THE WARREN ALPERT
Medical School
BROWN UNIVERSITY

Medical Student Handbook

Academic Year 2025-2026

Published July 31, 2025

Table of Contents

Section 1: Overview

Introduction

The policies in this Student Handbook represent an evolution of the operating procedures of The Warren Alpert Medical School of Brown University ("The Warren Alpert Medical School" or "Medical School") since its origin as a Master of Medical Science Program in 1963. They continue to evolve along with the medical education curriculum. Our intention is that they reflect our commitment to excellence and professionalism, for which we strive throughout our medical education program.

This Student Handbook is designed to ensure that all members of our academic community know what is expected of them and are treated fairly within the institution. Policies, no matter how carefully crafted, cannot fully anticipate all situations. The Medical School prides itself on its flexibility and responsiveness to individual needs. If a student believes that individual circumstances justify a different action than that indicated by a certain policy, the student should discuss this with their faculty mentor and an appropriate administrator.

Anti-discrimination Notice

Brown University does not discriminate on the basis of sex, race, color, religion, age, disability, status as a veteran, national or ethnic origin, sexual orientation, gender identity, gender expression or any other category protected by applicable law, in the administration of its educational policies, admission policies, scholarship and loan programs, or other school-administered programs. The University is committed to honest, open and equitable engagement with individuals with diverse racial, religious, gender, ethnic, and sexual orientation backgrounds. The University seeks to promote an environment that in its diversity is integral to the academic, educational and community purposes of the institution.

Section 2: Requirements for the MD Degree

Introduction

All students must possess the intellectual, physical and emotional capabilities necessary to undertake the full curriculum and to achieve the levels of competence required by the Medical School. See Appendix A for a detailed description of the Technical Standards for Medical School Admissions, Continuation and Graduation.

The courses listed below represent the requirements for the current configuration for Years 1 and 2 classes (Integrated Medical Sciences (IMS) and Doctoring, including Primary Care-Population Medicine (PC-PM)). Course titles, numbers, and/or placement of courses are subject to change for continuous quality improvement of the medical education program.

Note that for all clinical rotations including Doctoring, clerkships, sub-internships, and elective courses, students may be placed at sites that require transportation by car; students should plan accordingly.

Note: Pre-clerkship phase: Years 1 and 2; clerkship phase: Year 3; post-clerkship phase: Year 4.

MD Program

Pre-clerkship (Years 1 and 2) Course Requirements

Year 1, Semester 1 (MD 2029)

Course	Credits	Grading Option	Course Leader(s)
BIOL3640 Doctoring 1	2	Satisfactory (S) / No Credit (NC)	A. Knopov S. Mitta
BIOL3642 IMS-I: Scientific Foundations of Medicine (SFM)	1	S/NC	T. Salazar Mather C. Phornphutkul
BIOL3644 IMS-I: Human Anatomy I	1	S/NC	D. Ritter J. Petersen
BIOL3646 IMS-I: Histopathologic Foundations of Disease (HFD)	1	S/NC	J.Ou C.Hanley
BIOL3656 IMS-I: Health Systems Science (HSS)	1	S/NC	TBD D. Anthony

BIOL3653 IMS-I: Microbiology/Infectious Diseases	1	S/NC	T. Salazar Mather J. Lonks M. Rossi
MED2010 IMS-I: Health Systems Science 1 (PC-PM students only)	1	S/NC	TBD

Year 1, Semester 2 (MD 2029)

