutions involved in collaborative education initiatives

No confidential or personally identifiable academic information will be shared without explicit learner consent unless permitted by law or university policy.

Code of Professional Conduct

All learners enrolled in the Clinical Research Training Program are expected to adhere to the **Duke University School of Medicine Code of Professional Conduct**.

This code outlines the professional, ethical, and academic expectations that govern behavior in all learning environments, including virtual classrooms and collaborative projects. It applies to interactions with faculty, staff, fellow learners, and research collaborators.

Alleged violations of the Code of Professional Conduct are addressed in accordance with School of Medicine policies and procedures. The full Code of Professional Conduct is available in the School of Medicine's official policy documents.

Graduation

Learners pursing the Master of Health Sciences in Clinical Research degree must apply to graduate through DukeHub in accordance with the instructions and deadlines published by the School of Medicine Office of the Registrar. Failure to complete this process may delay degree conferral and diploma issuance, even if all academic requirements have been met.

CRTP follows a rolling graduation model with three graduation cycles each academic year:

- **May Graduation**: Final research documentation due by **April 15** (diploma dated at end of spring semester)
- **September Graduation**: Final research documentation due by **July 31** (diploma dated **September 1**)
- **December Graduation**: Final research documentation due by **November 30** (diploma dated **December 30**)

Graduation exercises are held annually in May for all learners who complete degree requirements during the academic year.

Important Note: These deadlines affect only the date on the diploma. Missing a deadline does not require re-enrollment, incur additional costs, and impact program standing. Learners who miss a deadline will be moved automatically to the next graduation cycle.

All final documentation related to the research project must be submitted to the CRTP Senior Program Coordinator by the applicable deadline. Learners are strongly encouraged to plan ahead to support timely degree completion and participation in the graduation ceremony of their choice.

CRTP Program of Study

Master of Health Sciences (MHSc) in Clinical Research

A total of 36 credits is required for this degree. The degree program is designed for clinicians, researchers, and health professionals pursuing clinical or translational research careers. The master's degree is open only to internal learners.

MHSc Tracks

Learners select one of the following tracks.

The **Clinical Research Track** includes 24 credits of graded coursework and 12 credits for a mentored research project. This track emphasizes applied training in clinical research methods, statistical analysis, ethics, research management, and scientific communication. Five courses (CRP 241, 242, 245, 253, and 254) constitute 16 of the 24 required course credits and are required for all degree learners in the Clinical Research Track. Additional electives are selected in consultation with the learner's mentor and program faculty.

The **Basic Science Research Track (BSRT)** offers a customized curriculum for physician-scientists focused on discovery science. Coursework emphasizes laboratory-based and mechanistic research through a tailored set of core and elective courses.

The BSRT requires 18 credits of graded coursework and 18 credits for a mentored research project. Three courses (CRP 241, 245, and 253) constitute 10 of the 18 required course credits and are required for all degree learners in the Basic Science Research Track. Additional electives are selected in consultation with the learner's mentor and program faculty.

BSRT learners begin the mentored research project during the first year to support sustained engagement with discovery and laboratory-based science. The second year emphasizes electives and the completion and successful defense of the research project.

Research Project Examining Committee

All MHSc learners must complete a mentored research project under the supervision of a three-member faculty examining committee composed as follows:

- one clinical investigator from the CRTP faculty (serves as Chair)
- one statistician from the CRTP faculty
- one content expert (often the learner’s clinical or laboratory mentor) with relevant subject matter expertise

The Program Director must approve all committee members. The committee is responsible for guiding the learner during project development, evaluating the written manuscript, and certifying successful completion of the project, following the oral defense.

The learner’s clinical research activities provide the setting and data for the project, which is intended to demonstrate competence in applying quantitative and methodological principles to clinical and translational research. The program is designed for part-time study, allowing learners to integrate academic coursework with clinical or laboratory-based training.

Additional MHSc Information

CRTP does not accept transfer credit from other Duke programs or external institutions. However, learners may petition the program to waive of one required course based on prior graduate-level coursework. If approved, the learner must complete one or more approved elective courses to meet the 36-credit degree requirement. Waivers do not reduce the number of credits required for graduation. Learners seeking a waiver should contact the CRTP Senior Program Coordinator for guidance on the petition process and elective planning.

For deadlines and procedures related to research project submission and degree conferral, see the Graduation section under Program Policies.

Academic Core in Clinical Research Certificate

To earn the certificate, learners must successfully complete the following five required core courses for a total of 16 credits. The certificate is open to internal and external learners.

- CRP 241: Introduction to Statistical Methods (4 credits)
- CRP 242: Principles of Clinical Research (4 credits)
- CRP 245: Statistical Analysis (4 credits)
- CRP 253: Research Ethics and Responsible Conduct of Research (2 credits)
- CRP 254: Research Management (2 credits)

See the Program Policies section for information related to conversion, probation, and other applicable policies.

Nondegree Study

CRTP offers individual course enrollment for qualified learners who are not pursuing a degree or certificate. This option is designed for clinicians, faculty, postdocs, and research professionals seeking targeted training in biostatistics, research ethics, or trial design. Nondegree study is open to all learners.

- **Internal learners** (Duke or affiliates) may take one or more courses on a non-degree basis and later apply to the certificate or degree track, subject to program approval and applicable credit policies.
- **External learners** may selected CRTP courses for academic credit. Admission is based on professional background and course availability.

Course Offerings and Availability

Course offerings are subject to change based on enrollment, faculty availability, and program needs. In addition, all courses are subject to minimum enrollment requirements and may be canceled if those thresholds are not met. Learners should consult the CRTP website for the most up-to-date course schedule and planned offerings.

Master of Health Sciences in Clinical Research (A-CRP-MHS)

CRTP Courses of Instruction

- CRP 241 – Introduction to Statistical Methods
- CRP 242 – Principles of Clinical Research
- CRP 243 – Introduction to Medical Genetics
- CRP 245 – Statistical Analysis
- CRP 247 – Clinical Research Seminar
- CRP 248 – Clinical Trials
- CRP 249 – Health Services Research
- CRP 252 – Principles of Clinical Pharmacology I
- CRP 253 – Research Ethics and Responsible Conduct of Research
- CRP 254 – Research Management
- CRP 257 – Proteomics and Protein Biology in Medicine
- CRP 258 – Principles of Clinical Pharmacology II
- CRP 259 – Decision Sciences in Clinical Research
- CRP 261 – SAS Programming for Data Management
- CRP 262 – Systematic Reviews and Meta Analysis
- CRP 263 – Longitudinal Data Analysis
- CRP 264 – Introduction to Immunology in Clinical Research
- CRP 265 – Molecular Biology Techniques
- CRP 266 – Design and Analysis of Non-Randomized Studies
- CRP 267 – Special Topics in Clinical Research
- CRP 269 – Independent Study
- CRP 270 – Research
- CRP 270-BST – Research BST
- CRP 271 – Clinical Outcome Assessments in Clinical Research
- CRP 272 – R Programming Boot Camp
- CRP 273 – Implementation and Dissemination of Health Care Research
- CRP 274 – Independent Study II
- CRP 275 – Research Project and Proposal Development A Stepwise Approach
- CRP 276 – Statistical Methodology for Basic Research
- CRP 277 – Research Professional Development
- CRP 278 – Machine Learning For Health
- CRP 279 – Scientific Communication

- CRP 280 – Drug Metabolism - Study Away at UNC
- CRP 281 – Pharmacokinetics - Study Away at UNC
- CRP 282 – Pharmacogenomics - Study Away at UNC

Master of Health Sciences Pathologists' Assistant

Professor and Chairman, Department of Pathology: Jiaoti Huang, MD, PhD
Director, Pathologists' Assistant Program: Michelle P. Johnson, MHS, PA (ASCP) CM
Faculty Liaison: Rex Bentley, MD
Medical Director, Pathologists' Assistant Program: John Carney, MD
Director, Surgical Pathology: Rajesh Dash, MD
Duke Surgical Pathology Training Coordinator: Allison Topper, MHS, PA (ASCP) CM
Director, Autopsy Pathology: Huihua Li, 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: TBD
VA Surgical Pathology Training Coordinator: Amy Lark, MD

Website: pathology.duke.edu/education/pathologists-assistant-program

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. The first-year curriculum provides a broad, graduate-level background in medical sciences in support of intensive training in anatomic pathology. With a 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, while also preparing graduates to assist in the training of students and pathology residents.

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, naacls.org). Graduates are qualified to sit for the American Society of Clinical Pathology Board of Certification examination.

PTA Academic Calendar

FIRST YEAR	
August 10, 2026 – January 25, 2027	Fall Semester 2026
November 25, 2026 – November 29, 2026	Thanksgiving Break
December 19, 2026 – January 3, 2027	Holiday Break
January 26, 2027 – June 25, 2027	Spring Semester 2027
March 13, 2027 – March 21, 2027	Spring Break
June 27, 2027 – July 5, 2027	Summer Break
July 6, 2027 – August 27, 2027	Summer Semester 2027
SECOND YEAR	
September 2026 – December 18, 2026	Fall Semester 2026
November 21, 2026 – November 29, 2026	Thanksgiving Break
December 19, 2026 – January 3, 2027	Holiday Break
January 4, 2027 – May 7, 2027	Spring Semester 2027
April 24, 2027 – May 2, 2027	Spring Break
May 10, 2027 – July 8, 2027	Summer Semester 2027

PTA Admissions

Prerequisites for Admission

1. A baccalaureate degree in a biological or chemical science from an accredited institution which includes coursework in general biology (2 semesters), general chemistry (2 semesters), organic chemistry (at least one semester), biochemistry, college mathematics to the level of algebra, and English composition.
   OR
   A baccalaureate degree in a non-science major to include at least 24 course credits that include the courses defined above as well as any additional courses chosen to expand the scientific knowledge creating a background to successfully begin the study of medical sciences. Recommended additional courses to consider include: cell and molecular biology, genetics, gross anatomy, human physiology, immunology, microbiology, 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.
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).

Application Procedures

Application will be performed online via the portal linked to the Duke Pathologists' Assistant website. Fees and materials will be paid and submitted through the portal, with transcripts submitted vial electronic request to the program director. If the electronic request is not available, transcripts will be sent to the program director at DUMC Box 3172, Department of Pathology, Durham, NC 27710. Official test score results must be sent to Duke University by the ETS, IELTS or the AAMC. To submit your GRE scores, use the Duke Institutional Code (5156) when completing the score report recipient section of the registration form. All applications must be completed by January 15 of each admissions cycle.

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 who are offered admission to the Pathologists' Assistant Program will undergo criminal background checks.

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 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 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.

PTA Financial Information

Tuition and Fees

EXPENSE	FIRST-YEAR AMOUNT	SECOND-YEAR AMOUNT
Tuition	**$31,226**	**$31,226**
Total fees	**$4,818**	**$4,673**
Mandatory Fees		
Certificate Fee	$25	-
Health Fee	$1,447	$1,447
Graduate Student Activity Fee	$40	$40
Graduate Student Services Fee	$28	$28
Wellness Fee	$350	$350
Recreation Fee	$408	$408
Technology Fee	$2,400	$2,400
Transcript Fee	$120	-

The full cost of attendance is available at the Duke School of Medicine Financial Aid website.

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.

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.

PTA Program Policies

This program follows all School of Medicine policies in addition to the policies below.

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.

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 three 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 103 (Foundations of Patient Care 1), PATHASST 102 (Foundations of Patient Care 2), 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). 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. No more than two courses can be repeated throughout the program duration. 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 Academic Promotions Committee during the close of each semester during each academic cycle. The Program Director will present the academic record of performance and documentation of clinical deficiencies and/or professionalism concerns to the committee for review and determination of academic status. The status designations include " Academic Warning" (not on transcript), "Academic Probation" (placed on transcript), and "Academic Withdrawal/Dismissal" (unable to successfully complete remediation or professionalism counseling plans). The Program Director will convey the results of the academic review and status to the student. The student has the benefit of appeal to the Vice Dean for Medical and Health Professions Education, who will route the appeal through the School of Medicine Academic Appeals Committee (AAC). 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. No more than two courses can be repeated throughout the program duration. 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 appeal will be reviewed by the Academic Promotions Committee, and a decision will be conveyed to the program director. 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 44 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 49 course credits) within the scheduled semester.

In unusual circumstances (illness or academic remediation) the determination of satisfactory progress is made by the Academic Promotions Committee.

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 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 present the appeal to the Academic Promotions Committee and 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 or medical reasons for a period not to exceed one calendar year. If the personal 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. All medical leave of absence requests will be considered through the Office of Le Well in the School of Medicine. The student must notify the program director in writing of 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. The student must complete the program within three years of the start of the entry course, PATHASST 204. 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.

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.

Master of Health Sciences Pathologists' Assistant (A-PTA-MHS)

PTA Program Requirements

Required Courses	Credit Hours
YEAR 1 FALL	**20 CREDIT HOURS**
PATHASST 204 (Introduction to Practical Anatomic Pathology Techniques)	2
PATHASST 103 (Foundations of Patient Care 1)	16
PATHASST 203 (Neuroscience and the Autopsy)	2
YEAR 1 SPRING	**16 CREDIT HOURS**
PATHASST 102 (Foundations of Patient Care 2)	16
YEAR 1 SUMMER	**8 CREDIT HOURS**
PATHASST 210 (Introduction to Autopsy Pathology)	2
PATHASST 218 (Anatomic Pathology and Digital Analytics)	2
PATHASST 221 (Introduction to Surgical Pathology-Duke)	2
PATHASST 222 (Introduction to Surgical Pathology-VAMC)	2
YEAR 2 FALL	**18 CREDIT HOURS**
PATHASST 321 (Surgical Pathology I -Duke)	4
PATHASST 322 (Surgical Pathology I -VAMC)	4
PATHASST 323 (Autopsy Pathology I)	4
PATHASST 340 (Photography I)	1
PATHASST 359 (Laboratory Technologies and Management)	2
PATHASST 361 (Pathologic Basis of Clinical Medicine I)	3
YEAR 2 SPRING	**22 CREDIT HOURS**
PATHASST 302 (Forensic Pathology)	2
PATHASST 324 (Autopsy Pathology II)	4
PATHASST 331 (Surgical Pathology II -Duke Site)	7
PATHASST 332 (Surgical Pathology II -VAMC Site)	4
PATHASST 341 (Photography II)	2
PATHASST 362 (Pathologic Basis of Clinical Medicine II)	3
YEAR 2 SUMMER	**9 CREDIT HOURS**
PATHASST 330 (Autopsy Practicum)	3
PATHASST 351 (Surgical Pathology Practicum-Duke)	2
PATHASST 352 (Surgical Pathology Practicum-VAMC)	2
PATHASST 390 (Senior Seminar)	2
Certificate and Academic Degree Awarded	**93**

Master of Health Sciences Pathologists' Assistant (A-PTA-MHS)

PTA Courses of Instruction

- PATHASST 100 – Human Structure & Function 1

- PATHASST 101 – Human Structure & Function 2
- PATHASST 102 – Foundations of Patient Care II
- PATHASST 103 – Foundations of Patient Care I
- PATHASST 203 – Neuroscience and the Autopsy
- PATHASST 204 – Introduction to Practical Anatomic Pathology Techniques
- PATHASST 210 – Introduction to Autopsy Pathology
- PATHASST 215 – Histology Techniques
- PATHASST 217 – Molecular Pathology Techniques
- PATHASST 218 – Anatomic Pathology and Digital Analytics
- PATHASST 221 – Introduction to Surgical Pathology - Duke
- PATHASST 222 – Introduction to Surgical Pathology - VAMC
- PATHASST 302 – Forensic Pathology
- PATHASST 303 – Senior Seminar
- PATHASST 304 – Forensic Pathology - Elective
- PATHASST 321 – Surgical Pathology I - Duke
- PATHASST 322 – Surgical Pathology I - VAMC
- PATHASST 323 – Autopsy Pathology I
- PATHASST 324 – Autopsy Pathology II
- PATHASST 330 – Autopsy Practicum
- PATHASST 331 – Surgical Pathology II - Duke
- PATHASST 332 – Surgical Pathology II - VAMC
- PATHASST 340 – Photography I
- PATHASST 341 – Photography II
- PATHASST 351 – Surgical Pathology Practicum - Duke
- PATHASST 352 – Surgical Pathology Practicum - VAMC
- PATHASST 359 – Laboratory Technologies and Management
- PATHASST 361 – Pathological Basis of Clinical Medicine I
- PATHASST 362 – Pathological Basis of Clinical Medicine II
- PATHASST 390 – Senior Seminar

Master of Health Sciences Physician Assistant

Department of Family Medicine and Community Health, Division of Physician Assistant Studies Department Chair: Anthony Viera, MD, MPH PA

Division Chief & Program Director: April Stouder, EdD, MHS, PA-C

Medical Director: Kenyon Railey, MD

Faculty: Lovest Alexander, Jr., MHS, PA-C, DFAAPA; Lorraine Anglin, MHS, PA-C; Melinda Blazar, EdD, MHS, PA-C, Janelle Bludorn, MS, PA-C; Alicia Bolden, DMSc, MPH, MPAS, PA-C; Emily Douglas, DMSc, MSc, MSPAS, PA-C; Suzanne Hallquist, MSPH, MHS, PA-C; Megan Holmes, PhD; Kim Howard, MHS, PA-C; Nicholas Hudak, PhD, MPA, MSEd, PA-C; Quincy Jones, DrPH, MSW, LCSW, MHS, PA-C; Brittany Macon-Davis, DMSc, MHS, PA-C; Betsy Melcher, MS, ATC, MHS, PA-C; Jacquetta Melvin, MPH, PA-C; Perri Morgan, PhD, MEd, PA-C; Laura Okolie, DMSc, MBA, MHS, PA-C; Sandro Pinheiro, PhD; Rachel Porter, PhD

Website: medschool.duke.edu/education/health-professions-education-programs/duke-physician-assistant-program

Program Mission

The Duke Physician Assistant Program's mission is to equip learners to deliver equitable patient-centered care by providing an innovative primary care-focused curriculum, expanding and strengthening community partnerships, and developing leaders in the PA profession.

The Physician Assistant Profession

Physician assistants (PAs) work in collaboration with physicians and healthcare teams and 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 medical education, healthcare administration, and research.

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 Duke PA curriculum provides students 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.

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 phase of the program is devoted to preclinical studies in the basic medical, clinical and behavioral sciences, and the second phase 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 some of the required textbooks needed for the program. In addition, the program provides computers, which are used for communication and a variety of in-class and clinical assignments and activities. The preclinical curriculum is integrated to introduce students to medical sciences as they relate to specific organ systems and clinical problems. Learning strategies include the traditional lecture format, hands-on basic science labs, small group tutorials, and patient case discussions. Opportunities for early clinical exposures are an important part of the first-year curriculum.

As part of the clinical curriculum, students are required to complete supervised clinical practice experiences (SCPEs) in internal medicine, surgery, emergency medicine, primary care, pediatrics, obstetrics & gynecology, and behavioral medicine. In addition, two elective SCPEs are included in the clinical year schedule. At least one clinical experience must be completed in a medically underserved area. Students should plan to be out of the local area for a minimum of two rotations and housing is provided for rotations greater than 50 miles from the PA program. On average, clinical year students complete four assigned rotations greater than 50 miles from the PA program, with a maximum assigned distance of 250 miles. Any rotation assignments greater than 250 miles away, or any out of network rotation assignments, would be a result of a student preference or request, therefore the student is responsible for housing and transportation costs.

Across the program curriculum, standardized patient sessions using simulation and actors are incorporated for instructional and assessment purposes.

