Admissions

The school's mission is to develop preeminent physician leaders and a diverse workforce through scholarship and innovative medical education design anchored by the principles of primary care and health systems science. The program seeks to enroll students of diverse backgrounds, life experiences, and perspectives who demonstrate a commitment to future practice in primary care disciplines such as internal medicine, pediatrics, obstetrics and gynecology or general surgery. Candidates interested in family medicine are also encouraged to apply. A holistic admissions approach broadens the lens through which the program can learn about applicants and better assess how premedical experiences, personal attributes, and academic metrics align with the primary care mission and innovative three-year accelerated educational program. There is also interest in learning more about the life journeys of applicants, any challenges they may have faced along their path, and how they hope to contribute to the medical profession and a community of engaged learners. Applications are encouraged from people who are from groups underrepresented in medicine, first-generation college students, those from disadvantaged backgrounds or who may have taken a non-traditional path toward medicine as well as those who have ties to the communities served by the medical school.

For information on admission to the MD program learn how to apply (https://medli.nyu.edu/education/md-degree/md-admissions/how-to-apply/).

Academic Requirements

NYU Grossman Long Island School of Medicine seeks applicants who excel academically and exhibit robust intellectual curiosity, as evidenced by the rigor, breadth, and depth of their coursework. Since a diverse range of applicant educational experiences are recognized, prerequisite coursework is not mandated. Instead, the admissions committee evaluates the academic preparation of applicants to assure they have the foundational knowledge to succeed in a rigorous accelerated three-year program. Applicants are expected to demonstrate a high level of proficiency in biology, physics, chemistry, genetics, statistics, English, psychology, and sociology. These courses are strongly recommended as part of a broad premedical curriculum.

Medical College Admission Test

The Medical College Admissions Test (MCAT) is required. Only scores from three years before expected matriculation are accepted. In fairness to all applicants, there are no exceptions to this requirement.

Letters of Evaluation

A composite letter of recommendation authored by the pre-health committee or pre-health advisor at the college or university fulfills the letter of evaluation requirement. Additional letters of support may also be submitted with the committee or composite letter. If the institution does not provide a committee or composite letter, a minimum of three individual letters of evaluation are required. Two should be from science professors.

Technical Standards and Criminal Background Check

All matriculating students must meet the school's technical standards (https://medli.nyu.edu/education/md-degree/sites/default/files/policy-on-technical-standards.pdf), which define the physical, mental, emotional, and social abilities that support success in medical school, and pass a criminal background check to ensure patient safety. Students must also satisfactorily complete the AAMC-facilitated Criminal Background Check (https://students-residents.aamc.org/applying-medical-school-amcas/criminal-background-check-service/), which is conducted at no additional cost. The AAMC recommends that all U.S. medical schools procure this background check to ascertain the ability of accepted applicants to become licensed physicians in the future, enhance the safety and wellbeing of patients, and to ensure the public's continuing trust in the medical profession.

Program Requirements

At NYU Grossman Long Island School of Medicine, we provide courses, clerkships, and learning experiences for completion of medical degree requirements and to foster leadership in primary care medicine.

Phase One: Foundational Medical Knowledge and Core Clinical Skills Acquisition

During Phase One, students spend 46 weeks completing interdisciplinary pre-clerkship courses that cover foundational basic science and clinical concepts in biology, anatomy, pathology, physiology and pathophysiology. Students gain insight into the behavioral and social aspects of practicing medicine and begin the core clinical skills training to support readiness for clerkship training.

The Language Acquisition course introduces core basic science concepts with case-based clinical learning exercises. Subsequent organ systems courses take place in a dynamic mix of small and large group sessions that promote active learning.

In the afternoons, students participate in integrated longitudinal courses. These focus on: core clinical skills training (Practice of Medicine (POM)), health care systems and delivery (Health Systems Science (HSS)), foundational ethical, humanistic and social sciences principles of medicine (Social Sciences, Humanities, Ethics, and Professionalism (SHEP)), and ambulatory care medicine in the learner’s chosen residency pursuit (Continuity Ambulatory Practice Experience (CAPE)). Throughout Phase One, students engage in many learning formats, including problem-based learning, small group seminar discussions, large group lectures, workshops, clinical simulations, and bedside teaching.

