Table of Contents

Message from the Dean ......................................... 3
History of Drexel University College of Medicine ....... 4
Innovative Approaches to Medical Education .......... 5
The Curriculum ..................................................... 6
   Years One and Two .................................... 6
   Course Descriptions .................................... 7
   Year Three .......................................... 12
   Year Four .......................................... 14
   Early Clinical Exposure ................................ 15
   Community Service .................................... 16
   Technology on Campus ................................ 17
Clinical Facilities ............................................... 19
Dual Degree Programs ........................................... 19
   M.D./Ph.D ........................................ 19
   M.D./MPH ........................................ 21
   M.D./MBA ......................................... 22
   M.D./M.S ......................................... 22
Research Opportunities ........................................ 23
Medical Humanities Program ................................ 24
Women’s Health Education Program ...................... 24
Student Life and Student Services ......................... 25
   Campus ............................................. 26
   Student Societies and Activities .................... 26
   Student Advising and Wellness ...................... 27
M.D. Program Admissions .................................... 29
   Mission Statement .................................. 29
   Application Process .................................. 31
   Diversity in Medical Education ..................... 33
   Office of Disability Services ......................... 34
   Technical Standards .................................. 35
   M.D. Program Tuition and Financial Aid ............. 36
   Financial Planning Services ......................... 37
   Transfer Applicants .................................. 37
   FAQS ................................................. 38

Non-Discrimination Policy

The University is committed to an environment of equal opportunity in education and employment, and to proactively undertake initiatives and take actions to create such an environment.

In the administration of its admissions policies, educational policies, employment policies, scholarship and loan programs, and all other University administered programs and activities, the University prohibits discrimination against individuals on the basis of: race, color, national origin, religion, sex, sexual orientation, disability, age, status as a veteran or special disabled veteran, gender identity and expression, genetic information, or any other prohibited characteristic.

Moreover, Drexel does not tolerate unlawful harassment of any kind.

Drexel University College of Medicine
Office of Admissions
2900 Queen Lane
Philadelphia, PA 19129
Phone: 215-991-8202
Fax: 215-843-1766

For specific information
Questions may be directed to: medadmis@drexelmed.edu

This document is provided for information only. It is accurate at the time of printing but is subject to change. Any such changes may be implemented without prior notice and without obligation and, unless specified otherwise, are effective when made.
Message from the Dean

Research. Education. Patient Care.

These are the core missions of our medical school. At Drexel University College of Medicine, they are at the heart of our unique heritage and the foundation upon which we seek to build a dynamic future.

The College of Medicine has a rich history, but it has never been content to live in the past. We are at the forefront of significant research in areas such as Alzheimer’s disease, HIV/AIDS, malaria, spinal cord injury, and many other fields in science and medicine. In addition, our clinical practices lead the way in pioneering treatments and providing exceptional care in areas of specialty including women’s health, cardiovascular disease, sleep disorders, and pain management.

Ask anyone what they know about Drexel University, and you will undoubtedly hear about its exceptional reputation in engineering and technology. We at the College of Medicine are fortunate to be able to tap into those areas of expertise for collaborative research projects that push the frontiers of nanomedicine and neuroscience.

We are also leaders in innovative curriculum development. From the beginning, our medical students are immersed in clinical reasoning. Training in doctor-patient communications skills was emphasized here long before it became the latest trend. Learning is enhanced by the most advanced technology – including a state-of-the-art simulation center. Professionalism, lifelong learning and self-care skills are also taught throughout all four years.

The College has always been interested in the care of medically underserved communities. It is crucial that we not only continue to explore and apply the growing number of technological advances in medicine, but that we also remember that behind each disease is a person who deserves compassion and respect.

Research. Education. Patient Care. Three areas that independently carry exceptional challenges. Put them together and the challenges grow, but so does the potential for making significant contributions to improve the lives of people in our community, nation and beyond.

It is an exciting time in the medical field here at Drexel University College of Medicine. I invite you to browse drexelmed.edu and learn more about our programs, our affiliated hospitals, and the talented faculty, staff, and students who make up our caring community.

Daniel V. Schidlow, M.D.
Annenberg Dean and Senior Vice President of Medical Affairs

Research. Education. Patient Care.
History of Drexel University College of Medicine

In 1848, the Homeopathic College of Pennsylvania was established by Constantine Hering, Jacob Jeanes and Walter Williamson to provide training in what was then an emerging system of medicine called homeopathy. In 1869, the Homeopathic College was renamed in honor of Samuel Hahnemann, one of the pioneers of homeopathic medicine, as Hahnemann Medical College. In 1982, Hahnemann Medical College gained university status as Hahnemann University.

In 1850, the Female Medical College of Pennsylvania (1850-1867), which later became the Woman’s Medical College of Pennsylvania (1867-1970) and then the Medical College of Pennsylvania (1970-1995), was established by Quaker businessmen, clergy and physicians. Headed by philanthropist William J. Mullen, the school became the world’s first medical school for women.

The two medical schools continued their parallel histories of innovation and excellence for nearly a century and a half. In 1987, MCP and its affiliate hospitals were acquired by Allegheny Health, Education and Research Foundation (AHERF). In 1993, AHERF acquired Hahnemann Medical College and its affiliated hospital. Eventually, the two medical schools were merged to form the MCP Hahnemann School of Medicine of Allegheny University of the Health Sciences, the largest private medical school in the country. Just a few years after this historic merger, the parent corporation of the medical school, AHERF, declared bankruptcy in 1998.

Following the AHERF bankruptcy, the California-based Tenet Healthcare Corporation acquired Allegheny University’s facilities as part of a larger acquisition of Philadelphia-area hospitals, clinics and other properties belonging to AHERF, but Tenet required an academic partner to run the university’s medical college and other schools. The assets of Allegheny University were transferred to a newly created nonprofit entity doing business as MCP Hahnemann University, and Drexel University agreed to assume operation of the new university.

One of the early benefits of MCP Hahnemann’s affiliation with Drexel was the upgrade to the computing environments on both campuses. Drexel was soon rated by Yahoo! Internet Life Magazine as the 16th most wired university in the United States. By the Fall 2001 term, all Drexel academic buildings were fully “wireless-networked” as well, and MCP Hahnemann became the first medical school in the U.S. to have a fully wireless campus.

In 2002, the Drexel University board of trustees voted unanimously in favor of merging MCP Hahnemann University into Drexel. The official date of the merger was July 1, 2002; the medical school became Drexel University College of Medicine. The trustees also approved an agreement between Drexel and Tenet Healthcare Corporation for a 20-year affiliation that continued the partnership between the College of Medicine and Tenet’s teaching hospitals in the Philadelphia area.

The post-merger Drexel would qualify to join the 51 private universities classified by the Carnegie Foundation as Doctoral/Research Universities-Extensive, including Carnegie-Mellon, MIT, Caltech and Penn. Drexel also became one of the top 100 U.S. universities in federal research expenditures and market value of endowment.
Innovative Approaches to Medical Education
Years One through Four

With our dedication to academic and clinical excellence and our historic commitment to diversity, Drexel has earned national recognition as an innovator in medical education.

Students acquire a firm foundation in the biomedical sciences and clinical medicine. Within the rigorous academic program, students have a choice of two curricular tracks based on different learning styles—the Interdisciplinary Foundations of Medicine (IFM) and the Program for Integrated Learning (PIL). Both options focus on professional medical education, preparing students to pursue careers as either generalists or specialists. Both stress problem solving, lifelong learning skills, and the coordinated teaching of basic science with clinical medicine. Our supportive educational environment emphasizes collaboration and gives students a comfort level that lets them learn and thrive. Faculty members are concerned first and foremost with teaching and helping students. We are committed to preparing “physician healers” — doctors who practice the art as well as the science and skill of medicine.

LEARNING TO THINK LIKE A PHYSICIAN

Our medical students are trained to consider each patient’s needs in a comprehensive, integrated manner, taking into account many more factors than the presenting physiological condition.

To learn how to think like a physician, first-year students are introduced to clinical experience within their first few weeks. Students practice their clinical skills in our Barbara E. Chick, MD ’59, Clinical Education Assessment Center (CEAC) and in our Independence Blue Cross Medical Simulation Center. Students work with standardized patients and high-tech simulated patients to learn the skills necessary to be able to think like a physician. Through active participation in and out of the classroom and in community service experiences, medical students learn to be problem solvers and to understand that medical practice is a process of lifelong learning.

Professionalism is stressed and is expected in the classroom, in the clinical setting, and in interactions with classmates, faculty, and all those encountered by our students. Professionalism includes participating in class; contributing to the learning of others; academic honesty; and appropriate behavior, dress, and deportment in clinical experiences. Treating everyone with integrity, honesty, and respect is a cornerstone to becoming a “physician healer.”

OUR INNOVATIVE APPROACH

Year 1 and 2 – Choosing a Track

Recognizing that students have different learning styles, Drexel offers two distinct tracks during the first two years – IFM (Interdisciplinary Foundations of Medicine) and PIL (Program for Integrated Learning).

Year 3

In the third year, students take required clinical clerkship rotations in medicine, surgery, pediatrics, family medicine, psychiatry, and obstetrics and gynecology. Academic, clinical, and professional skills are emphasized and integrated in both inpatient and ambulatory clinical settings.

Year 4

In the fourth year, the Pathway program lets students gain career experience in a general professional or a discipline specific Pathway of their choice.
The Curriculum
Years One and Two:
Two Distinct Paths

INTERDISCIPLINARY FOUNDATIONS OF MEDICINE (IFM)

The Interdisciplinary Foundations of Medicine (IFM) curriculum is a lecture based curriculum, integrating basic science courses and presenting them through clinical symptom-based modules.

Each first-year module focuses on clinical symptoms and features relevant material from the perspective of several basic and behavioral science disciplines. First year module topics include abnormal amniocentesis, suspicious lump, muscle weakness, weight loss, chest pain, shortness of breath, failure to thrive, abdominal pain, infertility, and gunshot wound.

A traditional medical school curriculum offers one course in anatomy, another in biochemistry, and so on, and presents them as separate, independent units at set times of the year. Our Interdisciplinary Foundations of Medicine curriculum integrates the material presented by these courses into the symptom-based modules.

By the end of the first year, the basic and behavioral science courses have presented their entire core content, integrating it with related material in other disciplines, such as medical ethics, communication skills, cultural competence, nutrition, women’s health, and geriatrics, to name a few.

In the second year, students study basic and clinical sciences using an organ system approach. In both years one and two, students learn in lectures, labs and small group settings. They also spend time away from campus at community and hospital-based clinical volunteer sites.

Throughout the first two years, communication, history taking, and physical exam skills are taught and experiences in a physician’s office are part of the curriculum. Some of these skills are taught through lecture, and some are taught in small groups working with clinical faculty, and standardized patients.

PROGRAM FOR INTEGRATED LEARNING (PIL)

Students who choose the Program for Integrated Learning (PIL) track learn in small groups rather than through traditional lectures only. During their first two years of medical school, students cover the basic sciences in a block format, with seven 10-week blocks over the two years. Each block focuses on several basic and behavioral science topics at a time.

Student-Centered, Active Learning of Patient-Centered Medicine

For students choosing the Program for Integrated Learning (PIL) track, learning is structured around small group discussion of patient cases, rather than delivered primarily through traditional lectures. Guided by faculty, students learn in a student-centered, integrated, interactive format to master the traditional sciences basic to medicine. In addition, students address behavioral sciences, community and preventive medicine, women’s health, and principles of medical ethics, as well as communication, history-taking skills, and physical diagnosis.

Block Structure

The first two years are split into seven approximately 10-week blocks of time. Each block focuses on several courses. Each course is built around specific learning objectives identified by the course faculty as the core knowledge. The fourth block, at the end of the first year, is a Primary Care and Community Practicum, allowing students real-world experience with a community-based physician and with a community service project.
Case-Based Learning of Course Material

Course material is introduced in relation to a patient. Over several small group sessions, students along with a faculty facilitator, analyze and problem-solve a patient’s case. The cases provide a context for the course learning objectives, and serve as a challenging, motivating, enjoyable stimulus for students to acquire, study, and apply this core knowledge.

The Small-Group Process

The development of the ability to identify and obtain “needed information” is central to the practice of medicine, and is a focus of the PIL process. Using a case-based, patient-centered approach for small-group discussion, students collaboratively utilize clinical reasoning to identify what further information they need (about the science and about the patient) in order to understand the patient and the problem, and to meet the needs of the patient.