Master of Health Sciences Physician Assistant (A-PA-MHS)

PA Academic Calendar

2026-2027 Preclinical Year Calendar (Class of 2028)

Fall 2026

- August 13: Program Orientation begins
- August 19: Fall Semester classes begin
- September 7: Labor Day Holiday—no classes
- October 14: 5 p.m.—Begin Fall Break
- October 19: Classes resume
- November 24: 5 p.m.—Begin Holiday Break
- November 30: Classes resume
- December 18: 5 p.m.—End of Fall Semester; Winter Break begins

Spring 2027

- January 4: Spring Semester classes begin
- January 18: Martin Luther King Jr. Holiday—no classes
- February 19: 5 p.m.—Begin Mid-Semester Break
- February 24: Classes resume
- April 9: 5 p.m.—End of Spring Semester; Spring Break begins

Summer 2027

- April 19: Summer Term classes begin
- May 31: Memorial Day Holiday—no classes
- June 18: Juneteenth Holiday—no classes
- June 25: 5 p.m.—End of Summer Term and Preclinical Year; Summer Break begins

2026-2027 Clinical Year Calendar (Class of 2027)

- July 15-July 31: PhyAsst 299 - Bridge: The Path to Patient Care
- August 3-28: Rotation #1
- August 31-September 25: Rotation #2
- September 7: Labor Day Holiday
- September 28-October 23: Rotation #3
- October 26-November 20: Rotation #4
- November 23-December 18: Rotation #5
- November 26: Thanksgiving Holiday

- December 18: 5 p.m.—End of Fall Semester
- December 21, 2026-January 1, 2027: Winter Break and New Year Holiday
- January 4-29: Rotation #6
- January 18: Martin Luther King Jr. Holiday
- February 1-February 26: Rotation #7
- March 1-March 26: Rotation #8
- March 29-April 23: Rotation #9
- April 23: 5 p.m.—End of Spring Semester
- April 26-May 20: Rotation #10
- May 21-May 28: Spring Break
- May 31-June 25: Rotation #11
- May 31: Memorial Day Holiday
- June 18: Juneteenth Holiday (observed)
- June 28-July 23: Rotation #12
- July 5: Independence Day Holiday (observed)
- July 26-August 5: PhyAsst 390—Practice and the Health System IV
- August 6: End of Summer Term 1 and Certificate of Completion
- August 13: Eligible to sit for PANCE
- September 1, 2027: Graduation Date: MHS Conferral

Master of Health Sciences Physician Assistant (A-PA-MHS)

PA Admissions

Prerequisites for Application

The prerequisites for application to the MHS physician assistant curriculum include:

1. A baccalaureate degree from a regionally 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 B minus or better (or a numerical final course score of 78% or better).
3. Scores of the Graduate Record Examination (GRE general test), taken within the last four years, and no later than August 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 May 1 in 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, medschool.duke.edu/education/health-professions-education-programs/duke-physician-assistant-program. The application is available from April 30 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 August 15
- three completed recommendation forms, including at least one from a health care provider with whom the applicant has worked

Selection Factors

The Duke PA Program is mission-driven and strives to recruit a student population committed to service and increasing access to primary care in rural and underserved communities. The PA Program values applicants with a broad range of backgrounds and gives preference to applicants who represent a strong match to our mission. The program employs a holistic review of applications and considers each applicant's past performance and potential. We evaluate the following objective measures: overall, natural science, and prerequisite GPA, GRE scores, number of natural science credits and number of patient care hours.

We give preference for the following non-academic attributes: leadership, record of significant volunteerism, multilingual (advanced language skills), born and reared in North Carolina or long standing contributions to North Carolina, from rural geographic area, experience in primary care and underserved communities, active military or veterans, educationally or economically disadvantaged, perseverance through adverse life events, worked full time while in school, or non-traditional applicant. Information submitted by each applicant is carefully reviewed by the Admissions Committee, and selected applicants are invited for personal interviews. These interviews take place September through November; ninety students are chosen from among those interviewed to matriculate. Only full-time students are admitted.

Criminal Background Check and Drug Screening

Candidates offered admission to the Physician Assistant Program must undergo and pass a criminal background check and drug screen as a condition of program matriculation. These are repeated prior to the start of the clinical year, and as needed for either ongoing surveillance or clinical site credentialing.

PA Financial Information

2026-2027 Tuition and Fees

Tuition and fees are subject to change and Board approval.

EXPENSE	FIRST-YEAR AMOUNT	SECOND-YEAR AMOUNT
Tuition	**$55,327**	**$53,456**
Total Fees	**$7,431**	**$4,073**
Background Check	$75*	$75
Drug Screen Fee	$100*	-
Graduate Student Activity Fee	$40	$40
Graduate Student Services Fee	$28	$28
Health Fee	$1,447	$1,447
First Year Lab Fee	$1,650	-
LeWell Support Fee	$350	$350
Recreation Fee	$408	$408
Registration Fee	$475*	-
Technology Fee	$2,600	$1,600
Certificate Fee	$25	-
Transcript Fee	$120	-
Student Society Fee	$30	-
Uniform & Clinical Site Fee	$83	$125

*On notification of acceptance, prospective PA students are required to pay a nonrefundable first registration fee, prematriculation background check fee, and health screening fee. In addition, students must pay a nonrefundable program deposit of $475. For those who matriculate, the program deposit is applied to the cost of tuition.

The full cost of attendance is available at the Duke School of Medicine Financial Aid website.

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. 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, or visit cfnc.org/pay-for-college/apply-for-financial-aid/forgivable-education-loans-for-service.

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 nhsc.hrsa.gov for further information.

Limited scholarship funds are available through the Duke Physician Assistant Program. Some of the scholarships are offered with admission and others require an application after the program has begun. The scholarship may reduce the amount a student borrows in education loan funding.

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.

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.

PA Program Policies

This program follows all School of Medicine policies in addition to the policies below.

Technical Standards

All prospective, admitted, and enrolled students must be able to meet the Technical Standards with or without accommodations.

Attendance

Our program's philosophy is that all coursework is significant and students are expected to attend all learning activities. Attendance is mandatory for sessions with graded components. Course practicums, laboratory sessions, Common Problem Labs (CPLs), Synthesis Sessions, small group discussions, and standardized and actual patient encounters are examples of highly structured learning opportunities that cannot be recreated. In the event of illness or emergency, students should notify the course coordinator and their advisor in advance of a missed required activity. Students are expected to take their exams as scheduled. Rescheduling an exam is a rare occurrence, typically reserved for cases of illness or personal emergency. In the event of illness or emergency, students should notify the Preclinical Director and their advisor in advance. Students may request to take an exam early due to a scheduled, non-emergent life event (e.g., wedding, graduation) one time in the didactic year. A minimum of 2 weeks notice is required, and approval is at the discretion of program leadership.

Failure to communicate in a timely manner or absence for reasons other than illness or emergency will be considered an unexcused absence and a violation of professionalism. Unexcused exam absences will result in the student being rescheduled for the exam as soon as possible with a maximum recorded exam score of 50. Passing scores and remediation policies will still apply.

The program provides flexibility for students who wish to observe religious holidays and encourages students to connect with preclinical or clinical directors to discuss further.

Following any long-term illness, injury, hospitalization, or surgical procedure, students will be required to provide documentation from a healthcare provider that they are fit/medically cleared to return to educational activities and are able to meet PA program technical standards with or without accommodations.

If a student requests to miss more than 5 consecutive days of required activities in the preclinical year or 5 days of a rotation in the clinical year due to urgent personal or health reasons, a formal leave of absence will likely be required.

A pattern of recurrent absences may negatively impact 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 agreement where attendance is a required component of the agreement, a pattern of recurrent absences violates the terms of the agreement and may result in a recommendation for probation, suspension, or dismissal from the program.

Attendance policies in the clinical year of the curriculum are established to ensure competency in each area of medicine. Clinical year policies vary from the preclinical attendance policy outlined above.

1. All clinical education experiences are mandatory.
2. Students should expect to be assigned to schedules that require being in the clinic on any day of the week, including weekends and holidays.
3. Students may use allocated discretionary days to request time away from rotations, with some restrictions including Call Back Days and assessments.
4. The program provides opportunities to make-up required activities in the event of personal emergencies.
5. Students may request to take an exam early due to a scheduled, non-emergent life event (e.g., wedding, graduation) one time in the clinical year. A minimum of 2 weeks notice is required, and approval is at the discretion of program leadership.
6. Failure to communicate in a timely manner and absence for reasons other than illness or emergency will be considered an unexcused absence and a violation of professionalism. Unexcused exam absences will result in the student being rescheduled as soon as possible with a maximum recorded exam score of 50. Passing scores and remediation policies will still apply.

Healthcare appointments should be scheduled, when possible, at times when classes, clinical experiences, assessments, or scheduled program activities are not in session. It is the responsibility of the student to review the semester schedule and to avoid conflicts where possible. Students are expected to make every effort to modify their schedule conflicts to avoid absence from class and rotations, and to proactively notify faculty if unexpected issues arise.

Registration and Drop/Add Policy

All preclinical courses are required and are offered as a cohort. In the preclinical year, except for electives, there is no opportunity to drop or add a course. In the clinical year, all students will register for didactic courses and will complete these as a cohort. Students also register for required and elective supervised clinical practice experiences (SCPEs), 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.

Students are responsible for registering for all courses in the preclinical and clinical year as instructed by the Registrar's Office. Failure to register for all required courses during the registration window will result in a notification to professionalism committee.

Program Policies and Grading Standards

Grades for didactic courses and supervised clinical practice experiences are assigned as P (Pass, 100-78), LP (Low Pass, 77-70), and F (Fail, less than 70). The PA 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 in the preclinical year will halt progression in the program and result in immediate deceleration. Following remediation activities, the student would be given the opportunity to return in the following academic year on academic probation to repeat courses and continue to progress in the program.

Failure of any clinical year didactic course or SCPE will result in assignment of academic probation, remediation, and a requirement to repeat the course. This will delay program completion. Failure of the written or practical summative assessments will require an Independent Study course for remediation purposes and will delay program completion by a minimum of four weeks.

Associated fees for remediation of a course failure are in addition to standard tuition and fees for the term. The Independent Study course fee is $500. At any time, a student who fails a second course or a course retake will be recommended for dismissal from the program. Determination of satisfactory academic progress is made by the PA program director upon recommendation from the Promotions Committee, at the conclusion of each semester/term.

At the end of a term, any outstanding course requirements will result in a grade of I (Incomplete) being recorded until course requirements are successfully completed. In the clinical year, incomplete course requirements could impact a student's ability to progress to the next SCPE. 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 PA program are participants in a professional training program who 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 by faculty and may result in being placed in an Independent Study course, on a professionalism or academic agreement, academic warning, probation, suspension, or dismissal from the program. An Independent Study course as a result of a professionalism concerns, will assess the $500 Independent Study course fee.

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. These decisions are considered final.

Satisfactory Academic Progress

Determination of satisfactory academic progress is made by the PA program director upon advisement by the Promotions Committee, at the conclusion of each semester/term. Satisfactory academic progress for students in the PA 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 term the course is offered; Demonstration of expected program competency progress at the conclusion of the preclinical year.

Clinical Year: Completion of all required courses (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. Demonstration of program competency achievement by the conclusion of the clinical year.

In circumstances requiring a leave of absence, deceleration, academic remediation, or probationary status during the preclinical or clinical year, the determination of satisfactory progress for academic purposes is made by the program director upon recommendation from the Promotions Committee. This may require deceleration to another cohort or extend the clinical course cycle into the next academic year, delaying the expected time of program completion and MHS degree conferral.

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 may lose eligibility for federal student aid. Students should consult with the Financial Aid Office to confirm their continued eligibility.

Determination of Academic Standing

All students' records are reviewed at the end of each term and as needed by the Promotions Committee, and each student is recommended to one of the following categories of academic standing:

1. Satisfactory Academic Standing: The PA student completed no more than one preclinical or clinical course with an overall grade of 70-77 in a semester or term. The PA student demonstrates consistent adherence to the Duke Code of Professional Conduct and established program policies.

2. Academic Probation: The PA student completed more than one preclinical or clinical course with an overall grade of 70-77 in a semester or term. Any course failure in the preclinical or clinical year will result in a recommendation for probation. Additionally, the following are considered academic concerns and may result in a recommendation from Promotions Committee for the assignment of academic probation:
    1. a consistent pattern of deficiencies in clinical skills, interpersonal communication abilities, and/or professional conduct,
    2. an egregious violation of the Professional Code of Conduct,
    3. violations of academic or professionalism agreements, or
    4. multiple exam failures.

Academic probation indicates concern about the student's academic performance and/or professional behaviors in the program. If the Promotions Committee recommends academic probation and the program director accepts the recommendation, the Vice Dean for Education is notified and provided with relevant evidence justifying the recommendation. The Vice Dean makes the final decision about changes to academic standing. The student must improve their performance or may be at risk of continued probation status or dismissal from the program.

In order for continued progression, any student on probation would need to meet criteria to have the probation lifted and return to satisfactory academic standing to remain in the program.

Criteria to lift probation assigned due to more than one course 70-77 in a semester. In the semester probation is assigned, if the student completes all courses with final course grades of 78 or above and adheres to the expected academic and professionalism standards, the probation status will be lifted, and the student will regain the status of satisfactory academic standing in the following semester. (Example: student had two courses less than 78 in the fall semester and was assigned to academic probation at the start of the spring semester. During the spring semester, the student achieved final course grades of 78 or greater, and probation was lifted at the start of the summer semester. Total time spent on academic probation was one semester.)

Criteria to lift probation assigned due to a course failure. In the preclinical year, when a student returns to the program on probation following deceleration due to course failure, they must complete all courses with final course grades of 78 or above in that semester in order for probation to be lifted. The student would return to satisfactory standing in the following semester. In the clinical year, a student assigned to probation due to a course failure must complete a remediation, repeat the course with a grade of 78 or higher, and meet all course requirements. The student must then achieve a 78 or higher in the two (2) immediate supervised clinical practice experience (SCPE) courses and meet all course requirements for probation to be lifted.

In all cases, students must adhere to expected academic and professionalism standards to be eligible for probation to be lifted.

Criteria for probation continuation – probation assigned due to more than one course 70-77 in a semester, or due to a preclinical course failure. If a student is unable to achieve a 78 or higher for all course grades in the semester probation is assigned and/or demonstrate a pattern of adhering to the Code of Professional Conduct and academic standards, probation will be continued into the next semester.

Criteria for probation continuation – probation assigned due to clinical year course failure. If the student is unable to achieve a 78 or higher and meet all course requirements in two subsequent SCPE courses after probation is assigned, they will remain on probation until they meet the standards (two SCPEs with course grades of 78 or higher). Time on probation due to course failure in the clinical year cannot exceed 4 SCPEs.

Outcomes of not achieving probation lift criteria and criteria for dismissal. While assigned to academic probation, if a student completes more than one course in any semester with an overall grade of 70-77 or fails a course, the student will be recommended for dismissal from the program.

The maximum time that a student can be assigned to academic probation during their enrollment is two total semesters. If a student has not met the criteria to have probation lifted after a second semester of probation, they will be recommended for dismissal from the program.

If a student who has been assigned to probation for 2 semesters meets criteria for probation in the future, they will be recommended for dismissal from the program.

Students can be assigned to academic probation a maximum of two times during their enrollment, not to exceed 2 semesters.

If a student has previously been assigned to probation and fails a course in the clinical year and does not meet the criteria to have probation lifted after repeating the course and 2 subsequent SCPE courses, they will be recommended for dismissal from the program.

If a clinical year student is not able to meet the criteria after completing four (4) SCPEs, they will be recommended for dismissal from the program. At any time, a clinical year student cannot be on academic warning or probation for more than 4 SCPEs (does not include independent studies or repeat SCPEs).

Additionally, a student on probation with a continued pattern of violation of the Code of Professional Conduct, deficiencies in clinical skills, exam failures, poor interpersonal communication or unprofessional conduct could result in the students' dismissal from the PA program or prevent their academic standing from returning to satisfactory, despite final course grades greater than 78.

At any time during enrollment, a student with a second course failure or failure of a course retake will be recommended for dismissal.

If a student meets criteria for assignment of probation in the final term of the program, or are already on probation in the final term, program completion will be delayed. The student would need to demonstrate competency through remedial activities to be eligible for graduation. Remedial activities may include repeating the course, a required Independent Study, additional assessments, or additional didactic coursework.

Upon recommendation by the PA program director, the Vice Dean for Education is responsible for placing individuals on academic probation, suspension or dismissal due to unsatisfactory academic/professional performance.

Students currently on academic probation, academic warning, on a professionalism agreement, or enrolled in an Independent Study course for remediation are ineligible for special clinical experiences such as Global Health Electives, out-of-network rotations, or new clinical site proposals. Students must be in satisfactory academic and professional standing (not on academic warning or probation) in order to represent the program in competitions (e.g., Challenge Bowl, iScan), present at conferences, have approved time away to participate in special programs, be eligible for some scholarship opportunities, or hold leadership positions.

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. Students must meet all program competencies and be in satisfactory academic and professional standing to be eligible for graduation (see Commencement section for graduation requirements).

Appeals of Academic Status (Academic Probation or Dismissal)

A student placed on Academic Probation, academic warning, 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 or medical 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. All students taking a LOA will engage with the Office of LeWell, which will provide support before and during the leave, as well as coordinate any necessary fitness assessment upon return.

If the LOA is approved, the program director (or designee) 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. When a LOA is taken, the program director may require the student to repeat some or all of the courses completed prior to the LOA to ensure the student meets the technical standards and competency requirements expected at that point in their education. In all cases of a LOA, the student is required to complete the full PA curriculum to be eligible to earn the master's degree and PA certificate. A student desiring an extension of a LOA beyond one calendar year will need to meet with the program director for approval. All students have a maximum of four years to complete the program requirements from the time of matriculation and if unable to do so will be required to reapply for admission to the PA Program.

If a student is away from the program for six months or more, or is suspended, they must return their IT package to the program and it will be redistributed upon their return.

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.

The program director (or designee) 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.

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 PA students. Any student working while attending the program should notify 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. Although students may assist preceptors and clinical or 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.

Student Travel During the Clinical Year

Students should plan to be out of the local area for a minimum of two rotations and housing is provided for rotations greater than 50 miles from the PA program. On average, clinical year students complete four assigned rotations greater than 50 miles from the program, with a maximum assigned distance of 250 miles. Any rotation assignments greater than 250 miles away, or any out of network rotations assignments, would be a result of a student preference or request, therefore the student is responsible for housing and transportation costs.

Program Completion

Students must complete all preclinical and clinical courses (109 credits), as well as successful completion of all program competencies, learning outcomes, and summative assessments/assignments. Students must meet all program competencies and be in satisfactory academic and professional standing to be eligible for program completion.

The PA program holds its commencement ceremony at the conclusion of the program in August with the awarding of the Certificate of Completion. The MHS degree is conferred by the University in September. PA students should be aware that failure to begin or complete courses as scheduled (e.g., leave of absence, Independent Study, deceleration) or demonstrate required program competencies will result in delay of receipt of the PA program certificate and the MHS degree. Additionally, students must have met all financial responsibilities to the institution and fulfilled all other program-related responsibilities (academic, technical, equipment) to receive the certificate and diploma.

PA Program Requirements

Preclinical Year

Before proceeding into the clinical phase of the curriculum, students must satisfactorily complete the following required courses.

Required Courses	Course Credits
FALL SEMESTER	**20 CREDITS**
PHYASST 200 Basic Medical Sciences	2
PHYASST 201 Physiology	2
PHYASST 205 Anatomy	4
PHYASST 210 Diagnostic Methods I	2
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
SPRING SEMESTER	**22 CREDITS**
PHYASST 211 Diagnostic Methods II	3
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	2
SUMMER TERM	**16 CREDITS**
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
PHYASST 253 Practice and the Health System III	1
Preclinical Year Total	**58**

Clinical Year

Following successful completion of the preclinical courses, students enter the clinical phase of the program, completing the following required courses:

Required Courses	Course Credits
PHYASST 299 Bridge: The Path to Patient Care	2
PHYASST 300A, 300B Primary Care A & B	4, 4
PHYASST 310 Behavioral Medicine	4
PHYASST 320A, 320B, 320C Internal Medicine A, B, C	4, 4 (must complete 2 Internal Medicine courses, any combination of 320A, B, or C)
PHYASST 340 Principles of Surgery	4
PHYASST 350 Emergency Medicine	4
PHYASST 360 Pediatrics	4
PHYASST 370 Obstetrics & Gynecology	4
Elective	4
Elective	4
PHYASST 390 Practice and the Health System IV	5
Clinical Year Total	**51**

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.