Students also have opportunities to participate in scholarly research activities; this includes compiling literature reviews, performing basic statistical analyses, generating and maintaining experimentation notes and records, and attending scholarly research presentations and conferences. Students who perform scholarly research present findings
locally and are supported to submit abstracts for publication and/or presentation at national meetings.

Students are able to explore individual interests and/or access tutoring services to optimize learning goals.

Phase One Sample Schedule
This schematic represents Phase One of NYU Grossman Long Island School of Medicine’s curriculum. All students progress through the first 46 instructional weeks of medical school on the same timeline. Students participate in HSS, SHEP, CAPE, and POM longitudinally throughout Phase One.

Phase Two: Medical Knowledge and Clinical Skills Integration
During Phase Two, students spend 45 weeks rotating through core clerkship training at NYU Langone Hospital—Long Island (https://nyulangone.org/locations/nyu-langone-hospital-long-island/) and our ambulatory care clinical training sites. Over the course of Phase Two, students acquire and are assessed on the clinical knowledge, skills, and attitudes necessary to provide high value patient care.

Phase Two core clerkship rotations include eight weeks of training in internal medicine, four weeks of training in primary care, six weeks of training in pediatrics, six weeks of training in obstetrics and gynecology, six weeks of training in surgery, four weeks of training in neurology/rehabilitation, and six weeks of training in psychiatry. Specific clerkship goals and expectations are delineated.

The longitudinal courses, HSS, SHEP, and CAPE run in parallel throughout Phase Two. These include continuity clinics, problem-based learning cases, narrative medicine exercises, seminars, and other peer learning experiences.

Phase Two training culminates with a comprehensive clinical skills exam (CCSE), a multi-case OSCE simulation that assess communication skills, information gathering, physical examination, and clinical reasoning.

Phase Two Sample Schedule
This schematic depicts Phase Two of NYU Grossman Long Island School of Medicine’s curriculum. Phase Two begins with a Transition to Clinical Care Week; four clerkship tracks are assigned by lottery. The four tracks depicted in the schematic above represent samples of schedules possible bases on the palette of options, which include two weeks of elective time.

Phase Three: Advanced Skill Development, Individualized Exploration, and Readiness for Residency
Phase Three begins with a four-week structured independent study course to prepare for the USMLE Step 1 exam and a three-week structured independent study course to prepare for the USMLE Step 2 Clinical Knowledge examination. The rest of the 43-week phase is spent engaging in completion of longitudinal educational experiences, rotation in the emergency room (4-weeks), a sub-internship (4-weeks), a critical care clerkship (4-weeks), electives (12-weeks), and a Transition to Residency course.

Phase Three Sample Schedule
This schematic represents an example of a Phase Three schedule at NYU Grossman Long Island School of Medicine.

Sample Plan of Study

**Phase One**

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTER-ML 1001</td>
<td>Transition to Medical School</td>
<td>1</td>
</tr>
<tr>
<td>INTER-ML 1002</td>
<td>Language Acquisition</td>
<td>8</td>
</tr>
<tr>
<td>INTER-ML 1003</td>
<td>Cardiology</td>
<td>4</td>
</tr>
<tr>
<td>INTER-ML 1004</td>
<td>Pulmonary</td>
<td>4</td>
</tr>
<tr>
<td>INTER-ML 1005</td>
<td>Renal</td>
<td>3</td>
</tr>
<tr>
<td>INTER-ML 1006</td>
<td>Regional Anatomy</td>
<td>1</td>
</tr>
<tr>
<td>INTER-ML 1010</td>
<td>Practice of Medicine I</td>
<td>2</td>
</tr>
<tr>
<td>INTER-ML 1014</td>
<td>Health System Science I</td>
<td>2</td>
</tr>
<tr>
<td>INTER-ML 1016</td>
<td>Social Science, Humanities, Ethics, and Professionalism</td>
<td>1</td>
</tr>
<tr>
<td>INTER-ML 1018</td>
<td>Continuity Ambulatory Practice Experience I</td>
<td>1</td>
</tr>
</tbody>
</table>