After determining their small group’s essential, needed information, the students independently select resources to obtain and learn this information. These resources include Resource Sessions (interactive lectures), textbooks, journal articles, web sources, discussion with faculty, and laboratory experiences.

Learning in PIL

Program for Integrated Learning students learn all the basic science material their Interdisciplinary Foundations of Medicine (IFM) classmates do, but in a different way. The small group experience, with its collaborative problem-solving and discovery, is enhanced by structured labs and interactive lectures presented by faculty.

The Team Approach

Each small group is composed of up to eight students and one faculty facilitator. Group members and the faculty facilitator change with each block to allow for a varied group that is dynamic in diversity of experience, education, and personal background. Faculty facilitators ensure an equal educational experience for each group and allow each group and each individual to work at maximum potential.

Sharing information (learning from and teaching to fellow group members), concept mapping that stresses a patient-centered approach, evaluation of the learning environment, and giving and receiving feedback are essential facets of the curriculum. The group experience gives each student practice in working as a member of a team and in collaborative problem solving. At the completion of the first two years, students will have acquired important skills in critical thinking, clinical reasoning and teamwork, and will have gained the knowledge, skills and attitudes that form the foundation of medicine.

Course Descriptions: Years One and Two

IFM YEAR ONE

Behavioral Science

Behavioral Science involves human development across the life cycle; mind-body interaction involving psychosomatic, psycho immunological and genetic issues; social psychiatry of substance abuse, pain management and child abuse; sexuality; legal issues; brain and behavioral characteristics of neuropsychiatric evaluation, dementia/delirium, autism, and psychiatric evaluations. The Behavioral Science lectures will be interspersed throughout the first year and not taught in one module alone. Topics that are covered are linked to topics covered in some of the modules: e.g., alcoholism and violence in the gunshot wound module. The information that is presented in the behavior science course includes significant connections to the Physician and Patient course. Interaction with standardized and hospital patients is enhanced by applying some of the knowledge and concepts introduced in behavioral science.

Community Educational Experience

Community Educational Experience is a community service learning course. Students explore social determinants of health and health disparities through lecture material, viewing of documentary video segments, reading, and active engagement and self-reflection at a community service site. Students choose among dozens of sites, working with youth, elders, newcomers, or individuals living in transitional shelters or housing. Students submit self-reflective journal entries that create opportunities for personal exploration of the challenges of providing meaningful service across lines of social difference.

Gross Anatomy

The Gross Anatomy course introduces the student to the normal structure and development of the human body. The course is organized in a regional format with study of the back and upper limb, thorax, abdomen, pelvis and perineum, lower limb, and head and neck. Emphasis is placed on musculoskeletal and neurovascular relationships in the back, limbs, head and neck and on the location, blood supply, lymphatic drainage, innervation, and relationships among organs in the major body cavities. Functional and clinical correlates are presented for each region as well. Early development of the embryo and specific development of organ systems are discussed where relevant. Dissection of human cadavers is an important component of the course and affords the students the opportunity to discover anatomical
structures and variations among individuals. It also helps students to develop empathy for those who have donated their bodies for study and communication skills appropriate to working in a team setting (IFM).

Medical Biochemistry

In concert with the College of Medicine graduation competencies, the medical biochemistry-IFM course provides our students, through study of the structure and function of biomolecules, molecular biology, and metabolism, a knowledge base that supports their ability to demonstrate basic knowledge of the normal structure, development, and function of major organ systems and the body as a whole in the context of health and disease; to identify the molecular, biochemical, and cellular mechanisms that are important in maintaining health and contribute to the pathophysiology of disease; and to describe common disease entities, including their characteristic signs and symptoms, etiology, epidemiology, and pathophysiology.

Medical Genetics

Medical Genetics is the study of human variation relevant to health and disease. The goal of this course is to provide an initial framework of medical genetic understanding so that students can continue to build on it throughout medical school and in their medical careers. This course will provide a foundation in genetics so that students have the necessary context to develop competency in the areas of genetics knowledge, skills and attitudes recommended in 2001 by the American Society of Human Genetics, the Association of Professors of Human and Medical Genetics, and the American Association of Medical Colleges (AAMC).

Medical Immunology

Medical Immunology presents the most important principles governing the function of the immune system. Students are encouraged to synthesize these concepts into a working understanding of immune responses through a number of small group activities and case studies.

Medical Neuroscience

This course will provide extensive information regarding structure and function relationships in the central nervous system. It will also provide introductory information on neurophysiology, cellular neuroscience, and systems neuroscience topics. It teaches the structure and function of the central nervous system and peripheral nervous system with an emphasis on clinical relevance. It teaches students to identify symptoms associated with injury, stroke or common disease entities in the central and peripheral nervous system. Students learn to identify common neurological problems to provide the necessary background for behavioral science, pharmacology, and pathology in preparation for the board exams.

Medical Physiology

Medical Physiology is designed to provide medical and post-baccalaureate students with the fundamental physiological information and integrative concepts about major organ system function that are most pertinent to the fields of clinical and academic medicine.

Microscopic Anatomy

Microscopic Anatomy is the study of cells, tissues, organs, and organ systems at the light microscope and electron microscope levels. The course extends across the first nine modules of the year, and includes formal lectures, laboratories, and small group lab activities. The laboratories utilize glass slides as well as digitized, fully annotated slides that are available on the course website along with many additional study resources.

Nutrition

The medical nutrition course is an 18-hour course designed to introduce students to basic principles of nutrition as well as the clinical application of those principles to pathological conditions. Lectures cover the macronutrients and the major vitamins and minerals, as well as aspects of dietary recommendations, energy expenditure, and obesity. Physicians give presentations on nutrition for cancer patients and the hospitalized patient, and a lactation specialist provides a presentation dealing with breastfeeding. Additional required readings focus on nutrition as it relates to diabetes, malabsorption, COPD, alcoholism, iron deficiency, obesity, and issues surrounding the geriatric patient.

Physician and Patient

Physician and Patient is a first-year IFM clinical skills course focused on history taking and communication with patients. The course consists of three or four clinical framework lectures in each symptom module that highlight the clinical significance of the basic science content of the modules. These include several two-hour patient-focused auditorium sessions, a series of 14 two-hour small group sessions co-facilitated by a clinical faculty member and a fourth-year medical student which allows students to learn and practice physician-patient communication skills with standardized patients and hospitalized patients, and a number of individual practice encounters with standardized patients. Students are required to attend one Alcoholics Anonymous meeting and to shadow a physician in the emergency room for one evening. There is also a geriatric component of the course in which pairs of students visit residents of a geriatric facility on three occasions and write papers about those experiences.
Professionalism

The Professional Values and Personal Awareness course supports professional formation. It is woven throughout the four years. Professional formation learning goals and objectives are incorporated into the pre-clinical and clinical courses. In addition, there are dedicated sessions and activities that are independent of other courses. These include the freshman White Coat Ceremony and formal presentations on professionalism and professional formation; professionalism and use of electronic media (email, social networking, etc.); principles of psychological health and forming wholesome professional and personal relationships; providing effective feedback to peers; identifying the hidden curriculum; conflict management; physician response to death; and caring for vulnerable populations.

PIL YEAR ONE

Anatomy

The Gross Anatomy course introduces the student to the normal structure and development of the human body. The course is organized in a regional format with study of the back, upper limb, lower limb, thorax, abdomen, pelvis and perineum, and head and neck. Emphasis is placed on musculoskeletal and neurovascular relationships in the back, limbs, head and neck and on the location, blood supply, lymphatic drainage, innervation, and relationships among organs in the major body cavities. Early development of the embryo and specific development of organ systems are discussed where relevant. The course material is presented in lecture, laboratory and online content. All of these formats provide an opportunity to introduce the student to the various diagnostic imaging modalities and the anatomy that each may demonstrate. Dissection of human cadavers is an important component of the course and affords the opportunity for students to discover anatomical structures and variations among individuals, develop empathy for those who have donated their bodies for study, and to develop communication skills appropriate to working in a team setting.

Behavioral Science

The Behavioral Science 1 course introduces students to human development throughout the life cycle, contributions of the psychosocial sciences, and the theories of personality. This is done through appropriate learning objectives in each of the cases and several resource sessions which occur throughout the year.

Medical Biochemistry

Medical Biochemistry is the study of how fundamental biological processes work at the chemical level and how they are regulated. To help students develop an appropriate mastery of the field, the structure and function of biomolecules, molecular biology, and metabolism are presented using a combination of large-group lectures, small-group case-based conferences, and self-studies (guided and unguided). The emphasis is on clinical relevance, and the underlying assumption is that knowledge of biochemistry is essential for understanding the causes and manifestations of human disease, as well as the rationale of therapeutic strategies.

Clinical Skills

This course provides a foundation for students to learn how to take a patient-centered medical history, as well as learn the basic framework for doing a physical exam. This course is integrated into the PIL curriculum and allows students opportunities to practice skills with standardized patients throughout the year.

Genetics

Medical Genetics is the study of human variation relevant to health and disease. The goal of this course is to provide an initial framework of medical genetic understanding so that students can continue to build on it throughout medical school and in their medical career. This course will provide a foundation in genetics so that students have the necessary context to develop competency in the areas of genetics knowledge, skills and attitudes recommended in 2001 by the American Society of Human Genetics, the Association of Professors of Human and Medical Genetics, and the American Association of Medical Colleges (AAMC).

Immunology/Introduction to Microbiology

Medical Immunology and an Introduction to Microbiology present the most important principles governing the function of the immune system while introducing students to three major areas of microbiological studies: bacteriology, virology, and mycology. The students are encouraged to synthesize these concepts into a working understanding of immune responses through block cases, additional small group activities, and labs.

Medical Neuroscience

This course provides extensive information regarding structure and function relationships in the central nervous system. It also provides introductory information on neurophysiology, cellular neuroscience, and systems neuroscience topics. It teaches the structure and function of the central
nervous system and peripheral nervous system with an emphasis on clinical relevance. It teaches students to identify symptoms associated with injury, stroke or common disease entities in the central and peripheral nervous system. Students learn to identify common neurological problems to provide the necessary background for behavioral science, pharmacology, and pathology in preparation for the board exams.

Nutrition
The Medical Nutrition course is an 18-hour course designed to introduce students to basic principles of nutrition as well as the clinical application of those principles to pathological conditions. Lectures cover the macronutrients and the major vitamins and minerals, as well as aspects of dietary recommendations, energy expenditure, and obesity. Physicians give presentations on nutrition for cancer patients and the hospitalized patient, and a lactation specialist gives a presentation about breastfeeding. Additional required readings focus on nutrition as it relates to diabetes, malabsorption, COPD, alcoholism, iron deficiency, obesity, and issues surrounding the geriatric patient.

Patient as a Person Year One: Bioethics, Statistics, Women’s Health, Business of Health Care
The purpose of the course is to give students a broad education in medicine that goes beyond a study of the basic sciences. It incorporates psychosocial aspects of medicine, financial considerations, ethics, and the development of lifelong learning skills needed to assess new information. Patient as a Person topics include four major subject areas: 1) bioethics, 2) epidemiology, statistics and research design, 3) the business of health care, and 4) women’s health.

Physiology
Medical Physiology is designed to provide medical and post-baccalaureate students with the fundamental physiological information and integrative concepts about major organ system function that are most pertinent to the fields of clinical and academic medicine.

PIL Process Year One
This is a first-year course required of and restricted to students in the PIL track of the College of Medicine. Working with small groups using a problem-based format, the course seeks to provide an integrated framework of basic and clinical science knowledge, which emphasizes awareness of the patient as a person, and advances the development of independent learning and teamwork skills. The course will advance life-long learning in medicine. At its core, PIL Process 1 is student-centered learning of patient-centered medicine.

Primary Care and Community Practicum
The Primary Care Practicum is a 6-week block at the end of the first year of the Program for Integrated Learning (PIL) curricular tract for first-year medical students. The purpose of the Primary Care Practicum is to expose the student to the practice of primary care medicine and community health with students working with one or more primary care practice physicians and staff. The student will use actual patients and their problems to study the basic sciences fundamental to medicine. The community health component of the Primary Care Practicum is a community service learning experience. Students explore social determinants of health and health disparities through lecture material, viewing of documentary video segments, reading, and active engagement and self-reflection at a community service site. Students choose among dozens of sites, working with youth, elders, newcomers, or individuals living in transitional shelters or housing. Students participate in two small group discussions during the course, further exploring social medicine themes in relation to first-hand experiences at their primary care and community sites. During small groups, students also apply principles of reflective practice when sharing experiences that were particularly challenging or meaningful.