PA Courses of Instruction

- PHYASST 200 – Basic Medical Sciences
- PHYASST 201 – Physiology
- PHYASST 205 – Anatomy
- PHYASST 210 – Diagnostic Methods I
- PHYASST 211 – Diagnostic Methods II
- PHYASST 212 – Diagnostic Methods III
- PHYASST 220 – Clinical Medicine I
- PHYASST 221 – Clinical Medicine II
- PHYASST 222 – Clinical Medicine III
- PHYASST 223 – Pharmacology I
- PHYASST 224 – Pharmacology II
- PHYASST 225 – Pharmacology III
- PHYASST 230 – Fundamentals of Surgery
- PHYASST 231 – Patient Assessment and Counseling I
- PHYASST 232 – Patient Assessment and Counseling II
- PHYASST 233 – Patient Assessment and Counseling III
- PHYASST 251 – Practice and the Health System I
- PHYASST 252 – Practice and the Health System II
- PHYASST 253 – Practice and the Health System III
- PHYASST 261 – Beginning Medical Spanish
- PHYASST 262 – Intermediate Medical Spanish
- PHYASST 263 – Advanced Medical Spanish
- PHYASST 299 – Bridge: The Path to Patient Care
- PHYASST 300A – Primary Care
- PHYASST 300B – Primary Care
- PHYASST 300E – Primary Care Elective
- PHYASST 303 – Global Health
- PHYASST 307 – Medical Informatics
- PHYASST 308 – Pediatric Health Lifestyles Program
- PHYASST 309 – Public Health and Healthcare in Cuba
- PHYASST 310 – Behavioral Medicine
- PHYASST 310E – Behavioral Medicine Elective
- PHYASST 311 – Clinical Research
- PHYASST 312 – Community Health
- PHYASST 313 – LGBTQ Health
- PHYASST 314 – Physical Medicine and Rehabilitation
- PHYASST 315 – Sexual & Gender Medicine I
- PHYASST 316 – Sexual & Gender Medicine II
- PHYASST 317 – Sexual & Gender Medicine III
- PHYASST 320A – Internal Medicine
- PHYASST 320B – Internal Medicine
- PHYASST 320C – Internal Medicine C
- PHYASST 320E – Internal Medicine Elective
- PHYASST 321 – Cardiology
- PHYASST 322 – Dermatology
- PHYASST 323 – Endocrinology
- PHYASST 324 – Pain Medicine
- PHYASST 325 – Hematology and Oncology
- PHYASST 327 – Infectious Medicine
- PHYASST 328 – Gastroenterology
- PHYASST 329 – Palliative Care
- PHYASST 331 – Nephrology
- PHYASST 332 – Neurology
- PHYASST 333 – Pulmonary Medicine
- PHYASST 334 – Rheumatology
- PHYASST 336 – Medical Intensive Care Unit

- PHYASST 337 – Coronary Care Unit
- PHYASST 338 – Radiology
- PHYASST 339 – Genetics
- PHYASST 340 – Principles of Surgery
- PHYASST 340E – Principles of Surgery Elective
- PHYASST 341 – Cardiothoracic Surgery
- PHYASST 342 – Otolaryngology
- PHYASST 343 – Neurosurgery
- PHYASST 344 – Orthopaedics
- PHYASST 345 – Plastic Surgery
- PHYASST 346 – Sports Medicine
- PHYASST 347 – Urology
- PHYASST 348 – Pre-Operative Screening Unit
- PHYASST 349 – Surgical Oncology
- PHYASST 350 – Emergency Medicine
- PHYASST 350E – Emergency Medicine Elective
- PHYASST 352 – Trauma
- PHYASST 353 – Surgical Intensive Care Unit
- PHYASST 354 – Vascular Surgery
- PHYASST 355 – Transplant Surgery
- PHYASST 360 – Pediatrics
- PHYASST 360E – Pediatrics Elective
- PHYASST 361 – Pediatric Cardiology
- PHYASST 362 – Pediatric Surgery / Cardiothoracic Surgery
- PHYASST 363 – Pediatric Hematology and Oncology
- PHYASST 364 – Pediatric Allergy and Respiratory
- PHYASST 365 – Pediatric Endocrinology
- PHYASST 366 – Pediatric Infectious Diseases
- PHYASST 367 – Intensive Care Nursery
- PHYASST 368 – Pediatric Emergency Medicine
- PHYASST 369 – Pediatric Orthopaedic Surgery
- PHYASST 370 – Obstetrics and Gynecology
- PHYASST 370E – Obstetrics and Gynecology Elective
- PHYASST 371 – Maternal and Fetal Medicine
- PHYASST 372 – Reproductive Endocrinology and Infertility
- PHYASST 377 – Humanism In Health and Health Care
- PHYASST 381 – Ophthalmology
- PHYASST 390 – Practice and the Health System IV
- PHYASST 398 – Visiting Student Elective
- PHYASST 399 – Independent Study

Cardiac Ultrasound Certificate

Medical Director: Anita Kelsey, MD, MBA
Program Director: Richard A. Palma, BS, ACS, RCS, RDCS, RCCS, FACVP, FSMDS, FASE

Website: medicine.duke.edu/divisions/cardiology/education-and-training/duke-cardiac-ultrasound-certificate-program

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.

Pediatric Cardiac Ultrasound Certificate

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 30-week program designed to prepare the student to be employed as a pediatric cardiac sonographer. Classes consist of 30 weeks of combined academic instruction and clinical hands on experience. Students will be at clinical sites five days per week and at Duke University Hospital (DUH) for both didactic and clinical experience.

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 in both programs receive a certificate from Duke University School of Medicine.

Cardiac Ultrasound Certificate (A-CU-C)

CU Academic Calendar

- Fall 2026 Semester: August 3-December 23, 2026
- Winter Break: 12:00 PM on December 23, 2026 - January 5, 2027
- Spring 2027 Semester: January 5-May 1, 2027
- Spring Break: April 20-April 27, 2027
- Summer 2027 Semester: May 4-July 29, 2027 (does not apply to pediatric program)

Cardiac Ultrasound Certificate (A-CU-C)

CU Admissions

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. Applicants must be US citizens or have permanent resident status to be eligible for the program.

For Pediatric Cardiac Ultrasound Program Applicants: Applicants must 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 April 1. Only complete applications will be considered and must contain the following:

- the completed Application for Admission for the Duke Cardiac Ultrasound Certificate Program;
- 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 1,000 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. 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 (richard.palma@duke.edu).

Applications and more information may be obtained at 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 applying for the pediatric program who have graduated from the Adult Cardiac Ultrasound program will not need to repeat the criminal background check.

Cardiac Ultrasound Certificate (A-CU-C)

CU Financial Information

Tuition and Fees

CARDIAC ULTRASOUND PROGRAM	
First-year tuition	$25,000
First-year fees	$1,998
PEDIATRIC CARDIAC ULTRASOUND PROGRAM	
Tuition	$12,500
Fees	$1,998
VASCULAR CARDIAC ULTRASOUND PROGRAM	
Tuition	$12,500
Fees	$1,998
Mandatory Fees	
Certificate Fee	$25
Graduate Student Activity Fee	$40
Graduate Student Services Fee	$28
Health Fee	$1,447
Recreation Fee	$408
Software License	$100 (first year only)
Transcript Fee	$120 (first year only)

The full cost of attendance is available at the Duke School of Medicine Financial Aid website.

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
finaid@dm.duke.edu

CU Program Policies

This program follows all School of Medicine policies in addition to the policies below.

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: New Year's Day; Martin Luther King Jr. Day; Memorial Day; Labor Day; Thanksgiving Day; day after Thanksgiving; Christmas Eve; and New Year's Eve.

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 a Pass/Fail (P/F) basis.

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 they must study and bring up the grade through individual effort. If the student fails to achieve a C a second time, 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, then medical director, then 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 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

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 they were enrolled for the term and that 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.

Computer Technology

A personal computer/iPad and a personal cell phone are necessary tools for success in the program. A shared calendar is used to communicate the week's activities, assignments, and clinical rotations. 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.

Cardiac Ultrasound Certificate (A-CU-C)

CU Program Requirements

Students must satisfactorily complete the following courses. The curriculum includes, but is not limited to, the following:

- CARDULTR 501. Cardiac Ultrasound. Credit: 50

Students in the **Pediatric Cardiac Ultrasound** program must complete the following course:

- CARDULTR 502. Cardiac Ultrasound Pediatrics. Credit: 26

Cardiac Ultrasound Certificate (A-CU-C)

CU Courses of Instruction

- CARDULTR 501 – Cardiac Ultrasound
- CARDULTR 502 – Cardiac Ultrasound Pediatrics

Ophthalmic Medical Technician Certificate

Medical Director: Kourtney Houser, MD
Program Director: Adam Moses, COMT

Website: dukeeyecenter.duke.edu/education-and-training/ophthalmic-technician-program

The Ophthalmic Technician Program is sponsored through the Duke University School of Medicine and by the Duke Eye 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, orientation and classes begin in early August and consist of fifty-one instructional weeks. 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 eligible to take the internationally recognized Certification Examination for Ophthalmic Technicians administered by the International Joint Commission on Allied Health Personnel in Ophthalmology.

Ophthalmic Medical Technician Certificate (A-OPT-C)

OpTech Academic Calendar

- Fall 2026 Semester: August 3, 2026 - January 29, 2027
- Spring 2027 Semester: February 1 - July 16, 2027

Ophthalmic Medical Technician Certificate (A-OPT-C)

OpTech Admissions

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.

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 30 to be considered for the August start date. The online application may be found on our website, and only complete applications will be considered. Completed applications must contain the following:

- the completed Duke University Medical Center Application for Admission for the Ophthalmic Technician Program;
- a $50 nonrefundable processing fee paid by credit or debit card through the application website;
- 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
- Completion of an academic reading and math proficiency assessment.

The Admissions Committee reviews all complete applications and invites selected candidates for a personal interview. Candidates may be instructed to complete a background check authorization and will be sent a link to the background check website. When background check results are received, the Admissions Committee makes the final candidate selections. Applicants will be notified no later than two months prior to the start of the program. Applicants must secure their place in the program by providing a letter of intent to begin the program and a $200 nonrefundable deposit, which is applied to their first semester tuition. Once the letter and deposit are received, the applicant is matriculated.

Requests for further information may be directed to the program director at optech@duke.edu. Applications and more information may be obtained at dukeeyecenter.duke.edu/optech.

Criminal Background Check

Candidates considered for admission to the Ophthalmic Technician Program will undergo criminal background checks.

Ophthalmic Medical Technician Certificate (A-OPT-C)

OpTech Financial Information

Tuition and Fees

2026-2027 tuition for the program is $9,881 plus student fees. Upon acceptance to the program, a $200 nonrefundable deposit must be submitted. This will be applied toward tuition.

EXPENSE	AMOUNT
Tuition	**$9,881**
Total Fees	**$2,000**
Certificate Fee	$25
Health Fee	$1,447
Recreation Fee	$408
Transcript Fee	$120

The full cost of attendance is available at the Duke School of Medicine Financial Aid website.

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
finaid@dm.duke.edu

Ophthalmic Medical Technician Certificate (A-OPT-C)

OpTech Program Policies

This program follows all School of Medicine policies in addition to the policies below.

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: New Year's Day; Martin Luther King Jr. Day; Memorial Day; Juneteenth; Independence Day; Labor Day; Thanksgiving Day; and Christmas Day.

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

Letter grades are earned on a percentage basis. The student must maintain a minimum of C (70%) in all coursework. Assignments submitted after the due date will be reduced by 10 points per week past due. 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 to the clinical portion of the program. If the student does not achieve a C in any course, one retake of the examination may be allowed, at the discretion of the instructor. Retake examination attempts are limited to one per cohort year. The ophthalmic technician program is designed to integrate classroom and clinical learning experiences considered necessary for competency as health care professionals. Therefore, the failure of any course in the initial three-month period will halt progression in the program and result in immediate deceleration. Following remediation activities, the student would be given the opportunity to return in the following academic year on academic probation to repeat courses and continue to progress in the program.

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, then medical director, then 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 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 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 they were enrolled for the term and that 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.

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. A shared calendar is used to communicate the week's activities, assignments, and clinical rotations. 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.

Ophthalmic Medical Technician Certificate (A-OPT-C)

OpTech Program Requirements

Students must satisfactorily complete the following courses. The curriculum includes, but is not limited to, the following:

- OPTECH 151 Orientation Lectures. Credit: 1.0
- OPTECH 152 Basic Science Lecture. Credit: 1.0
- OPTECH 153, 153L Visual Acuity Assessment. Credit: 1.0 each
- OPTECH 154 Physiology and Anatomy of the Eye. Credit: 1.0
- OPTECH 155 Physical History. Credit: 1.0
- OPTECH 156 Cardiopulmonary Resuscitation. Credit: 1.0
- OPTECH 158 Optics and Refractometry. Credit: 2.0
- OPTECH 158L Optics and Refractometry Lab. Credit: 1.0
- OPTECH 159, 159L Visual Fields. Credit: 1.0 each
- OPTECH 160 Medical Terminology. Credit: 1.0
- OPTECH 161, 161L Spectacles. Credit: 1.0 each
- OPTECH 162 Pharmacology. Credit: 1.0
- OPTECH 163, 163L Glaucoma and Tonometry. Credit: 1.0 each
- OPTECH 164 External Ocular Diseases. Credit: 1.0
- OPTECH 165 Physiology of Systemic Diseases. Credit: 1.0
- OPTECH 166, 166L Contact Lens and Keratometry. Credit: 1.0 each
- OPTECH 167, 167L Ocular Motility. Credit: 1.0 each

- OPTECH 168 Neuro-Ophthalmology. Credit: 1.0
- OPTECH 169 General Psychology. Credit: 1.0
- OPTECH 170 Clinical Rotations. Credit: 31.0
- OPTECH 171 Ophthalmic Diagnostic Imaging. Credit: 2.0

Total Credit Hours: 59.00

Ophthalmic Medical Technician Certificate (A-OPT-C)

OpTech Courses of Instruction

- OPTECH 151 – Orientation Lectures
- OPTECH 152 – Basic Science Lecture
- OPTECH 153 – Visual Acuity Assessment
- OPTECH 153L – Visual Acuity Assessment Laboratory
- OPTECH 154 – Physiology and Anatomy of the Eye
- OPTECH 155 – Physical History
- OPTECH 156 – Cardiopulmonary Resuscitation
- OPTECH 158 – Optics and Refractometry
- OPTECH 158L – Optics and Refractometry Laboratory
- OPTECH 159 – Visual Fields
- OPTECH 159L – Visual Fields Laboratory
- OPTECH 160 – Medical Terminology
- OPTECH 161 – Spectacles
- OPTECH 161L – Spectacles Laboratory
- OPTECH 162 – Pharmacology
- OPTECH 163 – Glaucoma and Tonometry
- OPTECH 163L – Glaucoma and Tonometry Laboratory
- OPTECH 164 – External Ocular Diseases
- OPTECH 165 – Physiology of Systemic Diseases
- OPTECH 166 – Contact Lens and Keratometry
- OPTECH 166L – Contact Lens and Keratometry Laboratory
- OPTECH 167 – Ocular Motility
- OPTECH 167L – Ocular Motility Laboratory
- OPTECH 168 – Neuro-Ophthalmology
- OPTECH 169 – General Psychology
- OPTECH 170 – Clinical Rotations
- OPTECH 171 – Ophthalmic Diagnostic Imaging

Orthoptic Training Certificate

Medical Director: Laura Enyedi, MD
Program Director: Namita Kashyap, CO, MBA

Website: dukeeyecenter.duke.edu/education-and-training/orthoptic-fellowship-program

The Duke Orthoptic Fellowship Program is a 24-month, full-time allied health certificate program accredited by the American Orthoptic Council (AOC). Offered through the Duke School of Medicine, the program prepares students for a rewarding career in vision care by combining academic coursework with extensive hands-on clinical training.

Over the 24-month program, students receive instruction from experienced orthoptists and ophthalmologists, completing at least 2,000 clinical hours and a minimum of 1,200 patient encounters across diverse clinical settings. Training emphasizes the diagnosis and management of binocular vision disorders, amblyopia, and strabismus, blending essential knowledge with hands-on experience.

The program begins once each year, with orientation and classes starting in early September. It spans 24 instructional months and includes 12 days of personal leave per year. During the initial three months of the program, students begin supervised clinical rotations alongside core curriculum lectures. These early clinical experiences take place in various subspecialty departments, where students observe, learn, and apply skills specific to orthoptics, pediatric ophthalmology, and neuro-ophthalmology. Training is conducted under the close supervision of Certified Orthoptists, Pediatric Ophthalmologists, and Neuro-ophthalmologists, with ongoing evaluations to monitor and support students' skill development throughout the program.

Upon satisfactory completion of the curriculum, students receive a certificate from Duke University School of Medicine and are required to take the American Orthoptic Council (AOC) national board exams (written, oral, and practical). Passing the exams earns national certification as a "Certified Orthoptist" (C.O.).

Orthoptic Training Certificate (A-ORT-C)

Orthoptic Academic Calendar

- Fall 2026 Semester: September 8 - December 18, 2026
- Spring 2027 Semester: January 4 - April 30, 2027
- Summer 2027 Semester: May 4 - August 28, 2027

Orthoptic Training Certificate (A-ORT-C)

Orthoptic Admissions

Prerequisites for Admission

Applicants must provide official documentation of their prior educational experience. A four-year bachelor's degree from an accredited university is required for admission. While a degree in a science-related field is preferred, applicants with non-science degrees will also be considered.

There are no specific college-level prerequisites for this program. However, preference may be given to applicants who have successfully completed relevant coursework. Prior work experience in eye care is not required but will be viewed favorably during the admissions process.

Applicants must be physically capable of providing quality ophthalmic clinical patient care throughout the program.

Only US citizens or individuals with permanent resident status are eligible for admission.

Application Procedures

The deadline for application submission is July 15 to be considered for a September start date. Late or incomplete applications will only be considered for the following year's admission cycle.

The online application is available on our website. Only complete applications will be reviewed. A complete application must include the following:

- the completed Duke University Medical Center Application for Admission to the Orthoptic Program.
- a $50 nonrefundable processing fee, payable by credit or debit card through the application portal
- official transcript(s) from all post-secondary institutions attended.
- two original letters of recommendation from former employers or academic instructors.
- a 300-word personal statement detailing your interest in and motivation for pursuing a career in orthoptics
- completion of an academic reading and math proficiency assessment (required for applicants who completed their bachelor's degree more than 10 years ago).

Applicants must hold a four-year bachelor's degree from an accredited university. While science degrees are preferred, non-science degrees will also be considered. Prior experience in eye care is not required but will be viewed favorably

The Admissions Committee reviews all complete applications and TEAS–Allied Health assessment results. Selected candidates will be invited for a personal interview. As part of the admissions process, candidates may be asked to complete a background check authorization and will receive a secure link to the designated background check website.

Once the background check results are received, the Admissions Committee will finalize admission decisions. Applicants will be notified of their admission status no later than two months prior to the start of the program.

To secure a place in the program, admitted applicants must submit both a letter of intent and a $500 nonrefundable deposit, which will be applied toward their first semester tuition. Upon receipt of both the letter and deposit, the applicant will be formally matriculated into the program.

For additional information, please contact the Program Director at Orthoptist@duke.edu.

To access the application and learn more, visit dukeeyecenter.duke.edu/education-and-training/orthoptic-fellowship-program.

Criminal Background Check

Candidates considered for admission to the Orthoptic Training Program will undergo criminal background checks.

Orthoptic Training Certificate (A-ORT-C)

Orthoptic Financial Information

Tuition and Fees

2026-2027 tuition for the two-year program is $12,000 plus student fees. Upon acceptance to the program, a $500 nonrefundable deposit must be submitted. This will be applied toward tuition.

EXPENSE	AMOUNT
Tuition	**$6,000**
Total Fees	**$2,068**
Certificate Fee	$25
Health Fee	$1,447
Recreation Fee	$408
Graduate Student Activity Fee	$40
Graduate Student Services Fee	$28
Transcript Fee	$120

The full cost of attendance is available at the Duke School of Medicine Financial Aid website.

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
finaid@dm.duke.edu

Orthoptic Training Certificate (A-ORT-C)

Orthoptic Program Policies

This program follows all School of Medicine policies in addition to the policies below.

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 from the program. 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: New Year's Day; Martin Luther King Jr. Day; Memorial Day; Juneteenth; Independence Day; Labor Day; Thanksgiving Day; and Christmas Day.

Registration and Drop/Add Policy

Registration in the Orthoptic training 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

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 Orthoptic 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 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, 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 the 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 Orthoptic Training Program's General Policy Statement in the Handbook provided to each student upon enrollment. 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, then medical director, then School of Medicine authorities.

Appeals of Course Grades

A student may appeal a course grade by writing to 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 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 Orthoptic Training Program requires 24 months' full-time attendance with a minimum of 2,000 clinical hours to be completed. 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 they were enrolled for the term and that 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 intend to withdraw.

Code of Professional Conduct

Students enrolled in the Orthoptic Training 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.

Computer Technology

A personal computer and a personal cell phone are necessary tools for success in the program. Two computers are available in provider rooms for student use. A shared calendar is used to communicate the week's activities, assignments, and clinical rotations. All students receive a Duke email account to use during their time in the program. To minimize disruptions during clinical rotations, cell phone text messages are often the communication method of choice.