**Phase Two**

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTER-ML 1001</td>
<td>Transition to Clinical Care</td>
<td>1</td>
</tr>
<tr>
<td>MED-ML 2001</td>
<td>Medicine Clerkship</td>
<td>8</td>
</tr>
<tr>
<td>PRCAR-ML 2005</td>
<td>Primary Care Clerkship</td>
<td>4</td>
</tr>
</tbody>
</table>
families, and health professionals to carry out effective exchange of information and collaboration with patients, their families, and health professionals.

### General Competencies and the EPOs Within Them

#### Interpersonal and Communication Skills

Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

#### Learning Outcomes

The MD in Medicine educates exemplary physicians and academic leaders in primary care and has a set of core standards to measure progress in skills specific to the practice of medicine.

Our learning objectives and assessments of learning outcomes are linked to our overall Educational Program Objectives (EPOs)

### Interprofessional Collaboration

Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care.

- IPC1. Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust
- IPC2. Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of the patients and populations served
- IPC3. Communicate with other health professionals in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations

### Knowledge for Practice

Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care

- KP1. Demonstrate an investigatory and analytic approach to clinical situations
- KP2. Apply established and emerging biophysical scientific principles fundamental to healthcare for patients and populations
- KP3. Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision making, clinical problem solving, and other aspects of evidence-based healthcare
- KP4. Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention and health promotion efforts for patients and populations

### Professionalism

Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles

- P1. Demonstrate insight into professional behavior, takes responsibility for professionalism lapses and analyzing situations using ethical principles
- P2. Performs task and responsibilities in a timely manner with appropriate attention to detail and recognizes situations that may impact their ability to complete these tasks

---

### Phase Three

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Semester/Term</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INTER-ML 3018</td>
<td>Capstone 1</td>
<td>1</td>
</tr>
<tr>
<td>INTER-ML 3003</td>
<td>Capstone 2</td>
<td>2</td>
</tr>
<tr>
<td>ERMED-ML 3012</td>
<td>Emergency Medicine</td>
<td>4</td>
</tr>
<tr>
<td>OBGYN-ML 3006</td>
<td>Subinternship - Obstetrics &amp; Gynecology</td>
<td>4</td>
</tr>
<tr>
<td>OBGYN-ML 4054</td>
<td>Urogynecology &amp; Reconstructive Pelvic Surgery (Elective)</td>
<td>4</td>
</tr>
<tr>
<td>OBGYN-ML 4170</td>
<td>Gynecologic Oncology (Elective)</td>
<td>2</td>
</tr>
<tr>
<td>INTER-ML 3015</td>
<td>Health System Science - III</td>
<td>1</td>
</tr>
<tr>
<td>INTER-ML 3016</td>
<td>Social Science, Humanities, Ethics, and Professionalism - III</td>
<td>1</td>
</tr>
<tr>
<td>2nd Semester/Term</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peds-ML 3010</td>
<td>Critical Care - Neonatology</td>
<td>4</td>
</tr>
<tr>
<td>INTER-ML 3017</td>
<td>Medical Spanish, (Elective)</td>
<td>4</td>
</tr>
<tr>
<td>SURG-ML 4100</td>
<td>Breast Surgery (Elective)</td>
<td>2</td>
</tr>
<tr>
<td>INTER-ML 3014</td>
<td>Continuity Ambulatory Practice Experience - III</td>
<td>2</td>
</tr>
<tr>
<td>INTER-ML 3015</td>
<td>Health System Science - III</td>
<td>1</td>
</tr>
<tr>
<td>INTER-ML 3016</td>
<td>Social Science, Humanities, Ethics, and Professionalism - III</td>
<td>1</td>
</tr>
<tr>
<td>INTER-ML 3013</td>
<td>Transition to Residency</td>
<td>4</td>
</tr>
<tr>
<td>Total Credits</td>
<td></td>
<td>36</td>
</tr>
</tbody>
</table>
• P3. Optimizes personal and professional well-being, recognizes the limits, and improves the knowledge and skills of oneself or team