IFM YEAR TWO

Bioethics Medical Humanities Program
This is a course in clinical ethics, featuring the issues faced daily by practicing physicians. The course provides an opportunity to clarify the core values that form the foundation of the doctor-patient relationship. The course also creates opportunities to reflect on the essential qualities (virtues) of a good physician, and how those qualities are cultivated throughout a professional lifetime. Students learn through lectures, small group, directed reading, and computer-based learning cases. Topics include principles of bioethics; informed consent and shared decision-making; confidentiality and duty to warn; research ethics; ethics of cultural accommodation; medical futility; withdrawal of care and refusal of care; public health crises; reproductive choice and abortion; mistakes and malpractice; allocation, justice, and organ transplantation; ethics in pediatrics; medical student ethical dilemmas; relations with industry and conflicts of interest; and moral distress and moral courage.

Community and Preventive Medicine
Part of the second-year medical student curriculum, this course spans a range of topics including community and public health, preventive medicine, health promotion, occupational medicine, health disparities and cultural issues. For the IFM curriculum, there are 15 lecture sessions.
Business of Health Care

The Business of Health Care reviews the United States health care system from the perspective of a practicing physician. The IFM II tract consists of 4 two-hour lectures. Pre-assessment and post-assessment exams are used to evaluate the efficacy of the course.

Introduction to Clinical Medicine

The Introduction to Clinical Medicine (ICM) course serves as a bridge between the basic science and clinical years. The purpose of the course is to lay the clinical foundation for a student’s development into a physician. Numerous members of the clinical faculty, each sharing their area of expertise, will teach the course. This course includes didactic lectures, small group case discussions, online patient cases, clinical skills workshops, standardized patient exercises, and hospital-based instruction in physical diagnosis.

Medical Microbiology

Medical Microbiology presents the basic biology of and disease processes caused by the major human microbial pathogens. A strong emphasis is placed on recognizing organisms as etiologic agents in the context of a clinical presentation. The course is taught in an organ system approach and the material is coordinated with Pathology, Pharmacology, and Introduction to Clinical Medicine.

Medical Pharmacology

Medical Pharmacology presents the scientific principles of the action of pharmacological agents. A strong emphasis is placed on understanding the relevant biochemistry, anatomy and physiology, and how pharmacological agents interact with these areas to achieve specific therapeutic objectives. The student will gain insight into the mechanisms of action, and metabolism and distribution of drugs in the living organisms, as they are indispensable prerequisites for a complete understanding of drug actions. The course is taught in an organ system approach and the material is coordinated with Pathology, Introduction to Clinical Medicine, and Psychopathology.

Psychopathology

The Psychopathology course provides second-year medical students with an introduction to the medical specialty of psychiatry and prepares them for the USMLE Step 1 examination and the psychiatry clerkship in the third year. It builds upon the content of the Behavioral Science course from year one and consists of several two-hour sessions – the first hour is a lecture and the second hour consists of an illustrative discussion of a psychiatric disorder. The curriculum is coordinated with psychopharmacology and culminates in a joint psychopharmacology-psychiatry conference at the end of the module.

PIL YEAR TWO

Clinical Skills Year Two

This clinical skills course provides a longitudinal educational experience for the second-year medical student to further develop students’ interviewing, physical exam, presentation, and clinical assessment skills in preparation for clinical rotations.

Microbiology

Medical Microbiology presents the basic biology of and disease processes caused by the major human microbial pathogens. A strong emphasis is placed on recognizing organisms as etiologic agents in the context of a clinical presentation. The course is taught in the second year; it is integrated with Pathology, Pathophysiology, and Pharmacology and is loosely organized into organ systems.

Patient as a Person Year Two: Bioethics, Statistics, Women’s Health, Business of Health Care

The purpose of the course is to give students a broad education in medicine that goes beyond a study of the basic sciences. It incorporates psychosocial aspects of medicine, financial considerations, ethics, and the development of lifelong learning skills needed to assess new information. Patient as a Person topics include four major subject areas: 1) bioethics, 2) epidemiology, statistics and research design, 3) the business of health care, and 4) women’s health.

Pathophysiology

The definition of pathophysiology is the “study of normal function of the systems in the body and its abnormal function in disease.” It is a course designed to be a bridge between physiology and clinical medicine. The course focuses on the disease process and how it alters the normal physiology already studied by students. Pathophysiology is a challenging subject as it is interdisciplinary in nature, overlapping with other major courses taught this year. Students are expected to study the disease process and understand what symptoms the patient may present.

PIL Process Year Two

This is a second-year course required of and restricted to students in the PIL track of the College of Medicine. Working with small groups using a problem-based format, the course seeks to provide an integrated framework of basic and clinical science knowledge, which emphasizes awareness of the patient as a person, and advances the development of independent learning and teamwork skills. The course will advance life-long learning in medicine. At its core, PIL Process Year Two is student-centered learning of patient-centered medicine.
Pharmacology

Medical Pharmacology presents the scientific principles of the action of pharmacological agents. A strong emphasis is placed on understanding the relevant biochemistry, anatomy and physiology and how pharmacological agents interact with these areas to achieve specific therapeutic objectives. The student will gain insight into the mechanisms of action, metabolism and distribution of drugs in the living organisms as they are indispensable prerequisites for a complete understanding of drug actions. The course is taught in a case-based approach and the material is coordinated with Pathology, Pathophysiology, and Psychopathology.

Psychopathology

The psychopathology course provides the second-year medical students with an introduction to the medical specialty of psychiatry and prepares them for the USMLE Step 1 examination and the psychiatry clerkship in the 3rd year. It builds upon the content of the behavior science course from year one and consists of several two-hour sessions – the first hour is a lecture and the second hour consists of an illustrative discussion of a psychiatric disorder. The curriculum is coordinated with psychopharmacology and culminates in a joint psychopharmacology-psychiatry conference at the end of the module.

Year 3: The Clerkship Year

In the third year, students work with faculty members in metropolitan centers, working-class neighborhoods, suburbs, inner city areas, and rural communities.

This year — which starts with Intersession I — Transition to the Clinical Years — is devoted to required clinical clerkships in medicine, family medicine, obstetrics and gynecology, pediatrics, psychiatry, and surgery. Regardless of where the clerkships take place, all embody the following principles:

- Common curricular objectives at all clinical sites – Students receive comparable experiences on their clinical rotations.
- Ambulatory-care requirement – Students spend a minimum of 30 percent of their clinical time in expanded ambulatory-care experiences on the six basic clerkships. These experiences include patient encounters in office practice sites, clinics, and outpatient settings.
- Interdisciplinary teaching – Each clerkship incorporates the concept of interdisciplinary teaching by facilitating interaction with representatives of other departments or service areas.
- Basic science integration – Each clerkship integrates the teaching of basic sciences into clinical material.

Each clerkship location has an associate director on site who works closely with a clerkship director at Drexel University College of Medicine to ensure that the principles are all being met and that students at all clinical sites are receiving a comparable educational experience. Clinical faculty participating in the clerkships, as well as clerkship directors at Drexel University College of Medicine, are available for student assistance and counseling. Each clinical department maintains an active faculty group for ongoing curriculum review and revision. Our faculty members have frequent contact with third- and fourth-year students and visit the various clinical sites regularly.

Students in their clinical years log their patient and procedure experiences into a PDA or web-enabled cell phone (which is required of all third- and fourth-year students) for frequent review by Drexel University College of Medicine faculty.

All third-year clerkships take place on Drexel’s academic campuses. Assignments for third year are based on the results of a lottery system, although students can elect year-long assignments at two of our sites: Monmouth Medical Center and Saint Peter’s University Hospital.
REQUIRED COURSES

**Intersession I**

Intersession I is a two-week required course that assists the learner’s transition from the classroom into the clinical setting. Week one is completed online and requires the student to work through modules that address the role of students on the patient care team, oral presentation of patients on rounds, writing an admission history and physical versus writing a daily progress note, and working collaboratively on teams. An interactive module dealing with evidence-based medicine reinforces what the student has learned in years 1 and 2. During week two, there are basic skills simulations that all students take dealing with basic suturing, basic life support, delivering a baby, and starting IV’s and drawing blood. The didactic components include reinforcing HIPAA, dealing with uncertainty, writing orders, malpractice concerns, and the nuts and bolts rules of the road for clerkships. The students are also introduced to cyber professionalism, SBAR patient safety and Act 13, and proper hospital hygiene.

**Family Medicine**

The Family Medicine Clerkship is a required six-week rotation. Students work in various clinical settings, as they learn about common problems encountered by family physicians; develop an understanding of the role of family physicians in patient care; and learn to implement a biopsychosocial model in caring for patients. Students will encounter issues in acute care, management of chronic illnesses, and health maintenance over the entire lifespan.

**Medicine Clerkship**

The medicine clerkship is the educational experience during which students are expected to gain the basic knowledge, skills and attitudes needed to care for adult patients with medical disorders. The core topics in the curriculum are those recognized by Clerkship Directors in Internal Medicine. The clerkship will focus on those basic competencies of general internal medicine we believe should be mastered by third-year medical students. One third of the clerkship will be devoted to the study of patients in the ambulatory setting. Two thirds of the clerkship will be devoted to the study of patients in the hospital setting.

**OB/GYN Clerkship**

This clerkship is six weeks in duration and provides the opportunity to experience general OB/GYN as well as to introduce students to the diverse subspecialties available through obstetrics and gynecology. The curriculum is clinically based with interactive didactics to reinforce the key topics in obstetrics and gynecology.

**Pediatrics Clerkship**

During this six-week clerkship, students learn to differentiate normal from abnormal growth and development in children, develop clinical skills necessary for the diagnosis and management of childhood illness, and build communication skills necessary for successful clinical interactions with young patients and their families. Students help care for children of all ages, from newborns through adolescents, while working closely with attending physicians, residents, nurse practitioners, nurses, social workers, and other members of the pediatric health care team.

**Psychiatry Clerkship**

The psychiatry clerkship introduces students to the current practice of psychiatry and guides them in developing the ability to identify, evaluate and manage the emotional and psychiatric problems that they will encounter in various types of medical practice. The clerkship provides them with the opportunity for interaction with other treatment providers and families of the patients to help them acquire the skills necessary for adopting a team approach in the management of patients with such disorders.

**Surgery Clerkship**

The surgery clerkship is a 12-week course. The clerkship provides a clinical correlation or practical application of the basic science concepts learned in the 1st and 2nd years of medical school. The goals for the student are to identify and learn the core principles of surgery and to develop a broad-based knowledge of surgery that is applicable to many areas of medicine. The objectives are modeled after the ACGME Core Competencies (Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Professionalism, Practice-Based Learning and Improvement, and Systems-Based Practice). The students are exposed to various aspects of general surgery during the clerkship. Elective time scheduled as a part of the 12-week block allows the students to acquire exposure to surgical subspecialties.

Students are evaluated on the basis of their performance clinically by the faculty, as well as their performance on the shelf and the oral exams given at the end of the surgery clerkship.
Year 4: The Pathway Year

The fourth-year curriculum is structured in the form of Pathways — courses that give students a well-rounded educational experience with a focus on potential careers. Many students choose a discipline-specific Pathway. Others, who want a more broad-based experience, choose the General Professional Pathway. All students have an advisor who works closely with them throughout the fourth year. Each Pathway allows the student to balance the structure and flexibility of his/her learning needs, prepares the student to enter postgraduate training with confidence, and maximizes the guidance and counseling available from preceptors.

Pathways help students focus their preparation for graduate medical education and careers. They also give students experience in fields of interest other than the one that is likely to be their career path as they continue their medical education. The Pathway system is structured so that students take both required courses and electives. Four course rotations are required: a sub-internship in Internal Medicine, a clerkship in Neurology, an additional course specific to the Pathway chosen, and Interession II – Transition to Residency. Fourth-year students have opportunities to do up to 12 weeks of elective rotations at hospitals and sites that are not Drexel clinical affiliates, including international rotations.

Students benefit from the counseling and advice of their specific departmental Pathway advisor in course selection. The advisor is also critical in each student's planning, leading up to the residency match.