Transportation Required

Students will rotate to various clinical sites located away from the university campus. The student is responsible for reliable transportation to these sites.

Orthoptic Program Requirements

Students must satisfactorily complete the following courses. The curriculum includes, but is not limited to, the following:

- **Year 1: Fall Semester (September to December)**
  - ORTHOPIC 501 – Clinical Orthoptics I (6 credits): This course will help students understand the basics of a pediatric eye exam.
  - ORTHOPIC 502 – Ocular Anatomy (2 credits): This course is designed to help the student develop a comprehensive knowledge of ocular anatomy.
  - ORTHOPIC 503 – Neuro-Anatomy (2 credits): This course is designed to help the student develop a comprehensive knowledge of neuro-anatomy.
  - ORTHOPIC 504 – Binocular Single Vision (2 credits): This course will introduce the student to binocular vision in its normal presentation and also the intricacies of its abnormalities.
- **Year 1: Spring Semester (January to May)**
  - ORTHOPIC 505 – Clinical Orthoptics II (4 credits): This course expands on the fundamentals of the patient exam.
  - ORTHOPIC 506 – Optics (2 credits): This course will analyze physical, optical and ophthalmic principles.
  - ORTHOPIC 507 – Strabismus (3 credits): Extraocular motility disorders and their treatment form the foundation for the understanding of ocular misalignment.
  - ORTHOPIC 508 – Visual Development (2 credits): This course encompasses a broad spectrum of visual impairments including amblyopia, and nystagmus.
  - ORTHOPIC 509 – Pharmacology (1 credit): This course will provide a comprehensive knowledge of the general principles of pharmacology in ophthalmology.
- **Year 1: Summer Semester (June to August)**
  - ORTHOPIC 510 – Clinical Orthoptics III (2 credits): This course expands the students' knowledge of the clinical exam.
  - ORTHOPIC 511 – Practicum I (4 credits): This practicum follows the first two semesters of study and provides the student with the opportunity to participate in direct ophthalmic patient care.
- **Year 2: Fall Semester (September to December)**
  - ORTHOPIC 600 – Principles of Surgical and Non-surgical Strabismus (1 credit): This course introduces a variety of therapeutic approaches to visual disorders with an in-depth examination of historical and current methods.
  - ORTHOPIC 601 – Practicum II (6 credits): Students will acquire theoretical and practical skills to conduct a research project in orthoptics.
  - ORTHOPIC 602 – Ocular Pathology (3 credits): This course will explore the signs and symptoms of ocular dysfunction.
- **Year 2: Spring Semester (January to June)**
  - ORTHOPIC 603 – Clinical Orthoptics IV (5 credits): During this course students will have the opportunity to fully synthesize their academic and clinical knowledge. Upon completion students will be prepared to sit for the written and oral orthoptic certification exams.
  - ORTHOPIC 604 – Practicum III (5 credits): This course runs in conjunction with Clinical Orthoptics IV and follows the completion of all class work. During this class, students will create a log of patients and finalize their competency books. Upon completion students will be prepared to sit for the written and oral orthoptic certification exams.

Hours

For most of the program, the learning schedule includes eight-hour days, five days a week. While the regular week is usually 40 hours, additional projects and homework are assigned.

- **How many hours equals a credit for your certificate:** A minimum 2,000 hours required to sit AOC boards (clinical and didactic combined over 2 years), so the program is 40 hours per credit (2,000 hours/50 credits).
- **How many credits is considered half-time enrollment for your program:** There are no half time enrollment option for this program. This program is full-time.

Orthoptic Courses of Instruction

- ORTHOPIC 501 – Clinical Orthoptics I
- ORTHOPIC 502 – Ocular Anatomy
- ORTHOPIC 503 – Neuro-Anatomy
- ORTHOPIC 504 – Binocular Single Vision
- ORTHOPIC 505 – Clinical Orthoptics II
- ORTHOPIC 506 – Optics
- ORTHOPIC 507 – Strabismus
- ORTHOPIC 508 – Visual Development
- ORTHOPIC 509 – Pharmacology
- ORTHOPIC 510 – Clinical Orthoptics III
- ORTHOPIC 511 – Practicum I
- ORTHOPIC 600 – Principles of Surgical and Non-surgical Strabismus
- ORTHOPIC 601 – Practicum II
- ORTHOPIC 602 – Ocular Pathology
- ORTHOPIC 603 – Clinical Orthoptics IV
- ORTHOPIC 604 – Practicum III

Population Health Sciences Certificate

Program Director: Courtney Van Houtven, PhD, Interim Director of Graduate Studies

Website: populationhealth.duke.edu/education/professional-certificate-population-health-sciences-research

The Professional Certificate in Population Health Sciences Research (PHSR) is a nondegree program in the Department of Population Health Sciences that offers healthcare professionals strong foundational training in population health sciences research via a flexible format. Participants will learn theoretically grounded, applied, and pragmatic interdisciplinary approaches to solve health and healthcare challenges.

The certificate program will train and prepare enrollees to:

- Address health and disease by integrating population-level thinking.
- Critically evaluate scientific evidence and its potential impact on populations.
- Apply population-level strategies in health promotion, clinical care, research, teaching, and health policy efforts.
- Conduct research according to the highest scientifically rigorous and ethical standards and serve the needs/values of the populations with which they interact.
- Understand the ever-changing healthcare landscape.
- Engage stakeholders.
- Develop and evaluate new models of healthcare delivery.

The certificate is for:

- Past or active employees in public health who want more specialized or analytical skills
- Established professionals in healthcare or government who want to incorporate advances in health services research
- Clinicians who want to focus on policy-relevant research to improve health and healthcare

Participants may complete the certificate over a period of up to 3 years, at their convenience, so that they may undertake their training while also continuing to work. Completion in 2 years is recommended; participants must complete all requirements within 3 years. The certificate is designed exclusively for professionals and is not available to any degree-seeking student, either at Duke or elsewhere.

Population Health Sciences Certificate (A-PHS-C)

PHSR Academic Calendar

The Population Health Sciences Certificate program follows The Graduate School calendar.

Fall 2026

- August 18 (T) New graduate student orientation begins
- August 24 (M) Fall semester classes begin (8:30 AM); Drop/Add continues
- September 4 (F) Drop/Add ends (11:59 PM)
- September 7 (M) Labor Day. No classes are held
- September 24-27 (Th-Su) Founders' Weekend. Classes are held Thursday and Friday
- October 9 (F) Fall break begins (7:00 PM)
- October 14 (W) Classes resume (8:30 AM)
- October 19 (M) Shopping carts open for Spring 2027

- October 28 (W) Registration begins for Spring 2027
- November 24 (T) Thanksgiving recess begins (10:30 PM); Graduate classes end
- November 25-December 8 (W-T) Graduate reading period
- December 9 (W) Final examinations begin (9:00 AM)
- December 14 (M) Final examinations end (10:00 PM)

Spring 2027

- January 6 (W) Spring semester begins (8:30 AM). A Monday class schedule is followed. Drop/Add continues
- January 18 (M) Martin Luther King Jr. Day holiday. No classes are held
- January 20 (W) Drop/Add ends (11:59 PM)
- March 5 (F) Spring recess begins (7:00 PM)
- March 15 (M) Classes resume (8:30 AM)
- March 22 (M) Shopping Carts open for Fall 2027
- March 31 (W) Registration begins for Fall 2027
- April 14 (W) Graduate classes end
- April 15-25 (Th-Su) Graduate reading period
- April 26 (M) Final examinations begin
- May 1 (Sa) Final examinations end (10:00 PM)
- May 7 (F) Commencement begins
- May 9 (Su) Graduation exercises; Conferring of degrees

Population Health Sciences Certificate (A-PHS-C)

PHSR Admissions

Prerequisites for Admission

Students in the PHSR Certificate program should have a clinical degree (e.g., MD, PA, PT) or an established career in public health.

Application Procedures

The deadline for application submission is July 15. To apply, please submit a 250-word essay on the applicant's reasons or motivations for wanting to enter the Population Health Sciences Research Certificate program and a current CV.

The Assistant Director reviews all applications. Applicants will be notified within 30 days of submitting their application.

Requests for further information may be directed to the Assistant Director: heidi.mccann@duke.edu.

More information may be obtained at populationhealth.duke.edu/education/professional-certificate-population-health-sciences-research.

Population Health Sciences Certificate (A-PHS-C)

PHSR Financial Information

2026-2027 Tuition and Fees

Tuition	**$850/credit**
Certificate Fee	$25
Graduate Student Activity Fee	$40
Graduate Student Services Fee	$28
Health Fee	$1,047
Recreation Fee	$408
Transcript Fee	$120
Total Fees	**$1,668**

The full cost of attendance is available at the Duke School of Medicine Financial Aid website.

Population Health Sciences Certificate (A-PHS-C)

PHSR Program Policies

This program follows all School of Medicine policies in addition to the policies below.

Attendance

Students are expected to attend all assigned course meetings. Allowable absences are subject to the policies of each individual instructor.

Registration and Drop/Add Policy

All required course registrations are processed in the Office of the Registrar in the School of Medicine. Odd-numbered courses are offered in the fall and even-numbered courses are offered in the spring. Each course is a full-year, indivisible course offered in two parts (fall and spring). Enrollees must take both parts of the same course in the same year (e.g., if you take Analytic Methods I, you must take Analytic Methods II the same year), and you may not take the courses out of sequence (e.g., Analytic Methods I must be completed before taking Analytic Methods II).

In certain limited cases, a standard course may be substituted with a more advanced POPHS course. This requires permission of the instructor and the Director of Graduate Studies.

Grading Standards/Satisfactory Progress

Coursework will be graded according to the same policies outlined by The Duke Graduate School:

- A (exceptional, 4.0 grade point) is the highest grade.
- B (good, 3.0 grade point)
- C (satisfactory, 2.0 grade point)
- F (failing) is unsatisfactory.
- I (incomplete) indicates that some element of the student's work is missing for an acceptable reason at the time grades are reported.

Letter grades are assigned based on the policies of each course. The student must maintain a minimum GPA of 3.0 across all coursework. Students must adhere to all policies in the individual course, including those regarding grading, exams, retests, and class attendance.

Withdrawal/Leaves of Absence

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.

Withdrawals or leaves of absence at the request of the student occur in collaboration with the program director. A mutual decision is reached with regard to the effective date of the withdrawal, and intended date of return for a leave of absence. 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 student's permanent academic record will reflect that they were enrolled for the term and that they withdrew on the specific effective date.

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 GPA of 3.0 across all coursework. Good academic standing may be restored if, after a predetermined length of time, the student's grades improve to an acceptable level. Failure to improve grades or conduct may result in suspension from the program. Egregious or unlawful conduct will result in immediate suspension.

Code of Professional Conduct

Students enrolled in the Population Health Sciences Research Certificate are expected to adhere to the Department of Population Health Sciences Professionalism Plan 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.

Population Health Sciences Certificate (A-PHS-C)

PHSR Program Requirements

Students must satisfactorily complete the following courses. The curriculum includes, but is not limited to, the following:

- PHSR 701 – Foundations of Biostatistics for Population Health (3 credits)
- PHSR 702 – Regression Methods for Population Health (3 credits)
- PHSR 703 – Statistical Programming for Population Health Sciences I (1 credit)
- PHSR 704 – Statistical Programming for Population Health Sciences II (1 credit)
- PHSR 705 – Introduction to Population Health Sciences (3 credits)
- PHSR 706 – Introduction to the US Healthcare System (3 credits)
- PHSR 707 – Research Methods I: Measuring Health and Designing Studies in Population Research (3 credits)
- PHSR 708 – Research Methods II: Evidence, Methods, and Decision-Making in Population Health (3 credits)

To support students who have relevant prior experience or training, courses may be substituted with a more advanced course in a similar area (any 800-level or 900-level POPHS course can be considered with the exception of 895, 907, 912, and 975). This requires prior approval of the PHS Director of Graduate Studies.

Population Health Sciences Certificate (A-PHS-C)

PHSR Courses of Instruction

- PHSR 701 – Applied Analytic Methods for Population Health Sciences I
- PHSR 702 – Applied Analytic Methods for Population Health Sciences II
- PHSR 703 – Introduction to Statistical Programming for Population Health Sciences I
- PHSR 704 – Statistical Programming for Population Health Sciences II
- PHSR 705 – Topics in Population Health Sciences I
- PHSR 706 – Topics in Population Health Sciences II
- PHSR 707 – Population Health Sciences Research Design and Study Methods I
- PHSR 708 – Population Health Sciences Research Methods II

Radiation Therapy Certificate

Program Director: Tim Catalano, MA, RT(T); timothy.catalano@duke.edu; 919-660-2189
Chief Therapist & Instructor: Henry Diaz, BSRT, RT(T) - henry.diaz@duke.edu
Lead Clinical Preceptor: Karibee Brumfield, RT(R)(T) - karibee.brumfield@duke.edu
Preceptors/Instructors:

- Shelby Harth, BSRT, RT(R)(T) - shelby.rinaldi@duke.edu
- Carli Scott, AAS, RT(T) - carli.scott@duke.edu
- Tyler Simpson, BSRT, RT(T) - tyler.simpson@duke.edu
- Cassie Conner, RT(T) - cassie.conner@duke.edu
- Patrick Laug, BSRT, RT(T) - patrick.laug@duke.edu

Website: radonc.duke.edu/education/radiation-therapist-certificate-program

The Duke Radiation Oncology Therapy Training program is a 12-month certificate in radiation therapy technology. After completing this program and passing the American Registry of Radiologic Technologists (ARRT) exam, it would allow a graduate to become a licensed radiation therapist and a key member of the radiation oncology team responsible for the daily delivery of radiation treatments for cancer patients.

The radiation therapist position is in high demand and essential for Duke Health's continued ability (and growth) to deliver radiation treatments to cancer patients. This new program aligns with Duke Health's mission of providing education for many allied health professions. As a national leader in medical education, providing a foundational education program for entry-level radiation therapists augments the educational mission of Duke Radiation Oncology, which currently has leading education programs for medical residents, medical physics residents, graduate and medical students and other allied-health professionals.

The Radiation Therapy Program continues Duke Radiation Oncology's tradition of educational excellence. It will produce graduates who are steeped in the highest-quality patient care techniques. Our institutional culture is built upon the Duke Health System values of Excellence, Integrity, Teamwork, Respect and Innovation.

Mission

The mission of the Duke Radiation Therapy Program is to provide the highest-quality education in standard and advanced techniques in radiation therapy technology. Through this education, the program seeks to develop critical thinking, communication, and technical skills necessary to deliver the best care. Upon completing the program, graduating students will receive a certificate and be prepared to meet the requirements for an entry-level position as a radiation therapist.

Core Values

The Radiation Therapy Program embodies Duke's core values and provides the foundation for the development of the radiation therapy curriculum. This program's objectives align with Duke School of Medicine's clinical and educational missions and goals. Learn more at medschool.duke.edu/about-school.

Radiation Therapy Certificate (A-RT-C)

RT Academic Calendar

Fall 2026

- Start Date: 8/24/2026
- End Date: 12/18/2026

Winter Break: 12/21/2026 - 1/4/2027

Spring 2027

- Start Date: 1/4/2027
- End Date: 5/7/2027

Spring Break: 5/10/2027 - 5/14/2027

Summer 2027

- Start Date: 5/17/2027
- End Date: 8/5/2027

Radiation Therapy Certificate (A-RT-C)

RT Admissions

Admissions Timeline

- Applications open: October
- Applications due: December
- Interviews (can be virtual, but in-person preferred): March
- Notification of acceptance: March
- Matriculation/First day of classes: August

Program Admission Requirements

- U.S. citizen or permanent resident
- Board certified in radiography from ARRT—RT (R) by the program start date
- Minimum of an associate's degree from an accredited college or university by the time of enrollment. Any major concentration is acceptable.
- **Suggested minimum GPA of 3.0**

After a student has been accepted into the Radiation Therapy Program, only college work earned at Duke may be applied toward the Radiation Therapy Certificate.

If the following courses were not part of the student's prior educational program, they are required for a solid foundation and to enhance the student's learning experience in radiation therapy coursework. They must be completed by the program start date. These courses include:

- Medical Terminology
- College Algebra and/or College Physics
- College-level Human Anatomy & Physiology I and II (with labs)

Transfer Credits

As a one-year certificate program, our program does not accept transfer students from other radiation therapy programs. If an enrolled Duke therapy student requests to transfer to another radiation therapy certificate program that accepts transfer students, it is the student's responsibility to determine which courses are transferable to the new program.

Radiation Therapy Certificate (A-RT-C)

RT Financial Information

Required Tuition and Fees

Tuition for the Radiation Therapy Certificate program for 2026-2027 is $5,000.00, plus required Duke University student fees. A $500 nonrefundable deposit must be submitted upon acceptance to the program. This amount will be applied toward tuition. More information pertaining to the cost of attendance for the Radiation Therapy Certificate program can be found at medschool.duke.edu/radiation-therapist-certificate-financial-aid-information.

If a student is charged the Health Insurance fee during the fall term, the amount will be reflected in the Cost of Attendance budget by the end of September. Financial Aid will be updated accordingly, and an updated notification will be sent.

Estimated Cost of Attendance Radiation Therapist Certificate Program

	FALL	SPRING	SUMMER	TOTAL
Total Direct Costs - Tuition/Fees	**$2,873**	**$2,727**	**$1,400**	**$7,000**
Tuition	$2,000	$2,000	$1,000	$5,000
Health Fee	$524	$523	$400	$1,447
Health Insurance	$0	$0	$0	$0
Recreation Fee	$204	$204		$408
Certificate Fee	$25			$25
Transcript Fee	$120			$120
Total Indirect Costs - Living Expenses	**$12,125**	**$14,050**	**$8,430**	**$34,605**
Books/Supplies (duke.ecampus.com)	$315			$315
Food	$1,968	$2,460	$1,476	$5,904
Housing	$6,320	$7,900	$4,740	$18,960
Miscellaneous	$2,000	$2,500	$1,500	$6,000
Transportation	$952	$1,190	$714	$2,856
Exam Fee	$250			$250
Drug Testing/Background Check	$100			$100
Software Licenses	$150			$150
Membership Dues	$70			$70
Total Cost of Attendance Per Term	**$14,998**	**$16,777**	**$9,830**	**$41,605**

Radiation Therapy Certificate (A-RT-C)

RT Program Policies

Academic Integrity for Distance Learning

Our program will offer a limited number of hybrid courses. Instructors may deliver some didactic lectures via distance learning, accompanied by examinations and other graded on-site exercises. All learners will experience classes in the same manner. A program official will proctor student exams in the classroom during computerized and paper examinations. Duke does not employ proctoring technology for its distance learning programs.

Our faculty development and learning technology groups created a guide to provide ideas on ensuring academic integrity. Other methods may include open-book examinations with a time-limited format. (ctl.duke.edu)

Advisor/Advisee Responsibilities

Due to our anticipated small initial cohorts, the program director will serve as the primary academic advisor. The advisor will:

- Establish and evaluate students' academic and clinical objectives.
- Evaluate progress in the program.
- Maintain a student record for each advisee.
- Confer with the student as necessary to guide and assist with academic and clinical growth & development.

ARRT Examination Clearance

arrt.org/pages/earn-arrt-credentials/credential-options/radiation-therapy

Each graduate of the radiation therapy certificate program must complete the clearance procedures defined by the Radiologic Technology Program.

Clearance Procedure includes:

- Fulfillment of degree requirements for the Certificate in Radiation Therapy.
- A completed degree audit must be on file with the Program.
- Documentation by clinical faculty verifying completion of all clinical requirements, including the competency program; return of university and clinic identification badges, personal dosimeters with holders.
- The graduating student must also review and sign **all** dosimetry competencies before approval for the ARRT exam.
- Clearance from the Duke Business Office and Bursar.
- Clearance from the Duke Library (no outstanding fees).
- Participate in the Pinning Ceremony unless prior approval is obtained from program officials.
- Clearance by the ARRT for any past judicial circumstances.

- Per ARRT requirements: ARRT Radiation Therapy Specific Requirements 4.2.1 General Patient Care: Candidates must be CPR certified to qualify for the ARRT exam.

Clinical Grading Policy

A minimum grade of 90% is required to pass all competency tests performed in the laboratory, clinical setting, or simulated. The program director and the clinical preceptor must be notified if the student does not pass the competency. A failed competency form is submitted via Trajecsys. The student will simulate the failed competency with the clinical preceptor or the radiation therapy staff. The student will retest in the clinic at the convenience of the clinical preceptor. Students may only retake a procedure twice.