**Practice-Based Learning and Improvement**
Demonstrate the ability to investigate and evaluate one’s care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning

• PBL1. Locate, appraise and assimilate evidence from scientific studies related to patient’s health problems
• PBL2. Identifies knowledge gaps including interactions between health and populations, identifies guidelines and other current standards and utilizes them to improve patient care
• PBL3. Incorporate feedback into daily practice
• PBL4. Seek opportunities to improve; sets learning and improvement goals; identifies learning activities that address gaps

**Patient Care**
Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health

• PC1. Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice
• PC2. Gather essential and accurate information about patients and their condition through history-taking, physical examination, and the use of laboratory data, imaging, and other tests
• PC3. Organize and prioritize responsibilities to provide care that is safe, effective and efficient
• PC4. Interpret laboratory data, imaging studies, and other tests required for the area of practice
• PC5. Make informed decision about diagnostic and therapeutic interventional based on patient information and preferences, up-to-date scientific evidence, and clinical judgement
• PC6. Develop and carry out patient management plans
• PC7. Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making
• PC8. Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings and following up on patient progress and outcomes
• PC9. Provide healthcare services to patients, families, and communities aimed at preventing health problems or maintaining health

**Personal and Professional Development**
Demonstrate the qualities required to sustain lifelong personal and professional growth

• PPD7. Demonstrate self-confidence that puts patients, families, and members of the healthcare team at ease
• PPD8. Recognize that ambiguity is part of clinical healthcare and respond by using appropriate resources in dealing with uncertainty

**Systems-Based Practice**
Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care

• SBP1. Participate in identifying safety events and implementing process improvement
• SBP2. Coordinate care across different healthcare settings that is equitable and patient-centered
• SBP3. Advocate for high value and optimal patient care system

**AAMC Entrustable Professional Activities**
Our learning objectives and assessments are also linked to the AAMC Entrustable Professional Activities. Upon completion of the MD in Medicine, graduates will be able to:
1. Obtain a history and perform a physical examination both complete and adapted to the patient’s clinical situation.
2. Formulate and justify a prioritized differential diagnosis.
3. Recommend and interpret common diagnostic and screening tests.
4. Formulate, communicate and implement patient centered plans.
5. Document a clinical encounter.
6. Present a clinical encounter.
7. Form clinical questions and retrieve evidence to advance patient care.
8. Give and receive the handover in transitions of care.
9. Collaborate as a member of an inter professional team.
10. Recognize a patient requiring urgent or emergent care, provide initial assessment, management and seek help.
11. Obtain informed consent for tests and or/common procedures.
12. Perform general tasks and procedures of a physician.
13. Apply health system science principles to optimize health outcomes for patients and populations.

**Policies**

**Program Policies**
NYU Grossman Long Island School of Medicine’s policies and procedures ([https://medli.nyu.edu/education/md-degree/md-student-resources/student-handbook/](https://medli.nyu.edu/education/md-degree/md-student-resources/student-handbook/)) contain information necessary for participation in campus life and answers many questions about various aspects of medical school.

All medical students are subject to the policies and procedures and are expected to be familiar with them.

**NYU Policies**
University-wide policies can be found on the New York University Policy pages ([https://bulletins.nyu.edu/nyu/policies/](https://bulletins.nyu.edu/nyu/policies/)).

**NYU Grossman Long Island School of Medicine Policies**
Additional academic policies can be found on the NYU Grossman Long Island School of Medicine academic policies page ([https://bulletins.nyu.edu/graduate/medicine-long-island/academic-policies/](https://bulletins.nyu.edu/graduate/medicine-long-island/academic-policies/)).