PATHWAYS:
- Anesthesiology
- Cardiothoracic Surgery
- Dermatology
- Emergency Medicine
- Family Medicine
- General Professional
- Generalist: Medicine
- Medicine
- M.D.-Ph.D.
- Neurology
- Neurosurgery
- Obstetrics/Gynecology
- Ophthalmology
- Oral and Maxillofacial Surgery
- Orthopedic Surgery
- Otalaryngology - Head and Neck Surgery
- Pathology and Laboratory Medicine
- Pediatrics
- Plastic Surgery
- Psychiatry
- Radiation Oncology
- Radiology
- Research
- Surgery
- Women's Health

REQUIRED COURSES

Sub-Internship in Medicine

The required fourth-year sub-internship in medicine is designed to better prepare future graduates for life as an intern. As a Sub-I, students should carry more patients than as a third-year student, and more importantly, should function more like an intern — writing notes, devising a comprehensive plan, writing the orders, assisting and/or performing procedures, calling consultants, and helping with discharge planning. All of these activities are overseen by a supervising resident and attending. Additionally, students participate in a series of case conferences focusing on common clinical scenarios encountered by interns.

Neurology Clerkship

The neurology clerkship introduces the fourth-year student to general neurologic disease, diagnosis and treatment. Students participate in both inpatient and outpatient care. They demonstrate mastery of the neurologic examination. They complete several virtual cases to show understanding of the rubric.
**Intersession II – Transition to Residency**

Intersession II is a two-week required course that assists the learner’s transition between medical school and internship. The first week is completed online and requires the student to work through modules that address palliative/end-of-life care, complementary and alternative medicine, advanced communication skills such as delivering bad news, and the final section of the business of medicine course. Week two, which is done on site, is focused toward both didactic and skills learning. Students build upon what they have learned during week one and practice these skills in workshops. They meet with a standardized patient and practice their communication skills, both in the delivery of bad news and in obtaining a DNR status from a family member. Other interactive workshops include Megacode, Intubation and Oxygen Delivery, Advanced Suturing, Pediatric and OBGYN simulations and more. These are self selected by the students based upon the residency they matched into. Other areas of didactic learning include routine assignments that may be expected of an intern such as pronouncing a patient dead. This lesson explains this duty from the actual way a person is pronounced through the paperwork, autopsy information, and concludes with the personal reaction that death may evoke in each of the learners. Students participate in a mock trial to address medical malpractice issues and concerns.

**Early Clinical Exposure**

At Drexel University College of Medicine, we think that early and sustained clinical experience gives students the confidence and comfort level to excel in their duties during the third and fourth years and beyond. College of Medicine students gain experience by working with standardized patients in our Barbara E. Chick, M.D. ’59, Clinical Education and Assessment Center (CEAC) and also in our new Independence Blue Cross Medical Simulation Center. These opportunities begin in the first few weeks of medical school and continue through the fourth year.

Early clinical exposure enables College of Medicine students to:
- learn the time-honored skills of history taking and physical examination
- gain real-world communication skills

**OPPORTUNITIES TO GAIN CLINICAL SKILLS**

Students in both Interdisciplinary Foundations of Medicine (IFM) and Program for Integrated Learning (PIL) attend “Patient as a Person” lectures. These lectures are important in helping students better understand patients in their biopsychosocial contexts. The lectures also allow students to realize how their own attitudes, values, and personal histories can affect how they listen to and understand patients.

Small group sessions in both curricula allow students to learn a variety of interviewing techniques using role-play, standardized patients, and real patients in the hospital wards. Students also make visits to geriatric living facilities, an emergency room, and to an Alcoholics Anonymous meeting.

In the Interdisciplinary Foundations of Medicine (IFM) curriculum, students attend “Clinical Framework” lectures which are designed to highlight clinical reasoning and the importance of basic science knowledge in differential diagnosis, and how to apply knowledge to understand disease processes.
ADDITIONAL CLINICAL SKILLS OPPORTUNITIES

In addition to these opportunities, students at Drexel University College of Medicine use a number of online learning resources to gain clinical skills.

• Doc.com
  Doc.com helps students to attain the competence to communicate their caring in “routine” exchanges, as well as the competence to respond flexibly and respectfully in challenging communication and relationship situations.

• DxR Clinician
  DxR Clinician is a web-based tool which allows students to question an online patient, conduct a simulated physical exam, and order lab tests, while allowing the student to review the results of each decision before making additional diagnostic choices.

• MedEthEx
  MedEthEx offers exercises in medical ethics and communication skills in communicating about ethical issues with patients and their families.

REAL-WORLD EXPERIENCE WITH PHYSICIANS

By the end of the first year for PIL students and the beginning of the second year for students in the IFM track, students are required to spend time in the offices of primary care physicians. These opportunities, called the Primary Care Practicum in PIL and the Ambulatory Experience in IFM, allow students real-world experience with physicians and their patients.

Community Service

Regardless of specialty, physicians have both the opportunity and the responsibility to look beyond the signs and symptoms of the patients they see, so that they can prevent disease and promote health in the community. To be effective, physicians require skills in assessing health needs and resources, planning and organizing, counseling, education, negotiation, intercultural competence, qualitative and quantitative data collection, and open-ended interviewing.

Community service is a required part of the first-year curriculum at Drexel University College of Medicine.

THE OFFICE OF COMMUNITY EXPERIENCE

Drexel University College of Medicine has an established Office of Community Experience (OCE), whose mission is to integrate meaningful community service and reflective learning to prepare medical students to address socioeconomic determinants of disease and become community-responsive physicians. This office is fully dedicated to providing required, service-learning curricula for all students, and also to supporting the hundreds of students who further engage with community and social needs beyond academic requirements.

The Office of Community Experience is administered under the shared directorship of a physician faculty member and a social worker, and involves the participation of many faculty members throughout the institution, as well as preceptors from community sites. We are proud of the variety, scope and quality of OCE programming, which includes:

• First-year required courses on social determinants of health and community responsive medicine (in both the IFM and PIL curricula)
• Community health electives for fourth-year medical students
• Bridging the Gaps Summer Community Health Internship Program
• Health Outreach Project Clinics
• Volunteer opportunities for students throughout their years of study

Community service is incorporated into the curriculum of Drexel University College of Medicine for first-year medical students in both the IFM and PIL curricula. The first-year service-learning courses provide medical students an opportunity to learn, through direct experience, readings and discussions, about the social, economic, and cultural factors that impact health and the delivery of health care. Students spend time in the field at a community site,
choosing from a variety of populations and projects. They also meet in small groups to discuss community-responsive medicine, and reflect upon their own values and beliefs in regard to community service.

THE HEALTH OUTREACH PROJECT CLINICS

The majority of students continue to volunteer for community projects above and beyond their first-year requirements. Through the Health Outreach Project, students have the opportunity to provide primary health services under the direct supervision of a licensed physician at four different sites in Philadelphia. More than 20 faculty clinicians volunteer in these clinics. Clinics are maintained at the Salvation Army inpatient substance abuse treatment center, Eliza Shirley Shelter for homeless mothers and their children, the Street Side mobile clinic for intravenous drug users, and the Chinatown Clinic, which has been in operation for close to 20 years and serves a large number of Asian and other immigrants and refugees. The clinics provide some prescriptions at no cost, and refer patients to medical and social services and support networks.

Technology on Campus

Learning at the College of Medicine extends far beyond the classroom. Along with clinical rotations in hospitals, students get hands-on experience in our “living laboratory,” which has some of the latest, most advanced facilities in health care for the purpose of teaching basic sciences and clinical skills.

THE BARBARA E. CHICK, MD '59, CLINICAL EDUCATION AND ASSESSMENT CENTER

The center’s 10 examination rooms look like physicians’ offices but are linked to control and observation rooms. Students work with standardized patients to enhance their abilities in medical interviewing, physical examination, and patient counseling.

Digital videos of the students taking histories, educating patients, and performing physical examinations are captured and archived for review by faculty and students. More about the Assessment Center and about our standardized patients can be found on our Standardized Patient Program website.

THE INDEPENDENCE BLUE CROSS MEDICAL SIMULATION CENTER

The Center’s three patient rooms and one operating room are equipped with functioning beds, gas rails and sinks, and are configured to simulate patient care in the hospital setting. Instead of actual patients, each room contains a life-like computer controlled robotic manikin with palpable pulses, and audible heart and lung sounds. The manikins breathe and blink, respond to injected drugs, can be intubated and defibrillated, and much more. The “patient” can even speak. All functions are managed by a technician in a nearby control room. Encounters are recorded on digital video for students and faculty to review in post-encounter sessions. A task-training room also houses individual stations such as venipuncture, suturing, or birthing simulation training.

Doc.com

This unique resource (which was developed by Drexel faculty) teaches students to improve communication skills through web-based video encounters between physicians and patients. It provides users with knowledge, skills review, and opportunities for reflection. It also fosters learning about complex communication and relationship challenges.

DxR Clinician

This web-based patient simulation program helps students to develop clinical reasoning skills. A custom web-based interface provides students access to their assigned DxR cases and also provides individualized feedback on their performance.

MedEthEx

MedEthEx is an online series of exercises in medical ethics and communication skills that enable medical students and physicians to improve their knowledge of medical ethics and their effectiveness when addressing ethical issues with patients and their families.
**Gross Anatomy Lab**

The Gross Anatomy Lab is outfitted with high-definition monitors and mini computers that have several useful software packages installed. These include 3D Visible Body Atlas, 3D Muscle Premium software, and an online dissector that is published by Thieme and edited by the faculty. From the lab, students have access to other internet resources and can download the dissection instructions to the lab computer as well as to their personal laptops and iPads. A high definition video camera is in place at the instructor’s station in the lab and the faculty can review dissection material and radiographs with the entire class using this technology.

**Health Sciences Library**

The Health Sciences Library portal provides faculty, students, and staff access to vast amounts of electronic and printed resources.

**Interactive Computer-Based Tools**

Students use faculty-developed tools that range from biochemical exercises to simulated patients presenting ethical dilemmas. Lectures, slides, lab manuals, and other visual materials are available to students in searchable electronic formats. All new students receive an Apple iPad with access to digital microscopy and textbooks.

**Multidisciplinary Laboratories**

The laboratories have 42 tables with microscopes for teaching neuroanatomy, microbiology, and pathology. Microscopes are equipped with a video camera so all students can look at a single slide under the microscope through monitors or on a projection screen. The Gross Anatomy lab has been retrofitted with high definition monitors and mini computers with 3D Visual Body software and electronic atlases.

**Multimedia Technology**

Students are able to augment the information and skills they learn from classes, print materials, and clinical rotations. For example, computer simulations of the autonomic nervous system provide a graphic model for experimentation in the pharmacology laboratory.

**Virtual Microscope**

With the virtual microscope, students can access digitized slide collections in histology and pathology anywhere and anytime.

**Wireless Internet Access**

Students can access the internet anywhere on campus; we require that all entering students own an iPad and a computer (either a desktop or laptop).
Clinical Facilities
AFFILIATED HOSPITALS AND HEALTH SYSTEMS

REGIONAL MEDICAL CAMPUSES
• Abington Memorial Hospital
• Allegheny General Hospital
• Monmouth Medical Center
• York Hospital

ACADEMIC CAMPUSES
• Albert Einstein Medical Center
• Bayhealth Medical Center
• Capital Health System
• Chambersburg Hospital (Summit Health)
• Coatesville VA Medical Center
• Crozer-Chester Medical Center
• Easton Hospital
• Friends Hospital
• Hahnemann University Hospital
• Kaiser Permanente Sacramento
• Lancaster General Health
• Mercy Catholic Medical Centers
• Mercy Fitzgerald Hospital
• Mercy Philadelphia Hospital
• PinnacleHealth Hospitals (Harrisburg)
• Reading Hospital and Medical Center
• St. Christopher’s Hospital for Children
• Shore Medical Center

Additional Opportunities
Dual Degree Programs

Drexel University College of Medicine offers several programs that allow students to earn dual degrees at the graduate level. These programs give students an opportunity to develop their specialized interests during their medical school years.

Applicants to the M.D./Ph.D. program apply jointly to both programs. Please follow all application deadlines for the joint program.

Applicants to the M.D./MBA, M.D./MPH and M.D./M.S. programs proceed with their application separately from their medical school application. Applicants must be accepted to the medical school in order to be considered for one of these dual degree programs.