Failure to succeed after the second retest may result in dismissal from the radiation therapy program.

Communications & Updates

The student will be assigned a Duke email address and should review their emails, as well as Trajecsys communications, for daily announcements and updates.

The Radiation Oncology Business Office Suite mailboxes are used for communications, exam grades, and/or policy changes. Please check the mailboxes on class days.

Competency-Based Approach

To meet the entry-level requirements for a career as a radiation therapist, students must demonstrate proficiency by completing a clinical competency program. The 12-month Duke University program is designed to provide a meaningful educational experience comprising three semesters of didactic and clinical education. Each student will rotate through as many clinical settings as possible, exposing the student to the widest variety of treatment modalities, equipment, examination protocols, and patient populations, including critical care, pediatrics, and geriatrics. Each semester, the student will participate in progressive clinical education, engaging in more advanced treatment and simulation techniques to demonstrate proficiency. Successful completion of each clinical education experience is required. The student will not be permitted to enroll in the following semester if they do not meet the competency requirements at the end of each semester. Upon completing the program, graduates are considered entry-level radiation therapists eligible for the ARRT registry examination.

If the student has any questions regarding the validity of clinical assignment(s), they should contact the Program Director or a program official for assistance.

Within the practical aspects of radiation oncology, the clinical experience is structured to allow a systematic approach, reflecting the assessment of the affective, cognitive, and psychomotor domains, as outlined in lectures, laboratory demonstrations, and practicum. The student must demonstrate competency in all specific areas. These areas are general patient care, simulation procedures, dosimetry, treatment accessory devices, participatory procedures, and radiation therapy treatment procedures. Within these areas, ARRT requires competence in six patient care activities, three quality control procedures, treatment simulation for seven anatomic regions, six dosimetry experiences, fabrication of four treatment devices, participation in three infrequent/high-risk procedures, and eighteen treatment procedures.

Detailed descriptions can be found at arrt.org/docs/default-source/discipline-documents/radiation-therapy/thr-competency-requirements.pdf?sfvrsn=10.

Although a student may successfully complete competency testing, continued performance of that procedure must be demonstrated and assessed through ongoing competency to meet the final or terminal competency requirements. A complete listing of these required and continued competencies is provided on upcoming pages. If a student fails to perform at any level of competency, they return to the laboratory for remedial instruction. Following the remedial instruction, the student will return to the clinical area or site where the deficiency was noted and practice the procedure until the clinical staff determines they are ready to complete competency testing. Successful completion of all competency tests is required for graduation.

The program's first week will consist of a comprehensive review of the student handbook. During this orientation week, some linear accelerator time will be scheduled, allowing students to develop a feel for the hand pendant, machine parameters, and controls through hands-on experience in a patient-free environment. The preceptor can also provide an overview of the treatment console and competency expectations before clinic rotations begin. Moreover, a CT/SIM is available and will allow the student to receive a simulation orientation. The Duke Radiation Oncology department also has a dedicated MRI unit, where the student can observe its operation and procedures.

Competency Guidelines

A student may not perform competency testing until they have observed the treatment or simulation procedure in the clinical setting.

Student's competency testing is at the discretion of their preceptor. Discussions between the student and preceptor may indicate that the student is ready or needs more practice.

Under direct observation, the registered radiation therapist (RTT) observes the student’s performance. During competency testing, the RTT will critique and approve the positioning, all machine settings, source-to-image distance (SID), and the use of appropriate treatment devices. At the treatment console, the student will set all machine parameters. The therapist will verify all parameters and allow the treatment to be delivered. This process will be repeated for each field until the treatment is completed. This includes all needed or prescribed imaging. After removing the patient from the treatment room, the RTT can complete the required forms using the electronic Trajecsys system.

A student may simulate a maximum of three competency tests, as outlined in the ARRT guidelines. This competency should be replaced with an actual competency if and when one becomes available. If a simulated competency is replaced with an actual treatment or simulation, another treatment or simulation may be substituted. The student may simulate three competency tests at the end of their clinical education to meet the requirements of the competency-based program. Final (terminal) competency tests may not be simulated. At the Main Campus Radiation Oncology Department, we anticipate that most treatments and simulations will be available for students to complete their required competencies.

Procedure for a Simulated Examination

The student must obtain a note from the clinical preceptor stating that the treatment was unavailable during rotation or semester.

The student treats a model or phantom, not a patient. In the event of a simulated treatment competency, the treatment machine will not be energized.

If the student does not achieve a minimum grade of 90%, they will return to the laboratory for remedial instruction and review the procedure in the textbook. The student will then be reassigned to the appropriate clinical area or site for additional practice under direct supervision.

Program officials must be notified of any failed competency to arrange remedial instruction. This notification may come from the student and/or the registered radiation therapist involved in the failed competency test, or be submitted to Trajecsys.

The competency test will assess proficiency in the following areas: patient care, room, and equipment preparation, identification of the patient (including procedure, pathology, and patient history), equipment operation, positioning and immobilization, correct usage of treatment accessories, and review and adjustment of positioning as indicated by the digital radiograph (DRR.)

Program officials can access the treatment chart (and portal imaging if applicable) to verify the competency testing.

Computer Technology

A personal computer and a personal cell phone are necessary tools for success in the program. There will be computers available in each clinical area and one classroom for students to use. A shared calendar is used to communicate the week's activities, assignments, and clinical rotations. All students receive a Duke email account to use during their time in the program.

Core Radiation Oncology Courses

The program's core radiation oncology courses are designed to introduce the student to the basic skills and equipment used to treat patients with ionizing radiation for various diseases. Particular emphasis will be placed on treating the most commonly experienced diagnoses with radiation therapy. The student will be introduced to aspects of patient care in the classroom and laboratory. The body mechanics of assisting patients in and out of wheelchairs, off and on stretchers, and onto the treatment couch will be demonstrated. During courses, radiation protection requirements will be discussed, and the student will gain an understanding of these principles before engaging in clinical involvement with patients. Dose calculations will be demonstrated. In addition to didactic & laboratory instruction, the student will tour the radiation oncology department for orientation and an overview of the facility. After this introductory period, the student will be ready for initial rotations in active patient radiation areas within the radiation oncology clinic.

Direct Supervision (Preceptors)

All radiation oncology procedures will be performed under the direct supervision of a registered radiation therapist. The registered radiation therapist must be physically present for each therapeutic procedure and check each parameter before beam activation.

The following parameters constitute direct supervision by the registered radiation therapist:

- Review the patient's treatment chart to determine if the student has the didactic background to perform the procedure.
- Evaluate the patient's condition with the student's knowledge & abilities.
- Review the treatment set-up and machine parameters before energizing the treatment unit.
- Offer a constructive critique of the student's technique and patient interactions.

Evaluation of Students' Performance

The Clinical Instructor (a radiation therapist in good standing with the American Registry of Radiologic Technologists), clinical supervisor, clinical coordinator, and program director are responsible for completing the mid-term and final evaluation forms; however, the student must ensure that the appropriate preceptor completes the evaluation forms. After completion, the student can view it in Trajecsys.

To receive a passing clinical grade, the student must meet the minimum competency level in each section of the clinical evaluative tool. These evaluations will be stored in the Trajecsys Centralized Clinical Recordkeeping System for Health Education Programs. Program officials can access all assessments that are available to the student. The student will have read-only privileges within Trajecsys. The preceptor(s) are encouraged to discuss each clinical competency and evaluation with their student(s), offering constructive criticism to enhance student learning. The Clinical Supervisor MUST electronically sign the evaluations. The student should sign their competencies and assessments after reviewing and discussing with the preceptor.

The student is responsible for monitoring their progress and scheduling appointments with the Clinical Preceptor or Program Director to review and sign the evaluations. A student who fails to sign an assessment will not receive credit for that evaluation. Conferences will be scheduled at the end of each session.

Clinical grades include competency testing. A student who does not complete the required competencies for any semester will not be permitted to enroll in the next semester unless documented extenuating circumstances are provided and approved. Furthermore, a student who has not completed the minimum required competency evaluations at the end of the one-year certificate program will not be permitted to take the American Registry of Radiologic Technologists (ARRT) Certification Examination.

The Clinical Preceptor/Program Director assigns clinical rotation areas, and students cannot request specific machines or clinical areas. Students are expected to attend the clinical site or area designated by the program officials. Any request for clinical changes must be submitted in writing to the Program Director and will be evaluated by the faculty and clinical staff. However, the clinical preceptor or program director will decide the sequence of any reassignments. A student who changes clinical areas without written permission will be counted absent and required to make up the days attended at the unauthorized clinical site.

Program faculty will provide remedial assistance to a student who cannot obtain passing grades during clinical education. All instructors will have posted office hours, some of which may include in-person and/or virtual options. Failure to complete the required competency evaluations for any semester may result in an incomplete grade. Failure to complete the required competency testing by the beginning of the next semester may result in dismissal from the program.

In conjunction with the clinical preceptors, program director, and clinical coordinator, the daily clinical education experiences are planned based on the student's abilities and progress. Students will be scheduled for clinical experience as described in the handbook, typically three to four days per week each semester. The clinical coordinator, clinical supervisors, program director, and/or staff radiation therapists supervise students on a daily basis. These individuals collaborate in the clinical education of the student’s training. The ratio of the clinical supervisor to students will never exceed 1:1. The ratio of registered staff, including radiation therapists, to students before achieving competency will also be 1:1.

As scheduling allows, laboratory sessions are incorporated into the following courses: Clinical Radiation Oncology, Patient Care, Simulation and Treatment Techniques, any Quality Control subjects, and Radiation Physics. The laboratory develops and tests skills the student learns in class by providing hands-on practice settings.

Objective evaluation forms that measure skills and competency will be used each semester to ensure students learn progressively. The competency evaluations reflect the exacting standards required of radiation therapists. The student must score 90% or higher to achieve a satisfactory grade.

During the Mid-Term (~8 weeks) and Final (~16 weeks), clinical preceptors will complete performance evaluations to track student progress in Trajecsys. However, a weekly status report conference will be encouraged for the student and preceptors to enhance the learning process. In addition, conferences are conducted at the mid-term and end of each semester to review and discuss students' progress, providing constructive feedback and utilizing their evaluations.

At the end of each clinical rotation, the student must complete an evaluation of that clinical area/site and the preceptors’ instruction to assess the effectiveness and completeness of the rotation. The evaluation may be submitted anonymously and shared with the preceptor after the student graduates. Constructive and candid comments are welcome and encouraged. The radiation therapy faculty will review and discuss the feedback to identify potential areas for adjustments. By providing feedback, the student plays a crucial role in ensuring the success of this program.

Grading System

A minimum grade of C is required in each course of radiation therapy.

The scoring range for the Duke radiation therapy program is:

- 93 – 100% = A
- 84 – 92% = B
- 75 – 83% = C
- 65 – 74% = D
- Below 65% = F

The student is responsible for recognizing the seriousness of any grade below C and should seek counseling from the instructor as soon as possible.

Graduation Clearance

All students must show clearance before the Program Director can process the required forms for the ARRT registry exam. This will involve completing all the necessary competencies and all other academic requirements. A few months prior to the end of the program, the registrar will notify the student to apply for graduation. They must complete this task within the specified time frame. During the first week of August, after the program term concludes, the Radiation Oncology Department will host a pinning ceremony and present the student with a certificate in recognition of their achievement.

The pinning ceremony occurs after all didactic and clinical work is completed, as required for the certificate in Radiation Therapy concentration. It will take place on the first Thursday of August. All students are required to participate in the rehearsal and the pinning service.

Missed Exams & Makeup Exams

Didactic

The student is expected to discuss any extenuating circumstances with their instructor, preferably in advance.

Makeup tests will not be given unless approved by the instructor in advance. The grade for missing an exam appointment is zero.

Students who arrive late on testing days will not be permitted to take the exam if another student has already completed the test and left the classroom. This will result in a zero for that exam and may be rescheduled at the instructor's discretion.

Any mid-term grade under a C may result in the student being placed on academic probation.

Any final course grade below a C requires the student's separation from the radiation therapy program. Re-entry into the radiation therapy program would require the student to reapply for admission to the following year's program.

All requirements listed within the course syllabus must be met before a final grade will be given.

Probation & Dismissal

Clinical Safety

Students who fail to meet the minimum expectations for clinical safety will be placed on clinical probation. Students placed on clinical probation for safety violations will be counseled and evaluated at least every two weeks in accordance with the clinical course objectives. Clinical probation will be removed if the student consistently performs at a minimum safe level of competency. If a student is placed on probation for clinical safety issues more than once during the program, they may temporarily lose access to the clinic pending further review.

Students on probation who fail to meet the course objectives with a minimum level of competence will fail the course, resulting in dismissal from the program.

Should the student desire to re-enter the program, they will be required to repeat the entire course curriculum. Individuals dismissed for lack of clinical safety will not be readmitted.

Other causes for probation include but are not limited to:

- Unprofessional behavior or performance, as defined by the clinical staff, preceptors, clinical coordinators, or program director.
- Attendance (including absences, tardiness, early departure, and makeup time infractions)
- Course grade less than C
- Written work grade less than C
- Late homework
- Lack of preparedness and organization
- Unprofessional appearance
- Non-program related problems that significantly interfere with didactic or clinical responsibilities.
- Improper notification for an absence.
- Failure to submit the required competency examinations during the end-of-session conference with the Program Director or Clinical Preceptor.
- Other, as specified in Duke University student handbook dukecommunitystandard.students.duke.edu.

A probationary period of 8 weeks will be allotted for the student to demonstrate improvement in clinical areas or other areas of deficiency. The exact terms of the probation will be specified on the Radiation Therapy Program Student Contact form and during consultation. The terms will include the behaviors required to remove the probationary status. If the terms of the probation are not met, the student may be dismissed from the program.

A student whose academic performance is below 75% at midterm or whose participation in the course is inconsistent with policies stated in the Radiation Therapy Student Handbook will be placed on academic probation. No student will graduate or progress from one semester to another while on probation.

Causes for immediate dismissal include but are not limited to:

- If the student is deemed unsafe in the clinical setting or unsuitable for the radiation therapy profession, as determined by the evaluation method
- Dishonesty
- Possession, use, or distribution of mind-altering substances in university or clinical areas or while attending meetings, seminars, or conventions as representatives of Duke University
- Use of abusive or profane language
- Being placed on probation a second time due to a lack of clinical safety or a third time for other probationary reasons
- Disclosure of confidential information and HIPAA violations
- Assault and/or battery while acting as a representative of Duke University in any capacity
- Failure to complete any course criteria specified in the course syllabus
- Plagiarism
- Submitting the same paper twice, purchasing a paper, or using work from another student, including any AI-generated paper creations
- Any other reason stated in the Duke Radiation Therapy Student Handbook or undergraduate bulletin

Readmission Policy

Any student who withdraws or is dismissed from the program must reapply for admission and be accepted before being permitted to resume. A student may be readmitted to the radiation therapy program only once.

Readmission to the program requires completing an application for readmission and a grade point average of 2.5 in coursework, applying toward the radiation therapy certificate. This should be done at least one entire semester before the time of the requested readmission. Readmission will be subject to approval of the Admissions Committee and space availability. Students who separate from the radiation therapy program will only be considered for readmission with an exit interview. It is the student’s responsibility to schedule an exit interview. Individuals dismissed for lack of clinical safety will not be readmitted.

Trajecsys Policy & Procedures

All clinical documentation will be done through Trajecsys. The Trajecsys platform will be covered as a separate in-service before clinicals begin. An initial registration and demo will occur during the first week of orientation. All clinical exams, competencies, and evaluations will be documented in Trajecsys. The competency list is located in the student's Trajecsys platform. This electronic system will contain student competency test forms and staff evaluations for the

clinical settings. The forms are used to document clinical experience. Included are voluntary daily log sheets, a competency record sheet, and tally sheets to track treatments and simulation procedures. The Trajecsys logbook also consists of a form for students to record their success in competency testing. This form will help students track their competency and monitor their progress throughout the semester.

Clock In/Out

The student will clock in at the beginning of the clinical day and clock out at the end of the day. The student can clock in and out using a clinical site computer or a personal device with GPS location enabled.

Time Exception

If the student cannot clock in or out, the student may submit a time exception through Trajecsys. The student is responsible for clocking in and out, and the time exception should only be used in extenuating circumstances. A program official will investigate any excessive use of the time exception or unusual entries. Submitting a time exception that is not accurate will constitute falsification of records. Clocking in after the scheduled clinic start time will constitute tardiness. It is unacceptable for anyone to clock in or out on behalf of a student.

Daily Log of Exams

The student will record competency exams of procedures performed to verify and document the volume and variety of procedures. Information entered into Trajecsys includes the date, number of instances, type of procedure, repeats, participation level (observed, assisted, or performed), and any necessary comments. All performed competency activities must be documented on the log sheet daily; however, observed and assisted activities can be recorded by the end of the week. This documentation can be printed for the student's records after graduation.

Trajecsys End of Semester Requirements

All evaluations must be submitted before the final grade deadline, or the student will receive a failing grade or an incomplete for the course. At the end of each clinical course, students must ensure the following are completed and submitted by the due date listed in the course syllabus:

- Clinical Time Approval by Clinical Coordinator or Program Director
- Clinical Exam Log Approval by Clinical Coordinator or Program Director
- Clinical site evaluation of student (Mid-Term and Final)
- All required clinical competencies for the semester
- Completion of the site orientation checklist

Some of the general patient care competency requirements will be covered didactically and practiced in the Patient Care and Interaction course. Students can also take these competency tests during the program at the designated clinical areas or sites. Competency forms for these areas are located in Trajecsys.

Transportation Required

Students may rotate to a clinical site off the university campus, the Duke Raleigh Hospital Radiation Oncology Department. The student is responsible for reliable transportation to these sites.

Withdrawal

To formally drop a course, the student must follow the office policy outlined in the Duke University undergraduate bulletin and submit the request to the Registrar’s Office at medschool.duke.edu/education/health-professions-education-programs/student-services/office-registrar/student-services. The School of Medicine Bulletin outlines policies regarding registration, changes, refunds, withdrawals from individual courses, and withdrawals from the school.

If the student must withdraw from school before completing the semester, the student should officially withdraw by participating in an exit interview and getting a withdrawal form from the Office of the Registrar to receive a grade of W.

The program director and other required program personnel should sign the withdrawal form appropriately. If a student leaves the school or stops attending a class without officially withdrawing, the student will receive a Grade of F in the course(s) in which the student was enrolled. Refer to the Duke University undergraduate bulletin.

Written Work Policy

All written assignments specified by the syllabus must be submitted. A 20% deduction will be applied to the earned score if it is submitted within five school days after the original due date. Assignments will receive no numerical credit if submitted six or more school days after the original due date. However, all assignments must be submitted to avoid an incomplete course.

Students who consistently submit late work (3 or more assignments/projects) will be placed on academic probation.

Plagiarism will result in dismissal from the program.

Students cannot submit the same paper for credit to different courses.

Duke instructors will set their own policies and guidelines regarding the use of AI assistance.

Health & Safety Practices & Policies

Clinical Safety

Radiation Protection Policies. Clinical safety encompasses, but is not limited to, administering contrast media, performing radiation therapy procedures under direct supervision, being adequately prepared, and maintaining professional and interpersonal relationships with peers, clients, faculty, and staff of the clinical facility.

The student who is frequently unprepared and requires repeated correction or who fails to consult the instructor appropriately is considered unsafe in the clinical area and will be placed on clinical probation. In extreme circumstances, the student may be dismissed from the program. The primary consideration is the safe application of all aspects of radiation therapy, with direct supervision and progressively moderate guidance and direction.

The student will follow all radiation protection practices and policies for themselves, their coworkers, healthcare team members, the general public, and patients. This includes properly using personnel radiation monitoring devices, closing the door to the linear accelerator room during therapeutic procedures, and using and applying safety devices as necessary. Before observing or participating in a magnetic resonance imaging (MRI) procedure, the student must complete the MRI Environment Screening form and have completed an MRI safety module. If handling radioactive materials, proper safety protocols must be followed.

In addition, all appropriate institutional safety, fire, and infection control measures should be considered part of the student's responsibility in delivering safe and competent patient care.

As a student therapist, you are responsible for understanding these practices and policies so that they become an instinctive component of your professional expertise.