M.D./Ph.D. DUAL DEGREE PROGRAM

The M.D./Ph.D. program is designed for a limited number of students who are strongly motivated toward a career in academic medicine and medically oriented research. The program trains individuals in the fundamental clinical aspects of medicine and offers advanced training in a specific field of research. Physicians with extensive research training are uniquely positioned to advance medical care and to teach at the cutting edge of medical discovery.

The program also includes an engineering track for qualified students with engineering and biomedical engineering backgrounds.

Students in the M.D./Ph.D. program receive a full tuition waiver, a competitive stipend and medical insurance allowance throughout the course of study.

M.D./Ph.D. Program Application Procedure

Applications are submitted initially to the medical school through AMCAS. If approved by the medical school initial review, a secondary application will be sent. On the secondary application, there is a box that can be checked to indicate interest in the M.D./Ph.D. Program. Checking this box places the application in a separate review group. The applicant should include a personal statement, with a description of research experience and interest, with the secondary application. The applicant should also provide a recommendation letter from at least one individual who is able to assess his or her research capabilities and potential.
Interview Process

The M.D./Ph.D. program selects three dates to interview M.D./Ph.D. applicants. On these designated dates, no other medical school interviews are conducted.

Interviews for the M.D./Ph.D. program span two days and include an orientation to the program, interviews with biomedical graduate faculty and M.D./Ph.D. Advisory Committee members, tours of the campuses and research facilities, and interaction with current M.D./Ph.D. students. Accommodations are complementary and will be arranged by the M.D./Ph.D. program.

Selection Process

The M.D./Ph.D. Committee conducts the initial review of all M.D./Ph.D. applications. If an applicant is accepted into the M.D./Ph.D. program, he/she will automatically be accepted into medical school; no further review by medical school admissions is required. If the applicant is judged as non-competitive for the M.D./Ph.D. Program, the application will be reviewed by the Medical School Admissions Committee. An applicant can be accepted by the College of Medicine and not by the M.D./Ph.D. Program; applying to the M.D./Ph.D. Program cannot jeopardize an applicant’s chances of being accepted to the medical school.

Program Requirements

The M.D./Ph.D. program offers an exciting and intellectually challenging course of study that students can generally complete in seven or eight years.

During the first two years, students follow the basic medical preclinical curriculum, which includes an expanded Introduction to Clinical Medicine Course. They rotate through a number of research laboratories, and in consultation with members of the M.D./Ph.D. Advisory Committee, select a mentor for research training in any of the disciplines offering the Ph.D. degree. M.D./Ph.D. students can complete their Ph.D. in any of the Biomedical Graduate Studies programs or in Bioengineering.

There are several investigators who participate in the graduate programs in Molecular and Cell Biology and/or Biochemistry who are at Fox Chase Cancer Center, which is a renowned, NCI-designated comprehensive cancer center located in Northeast Philadelphia. Links to the research interests of the faculty can be found on the program web pages.

Available research options are:

- Biochemistry
- Microbiology and Immunology
- Molecular and Cell Biology and Genetics
- Molecular Pathobiology
- Neuroscience
- Pharmacology and Physiology
- Bioengineering

The next three to four years focus on individualized advanced coursework, dissertation research and seminars. They culminate in the dissertation defense. Students also attend clinical seminars and presentations to maintain their clinical acuity.

Following the completion of the Ph.D., students complete the final two years of medical school which involves required and elective clinical rotations, sometimes including additional research.

The M.D. and Ph.D. degrees are awarded simultaneously upon completion of all the requirements.
M.D./MPH DUAL DEGREE PROGRAM

The M.D./MPH combined-degree program is designed to prepare physician leaders. The program is built on the foundation of health and human rights, and provides strong interdisciplinary training to individuals interested in clinical practice, prevention, hygiene, education, and policy making. Drexel is one of two accredited schools of public health in the state of Pennsylvania. Once admitted to the College of Medicine, you are eligible for admission to the School of Public Health. This is an opportunity to achieve at lower cost, and have some coursework in medicine apply to public health coursework. Program Director Theodore Corbin, M.D., MPP, will advise you throughout your M.D./MPH education.

Once admitted to the College of Medicine, you are eligible for admission to the School of Public Health. If you check the “public health interest” box on the medical school application, you will automatically be considered for the M.D./MPH program. The application form for the MPH portion of the degree must be completed by October 1 of the calendar year and submitted to Helene Labenz (hl46@drexel.edu).

Program Director:
Dr. Corbin is an assistant professor in the Department of Emergency Medicine at the Drexel University College of Medicine. He also serves as the medical director of the “Healing Hurt People” Program, an emergency department based trauma-informed intervention strategy that identifies victims of intentional injury. Dr. Corbin received his master’s in public policy from the Woodrow Wilson School at Princeton University. In 2006, Dr. Corbin was recognized by the Philadelphia Business Journal as one of the “Forty under Forty” (“40 people, under the age of 40, [noted] for their professional accomplishments and community involvement”) for his work in youth violence. In 2005, he was awarded a Soros Physician Advocacy Fellowship. He taught biology at a New York Public High School for 2 years. He completed his medical degree at the Drexel University College of Medicine in Philadelphia and then completed his residency in emergency medicine in Washington, D.C. He is board certified in emergency medicine. Most recently, Dr. Corbin was awarded a Stoneleigh Foundation Fellowship to demonstrate the evidence behind a hospital based violence intervention program.

Faculty:
- Arthur Frank, M.D., Ph.D., Professor and Chair, Department of Environmental and Occupational Health
- Dennis Gallagher, MA, MPA, Assoc. Professor, Department of Health Management and Policy
- Raymond K. Lum, MPhil, MS, Asst. Professor, Department of Health Management and Policy
- Renee Turchi, M.D., MPH, Asst. Professor, Department of Community Health and Prevention

If you would like further information about the M.D./MPH Program at Drexel University School of Public Health, or would like to discuss the program in relation to your professional and career interests, please contact:

Theodore Corbin, M.D., MPP
Assistant Professor
Drexel University College of Medicine
215-762-3431
theodore.corbin@drexelmed.edu

Curriculum:

<table>
<thead>
<tr>
<th>Year</th>
<th>FALL</th>
<th>SPRING</th>
<th>SUMMER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>MD curriculum (PIL or IFM)*</td>
<td>MD curriculum Online Courses: Introduction to Epidemiology and Introduction to Biostatistics (PH 701/702)</td>
<td>Optional: Bridging the Gaps**</td>
</tr>
<tr>
<td>2</td>
<td>MD curriculum Introduction to Public Health</td>
<td>MD curriculum Introduction to Public Health</td>
<td>Summer Institute: Environmental and Occupational Health, Community Health and Prevention, Health Management and Policy</td>
</tr>
<tr>
<td>3</td>
<td>SPH curriculum in chosen concentration</td>
<td>SPH curriculum</td>
<td>MD curriculum Clinical Rotations</td>
</tr>
<tr>
<td>4</td>
<td>MD curriculum Clinical Rotations</td>
<td>MD curriculum Clinical Rotations</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>MD curriculum Clinical Rotations and residency interviewing</td>
<td>MD curriculum Clinical Rotations and residency interviewing</td>
<td></td>
</tr>
</tbody>
</table>

*PIL = Program Integrated Learning, IFM = Interdisciplinary Foundations of Medicine
** Internship Program, subject to application process.
M.D./MBA DUAL DEGREE PROGRAM

The M.D./MBA degree meets a growing demand by physicians who wish to contribute to the development of health policy, manage medical practices, hospitals, and related organizations. The joint program prepares physicians to apply management principles to individual or group practices, or to move into management positions at many types of organizations. Students receive training at both the College of Medicine and at Drexel’s AACSB-accredited LeBow College of Business. The program allows students to earn both degrees in five years.

Physicians with an MBA will be prepared to handle issues of quality and access cost-effectiveness and efficiency of health care services.

Competition, marketing, finance, accounting, control, personnel, purchasing, service operations, and long-term strategic planning are traditional business practices that are now being applied in the health care field.

Individuals holding an M.D./MBA degree are better equipped to manage the effects of government policy on medical practices and institutions, and influence the direction of government in medical research.

M.D./HEALTH CARE ETHICS M.A.

Drexel medical students may enter a combined degree pathway to receive a master’s degree in Health care Ethics through St. Joseph’s University. A description of the master’s degree program is found at: http://www.sju.edu/academics/centers/bioethics/program/masters.html.

Students spend a year in residence at St. Joseph’s University, usually after the second year of medical school. They receive two course credits toward the master’s degree from their medical school coursework.

Contact Information:
John Adamski
Office of Graduate Admissions
207 Matheson Hall
215.895.6804
mba@drexel.edu

For additional information, contact the program director at 610.660.3427 or maita@sju.edu

Research.
Education.
Patient Care.
Research Opportunities

Research is the driving force behind medical advancement. It enables us to remain on the cutting edge of an evolving field while discovering new information and developing new methods for treating disease. Without research, our understanding of disease processes would remain stagnant, and treatments would fail to progress. Research experience changes the way students learn to think as physicians and influence their practice of medicine. It also has the potential to open new doors, as many residencies look for research experience. Additionally, research may spark an interest in academic medicine or inspire someone to pursue a job in the pharmaceutical or biotech industry.

Drexel University College of Medicine recognizes the importance of research in medical education and encourages students to take an active role in their respective fields of study. This type of hands-on experience not only enhances what they’re learning in the classroom, but it allows students to start contributing to the world of medicine at an early stage in their career.

Through the assistance of the Office of Medical Student Research, our students choose from several different types of research opportunities that explore a variety of key areas in medicine. More than half of our students currently participate in some form of research.

Types of Research Opportunities for Students

The Office of Medical Student Research helps students to identify research opportunities appropriate for their interests. Students typically choose one (or several) research experiences based on their schedule and availability. In addition to the formal opportunities listed below, students often do research during medical school concurrent with their courses and/or clerkships. Many students do research at a location other than Drexel or one of its affiliated clinical sites.

From summer programs to those that are integrated with a current course load, Drexel University College of Medicine aims to provide every student with the opportunity to participate in research.

The formal research opportunities that are currently offered include:

- Six weeks of funded research during the summer between years one and two
- One year of research, with stipend, between years two and three or three and four (EDGE Program)
- An elective during the fourth year (four or eight weeks)
- The Research Pathway (four months) during fourth year

The research electives and the Research Pathway can be done at a Drexel affiliated site or at an away site.

In addition to these opportunities, here are some helpful links to College of Medicine events and programs associated with medical student research.

- Discovery Day
- Medical Student Research Day
- Drexel Medical Student Summer Research Fellowship
- Information on External Research, Externship, and Award Opportunities
Key Areas of Research

While the College of Medicine strives to provide research opportunities in all areas of study, there are some that consistently take place year after year. These are areas of study where we have made significant progress and are nationally recognized for our efforts.

Here are some of the key areas of medical student research:

- Cancer biology
- Drug discovery
- Infectious diseases–HIV and other viral diseases
- Malaria
- Neuroscience
- Spinal cord injury

How to Get Started

When students decide they want to participate in research, there are a few things they need to do.

- Decide which research opportunity will work best (summer program, the EDGE program, elective course, the research pathway, etc.)
- Pick an area of study for the project
- Choose a faculty member who can serve as a mentor
- Contact that faculty member or the Office of Medical Student Research to check availability

To help students locate specific areas of research that may be of interest, here’s a list of faculty who have active research programs and are willing to mentor a medical student, as well as a list of those in clinical departments at Hahnemann University Hospital, St. Christopher’s Hospital for Children, or at affiliate sites who have mentored students in the past and may be willing to do so again in the future.

Medical Humanities Program

Through the Medical Humanities Program, students learn to frame issues in patient care within a cultural, social and historical perspective. The medical humanities are disciplines that better equip medical students to respond to and relieve suffering, understand the experience of illness and disability, and find deeper value in the practice of medicine. They include the arts, philosophy, religious and spiritual thought, history and cultural studies, among others. Students also gain a greater ability to resolve ethical dilemmas, address the social dimensions of disease, and understand the biases and limitations of science.

Faculty members from the humanities program are involved in several medical school courses. Required coursework in bioethics and electives such as Doctor-Patient Communication and Death and Dying are offered, as is the innovative Humanities Scholar Program, which lets students design and complete a four-year individualized course of study. A broad range of elective humanities courses is also offered to all students.

Women’s Health Education Program

Traditionally, physicians were taught medicine from textbooks that used men as models for everything but the female reproductive system. They were taught to give medical care based on clinical research performed largely on men.