Dosimetry Badge & Report

Dosimetry Badge. The dosimetry badge (personal dosimeter) is issued during the first week of orientation. The badge should be worn from the collar to the waist to provide exposure information and approximate whole-body exposure. It will be worn whenever the student is exposed to ionizing radiation during scheduled hours in the Clinical Facility or the Duke University radiation therapy laboratory. The assigned dosimetry badge must only be worn for Duke radiation therapy program activities. You must wear a separate dosimeter if employed in a radiation field in another capacity. This badge should not be left in your vehicle, in areas of extreme heat, in direct sunlight, immersed in water, or taken through airport security checkpoints.

Dosimetry badges need to be changed quarterly at the direction of the department physicist assigned to badge exchanges or as directed by the program director. Delinquent pick-up or return may impact your clinical grade. Lost and/or damaged dosimetry badges must be reported in writing immediately to the Clinical preceptor or Program Director. The damaged badge must be returned to the program director within two school days following the notification. The student may incur a vendor-determined replacement fee for the badge.

Under no circumstances is a student permitted at the clinical sites or laboratory without a current dosimetry badge.

A student who has voluntarily informed the Program Director and Clinical Coordinator (in writing) of her pregnancy will be issued a second dosimetry badge to be worn at the waist. Please refer to our Pregnancy Policy for additional information.

Dosimetry Badge Report. As a radiation therapist, records of accumulated radiation exposure will be ongoing throughout your lifetime. When employed as a radiation therapist, your employer will keep this record. This occupational radiation exposure is added to the record, which began when you were a student. If you were previously monitored for occupational radiation exposure, you should inform the Program Director.

The dosimetry badge report is kept on file in the Duke Radiation Safety Office. The program director will review each student's report and have the student sign the report during class time. All care will be taken to ensure that no PHI is viewed other than the student's own. A student may also review their account at safety.duke.edu/radiation-safety/personnel-dosimetry.

A student will rarely, if ever, obtain levels of exposure that would cause concern. The radiation therapy program adheres to the principle of minimizing radiation exposure to the lowest possible level, in accordance with the ALARA (As Low As Reasonably Achievable) principle. Radiation practices and policies are taught through various didactic and clinical courses and laboratory demonstrations. Verification that the student is in accordance with ALARA principles occurs through an ongoing review of each student’s clinical practices, including shielding, remote handling devices, and adherence to the cardinal principles of radiation protection: time, distance, and shielding. A student may discuss their readings or concerns with the Program Director.

The student's radiation report must not exceed the maximum permissible dosage for occupationally exposed persons as established by state and federal agencies for radiologic health. Each student will be advised of radiation levels upon request or if a reading exceeds the limit set by the program. If the quarterly badge reading exceeds 35 mrem, the student will be counseled, and an investigation will be conducted with the Department RSO and the Program Director. A student’s exposure must be limited to 100 mrem annually.

Laboratory Policies, Rules, & Guidelines

- The term “laboratory” will refer to any equipment or area where students and instructors are engaged in learning, treatment, or simulation activities. The laboratory is available for students to use under the direct supervision of faculty.
- The student cannot radiate another person in the laboratory. The laboratory is for teaching purposes only and cannot be used for diagnosis or treatment.
- A student who exposes another person is subject to immediate dismissal from the program.
- Energizing the linear accelerator is only allowed with permission from program officials.
- All students and faculty will remain outside the room when an image is made.

- Personal dosimeters must be worn when in clinical areas.
- Each student is expected to return equipment and other teaching aids to their designated location.
- Food and drinks are not permitted in the laboratory.
- Quality assurance equipment should not be removed from the laboratory or classroom.
- A student using the laboratory outside the regularly scheduled laboratory times must ask for permission. The student is responsible for seeing that the overhead lights, safe lights, and the machine are turned off. Additionally, ensure that the area is locked and/or the doors are closed.
- A student will not be allowed to use or have their cell phone on while a patient is on the treatment table.

Pregnancy Policy

(See Chapter VIII, Reproductive Health of the Duke Radiation Safety Manual)

To protect against prenatal radiation exposure risks to the developing embryo and fetus, state and federal radiation protection regulations and the Duke ALARA (As Low As Reasonably Achievable) policy prescribe that the total dose equivalent to the embryo or fetus of a declared pregnant worker shall not exceed 500 millirem (5 mSv) during the period of gestation.

If a student becomes pregnant, the student may voluntarily declare the pregnancy. The pregnancy declaration must be in writing and submitted to the Employee Occupational Health and Wellness (EOHW) by completing a confidential Declaration of Pregnancy form. Once the declaration is made, the student will receive from the Radiation Safety Division (RSD):

- An evaluation of the radiation hazard from external and internal sources.
- Counseling regarding modifications of technique that will help minimize exposure to the fetus.
- A fetal dosimeter, if appropriate

The declared pregnant student will have several options based on their individual needs and preferences. The student may:

- Continue in the program as is without any changes.
- Continue the program with modifications in the Clinical Assignments.
- Request a leave of absence from Clinical Assignments and/or the entire Radiation Therapy Program curriculum.

Pregnancy declaration can be withdrawn at any time by submitting a letter rescinding the previous declaration.

A student who has declared their pregnancy shall inform EOHW and the RSD if their pregnancy has ended for any reason.

A student cannot be considered a pregnant radiation worker if the written voluntary declaration is not submitted.

Radiation Safety Office

Chu Wang: Division Dir, Occ & Env Safety- OESO Radiation Safety, chu.wang@duke.edu; (919) 668-3187

General Health Guidelines

Health Insurance & Health Services

All students are required to maintain adequate medical insurance while enrolled at Duke University. The student must complete the enrollment or waiver process within the enrollment period. Failure to do so will result in delayed coverage or a charge for insurance the student does not need. Written proof of individual insurance is required before participating in clinical experiences.

Duke offers a Student Medical Insurance Plan (SMIP) in the Durham, NC, area designed to meet the needs of a student without insurance or inadequate insurance coverage. The student should review their insurance policy to ensure sufficient coverage. See students.duke.edu/wellness/studenthealth/insurance.

Communicable Disease & Immunity Policy

North Carolina State Law (General Statutes § 130A-152–157) requires that all students entering college present a certificate of immunization that documents they have received all immunizations required by law. While your state or country of origin may have different immunization requirements, you must comply with North Carolina laws and Duke requirements.

Communicable Diseases and Substance Abuse: students.duke.edu/wellness/studenthealth

The following immunizations are required for Duke undergraduate students:

NAME OF VACCINE	DOSES REQUIRED
Hepatitis B (if born after 7/1/94 & for all health science students)	2 or 3 Doses, depending on the brand
Measles	2 Doses
Meningococcal ACWY (if born after 1/1/2003)	1 Dose (after 16th birthday)
Mumps	2 Doses
Polio	3 Doses (if younger than 18 years old)
Rubella	1 Dose
TD/DTAP/TDAP	3 Doses (one TDAP in the last 10 years)
Varicella (if born after 4/1/01 and for all health science students)	2 Doses or positive IgG titer

In accordance with the Duke School of Medicine's Influenza Vaccination Policy, it is a requirement to receive an annual vaccination against Influenza, or to comply with the policy through a granted medical or religious exemption. The student will need to be compliant during the yearly Fall flu vaccination period.

A student who wishes to receive additional vaccines, such as HPV and Meningitis B, or needs clearance for shadowing and volunteering should wait until after October 1 to schedule an appointment with Student Health.

Health science students should refer to their respective immunization forms, which can be accessed by clicking the "Steps for Immunization Compliance" (students.duke.edu/wellness/studenthealth/immunizations).

All radiation therapy students are required to provide proof of the following:

- Up-to-date immunization records.
- Current, valid, and signed physical exam documentation on program form. The physical will provide reasonable assurance that the student can perform the duties required of a student radiation therapist.

Technical Standards & Worker Characteristics of A Radiation Therapist

Each student must follow standard precautions established by the Centers for Disease Control and Prevention (CDC).

A student exposed to a communicable disease at the clinic site through any source, such as needle sticks, patient contact, or contact with contaminated supplies, must immediately inform their clinical supervisor, clinical preceptor, or program director. The student must also complete all paperwork required by the clinical site or affiliate.

If a student contracts any communicable disease while enrolled in the program, they must inform the Program Director. After review by program officials, they may be removed from clinical assignments and /or the classroom. This decision will be based on the advice of medical experts. The student must provide the Radiation Oncology Department with proof that they are no longer contagious before returning to the program.

Infection Control Precautions

Standard precautions for infection control are essential in the health field and must be used whenever exposure to blood or bodily fluids is possible. Standard precautions will also protect oneself from other infectious organisms. Adherence to the universal precaution guidelines listed below could save your life: Handle all patients' blood and bodily fluids as if they are potentially infectious.

- Wash hands before and after all patient or specimen contact, even when gloves are used.
- Use procedures that minimize spraying, splashing, spattering, and generation of droplets of infectious material.
- Gloves should always be worn when there is potential contact with blood and body substances.
- Wear a gown, apron, surgical caps or hoods, and shoe covers when possible; splashing with blood or body substances is expected.
- Wear protective eyewear and mask if splattering with blood or body substances is possible.
- All garments should be removed as soon as possible if penetrated by potentially infectious material. Please do not take them home to wash. Notify your clinical supervisor if contamination occurs.
- Place used syringes immediately in a nearby impermeable container. Never recap, remove, or manipulate the needle in any way.
- Place contaminated sharps in appropriate containers.
- Treat all linen soiled with blood or body substances as infectious.
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in areas that may be exposed to blood and bodily fluids.
- Store food and drink in areas not susceptible to exposure to blood or other potentially infectious materials.
- Specimens of infectious materials should be appropriately labeled and placed in leak-proof containers.
- All equipment and working surfaces should be decontaminated after contact.
- Only students wearing a properly fitted TB mask are permitted to provide patient care to active TB patients with the permission of the assigned clinical facility.

If an exposure incident occurs (i.e., a needle stick, splash of blood, or exposure to body fluids), immediately flush the affected area with soap and water and flush mucous membranes with water or a saline solution. Immediately after washing or rinsing, notify your clinical instructor or preceptor and complete an incident report at the clinical facility. Make a copy of this report to submit to the program director for permanent placement in student files.

General Program Policies & Guidelines

University policies for retention and progression apply to radiation therapy students, except in instances where specific Radiation Therapy Program standards supersede university standards.

The director and program officials have the authority and responsibility to refuse admission or to dismiss any student from the Radiation Therapy Program if unusual and unique circumstances indicate that the student is not qualified for radiation therapy.

Nondiscrimination Statement

Duke is committed to encouraging and sustaining a learning and work community free from prohibited discrimination and harassment. The institution prohibits discrimination based on 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 available to students.

Sexual harassment and misconduct are forms of sex discrimination prohibited by the institution. Duke has designated the Vice President for Institutional Equity and Chief Diversity Officer as the individual responsible for coordinating and administering its nondiscrimination and harassment policies. The Office for Institutional Equity is located in Smith Warehouse, 114 S. Buchanan Blvd., Bay 8, Durham, North Carolina 27708. Phone: (919) 684-8222.

Additional University Policies can be found at registrar.bulletins.duke.edu/about/policies.

Professional Conduct

The student must understand that they represent Duke University, the radiation therapy department, and the profession as a whole. The student will follow the healthcare system onboarding process that will be made available to them during the first week of the orientation session. The Radiation Oncology students are not employees of the institution and, therefore, are not eligible for benefits. Students will be covered under the Duke University Health System-Allied Health Students liability insurance policy and are bound by the institution’s rules and regulations, as they will encounter patients during the institution's program.

The student must abide by the rules of the radiation oncology program, in addition to those established by Duke Health, and, if applicable, the clinical institutions where they may rotate for observations. Each student is responsible for reading, understanding, and adhering to these rules.

The student will conduct themselves in a professional and dignified manner at all times. Students will minimize congregating in groups in patient areas and keep noise levels to a minimum to avoid disturbing others in the clinic.

A student arriving in the clinical facilities under the influence of controlled substances, including alcohol, will be sent home. This may result in dismissal from the program.

medschool.duke.edu/education/health-professions-education-programs/student-wellness/code-professional-conduct

Drug & Alcohol Usage

The program supports a drug and alcohol-free environment in all aspects. A student may be tested for reasonable cause. If the student is suspected of intoxication with questionable or inappropriate behavior, the student will require an immediate alcohol (breath or blood) and/or drug test at the student’s expense. Impairment may lead to dismissal from the program. See policies.duke.edu/policy/drug-and-alcohol-policies.

Use of Tobacco Products

See Undergraduate Bulletin page: registrar.bulletins.duke.edu

Attendance

A student is expected to attend all scheduled classes, clinical, and laboratory sessions.

Clinical Obligations—Students will follow the Duke SOM calendar for holidays, with some modifications that will be discussed during the first week of orientation sessions.

A student is expected to arrive on time for the beginning of class and clinical sessions and leave at the scheduled end time. Extra-curricular observations, outside of scheduled clinical program time, may be allowed with approval from the program director or preceptor.

All missed clinical or laboratory time must be made up on a day-for-day basis. A clinical absence form must be submitted on the first class day following the absence.

The course instructor must be notified in advance of the class or lab session if an absence is expected.

The student is responsible for informing the assigned clinical area preceptor if they will be missing any time. The student must also notify the Clinical Coordinator and/or Program Director of the Radiation therapy program of any time missed. Information regarding missed clinical time is kept in the student’s file. Verification of makeup time must be in writing and signed by the clinical supervisor. This verification document must be presented to the Clinical Coordinator or Program Director.

A student who misses a clinical or didactic lesson day or expects to be tardy must call the appropriate clinical area and the Clinical Preceptor and/or Program Director at least thirty minutes before the start of the clinical time. Three tardy incidents equal one absence. Tardiness is any time after the clinic's scheduled starting time. If students fail to follow the proper call-in procedure, their clinical grade will be adjusted in accordance with the clinical grading policy outlined in the clinical syllabus. The Trajecsys system for clinical record-keeping will be used for “clocking in and out” during clinical assignments and will be explained during orientation and in the clinical competency section.

A passing grade in clinical education is required to pass the course. Students must attend all clinical lab activities, including Practice Labs and orientation rotations through any healthcare area or facility.

All clinical absences requiring makeup time must be completed by the end of the semester. If this does not occur, the student will receive an incomplete (I) for the clinical course grade. After the student completes the required makeup time, the I may be replaced, and a clinical grade may be given. The student must make provisions to change the I to a minimum of a C letter grade before they are allowed to enroll in the following semester.

Make-up time must be scheduled with the clinical supervisor of the appropriate clinical site or area, the program director, or the clinical preceptor. All clinical days missed must be made up at the clinical site or area where they were missed.

Time Away from Duke

Holidays

Due to the program's brevity, please note that time away from the clinic is minimal. Clinically, students will not engage in class or clinical education on hospital holidays: Independence Day, Labor Day, Thanksgiving Day, Christmas Day, New Year's Day, Martin Luther King Jr.'s Birthday, Juneteenth, and Memorial Day. Students must be present on all other holidays unless the program director has approved them in advance. The program will adhere to the School of Medicine calendar for grading and finals of didactic courses. The student will still need to complete their clinical rotation, fulfill the required competencies, and practice areas of focus as determined by the preceptor.

Bereavement Time

Bereavement time must be approved by the Clinical Coordinator and /or the Program Director.

Leave of Absence

If unforeseen circumstances in a student's life, external to the program, interfere with the student's academic progress, the student should discuss this with the program director to address the concerns and determine the appropriate course of action.

Inclement Weather

If all classes at Duke University are canceled, students are not required to attend class or clinical that day. School closings are announced on local radio stations and TV stations. Duke also offers optional text message alerts. Inclement weather closings are not the decision of the Program Director or the Clinical Coordinator. Please note that all deadlines, due dates, and online lessons remain in effect unless otherwise notified.

Dress & Appearance

Uniforms & Lab Coats. For clinical days on campus, the radiation therapy uniform for students consists of a scrub suit of professional appearance, in any shade of grey or teal. The uniform should be clean and properly fitted. A clean lab jacket can be worn over it. Undergarments should not be visible through the uniform.

During didactic days on campus, the program may allow students to dress more casually than is typically required. On these occasions, students are still expected to present a neat appearance and are not permitted to wear clothing that is ripped, disheveled, athletic, or similarly inappropriate. A student who fails to meet the program's standards will be required to take corrective action, including leaving the premises to change clothing.

Shoes. Shoes must be clean and have clean laces. They must not have open toes or heels. Clogs, flip-flops, sandals, and canvas shoes are not allowed. Sneakers with color brand logos are acceptable.

Jewelry. Jewelry could be a safety hazard and interfere with aseptic techniques. A watch that measures seconds is considered part of the uniform. Jewelry that could interfere with patient care, such as long necklaces or loose bracelets, and sharp rings that could cut or puncture a patient or treatment device, may need to be removed or not worn in the clinic. Duke Health, Duke University, or any Clinical Affiliates are not responsible for lost or stolen jewelry, money, or other personal items.

Body Piercings. It is acceptable if covered and not visible, and poses no harm to self or patients.

Tattoos. They are acceptable if they are non-offensive and not culturally or sexually graphic. If they are deemed inappropriate, you will be asked to cover them.

Sweater. A sweater may be worn over a uniform, but should be worn under the jacket or lab coat. It must be clean, free of offensive images or wording, and a solid color. Hoodies are not acceptable. The Student ID must be visible.

Hair. Hair must be clean and well-groomed. Extreme hairstyles and hair colors should be avoided. Hair accessories must be sized appropriately. Beards and mustaches should be trimmed neatly and professionally.

Personal Grooming. Maintaining personal cleanliness, including regular bathing, the use of deodorant, and proper oral hygiene, is essential. Moderate makeup is acceptable, but perfume, mild cologne, and/or shaving lotion are unacceptable. Nails must be clean, well-trimmed, smooth, and reasonably short. A natural, clear-colored nail polish may be worn if it is not chipped or cracked. No long prosthetic nails allowed.

Cell Phones & Smart Watches. Cell phones are not to be used during class and must be put away and placed in silent mode. If the instructor sees a cell phone, the student may be asked to leave the class. Repeat infractions could result in probation or dismissal from the program. Smartwatches are not to be used in the clinical area except during emergencies. Students are not permitted to make or receive personal phone calls in the clinic except in emergencies, which should be cleared through the clinical preceptor.

The clinical preceptor must be notified if a student has an emergency that may require contact at the clinic. The decision is at the preceptor's discretion. Students should discourage any outside contact during clinical hours, except in the event of an emergency.

Duke ID Badge. An ID badge must be obtained from the Duke Services Office at the Duke Medical Center. It is to be worn and visible at all times with the uniform and jacket/lab coat. This badge must be returned to Duke Health faculty at the end of the program or upon demand.

Transportation & Parking

Each radiation therapy student is solely responsible for transportation to and from the university and any facility used for clinical education. Students are to park in designated areas only with a parking permit from the Duke Parking Office. This permit must be returned to Duke Health faculty at the end of the program or upon demand. Additional information will be provided at orientation.

Fundraising

Fundraising opportunities proposed for educational enhancement will be reviewed by the Program Director.

Outstanding Student Award

A student may be selected as a recipient of the annual outstanding student award. Criteria for selection include leadership, cooperation, and contribution to the radiation therapy program and Duke University. Clinical preceptors and faculty will vote on this award before the pinning ceremony.

Change of Name or Contact Information

Any changes to name, address, or phone number will be reported promptly to the Program Director.

Student Employment

Students are not encouraged to engage in outside employment, but are not prohibited from working. However, any outside employment cannot interfere with their academic or clinical responsibilities. No special privileges are granted to students who work or participate in any outside activities or employment.

Any student accepting payment for duties assigned as part of their clinical experience will be immediately dismissed from the radiation therapy program.

Meeting Room Resources

If you need to use any part of the building for a meeting, please arrange this with the University Facilities Office. The medical library is available for students to reserve a space.

Designated Food & Drink Areas

Food and drinks are prohibited in work console areas and laboratories. However, with instructor approval, refreshments may be allowed in classrooms and designated clinic areas, provided they are sealed and placed in the designated hydration stations.

Visitors

Guests, including children, are not permitted in the classroom or the clinic.

Radiation Therapy Certificate (A-RT-C)

RT Program Requirements

- **Fall Semester - 13 credits**
  - RADTHER 101 - Clinical Radiation Oncology (3 credits, hybrid)
  - RADTHER 102 - Simulation & Treatment Techniques (1 credit, in-person)
  - RADTHER 103 - RT Patient Care & Interactions (3 credits, in-person)
  - RADTHER 105 - Clinical Education I (3 credits)
  - RADTHER 109 - Cross-Sectional Anatomy (3 credits, in-person)
- **Spring Semester - 15 credits**
  - RADTHER 104 - Radiation Therapy Physics (3 credits, in-person)
  - RADTHER 106 - Simulation & Treatment Techniques II (1 credit, in-person)
  - RADTHER 107 - Research Methodology in Radiologic Technology (2 credits, in-person)
  - RADTHER 108 - Radiation Therapy Treatment Planning & Dosimetry (3 credits, hybrid)
  - RADTHER 110 - Radiation protection/Radiobiology (3 credits, hybrid)
  - RADTHER 111 - Clinical Education II (3 credits)
- **Summer Semester - 8 credits**
  - RADTHER 112 - Radiation Therapy Registry Review (3 credits, in-person)
  - RADTHER 113 - Research Methodology in Radiologic Technology (1 credit, in-person)
  - RADTHER 114 - Clinical Education III (4 credits)

Credit Hours: 36 hours

The student is responsible for following the certificate plan established by the radiation therapy program. Advisement will take place at the end of each semester. The students will receive over 1,000 hours of clinical time across Clinical Education I-III.

Program Progression

Lecture and Didactic Testing. Classroom instruction is provided to prepare students for clinical education. An examination of the covered material follows this instruction.

Laboratory. Faculty will demonstrate positioning and other aspects of clinical radiation oncology in the treatment/CT-Sim labs and clinic facilities as scheduling permits.

Oversight. Students will work under direct supervision.

Clinical Competency Evaluations. Treatment categories include: Brain, Head & Neck, Chest, Breast, Abdomen, Pelvis, Skeletal, and Electron Fields. Simulation categories include: Brain, Head & Neck, Chest, Breast, Abdomen, Pelvis, and Skeletal.

Initial Competency Tests. Fall – Clinical Education I requires 6 total competency tests:

- 3 basic treatment techniques
- 2 patient care activities
- 1 equipment manipulation competency

Continued Competency Tests & Anatomical Sites

Spring – Clinical Education II requires 14 total competency tests:

- 6 basic treatment techniques
- 2 patient care activities
- 2 treatment simulation procedures
- 1 treatment device fabrication
- 1 QA warm-up competency
- 2 continued competency tests
- 6 basic dose calculations (will be completed during treatment/planning course)

Summer – Clinical Education III requires 14 total competency tests:

- 5 radiation treatments
- 2 treatment simulation procedures
- 2 treatment device fabrications
- 1 QA Warm-Up competency
- 4 continued competency tests

Final/Terminal Competency Tests. For Clinical Education III, the student must pass the 6 required final/terminal competency tests. Each student will perform four treatment procedures and two simulations. The clinical supervisor, clinical coordinator, or program director will select these. The procedures will be selected from the treatment and simulation categories. The treatments and simulations are performed in different areas to demonstrate proficiency.

All initial and continued competency tests must be completed before final competency tests may be performed. Final competency tests must be performed on actual patients and may not be simulated.

General Patient Care. Students will perform competency testing in each of the following categories. Competency forms are in Trajecsys. Students will demonstrate competence in 6 patient care activities:

- 4 Vital Signs (blood pressure, pulse, respiration, temperature)
- 1 Patient transfers using proper techniques
- 1 Proper use of patient medical equipment (e.g., O2 administration)

Professional Organizations

The program requires the student to join professional organizations to prepare for their careers. Participation helps prepare the student for future professional growth and development, affording them access to learning experiences through seminars, meetings, and publications. Information and enrollment will be handled during the first week of the orientation session. The organizations include:

- North Carolina Radiological Society (NCSRT). All students are encouraged to join NCACR and attend the annual educational conference if feasible.
- American Society of Radiologic Technologists (ASRT). All students will join the ASRT as student members. Students are encouraged to apply for the Student Leadership Development Program. Some benefits include access to articles, journals, professional development opportunities, and registry exam courses. Assignments and review modules may be assigned from the student sections.

Radiation Therapy Certificate (A-RT-C)

RT Courses of Instruction

- RADTHER 101 – Clinical Radiation Oncology
- RADTHER 102 – Simulation & Treatment Techniques I
- RADTHER 103 – RT Patient Care & Interactions

- RADTHER 104 – Radiation Therapy Physics
- RADTHER 105 – Clinical Education I
- RADTHER 106 – Simulation & Treatment Techniques II
- RADTHER 107 – Research Methodology in Radiologic Technology I
- RADTHER 108 – Radiation Therapy Treatment Planning & Dosimetry
- RADTHER 109 – Cross-Sectional Anatomy
- RADTHER 110 – Radiation Protection/Radiobiology
- RADTHER 111 – Clinical Education II
- RADTHER 112 – Radiation Therapy Registry Review
- RADTHER 113 – Research Methodology in Radiologic Technology II
- RADTHER 114 – Clinical Education III

All Courses

ANESTH205C - Anesthesiology

ANESTH206C - Primary Care Leadership Track (PCLT) - Anesthesiology

ANESTH220C - Clinical Anesthesiology

ANESTH221C - Pain Management

ANESTH401C - Cardiothoracic Intensive Care Sub-Internship

ANESTH402C - Cardiothoracic Intensive Care Elective

ANESTH430C - Diving and Hyperbaric Medicine

ANESTH440C - Clinical Anesthesiology

ANESTH441C - Subinternship in SICU

ANESTH445C - Physiology & Medicine of Extreme Environments

ANESTH446C - Acute and Chronic Pain Management

ASEP301B - Research in ASEP

ASR301B - Advanced Scholarly Research MS3

BES301B - Research in BES

BIOSTAT701 - Introduction to Statistical Theory and Methods I

BIOSTAT701A - Advanced Introduction to Statistical Theory and Methods I

BIOSTAT701L - Advanced Statistical Theory and Method I Lab

BIOSTAT702 - Applied Biostatistical Methods I

BIOSTAT702A - Advanced Applied Biostatistical Methods I

BIOSTAT703 - Introduction to the Practice of Biostatistics I

BIOSTAT703A - Advanced Introduction to the Practice of Biostatistics I

BIOSTAT703L - Introduction to the Practice of Biostatics I Lab

BIOSTAT704 - Introduction to Statistical Theory and Methods II

BIOSTAT704A - Advanced Introduction to Statistical Theory and Methods II

BIOSTAT705 - Applied Biostatistical Methods II

BIOSTAT705A - Advanced Applied Biostatistical Methods II

BIOSTAT706 - Introduction to the Practice of Biostatistics II

BIOSTAT706A - Advanced Introduction to the Practice of Biostatistics II

BIOSTAT707 - Statistical Methods for Learning and Discovery

BIOSTAT708 - Clinical Trial Design and Analysis

BIOSTAT709 - Observational Studies

BIOSTAT710 - Statistical Genetics and Genetics Epidemiology

BIOSTAT712 - Clustered Data Designs and Applications

BIOSTAT713 - Survival Analysis

BIOSTAT714 - Categorical Data Analysis

BIOSTAT718 - Analysis of Correlated and Longitudinal Data

BIOSTAT719 - Generalized Linear Models

BIOSTAT720 - Master's Project and Statistical Consulting

BIOSTAT721 - Introduction to Statistical Programming I (R)

BIOSTAT721A - Advanced Introduction to Statistical Programming I (R)

BIOSTAT722 - Introduction to Statistical Programming II (SAS)

BIOSTAT722A - Advanced Introduction to Statistical Programming II (SAS)

BIOSTAT724 - Introduction to Applied Bayesian Analysis

BIOSTAT725 - Bayesian Health Data Science

BIOSTAT726 - Computational Foundations for Biomedical Data Science

BIOSTAT732 - Independent Study

BIOSTAT740 - Continuation

BIOSTAT801 - Biostatistics Career Preparation and Development I

BIOSTAT802 - Biostatistics and Career Preparation and Development II

BIOSTAT821 - Software Tools for Data Science

BIOSTAT822 - R for Data Science

BIOSTAT823 - Statistical Program for Big Data

BIOSTAT824 - Case Studies in Biomedical Data Science

BIOSTAT825 - Foundation of Reinforcement Learning

BIOSTAT826 - Deep Learning for Health Data

BIOSTAT827 - Ethical Evaluation and Governance of Clinical AI in Healthcare

BIOSTAT828 - Modern Optimization for Statistical Learning

BIOSTAT829 - Internship

BIOSTAT830 - Foundations of Statistical Inference and Decision Theory

BSP301B - Research in BSP

CARDULTR501 - Cardiac Ultrasound

CARDULTR502 - Cardiac Ultrasound Pediatrics

COMMFAM205C - Family Medicine

COMMFAM206C - Primary Care Leadership Track (PCLT) - Family Medicine

COMMFAM220C - Occupational Medicine: Prevention and Populations

COMMFAM225C - Travel Medicine at Duke Student Health

COMMFAM245B - Untitled Course

COMMFAM251 - COMPLEMENTARY MEDICINE

COMMFAM401C - Sub-Internship in Family Medicine

COMMFAM405C - Family Medicine Rural Elective

COMMFAM406C - Breastfeeding & Lactation Medicine Elective

COMMFAM410C - Travel Medicine at Duke Student Health

COMMFAM423C - Occupational and Environmental Medicine

COMMFAM433C - Community Health

COMMFAM435C - Health Promotion and Disease Prevention

COMMFAM448C - Introduction to Informatics

CRP241 - Introduction to Statistical Methods

CRP242 - Principles of Clinical Research

CRP243 - Introduction to Medical Genetics

CRP245 - Statistical Analysis

CRP247 - Clinical Research Seminar

CRP248 - Clinical Trials

CRP249 - Health Services Research

CRP252 - Principles of Clinical Pharmacology I

CRP253 - Research Ethics and Responsible Conduct of Research

CRP254 - Research Management

CRP257 - Proteomics and Protein Biology in Medicine

CRP258 - Principles of Clinical Pharmacology II

CRP259 - Decision Sciences in Clinical Research

CRP261 - SAS Programming for Data Management

CRP262 - Systematic Reviews and Meta Analysis

CRP263 - Longitudinal Data Analysis

CRP264 - Introduction to Immunology in Clinical Research

CRP265 - Molecular Biology Techniques

CRP266 - Design and Analysis of Non-Randomized Studies

CRP267 - Special Topics in Clinical Research

CRP269 - Independent Study

CRP270 - Research

CRP271 - Clinical Outcome Assessments in Clinical Research

CRP272 - R Programming Boot Camp

CRP273 - Implementation and Dissemination of Health Care Research

CRP274 - Independent Study II

CRP275 - Research Project and Proposal Development A Stepwise Approach

CRP276 - Statistical Methodology for Basic Research

CRP277 - Research Professional Development

CRP278 - Machine Learning For Health

CRP279 - Scientific Communication

CRP280 - Drug Metabolism - Study Away at UNC

CRP281 - Pharmacokinetics - Study Away at UNC

CRP282 - Pharmacogenomics - Study Away at UNC

CRP270-BST - Research BST

CRS301B - CONTINUATION OF RESEARCH STUDY

CRSP301B - Research in Clinical Research

CVS301B - RESEARCH IN CVS

DERMATOL220C - Introduction to Dermatology

DERMATOL401C - Dermatology Inpatient Consults

DERMATOL402C - Dermatology for the Non-Dermatologist

DERMATOL450C - Clinical Dermatology

EMERGMED240C - Emergency Medicine: Longitudinal Experience

EMERGMED401C - Emergency Medicine Subinternship

EMERGMED405C - Emergency Medicine

EPH301B - Research in EPI and Public Health

GHS301B - Global Health Study Program

HGP301B - Research in HGP

HLTHSCI501 - Human Structure

HLTHSCI502 - Cellular Sciences

HLTHSCI503 - Organ Systems

HLTHSCI504 - Essentials of Health Practice and Professional Development

HLTHSCI505 - Essentials of Health Practice and Professional Development

HLTHSCI509 - Medical Statistics

HLTHSCI510 - Health Systems

HLTHSCI511 - Enhanced EMT-Basic Training Course

HLTHSCI512 - EMT Clinicals I

HLTHSCI513 - EMT Clinicals II

HLTHSCI516 - EMT Clinicals

HLTHSCI517 - EMT Selective

HLTHSCI518 - Evidence Based Clinical Practice

HLTHSCI519 - Rural Primary Care Selective

HLTHSCI520 - Physical Therapy Outpatient Selective

HLTHSCI521 - Community Health Engagement Practicum

HLTHSCI522 - Nutrition Selective

HLTHSCI523 - DOCR Research Immersion

HLTHSCI524 - Directed Study

HLTHSCI525 - Fundamentals of Ultrasound

HLTHSCI527 - Patient Care in the Ambulatory Environment

HLTHSCI528 - Basic Science Selective

HLTHSCI530 - DUHS Clinical Laboratory Training Program

HLTHSCI532 - Reimagining Aging

HLTHSCI533 - Planning for Health Professions Education

HLTHSCI536 - Health Systems Selective

HLTHSCI539 - Outpatient Mental Health Selective

HLTHSCI540 - DECHS Community Centered Research Design and Education

HLTHSCI541 - Practicing Constructive Dialogue

HLTHSCI542 - Global Classroom in Health Humanities and Geographies.

HLTHSCI543 - Promote and Teach

IAD101B - Year 1 Independent Academic Development

IAD201C - Year 2 Independent Academic Development

IAD301B - Year 3 Independent Academic Development

IAD401C - Year 4 Independent Academic Development

INTERDIS107B - Introduction to the Medical School Profession

INTERDIS109B - Clinical Skills Training Immersion

INTERDIS111B - Humanism in Health Care: Bridging Stories and Practice

INTERDIS112B - Foundations of Patient Care 1

INTERDIS113B - Foundations of Patient Care 2

INTERDIS114B - Advanced Clinically-Centered Education in Spanish (ACCES)

INTERDIS115B - Consolidation and Integration of Medical Knowledge

INTERDIS200C - Independent Study Year 2

INTERDIS201C - Outpatient Integrated Longitudinal Experience (PIONEER)

INTERDIS203C - Clinical Skills Assessment

INTERDIS204C - Clinical Skills Course

INTERDIS205C - Clinical Skills Foundation 2 (CSF2)

INTERDIS207C - Primary Care Leadership Track Clerkships (PCLT)

INTERDIS208C - Primary Care Seminar

INTERDIS211C - Longitudinal Integrated Clerkships (LIC)

INTERDIS212C - Longitudinal Integrated Clerkships Seminar

INTERDIS213C - Structural Determinants of Health and Disease

INTERDIS215C - Academic Enrichment Year 2

INTERDIS300B - Quantitative Medicine and Decision Making - Medical Statistics

INTERDIS301B - Independent Study - Year 3

INTERDIS305C - Third Year Clinical Experience

INTERDIS310C - Quantitative Medicine and Decision Making - Evidence Based Medicine YR3

INTERDIS312B - Research Ethics

INTERDIS400C - Independent Study

INTERDIS401C - Acute Care Curriculum

INTERDIS402C - Introduction to Healthcare Markets and Policy for Health Professionals

INTERDIS403C - Narrative Medicine for Medical Learners

INTERDIS406C - Physician Leadership: From Daily Challenges to Global Crises

INTERDIS407C - Duke Design Health Fellows Program

INTERDIS408C - Bone and Soft Tissue Multidisciplinary Experience

INTERDIS409C - Duke Design Health Research Scholars

INTERDIS410C - Academic Enrichment Fourth Year

INTERDIS422C - Exploring Medicine: Cross-Cultural Challenges to Medicine in the 21st Century

INTERDIS423C - Honduras Trip

INTERDIS425C - Facilitating Authentic Connections Across Differences

INTERDIS426C - Practicing Climate-Informed Care: Understanding the Impacts of Climate Change on Human Health

INTERDIS450C - Capstone

INTERDIS470C - MSTP Clinical Experience

INTERDIS475C - Clinical Experience

MEDHUM301B - Research in MEDHUM

MEDICINE205C - Medicine

MEDICINE206C - Primary Care Leadership Track (PCLT) - Medicine

MEDICINE221C - A Taste of Palliative Care

MEDICINE223C - Gastroenterology Selective

MEDICINE225C - Introduction to Hospital Medicine

MEDICINE226C - Introduction to Endocrinology

MEDICINE227C - Introduction to Consultative Cardiology

MEDICINE229C - Adult Nephrology

MEDICINE231C - Introduction to Infectious Diseases

MEDICINE232C - Introduction to Rheumatology

MEDICINE233C - Interventional Pulmonology

MEDICINE234C - Introduction to the Medical ICU

MEDICINE401C - Internal Medicine Sub-Internship

MEDICINE402C - Medical Sub-Internship in Hematology-Oncology

MEDICINE404C - Cardiac Intensive Care Unit Sub-Internship

MEDICINE405C - Intensive Care Medicine Sub-Internship (Duke)

MEDICINE407C - Sub-Internship in Internal Medicine/Psychiatry

MEDICINE412C - Hospital Medicine

MEDICINE414C - Introduction to Outpatient Primary Care Internal Medicine

MEDICINE415C - Clinical Management of Obesity

MEDICINE416C - Effective Clinical Teaching

MEDICINE423C - Rheumatology

MEDICINE424C - Fluids and Electrolytes

MEDICINE425C - Clinical Hematology

MEDICINE427C - Hospice and Palliative Medicine

MEDICINE428C - Metabolism and Endocrinology

MEDICINE431C - Adult Allergy and Clinical Immunology

MEDICINE432C - Introduction to Duke Medical Intensive Care Unit

MEDICINE434C - Outpatient Hematology-Oncology (Duke or Durham VA)

MEDICINE435C - Gastroenterology

MEDICINE437C - Rheumatology 2-Week Elective

MEDICINE438C - Hematology and Oncology Consults (Durham VA)

MEDICINE439C - Grief and Bereavement 101

MEDICINE440C - Clinical Infectious Diseases

MEDICINE442C - Clinical Arrhythmia Service

MEDICINE444C - Clinical Heart Failure and Cardiac Transplantation

MEDICINE445C - Consultative Cardiology

MEDICINE446C - Nephrology

MEDICINE447C - Practitioners and Patients: The History of Clinical Medicine

MEDICINE449C - Geriatric Medicine

MEDICINE452C - Clinical Medical Ethics: What Would a Good Physician Do?