Drexel University College of Medicine’s predecessor, the Woman’s Medical College of Pennsylvania, began changing that bias more than 150 years ago. In 1993, on the forefront of federal recognition of the importance of women’s health, the College of Medicine established the Women’s Health Education Program (WHEP), which developed the first women’s health curriculum in a U.S. medical school. In 1996, WHEP was designated a National Center of Excellence in Women’s Health by the Department of Health and Human Services.

WHEP continues to pioneer curricular development in women’s health, sex and gender medicine, and community health education. For students who are interested in exploring women’s health beyond the standard curriculum, options include the Women’s Health Seminar Series, the Women’s Health Pathway, and the Women’s Health Scholars program.

Bridging the Gaps

Bridging the Gaps links the training of health and social service professionals with the provision of health-related service to understand communities.

There are three parts to the program:

- A community health internship
- A seminar series addressing topics related to population health and care coordination
- A clinical program which is an advanced community experience allowing students in their clinical years to rotate through Covenant House, Wissahickon Hospice or Prevention Point Philadelphia
Student Life and Student Services

CAMPUS

THE QUEEN LANE CAMPUS

The Queen Lane Campus is a state-of-the-art facility designed for the purposes of research and teaching basic science and clinical skills. The seminar rooms, library, laboratories, study lounges, and recreational areas are available for student use around the clock. A full-service cafeteria is available during regular business hours. The Queen Lane Campus is home to one of the most innovative medical simulation centers in the country. The Independence Blue Cross Medical Simulation Center at Drexel University College of Medicine opened in December 2009 and includes the latest high-fidelity human patient simulators to help students and practicing physicians gain experience in a realistic, interactive clinical environment with the newest technology available. The 17,620-square-foot Student Activities Center greatly enhances the learning and living environment of the Queen Lane Campus. Students have access to a student lounge; an outdoor patio and basketball court; the bookstore; student government and organization space; quiet study space; and a comprehensive fitness center with TVs, lockers, and showers. A multi-purpose room provides state-of-the-art educational media and teleconferencing capability in a space that can be configured for lectures, exams, assemblies, dining, and entertainment.

RECREATION

In addition to the comprehensive fitness center at the Queen Lane Campus, medical students also have access to the recreation facilities at the University City Campus, which include squash courts, recreational gymnasia, and a collegiate-sized swimming pool. The College of Medicine’s soccer, basketball, and volleyball teams compete with teams from other area medical schools. College of Medicine students can also participate in a taekwondo club, running club, wilderness club, and self defense club, among others.

WHERE STUDENTS LIVE

Queen Lane Area

Students enjoy the benefits of living in a quiet, tree-lined neighborhood near Philadelphia’s large, thriving, multicultural urban center. Affordable and attractive housing surrounds the Queen Lane Campus, which is located in East Falls, a largely residential section of Philadelphia that’s only 15 minutes from the attractions of Center City. Beautiful Fairmount Park, the largest urban park system in the nation, is just blocks away, with miles of biking, hiking, and jogging trails. Also nearby are public golf courses, tennis courts, baseball fields, and swimming pools. More information about East Falls can be found at the website - http://www.eastfallsdevelopment.org/.

Philadelphia

Students also live in Center City Philadelphia, a city rich in history and architecture, and alive with cultural, artistic, and ethnic treasures. You can see the Liberty Bell, walk through Independence Hall, delight in the world-famous Philadelphia Orchestra or Pennsylvania Ballet, spend hours in the Philadelphia Museum of Art, or enjoy an afternoon at one of many science and cultural museums or the nation’s oldest zoo. Sports fans will find a team for every season. For those looking for nightlife, there are hundreds of restaurants as well as theaters, concert halls, and clubs. A free shuttle links our Center City and Queen Lane Campuses.

STUDENT SOCIETIES AND ACTIVITIES

STUDENT GOVERNMENT AND ORGANIZATIONS

Every student becomes a member of the Student Government Association, which coordinates student activities and provides opportunities for students to express their ideas and make recommendations to faculty and administration. Students are well represented through elected class officers, representatives to student organizations, and student
members of medical school committees. Student government leaders meet regularly with the Dean’s office staff to address student concerns. National organizations, such as the American Medical Student Association, the American Medical Women’s Association, and the Student National Medical Association have chapters on campus. We send student representatives to meetings of the student division of the Association of American Medical Colleges, where they can exchange information with peers from medical schools across the nation. Those students who are interested in student activities and student government have many opportunities.

The College of Medicine is replete with organizations and discipline-specific interest groups that add to students’ academic life. Student organizations on campus include community outreach groups, medical student association groups, Drexel fitness programs, medical student cultural and lifestyle clubs, literary and musical organizations. Artistic presentations by students, faculty and staff occur though the academic year. For a list of organizations and clubs, visit http://sga.drexelmed.edu/studiantgroups/.

STUDENT VOLUNTEERING
Drexel University College of Medicine has a rich history of involvement with the community that includes formal service-learning programs as well as committed volunteerism on the part of faculty and students. Through the Health Outreach Program’s four student-run free clinics, students have the opportunity to provide primary health services under the direct supervision of a licensed physician. Over 20 faculty clinicians volunteer as well for these clinics, which provide caring, nonjudgmental, and interdisciplinary health services to individuals who have limited or no access to care. In addition to the clinics, other volunteer opportunities include the Pediatric AIDS Benefit Concert; a student-organized annual fundraising project benefiting the Pediatric Aids Unit at St. Christopher’s Hospital for Children; a holiday book drive for a local elementary school; Shadowing Day, in which high school students from low-income homes shadow medical students; and Change for Philadelphia, an on-going food and fund-raising project for the hungry. More information about these opportunities can be found on our community service site at http://webcampus.drexelmed.edu/CommunityExperience/.

CAMPUS EVENTS
The tradition of Woman’s Medical College of Pennsylvania and Hahnemann University flourishes around the Drexel University College of Medicine campus. Each year hundreds of students take part in events that attest to their commitment to career and community, as well as camaraderie. These events also serve as a unifying force among students and faculty, as many professors and doctors can often be found contributing to the success of campus-wide events.

ORIENTATION
First-year medical students are greeted on their first day of orientation by administration, faculty and members of the second-year class.
The Office of Student Affairs works closely with the second-year class to ensure the first few days on campus are informative as well as enjoyable. Orientation week includes both fun and serious activities, as the students begin to get to know one another. Orientation activities include a student organization fair, scavenger hunt, an annual pool party and BBQ at the Philadelphia Cricket Club hosted by the Alumni Association, and other social events planned each evening by members of the second-year class.

WELCOME BACK PARTY
New friends and old faces are abundant at the annual Welcome Back Party. Students and faculty alike enjoy the chance to relax and share stories before the start of the academic year. In such a stress-free atmosphere there is no better way to welcome new and returning students.

WHITE COAT CEREMONY
The honor, power and prestige of the doctor’s white coat bestowed upon the first year medical student is truly an experience that initiates newly oriented students into a community of caring healers.

STUDENT ADVISING AND WELLNESS

ACADEMIC AND PEER ADVISING
All incoming first year students are assigned a faculty advisor. The faculty advisor will meet individually with the student to give academic and personal support, guidance, and direction. Students will also meet with other advisees in small group meetings to discuss common experiences and learn from each other. They are also assigned a preclinical and clinical peer mentor.

CAREER ADVISING
The Career Development Center provides career counseling and resources to guide medical students in making informed decisions and successfully plan their careers. Career advising is available on an individual basis and through a variety of programs, workshops and specialty interest groups. The Career Development Center also keeps students informed of research opportunities.
STUDENT WELLNESS

Drexel University College of Medicine believes wellness is not the mere absence of disease, but an active approach to achieving optimum levels of health that includes physical, emotional, social, and spiritual well-being. Students are taught and encouraged to practice what they learn to patients.

Wellness topics are included in the formal curriculum and supported by the Wellness Program workshops and seminars that provide information and active opportunities in developing healthy habits and lifestyles. Students can take an active role in creating wellness programs and events for the student body by volunteering to be a part of the Student Interest Wellness Group, supported by the Student Government Association.

PROFESSIONAL SERVICES

A full-time psychiatrist and psychologist are available to students to provide assessment, medication, psychotherapy, and resources for referral if necessary. Students may also use the Drexel University Student Counseling Center. These services are offered as part of the Wellness Program and at no cost to the student. A full-time psychologist is available to assist students academically, through assessment, study skills, and time management counseling. One-on-one tutoring by upper-level students is also available free of charge.

STUDENT-ORGANIZED SUPPORT GROUPS

The Big Brother/Big Sister Mentoring Program is designed to smooth students’ transition into medical school. Each student of the incoming class is matched with a second-year student. Student mentors, who are referred to as “Bigs,” give support, answer questions, and share information from a student’s perspective. Students meet with their Bigs during the first week of school.
M.D. Program Admissions

MISSION STATEMENT
Drexel University College of Medicine delivers innovative biomedical education in an environment that embraces inquiry and collaboration, founded on excellence in patient care, and based on a culture of, and respect for diversity. These principles are built upon the College of Medicine’s legacy of a firm commitment to meeting the health care needs of the communities in which we live and work.

M.D. PROGRAM ADMISSIONS REQUIREMENTS
Drexel University College of Medicine seeks highly qualified and motivated students who demonstrate the desire, intelligence, integrity, sound motivation and emotional maturity to become excellent physicians. Because of the school’s unique historical background, we encourage non-traditional applicants and are committed to a diverse student body.

We recognize that a diverse educational experience enhances the education for all students and leads to additional expertise in providing care to an increasingly diverse patient population. We encourage applications from women, ethnic and racial minorities, first generation college attendees, Pennsylvania and New Jersey residents, LGBT individuals, veterans, rural, educationally disadvantaged, economically disadvantaged, and individuals who have prior careers outside of medicine. We value leadership, community service, and clinical experience, as well as accomplishments in athletics, employment and research. Our goal is to recruit and educate a class which will serve the needs of a diverse patient population. Applicants must be U.S. citizens or permanent residents.

Our admissions committee utilizes the process of Holistic Review in the consideration of applicants to the College of Medicine. Holistic Review is a flexible, individualized way of assessing an applicant’s capabilities, by which balanced consideration is given to the experiences, attributes, and academic metrics, and when considered in combination, how the individual might contribute value as a medical student and future physician.

CURRENT REQUIREMENTS FOR MATRICULATION
In order to fulfill the basic requirements for matriculation at Drexel College of Medicine, we have for many years required a specific set of courses. For classes entering in 2014 and 2015, the following courses will meet the requirements for matriculation:

- General chemistry (with lab) Two semesters
- Organic chemistry (with lab) Two semesters
- Biology (with lab) Two semesters
- Physics (with lab) Two semesters
- English Two semesters

In addition, potential applicants are strongly encouraged to take a course in genetics, molecular biology, biochemistry, or other higher level science courses, as well as a variety of liberal arts and social science courses, such as philosophy, ethics, history, psychology and other humanities classes.

NEW RECOMMENDATIONS FOR MATRICULATION
In recent years, the scientific knowledge important to the learning and practice of medicine has changed and expanded dramatically. Drexel recognizes that future physicians must be equipped with a strong scientific foundation to practice modern medicine. In addition, they should have certain personal competencies which will allow them to have a successful career as a culturally competent, ethical health care professional.

The Scientific Foundations for Future Physicians authored by the HHMI (Howard Hughes Medical Institute) and AAMC (Association of American Medical Colleges) convened in 2010 to evaluate and update recommendations for premedical and medical learning. These recommendations list eight scientific competencies expected of all medical school applicants. Nine personal competencies were developed by the AAMC Innovation Lab Working Group (ILWG) and endorsed by the AAMC Council of Admissions (COA) in Feb 2013.
COMPETENCIES FOR APPLICANTS

Scientific Competencies

• Apply quantitative reasoning and appropriate mathematics to describe or explain phenomena in the natural world
• Demonstrate understanding of the process of scientific inquiry, and explain how scientific knowledge is discovered and validated
• Demonstrate knowledge of basic physical principles and their applications to the understanding of living systems
• Demonstrate knowledge of basic principles of chemistry and some of their applications to the understanding of living systems
• Demonstrate knowledge of how biomolecules contribute to the structure and function of cells
• Apply understanding of how molecular and cell assemblies, organs, and organisms develop structure and carry out function
• Explain how organisms sense and control their internal environment and how they respond to external change
• Demonstrate an understanding of how the organizing principle of evolution by natural selection explains the diversity of life on earth

Personal Competencies

• Ethical responsibility to self and others
• Reliability and dependability
• Service orientation
• Social skills
• Capacity for improvement
• Resilience and adaptability
• Cultural competence
• Oral communication
• Teamwork

DREXEL’S NEW ADMISSIONS RECOMMENDATIONS

Consistent with the development of scientific and personal competencies as authored by HHMI and AAMC, Drexel University College of Medicine is moving from a premedical requirements model to competency-based recommendations. Drexel has developed a set of coursework and experience that an applicant’s classes and activities may fulfill. The College of Medicine will no longer require specific coursework; however, we want applicants to demonstrate competency in certain key areas.

Drexel’s coursework and experience competencies:

1. Biology – with an emphasis on the cellular and molecular aspects of living organisms. This competency may be met with one year of college biology.
2. Chemistry – with an emphasis on an integrated sequence that leads to the mastery of biologically relevant general chemistry, organic chemistry, and biochemistry. This competency may be met with two years of chemistry through the level of college biochemistry. Many possible course selections may be used for this recommendation.
3. Physics – with an emphasis on the principles of mechanisms, kinetics, thermodynamics, wave motion, electricity and magnetism. This competency may be met with a course in college physics.
4. Laboratory experience – with a focus on hypothesis-driven exercises, problem solving, and basic laboratory principles. One year of a lab experience in biology, chemistry, or physics is a way to demonstrate proficiency in this competency. Additional laboratory and research experiences are valued.
5. Statistics and probability – with emphasis on hypothesis testing, quantitative scientific reasoning analysis, and biostatistics. A course in biostatistics is one way to demonstrate proficiency in this competency. Knowledge of statistics is important for understanding the literature of science and medicine.
6. English literature/communication/intensive writing experience – a successful applicant must be competent to write, speak, and read the English language fluently. Proficiency in other languages is valued.
7. Behavioral and social sciences – a medical career requires an appreciation that social, cultural, and behavioral issues influence individuals and communities regarding their understanding of health and illness. Applicants may explore factors that contribute to health
care policy and delivery. These issues may be addressed through course work in history, sociology, psychology, philosophy, anthropology, ethics, and economics.

8. Service orientation/community service – a successful applicant will demonstrate significant commitment to community service so that applicants can gain a better understanding of a physician’s role in a community and how that community may influence their patients. Examples of significant community service activities include, but are not limited to: tutoring or volunteering in a health care setting, shelter, or other organization. We recognize that students may have variable amounts of time due to other meaningful activities. These activities will be reviewed in the context of other time commitments.

9. Meaningful clinical experience – applicants should participate in significant clinical experiences prior to matriculation in order to get a sense of working as a member of the health care community. Clinical experiences can be volunteer or work related, and should involve direct patient contact. Clinical settings include hospitals, rehabilitation centers, nursing homes, physicians’ offices, or hospices.

In order to allow applicants to describe how their coursework fulfills the scientific competencies, our new secondary application will offer the opportunity to designate which courses demonstrate specific areas of competency.

In addition, applicants will have a chance to indicate on the secondary application which activities and experience satisfy the personal competencies.

We recognize that not all students will have specific coursework or activities in all of the competencies.

Drexel University College of Medicine believes that the study and practice of medicine are enriched by the presence of students from different educational backgrounds and encourages students to obtain a broad liberal arts education. The premedical curriculum will be required to include significant academic rigor to demonstrate that the applicant can handle the scholastic demands of medical school and a commitment to lifelong learning. The curriculum in undergraduate medical education necessitates that a student be able to successfully balance a course load that is heavily weighted in the sciences. One way to demonstrate this is to take multiple science and/or math courses at the same time. Applicants will be required to have completed a course of study leading to a baccalaureate degree at an accredited college or university. If advanced placement credits in recommended courses are submitted, additional upper level science coursework will be valued.

APPLICATION PROCESS

AMCAS

The College of Medicine participates in the American Medical College Application Service (AMCAS) of the Association of American Medical Colleges. The AMCAS application is through the AMCAS website. Applications are accepted by AMCAS starting June 1 for possible matriculation in the following year.

Citizenship of Applicants

Applicants must be U.S. citizens or permanent residents. If the applicant is a permanent resident of the U.S., a copy of the applicant’s green card is required when applying.

Secondary Application

When the College of Medicine receives your materials from AMCAS, (after your application is verified), we will email you the link for our Drexel Secondary Application. Please note that it can take up to four weeks for you to receive your Drexel secondary application after your primary application has been verified by AMCAS. Please complete the application and application fee credit card payment of $100. Only those applicants receiving a fee waiver from AMCAS will have their application fee waived. The College of Medicine’s deadline for receipt of your secondary application, fee and all supporting materials is January 1st.
Supporting Materials

The College of Medicine requires letters of recommendation. Applicants whose college or university has a premedical advisory committee should send a composite letter of recommendation, including evaluations from science and non-science professors. If this isn’t possible, students should ask three individuals who hold college-level academic appointments to send letters of recommendation. Two of these should be from science faculty and one from a faculty member in a non-science discipline. If candidates have taken time off between college and medical school, they should also send a letter of recommendation from a person who can comment about experiences during that period. All supporting materials must be received by the College of Medicine by January 1st.

Drexel University College of Medicine participates in the AMCAS Letter Writing Service. Please follow all directions as stated by the AMCAS application process and send all letters through AMCAS.

Please send materials to:
Drexel University College of Medicine
Office of Admissions
2900 Queen Lane
Philadelphia, PA 19129

MCAT

The MCAT is required. The College of Medicine will accept MCAT scores from two years prior to the application year. (For example, for 2015 applicants, we will review MCATs no older than 2013.) We review all MCAT scores, but are especially interested in the most recent. We do not consider “best of” scores, but look at the scores from each exam. Drexel will accept scores through September for review for an interview. January scores will not be considered for applicants applying for the same entering class, unless the applicant has been interviewed and wait-listed.

Drexel will accept the current MCAT for the 2015 application cycle. For the 2016 and 2017 application cycles, Drexel will accept both the current and new MCATs. Starting with the 2018 cycle, Drexel will only accept the new MCAT.

Early Decision Applicants

Competitive applicants interested only in Drexel University College of Medicine are encouraged to apply through the AMCAS Early Decision Program. The deadline for early decision is August 30.

TIME TABLE FOR APPLICATION AND ACCEPTANCE

<table>
<thead>
<tr>
<th>Standard Application Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filing of AMCAS application</td>
</tr>
<tr>
<td>Receipt by medical school</td>
</tr>
<tr>
<td>of applicant’s supporting</td>
</tr>
<tr>
<td>materials</td>
</tr>
<tr>
<td>Decision to applicants</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Early Decision Program (EDP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filing of AMCAS application</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Receipt by medical school</td>
</tr>
<tr>
<td>of applicant’s supporting</td>
</tr>
<tr>
<td>materials</td>
</tr>
<tr>
<td>Decision to EDP applicants</td>
</tr>
</tbody>
</table>

APPLICATION REVIEW

A complete application includes the AMCAS application, the completed Supplemental Application and $100 fee (or AMCAS waiver), letter(s) of recommendation, and MCAT score. All completed applications are reviewed by a member of the admissions committee.

Using the process of Holistic Review, completed applications are reviewed in their entirety. GPA, MCATs, recommendations, essays, personal characteristics, evidence of service and extracurricular activities, are all taken into consideration when choosing whom to interview.
INTERVIEW

Applicants selected for an interview will receive an e-mail from the Office of Admissions. Applicants may then schedule their interview through our online scheduling system. Interviews are conducted September through March.

Applicants through our Special Program Linkage Schools will receive an e-mail from us with their scheduled interview date. These applicants may not schedule their own interviews as we try to keep everyone from the same school on the same days.

If you are feeling unwell, please do not attend your interview. Give us a call at 215-991-8204 and we’ll do our best to reschedule your interview as close as possible to the original date.

If it is necessary to cancel your interview, please do so at least 72 hours prior to your interview date. There are many invited applicants who would like to reschedule to an earlier date, but need enough time to make a schedule change possible. Please cancel your interview online or contact our interview coordinator at kjohnson01@drexelmed.edu.

BACKGROUND CHECKS

All students accepted into the College of Medicine are required to complete criminal history and child abuse background check forms prior to enrollment. We also require that a student’s background checks be updated before the student begins clinical rotations in the third year. Students should be aware that some state medical licensing boards may consider past convictions when reviewing an application to practice medicine in that state. In addition, some College of Medicine clinical training sites reserve the right to exclude a student with a criminal conviction from training.

DIVERSITY IN MEDICAL EDUCATION

For more information, please contact:
Anthony R. Rodriguez, M.D.
Associate Dean
Student Affairs and Diversity
PHONE: 215-991-8265
Anthony.Rodriguez@drexelmed.edu

A diverse student body, faculty, and staff are an essential foundation for fulfilling the College of Medicine’s mission and goals. Additionally, the College of Medicine believes that diversity enhances the academic experience beyond the classroom, creating better doctors and health care professionals.

DIVERSITY STATEMENT

Drexel University College of Medicine, in the tradition of our predecessor schools, Woman’s Medical College and Hahnemann Medical College, recruits and supports a diverse medical school faculty, professional staff, and student body.

• It is only with a commitment to diversity that the mission and vision of the College can be realized.
• Each individual and her/his ideas have value and contribute positively to the mission and vision of the College.
• Learning with a diverse faculty and student body enhances critical thinking and the educational experience.
• Students who learn in a diverse environment are better prepared to provide the highest level of professionalism, innovation and creativity to all aspects of patient care, education and research.
• Our definition of diversity comprises characteristics that include but are not limited to race; color; religion; gender; sexual orientation, identity and expression; national origin; age; disability; veteran status; and education or economic disadvantage.

Drexel University College of Medicine is firmly committed to producing a diverse population of physicians. Supported by the Mission and Vision Statements of the College of Medicine, the Office of Diversity in Medicine provides support to all students and student groups regardless of:

• Race or national origin
• Color
• Religion
• Gender
• Sexual orientation, identity, and expression
• Age
• Disability
• Veteran status
• Education or economic disadvantage
A STRONG HISTORY OF DIVERSITY
The College of Medicine has a rich tradition of diversity. Our history includes our heritage as the Woman’s Medical College of Pennsylvania, the first medical school in the world for women. Hahnemann University, our other legacy institution, has been graduating an ethnically and racially diverse population since the 19th century.

WHY DIVERSITY MATTERS
Increasing diversity among the nation’s physician workforce:
- Improves the education of all physicians
- Improves the health of all residents of the U.S.

Studies show that minority physicians are more likely to treat minority and indigent patients and practice in underserved communities. When minority patients have the opportunity to select a health care professional they are more likely to choose someone of their own racial and ethnic background and generally are more satisfied with the care they receive from minority health care professionals.

PROMOTING DIVERSITY
Members of the Office of Diversity in Medicine not only address specific diversity issues and provide support for students, faculty, and staff at the College of Medicine, they work in other departments at Drexel University and the College of Medicine, furthering the overall goals of the entire University. Access throughout the University provides the members of the Office of Diversity in Medicine opportunities to promote diversity work within the College of Medicine’s human resources and faculty affairs offices and at staff functions.

OFFICE OF DISABILITY SERVICES
The mission of the Office of Disability Services (ODS) is to advocate for people with disabilities and to provide equal opportunities and equal access to education, employment, programs and activities at Drexel University College of Medicine. In accordance with federal and state legislation and College of Medicine policy, no individual with a disability shall, on the basis of that disability alone, be excluded from participation in College of Medicine programs or activities. The College of Medicine will provide reasonable accommodation to a qualified individual with a disability.

In achieving this, ODS collaborates with and empowers individuals who have documented disabilities by working together proactively to determine reasonable and appropriate accommodative measures. In an effort to ensure compliance with current legislation and eliminate attitudinal barriers against people with disabilities, ODS also provides guidance and education to the campus community.