MEDICINE453C - Medicine, Humanities and the Arts

MEDICINE454C - Humanities for Health Justice

MEDICINE455C - Clinical Infectious Disease in Brief

MEDICINE456C - Medical Professionalism and the Arts

MEDICINE479C - REHABILITATION MEDICINE - UNC

MERP301B - Research in Medical Education Study Program

MIDIP301B - Research in Microbiology and Infectious Disease Study Program

MMCI301B - Research in MMCI

MMCI511 - Principles of Cost and Managerial Accounting

MMCI512 - Foundations of Data Analysis

MMCI513 - Boot Camp

MMCI514 - Clinical Informatics Ethics and Equity Seminar

MMCI515 - Independent Study

MMCI517 - Applied Data Science

MMCI525 - Healthcare Finance

MMCI533 - Clinical Informatics Ethics & Equity Seminar 1

MMCI534 - Clinical Informatics Ethics and Equity Seminar 2

MMCI535 - Clinical Informatics Ethics & Equity Seminar 3

MMCI536 - Clinical Informatics Ethics & Equity Seminar 4

MMCI537 - Health IT Business Solutions

MMCI538 - Data, Information and Knowledge Representation

MMCI539 - Digital Health Informatics Strategy

MMCI540 - Data, Information, and Health Care Transformation

MMCI541 - Clinical Informatics Practicum

MMCI544 - Foundations of Management and Organizations

MMCI550 - Introduction to Marketing Analysis

MMCI554 - Introduction to Operations and Supply Chain Management

MMCI557 - Principles of Strategy

MOLMED301B - Research in MOLMED - Oncological Sciences

MSIS301B - Master of Science of Information Science Study Program

OPTECH152 - Basic Science Lecture

OPTECH153 - Visual Acuity Assessment

OPTECH153L - Visual Acuity Assessment Laboratory

OPTECH154 - Physiology and Anatomy of the Eye

OPTECH155 - Physical History

OPTECH156 - Cardiopulmonary Resuscitation

OPTECH158 - Optics and Refractometry

OPTECH158L - Optics and Refractometry Laboratory

OPTECH159 - Visual Fields

OPTECH159L - Visual Fields Laboratory

OPTECH160 - Medical Terminology

OPTECH161 - Spectacles

OPTECH161L - Spectacles Laboratory

OPTECH162 - Pharmacology

OPTECH163 - Glaucoma and Tonometry

OPTECH163L - Glaucoma and Tonometry Laboratory

OPTECH164 - External Ocular Diseases

OPTECH165 - Physiology of Systemic Diseases

OPTECH166 - Contact Lens and Keratometry

OPTECH166L - Contact Lens and Keratometry Laboratory

OPTECH167 - Ocular Motility

OPTECH167L - Ocular Motility Laboratory

OPTECH168 - Neuro-Ophthalmology

OPTECH169 - General Psychology

OPTECH170 - Clinical Rotations

OPTECH171 - Ophthalmic Diagnostic Imaging

OPTRS101B - Optional Research Studies

OPTRS301B - Optional Research Studies

OPTRS401C - OPTIONAL RESEARCH STUDIES - 4th Year

ORTHO221C - Physical Medicine and Rehabilitation

ORTHO222C - Orthopaedic Surgery Experience

ORTHO406C - Physical Medicine and Rehabilitation

ORTHO421C - Fractures/Musculoskeletal Trauma

ORTHO429C - Sub-Internship in Orthopaedic Surgery

ORTHO430C - Orthopaedic Sports Medicine

ORTHO431C - Hand/Upper Extremity Surgery

ORTHO432C - Musculoskeletal Oncology

ORTHO433C - Pediatric Orthopaedics

ORTHOPIC501 - Clinical Orthoptics I

ORTHOPIC502 - Ocular Anatomy

ORTHOPIC503 - Neuro-Anatomy

ORTHOPIC504 - Binocular Single Vision

ORTHOPIC505 - Clinical Orthoptics II

ORTHOPIC506 - Optics

ORTHOPIC507 - Strabismus

ORTHOPIC508 - Visual Development

ORTHOPIC509 - Pharmacology

ORTHOPIC510 - Clinical Orthoptics III

ORTHOPIC511 - Practicum I

ORTHOPIC600 - Principles of Surgical and Non-surgical Strabismus

ORTHOPIC601 - Practicum II

ORTHOPIC602 - Ocular Pathology

ORTHOPIC603 - Clinical Orthoptics IV

ORTHOPIC604 - Practicum III

OT-D500 - Occupation as a Mechanism of Health

OT-D501 - Occupation, Occupational Therapy, & Care Systems I

OT-D502 - Occupational Science

OT-D504 - Enabling Occupational Skills I

OT-D505 - Assembling, Creating, & Translating Knowledge I

OT-D506 - Formation for Service I

OT-D507 - Applied Practice Experience (APEx) IA

OT-D508 - Occupational Transitions I

OT-D509 - Occupational Transitions II

OT-D510 - Occupational Transitions III

OT-D511 - Enabling Occupation Skills II

OT-D512 - Assembling, Creating, & Translating Knowledge II

OT-D513 - Formation for Service II

OT-D514 - Applied Practice Experience (APEx) IB

OT-D515 - Innovation & Everyday Leadership

OT-D516 - Teaching, Learning and Change

OT-D517 - Enabling Occupation Skills III

OT-D518 - Formation for Service III

OT-D519 - Applied Practice Experience (APEx) IC

OT-D600 - Needs Assessment and Programming to Support Occupation

OT-D601 - Occupation and Technology

OT-D602 - Occupation, Occupational Therapy, & Care Systems II

OT-D603 - Enabling Occupation Skills IV

OT-D604 - Formation for Service IV

OT-D606 - Capstone I

OT-D607 - Advanced Practice Course I

OT-D608 - Advanced Practice Course II

OT-D609 - Advanced Practice Course III

OT-D610 - Advanced Practice Course IV

OT-D611 - Customized Learning Project

OT-D612 - Comprehensive Assessment and Management of Practice (CAMP) I

OT-D613 - Comprehensive Assessment and Management of Practice (CAMP) II

OT-D614 - Comprehensive Assessment and Management of Practice (CAMP) III

OT-D615 - Comprehensive Assessment and Management of Practice (CAMP) IV

OT-D616 - Formation for Service V

OT-D617 - Capstone II

OT-D618 - OTD Level II Fieldwork IIA

OT-D619 - Applied Practice Experience (APEx) ID

OT-D620 - Occupational Justice and Social Entrepreneurship

OT-D621 - Becoming an OT Social Entrepreneur

OT-D622 - Introduction to Low Vision Rehab

OT-D623 - Occupational Therapy in Acute Care

OT-D624 - Spirituality and Religion in Occupational Therapy

OT-D625 - Introduction to Medical Spanish

OT-D626 - Occupations in the Neonatal Intensive Care Unit

OT-D700 - Capstone Experience

OT-D701 - OTD Level II Fieldwork IIB

OT-D702 - Continuation

OTOLARYN220C - Surgical Treatment of Diseases of the Head and Neck, Ears, Nose and Throat

OTOLARYN401C - Sub-Internship in Otolaryngology Head and Neck Surgery

OTOLARYN403C - Clinical Otolaryngology

OVS301B - Research in OVS

PATHASST100 - Human Structure & Function 1

PATHASST101 - Human Structure & Function 2

PATHASST102 - Foundations of Patient Care II

PATHASST103 - Foundations of Patient Care I

PATHASST203 - Neuroscience and the Autopsy

PATHASST204 - Introduction to Practical Anatomic Pathology Techniques

PATHASST210 - Introduction to Autopsy Pathology

PATHASST215 - Histology Techniques

PATHASST217 - Molecular Pathology Techniques

PATHASST218 - Anatomic Pathology and Digital Analytics

PATHASST221 - Introduction to Surgical Pathology - Duke

PATHASST222 - Introduction to Surgical Pathology - VAMC

PATHASST302 - Forensic Pathology

PATHASST303 - Senior Seminar

PATHASST304 - Forensic Pathology - Elective

PATHASST321 - Surgical Pathology I - Duke

PATHASST322 - Surgical Pathology I - VAMC

PATHASST323 - Autopsy Pathology I

PATHASST324 - Autopsy Pathology II

PATHASST330 - Autopsy Practicum

PATHASST331 - Surgical Pathology II - Duke

PATHASST332 - Surgical Pathology II - VAMC

PATHASST340 - Photography I

PATHASST341 - Photography II

PATHASST351 - Surgical Pathology Practicum - Duke

PATHASST352 - Surgical Pathology Practicum - VAMC

PATHASST359 - Laboratory Technologies and Management

PATHASST361 - Pathological Basis of Clinical Medicine I

PATHASST362 - Pathological Basis of Clinical Medicine II

PATHASST390 - Senior Seminar

PATHOL220C - What Does A Pathologist Really Do?

PATHOL401C - Pathology Sub-Internship

PATHOL402C - Primer of Clinical Pathology

PATHOL423C - Autopsy Pathology

PATHOL448C - Practical Surgical and Cytopathology

PCLT301B - RESEARCH IN - PRIMARY CARE AND LEADERSHIP TRACK

PEDS205C - Pediatrics

PEDS206C - Primary Care Leadership Track (PCLT) - Pediatrics

PEDS220C - Clinical Genetics and Metabolism

PEDS221C - Child Abuse and Family Violence

PEDS222C - Overview of Pediatric Hematology-Oncology

PEDS224C - Developmental Care of Sick Newborns - A Multidisciplinary Approach

PEDS226C - Pediatric Neurology

PEDS228C - Pediatric Gastroenterology

PEDS229C - Pediatric Congenital Cardiology

PEDS232C - Pediatric Infectious Diseases

PEDS401C - Pediatric Sub-Internship

PEDS402C - Pediatric Gastroenterology

PEDS408C - Child Advocacy Lab

PEDS409C - Pediatric Palliative Care and Quality of Life

PEDS411C - Pediatric Emergency Medicine

PEDS412C - Introduction to Pediatric Pulmonary and Sleep Medicine

PEDS413C - Pediatric Pulmonary and Sleep Medicine

PEDS417C - Pediatric Subspecialty Elective

PEDS419C - LGBTQ Healthcare

PEDS420C - Introduction to Pediatric Infectious Diseases

PEDS421C - Pediatric Infectious Diseases - Comprehensive

PEDS424C - Introduction to Pediatric Endocrinology and Diabetes

PEDS425C - Endocrine Disorders in Children

PEDS426C - Neonatology

PEDS427C - Pediatric Hematology/Oncology

PEDS428C - Introduction to Pediatric Rheumatology

PEDS429C - Pediatric Rheumatology - Comprehensive

PEDS430C - Healthy Lifestyles Program: A Clinical, Family-Based Approach to Pediatric Obesity

PEDS431C - Clinical Pediatric Cardiology

PEDS433C - Allergy and Clinical Immunology

PEDS434C - Clinical Genetics/Metabolism

PEDS436C - Pediatric Neurology

PEDS440C - Advanced General Pediatrics-Intensive Care

PEDS441C - Pediatric Nephrology

PEDS446C - Pediatric Stem Cell Transplant Unit

PHSR701 - Applied Analytic Methods for Population Health Sciences I

PHSR702 - Applied Analytic Methods for Population Health Sciences II

PHSR703 - Introduction to Statistical Programming for Population Health Sciences I

PHSR704 - Statistical Programming for Population Health Sciences II

PHSR705 - Topics in Population Health Sciences I

PHSR706 - Topics in Population Health Sciences II

PHSR707 - Population Health Sciences Research Design and Study Methods I

PHSR708 - Population Health Sciences Research Methods II

PHYASST200 - Basic Medical Sciences

PHYASST201 - Physiology

PHYASST205 - Anatomy

PHYASST210 - Diagnostic Methods I

PHYASST211 - Diagnostic Methods II

PHYASST212 - Diagnostic Methods III

PHYASST220 - Clinical Medicine I

PHYASST221 - Clinical Medicine II

PHYASST222 - Clinical Medicine III

PHYASST223 - Pharmacology I

PHYASST224 - Pharmacology II

PHYASST225 - Pharmacology III

PHYASST230 - Fundamentals of Surgery

PHYASST231 - Patient Assessment and Counseling I

PHYASST232 - Patient Assessment and Counseling II

PHYASST233 - Patient Assessment and Counseling III

PHYASST251 - Practice and the Health System I

PHYASST252 - Practice and the Health System II

PHYASST253 - Practice and the Health System III

PHYASST255 - Evidence-Based Practice I

PHYASST261 - Beginning Medical Spanish

PHYASST262 - Intermediate Medical Spanish

PHYASST263 - Advanced Medical Spanish

PHYASST299 - Bridge: The Path to Patient Care

PHYASST300A - Primary Care

PHYASST300B - Primary Care

PHYASST300E - Primary Care Elective

PHYASST303 - Global Health

PHYASST305 - Evidence-Based Medicine II

PHYASST307 - Medical Informatics

PHYASST308 - Pediatric Health Lifestyles Program

PHYASST309 - Public Health and Healthcare in Cuba

PHYASST310 - Behavioral Medicine

PHYASST310E - Behavioral Medicine Elective

PHYASST311 - Clinical Research

PHYASST312 - Community Health

PHYASST313 - LGBTQ Health

PHYASST314 - Physical Medicine and Rehabilitation

PHYASST315 - Sexual & Gender Medicine I

PHYASST316 - Sexual & Gender Medicine II

PHYASST317 - Sexual & Gender Medicine III

PHYASST320A - Internal Medicine

PHYASST320B - Internal Medicine

PHYASST320C - Internal Medicine C

PHYASST320E - Internal Medicine Elective

PHYASST321 - Cardiology

PHYASST322 - Dermatology

PHYASST323 - Endocrinology

PHYASST324 - Pain Medicine

PHYASST325 - Hematology and Oncology

PHYASST327 - Infectious Medicine

PHYASST328 - Gastroenterology

PHYASST329 - Palliative Care

PHYASST331 - Nephrology

PHYASST332 - Neurology

PHYASST333 - Pulmonary Medicine

PHYASST334 - Rheumatology

PHYASST336 - Medical Intensive Care Unit

PHYASST337 - Coronary Care Unit

PHYASST338 - Radiology

PHYASST339 - Genetics

PHYASST340 - Principles of Surgery

PHYASST340E - Principles of Surgery Elective

PHYASST341 - Cardiothoracic Surgery

PHYASST342 - Otolaryngology

PHYASST343 - Neurosurgery

PHYASST344 - Orthopaedics

PHYASST345 - Plastic Surgery

PHYASST346 - Sports Medicine

PHYASST347 - Urology

PHYASST348 - Pre-Operative Screening Unit

PHYASST349 - Surgical Oncology

PHYASST350 - Emergency Medicine

PHYASST350E - Emergency Medicine Elective

PHYASST352 - Trauma

PHYASST353 - Surgical Intensive Care Unit

PHYASST354 - Vascular Surgery

PHYASST355 - Transplant Surgery

PHYASST360 - Pediatrics

PHYASST360E - Pediatrics Elective

PHYASST361 - Pediatric Cardiology

PHYASST362 - Pediatric Surgery / Cardiothoracic Surgery

PHYASST363 - Pediatric Hematology and Oncology

PHYASST364 - Pediatric Allergy and Respiratory

PHYASST365 - Pediatric Endocrinology

PHYASST366 - Pediatric Infectious Diseases

PHYASST367 - Intensive Care Nursery

PHYASST368 - Pediatric Emergency Medicine

PHYASST369 - Pediatric Orthopaedic Surgery

PHYASST370 - Obstetrics and Gynecology

PHYASST370E - Obstetrics and Gynecology Elective

PHYASST371 - Maternal and Fetal Medicine

PHYASST372 - Reproductive Endocrinology and Infertility

PHYASST377 - Humanism In Health and Health Care

PHYASST381 - Ophthalmology

PHYASST390 - Practice and the Health System IV

PHYASST398 - Visiting Student Elective

PHYASST399 - INDEPENDENT STUDY

PSP301B - Research in PSP

PSYCHTRY205C - Psychiatry

PSYCHTRY206C - Primary Care Leadership Track (PCLT) - Psychiatry

PSYCHTRY221C - Clinical Intro to Child Psychiatry

PSYCHTRY222C - Geriatric Psychiatry

PSYCHTRY401C - Sub-Internship in Psychiatry

PSYCHTRY403C - The Science of Wholeness: Maintaining Compassionate Care

PSYCHTRY404C - Pediatric Psychiatry Consultation- Liaison Elective

PSYCHTRY407C - Sub-Internship in Internal Medicine-Psychiatry

PSYCHTRY443C - Addiction Psychiatry

PSYCHTRY445C - Consultation-Liaison Psychiatry

PT-D601 - Clinical Steps I

PT-D611 - Clinical Steps II

PT-D621 - Clinical Steps III

PT-D631 - Professional Practice I

PT-D632 - Structure and Function of the Human Body

PT-D633 - Movement Science

PT-D634 - Introduction to The Patient Examination

PT-D635 - Professional Practice II

PT-D636 - Healthcare Systems

PT-D637 - Foundational Integumentary Practice

PT-D638 - Exercise Prescription in the Continuum of Care

PT-D639 - Foundational Cardiovascular and Pulmonary Practice

PT-D640 - Pain Science

PT-D641 - Professional Practice III

PT-D642 - Physical Therapy for the Older Adult

PT-D643 - Evidence Based Practice

PT-D644 - Adaptive Technologies

PT-D645 - Foundational Musculoskeletal Practice I

PT-D646 - Foundational Neurologic Practice I

PT-D647 - Structure and Function of the Human Brain

PT-D650 - Contextual Drivers of Health and Disease I

PT-D651 - Contextual Drivers of Health and Diseases II

PT-D701 - Clinical Steps IV

PT-D731 - PT Professional Practice IV

PT-D732 - Foundational Pediatrics Practice

PT-D733 - Management of the Complex Patient

PT-D734 - Professional Practice V

PT-D735 - Professional Practice VI

PT-D736 - CAMP I

PT-D737 - Practice Management (CAMP) II

PT-D738 - Advanced Practice Course (APC) I

PT-D739 - Advanced Practice Course (APC) II

PT-D740 - Advanced Practice Course (APC) III

PT-D741 - Advanced Practice Course (APC) IV

PT-D742 - Advanced Practice Course (APC) V

PT-D743 - Advanced Practice Course (APC) VI

PT-D744 - Advanced Practice Course (APC) VII

PT-D745 - Advanced Practice Course (APC) VIII

PT-D746 - Advanced Practice Course (APC) IX

PT-D747 - Advanced Practice Course (APC) X

PT-D748 - Advanced Practice Course (APC) XI

PT-D749 - Advanced Practice Course (APC) XII

PT-D750 - Contextual Drivers of Health and Disease III

PT-D751 - Foundational MSK Practice II

PT-D752 - Foundational Neurologic Practice II

PT-D753 - Community Health

PT-D801 - Terminal Clinical Experience I

PT-D802 - Terminal Clinical Experience II

PT-D803 - Terminal Clinical Experience III

PT-D810 - Continuation

PT-D901 - InternationallyEducatedPTCourse(FEPT-C):HealthcarePolicy,Practice,& Regulation in the United States

RADIOL205C - Radiology

RADIOL206C - PRIMARY CARE LEADERSHIP TRACK-RADIOLOGY

RADIOL222C - Vascular & Interventional Radiology

RADIOL402C - Breast Imaging

RADIOL404C - Vascular and Interventional Radiology

RADIOL406C - Advanced Vascular and Interventional Radiology

RADIOL407C - Advanced Elective in Diagnostic Radiology

RADIOL420C - Pediatric Radiology

RADIOL421C - Clerkship in Neuroradiology

RADIOL429C - PCLT - Basic Radiology Clerkship

RADIOL437C - Musculoskeletal Imaging

RADONC220C - Brief Experience in Clinical Radiation/Oncology

RADONC415C - Clinical Radiation Oncology

RADTHER101 - Clinical Radiation Oncology

RADTHER102 - Simulation & Treatment Techniques I

RADTHER103 - RT Patient Care & Interactions

RADTHER104 - Radiation Therapy Physics

RADTHER105 - Clinical Education I

RADTHER106 - Simulation & Treatment Techniques II

RADTHER107 - Research Methodology in Radiologic Technology I

RADTHER108 - Radiation Therapy Treatment Planning & Dosimetry

RADTHER109 - Cross-Sectional Anatomy

RADTHER110 - Radiation Protection/Radiobiology

RADTHER111 - Clinical Education II

RADTHER112 - Radiation Therapy Registry Review

RADTHER113 - Research Methodology in Radiologic Technology II

RADTHER114 - Clinical Education III

RROMP301B - Radiology, Radiation Oncology & Medical Physics

STDYAWAY410C - Extra-Mural Clinical

STDYAWAY411C - Study Away at UNC

STDYAWAY421C - Study Away at Wake Forest University School of Medicine

STDYAWAY431C - Study Away at East Carolina University School of Medicine

STDYAWAY440C - Externship in Inpatient Care at Teaching Hospital Karapitiya and Mahamodara Galle in Sri Lanka

SURGERY205C - Surgery

SURGERY206C - Primary Care Leadership Track (PCLT) - Surgery

SURGERY223C - From Cosmesis to Reconstruction, from Infants to the Elderly

SURGERY224C - Surgical Critical Care in the Modern Era

SURGERY225C - Modern General Thoracic Surgery: Multidisciplinary Approach to Complex Thoracic Disorders

SURGERY226C - Modern Cardiac Surgery: From CABG to Gene Therapy

SURGERY230C - Trauma and Acute Care Surgery

SURGERY231C - Essentials of Pediatric Surgery

SURGERY232C - Introduction to Endocrine Surgery

SURGERY401C - Advanced Surgical Clerkship

SURGERY403C - Sub-Internship Plastic Surgery Integrated Program

SURGERY405C - Introduction to Point of Care Ultrasound

SURGERY406C - Endocrine Surgery

SURGERY409C - Surgical Technique and Review Course (STAR)

SURGERY411C - Vascular & Endovascular Surgery Elective

SURGERY413C - Advanced Surgery - Emphasis Cardiovascular Surgery

SURGERY420C - General Surgical Oncology

SURGERY423C - Advanced Surgery-Emphasis General Thoracic Surgery

SURGERY426C - Advanced Clerkship in Pediatric Surgery

SURGERY441C - Sub-Internship in Surgical Intensive Care

SURGERY443C - Trauma Service

SURGERY444C - Introduction to Plastic, Reconstructive and Maxillofacial Surgery

SURGERY452C - Introduction to Laparoscopic Surgery

SURGERY453C - Introduction to Robotic Surgery

THESIS301B - Thesis

UROLOGY220C - Urology

UROLOGY401C - Sub-internship in Urologic Surgery

UROLOGY401C - Sub-internship in Urologic Surgery