All members and guests of Drexel University College of Medicine who have a disability need to register with the Office of Disability Services if requesting auxiliary aids, accommodations and services in order to fully participate in the College’s programs and activities. All requests are considered on a case-by-case basis and in a timely fashion.
TECHNICAL STANDARDS

The goal of Drexel University College of Medicine is to prepare our medical graduates to be competent, caring physicians who have the skills of lifelong learning necessary to incorporate new knowledge and methods into their practice as either a generalist or specialist and to adapt to a changing professional environment. The faculty has determined that certain technical standards are prerequisite for admission, progression and graduation from Drexel University College of Medicine. The standards were developed from concepts outlined in the Report of the Association of American Medical Colleges Advisory Panel on Technical Standards in January 1979. Included in the deliberations of the Panel on Technical Standards were the following considerations: the medical education process, which focuses so largely on patients, differs markedly from postsecondary education in fields outside of the health sciences.

Applicants for admission to and students enrolled in Drexel University College of Medicine must possess the capability to complete the entire medical curriculum, achieve the degree Doctor of Medicine, and practice medicine with or without reasonable accommodations.

It should be noted, however, that the use of a trained intermediary is not acceptable in situations where the candidate’s judgment is impacted by the intermediary’s powers of selection and observation. Technological accommodations can be made for some handicaps in certain areas of the curriculum, but a candidate must meet the essential technical standards so that he or she will be able to perform in a reasonably independent manner. The need for personal aids, assistance, caregivers, readers and interpreters, therefore, may not be acceptable in certain phases of the curriculum, particularly during the clerkship years.

A candidate for the M.D. degree must have abilities and skills in five areas, including observation; communication; motor; conceptual, integrative and quantitative; and behavioral and social.

I. OBSERVATION

Through independent observation, the student must be able to acquire information in the basic medical sciences, including that obtained from demonstrations and experiential activities. The student must also be able to observe and accurately acquire information directly from the patient (both from a distance and from close at hand) as well as from other sources including written documents, pictorial images, simulators, computer programs and videos. This level of observation and information acquisition requires the functional use of vision, hearing and somatic sensation.

II. COMMUNICATION

A candidate should be able to speak, to hear and to observe patients in order to elicit information, describe changes in mood, activity and posture, and perceive nonverbal communications. A candidate must be able to communicate effectively and sensitively with patients. Communication includes not only speech but reading and writing. The candidate must be able to communicate effectively and efficiently in oral and written form with all members of the health care team.

III. MOTOR

It is required that a candidate possess the motor skills necessary to directly perform palpation, percussion, auscultation and other diagnostic maneuvers, basic laboratory tests, and diagnostic procedures. The candidate must be able to execute motor movements reasonably required to provide general and emergency medical care such as airway management, placement of intravenous catheters, cardiopulmonary resuscitation, application of pressure to control bleeding, suturing of wounds and the performance of simple obstetrical maneuvers. Such actions require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision.

IV. INTELLECTUAL-CONCEPTUAL (INTEGRATIVE AND QUANTITATIVE) ABILITIES

The candidate must be able to measure, calculate, reason, analyze, integrate and synthesize. In addition, the candidate must be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures. Problem solving, the critical skill demanded of physicians, requires all of these intellectual abilities. The candidate must be able to perform these problem-solving skills in a timely fashion.
V. BEHAVIORAL AND SOCIAL ATTRIBUTES

A candidate must possess the emotional health required for full utilization of his intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, interest and motivation are all personal qualities that are assessed during the admissions and education processes.

Students will be judged not only on their scholastic accomplishments but also on their physical and emotional capacities to meet the full requirements of the school’s curriculum and to graduate as skilled and effective practitioners of medicine. Students must be able to accomplish each of the College of Medicine Graduation Competencies before graduation.

All applicants accepted to the College of Medicine and current students must be able to meet the school’s technical standards. Students are asked to review the standards and to certify that they have read, understand and are able to meet the standards.

In accordance with law and Drexel University College of Medicine policy, no qualified individual with a disability shall, on the basis of that disability, be excluded from participation in College of Medicine programs or activities. The College of Medicine will provide reasonable accommodation to a qualified individual with a disability.

Admitted students who have a disability and need accommodation must initiate discussions with the Office of Disability Resources as soon as the offer of admission is received and accepted.

M.D. PROGRAM TUITION AND FINANCIAL AID

Drexel University College of Medicine
2014 - 2015 Estimated Costs

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition*</td>
<td>$51,616</td>
</tr>
<tr>
<td>Fees</td>
<td>$1,634</td>
</tr>
<tr>
<td>Books</td>
<td>$1,000</td>
</tr>
<tr>
<td>Living Expenses</td>
<td>$13,050</td>
</tr>
<tr>
<td>Transportation</td>
<td>$2,070</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>$5,757</td>
</tr>
</tbody>
</table>

* Tuition is the same for in-state and out-of-state students.

FINANCIAL ASSISTANCE

Financing a medical education requires a great deal of planning and knowledge about resources. Students are encouraged to begin looking at the financial responsibilities of medical school as early as possible. At the College of Medicine, approximately 93 percent of our students receive financial assistance. The staff at our Student Resource Center/Financial Aid Office provides confidential counseling to all students as well as information about financial resources for which they are eligible.

The College of Medicine administers a variety of programs that offer loans, grants and work opportunities. In order to be considered for financial aid, students must submit the Free Application for Federal Student Aid (FAFSA). The information from the FAFSA feeds into a financial model used by the federal government to calculate each student’s and family’s contribution to expenses.

With this information, the Student Resource Center/Financial Aid Office determines the distributions of funds, most of which are loans from federal and state programs. Limited scholarships are available from the College of Medicine and private foundations. Private-source loans can also be arranged. Many students take advantage of jobs obtained through our work-study program.

For more information, please contact the Student Resource Center/Financial Aid Office at 215-991-8210 or visit www.drexel.edu/financialaid.

- The best time to file the FAFSA is January 1 to May 1 (www.fafsa.gov)
- Please be sure to include parental information on the FAFSA form
- School Code is 003256
- Approximately 85 percent of our students take financial aid
- We offer Stafford Loans, Campus Lending, Alternative Loan Plans and Merit Scholarships
- Visit the Financial Aid website
- WOMAN ONE

Contact Information:
Office of Disability Resources, Drexel University
3201 Arch St., Suite 210
Philadelphia, PA 19104
PHONE: 215-895-1401
TTY: 215-895-2299
http://www.drexel.edu/oed/disabilityResources/
FINANCIAL PLANNING SERVICES

Drexel University College of Medicine has a financial planner on staff full time to assist all students and their families with counseling and financial planning during and after their medical school years. This service is designed to address the student's entire financial picture beyond financial aid so that they can stay on track as they pursue their education, residency and practice.

The financial planning service at Drexel University College of Medicine provides knowledge and support so that our students can have the strongest financial foundation as they pursue their education, residency, and practice.

Financial planning topics addressed include:

- Debt
- Credit
- Children
- Insurance
- Wills
- Retirement
- Budget
- Marriage
- Taxes
- Mortgage
- Risk
- Special Needs

ABOUT PERSONAL FINANCIAL PLANNING

Personal financial planning is a series of steps used to reach an overall financial goal (e.g., financial independence) or a set of intermediate goals (new home purchase, pay for college, etc.). This often includes a budget that organizes cash flow by identifying all sources of income and expenses, and outlining a plan to save for future expenses.

Financial Planning Process

1. **Identify Goals** – What financial goals are you trying to accomplish?
2. **Gather Data** – Set budget figures, including asset and liability information.
3. **Analyze Information** – Consider alternatives and choices.
4. **Develop Plan** – Create action steps and time frames.
5. **Take Action** – Implement your plan step by step.
6. **Review** – Analyze your results to keep on track towards your goals.

Scholarships and Loan Forgiveness Programs

- National Health Service Corp. Loan Repayment Program
- National Health Service Corp. Scholarship Program
- National Institute of Health Loan Repayment Program
- Pisacano Scholars Leadership Program
- Public Service Loan Forgiveness
- U.S. Air Force Health Professions Scholarship Program (HPSP)
- U.S. Army Health Professions Scholarship Program
- U.S. Navy Health Professions Loan Repayment Program
- U.S. Navy Health Professions Scholarship Program

Drexel University College of Medicine Resources

- Drexel Fellowship Office
- Student Resource Center/Financial Aid Office

TRANSFER APPLICANTS

Applications for transfer into Drexel University College of Medicine’s second or third-year classes are considered if openings are available. Applications are accepted from U.S. citizens or permanent residents only. Advanced standing positions are also reserved annually for the M.D./DDS students in the Oral Maxillofacial Surgery (OMFS) Program.

We begin accepting applications for potential transfer positions after February 1. We’ll know more about possible open positions in the spring. If we have open positions, we’ll begin to review complete applications in early/mid May. If there are no positions available, we’ll return materials sent to us by applicants.
1. When should I apply?  
Applications are accepted through AMCAS from June 1 through December 1. Completed applications are reviewed at the College of Medicine as they are received. It is best to apply as early as possible.

2. Does taking the September MCAT hurt my chances of being offered an interview?  
No. However, taking the MCAT in September will delay review of your application.

3. Will the January MCAT be accepted?  
We will not consider the January 2013 MCAT as a basis for determining whether to invite candidates for an interview for the 2013 entering class. We might, however, consider the score if an applicant is on our waitlist after interviewing.

4. What are the oldest MCAT scores accepted?  
MCAT scores are good for a period of three years. MCAT scores from 2010 are the oldest MCAT scores accepted for entry with the 2013 first year class.

5. I’ve applied through AMCAS. When will I receive my secondary application?  
After we receive your verified application from AMCAS, we will send you the link to the online secondary application via email. All applicants receive a link to the secondary application. It can take up to four weeks after AMCAS verification to receive Drexel’s link to the secondary application. Please contact us if you feel that the link to your secondary application has not reached you in a timely manner. Please retain your Banner ID and password, which will be sent to you with the link for the secondary application.

6. Can I send additional letters of recommendation?  
Yes. We will accept additional letters. They should be sent to us through the AMCAS Letters Service and, whenever possible, should reference your AMCAS ID number or Social Security number.

7. To whom should I make my check payable if I’m not paying by credit card?  
Make checks payable to Drexel University College of Medicine. Please be sure to include your name and AMCAS ID number or Social Security number on the check.

8. Do you accept applications from international students?  
No. Drexel University College of Medicine accepts applications from U.S. citizens or permanent residents only. Permanent residents must provide a copy of their green card with their secondary application.

9. Do you have transfer positions into your second- or third-year classes?  
Yes, if spaces are available. We do accept applications for entrance into the second or third years from U.S. citizens or permanent residents studying abroad and from students in osteopathic medical schools.

10. When do medical school classes begin?  
Orientation for entering students is usually the first week of August. Orientation information is e-mailed to all accepted students starting in mid-June.

11. Will I be sent notifications when my file is complete?  
Yes. You should also frequently check your status online at webcampus.drexelmed.edu/admissions/MyApplication. Retain your Banner ID and password to enter the status check screens.

12. How will I know if I am invited for an interview?  
You will receive an official e-mail notification. You may also see your status online.

13. Does Drexel University College of Medicine require a personal statement in addition to the AMCAS essay?  
No. The AMCAS essay is all that we require.

14. Can an accepted applicant request deferral of matriculation?  
Accepted candidates who are currently holding a position in the entering class may request to defer their matriculation for one year. Requests for deferral of matriculation must be received by the Office of Admissions (kelli.kennedy@drexelmed.edu) by July 15 of the year of matriculation and must include a detailed plan for the time period. In recent years, deferrals have been granted to individuals who plan to complete research projects, engage in extended volunteer or service activities (e.g., AmeriCorps, Teach for America), or pursue other academic opportunities (e.g., Fulbright Fellowship). The Medical School Admissions Committee will determine if a deferral request is appropriate. If a deferral is granted by the Admissions Committee, a place in the next year’s entering class is reserved for the applicant.

15. I don’t have a premedical committee letter. What individual letters of recommendation are required?  
We need letters of recommendation from three faculty members who can talk about your academic abilities in the classroom. We need two from science professors and one from a non-science professor. Research mentors or physicians with whom you have worked do not count towards the requirement. The letters must be from faculty members. If you’ve provided three faculty member letters, additional letters are accepted.

16. May I send updates to my application?  
Application updates are accepted only from students who have been invited to an interview and for those who have been interviewed and waitlisted. We will accept updated transcripts, new letters of recommendation, updates on activities and/or letters of interest.

17. Which MCAT exam (the current one or the new "MCAT 2015" one) will Drexel accept?  
Drexel will accept the current MCAT for the 2015 application cycle. For the 2016 and 2017 application cycles, Drexel will accept both the current and the new MCATs. Starting with the 2018 cycle, Drexel will only accept the new MCAT.