Course	Credits	Grading Option	Course Leader(s)
BIOL3650 Doctoring 2	2	S/NC	A. Knopov S. Mitta
BIOL3652 IMS-II: Brain Sciences	2	S/NC	J. Roth K. Stavros J. Donahue G. Tung J. Stein V. Labarbera B. Theyel T. Daniels
BIOL3665 IMS-II: Supporting Structures	1	S/NC	S. Schwartz S. Marcaccio L. Robinson-Bostom
BIOL3655 IMS-II: Human Anatomy II	1	S/NC	D. Ritter J. Petersen
BIOL3654 IMS-II: Endocrine Sciences	1	S/NC	V. Cheng K. Millington M. Canepa
BIOL3672 IMS-II: Hematology	1	S/NC	M. Quesenberry S. Witherby A. Pelcovits D. Treaba
MED2030 Research Methods in Population Medicine (PC-PM students only)	1	S/NC	M. Mello A. Aluisio

Year 1, Summer Semester (PC-PM students only) (MD 2029)

Course	Credits	Grading Option	Course Leader(s)
MED2040 Health Systems Science 2	1	S/NC	J. Borkan D. Szkwarko
MED2045 Quantitative Methods	1	S/NC	D. Anthony
MED2980 Independent Study Thesis Research	1	S/NC	M. Mello A. Aluisio

Year 2, Semester 3 (MD 2028)

Course	Credits	Grading Option	Course Leader(s)
BIOL3660 Doctoring 3	2	S/NC	P. Gupta E. Chung
BIOL3662 IMS-III: Cardiovascular	1	S/NC	K. French C. Hanley
BIOL3663 IMS-III: Pulmonary	1	S/NC	A. Foderaro S. Amin M. Garcia-Moliner
BIOL3664 IMS-III: Renal	1	S/NC	M. Lynch E. Kerns J. Dailey
BIOL3673 IMS-IV: Gastroenterology	1	S/NC	H. Rich S. Lu B. Perler
BIOL3674 IMS-III: Human Reproduction	1	S/NC	A. Gimovsky E. Lokich J. Ou C. Hanley
MED2046: Leadership (PC-PM students only)	1	S/NC	J. White TBD

Course Requirements: Clerkship and Post-clerkship Phases

Students in the clerkship (Year 3) and post-clerkship (Year 4) phases must complete at least 80 weeks total of clinical instruction, 68 weeks of which must be spent at Brown University. (For MD28 and subsequent classes, at least 84 weeks total of clinical instruction must be completed, 72 weeks of which must be spent at Brown University.) Anyone with compelling reasons for an exception to this rule must request a waiver from the Senior Associate Dean for Medical Education. Each academic year has vacation time built into the schedule.

Clerkship Phase Requirements

Clinical Skills Clerkship (CSC): This course runs longitudinally throughout the clerkship phase (Year 3), and concurrently with the clerkship rotations.

Clerkships

Clerkship Blocks	
Transition Year (MD27)	**Regular Clerkship Year**
32 weeks of specialty-specific clerkships	44 weeks
8 weeks of electives	4 weeks of electives
Pre-clerkship phase requirements must be completed	Pre-clerkship phase requirements must be completed
Seven core clerkships must be completed by the last block of the clerkship phase: • 8 weeks each Clerkship in Internal Medicine, Clinical Neuroscience: Psychiatry and Neurology • 4 weeks each Clerkships in Surgery, Obstetrics and Gynecology, Pediatrics, and Family Medicine	Seven core clerkships must be completed by the last block of the clerkship phase: • 12 weeks for Clerkship in Internal Medicine • 8 weeks for Clinical Neuroscience: Psychiatry and Neurology • 6 weeks each Clerkships in Surgery, Obstetrics and Gynecology, Pediatrics, and Family Medicine
Longitudinal Integrated clerkship (LIC)	
Transition Year (MD27)	**Regular Clerkship Year**
36 weeks inpatient experiences	44 weeks inpatient experience
2 weeks each for Clerkships Internal Medicine, Surgery, Obstetrics and Gynecology, Pediatrics	2 weeks each for Clerkships in Surgery, Obstetrics and Gynecology, Pediatrics, Family Medicine
4 weeks for Clinical Neuroscience: Psychiatry and Neurology (two weeks each specialty)	4 weeks each for Clerkship in Internal Medicine and Clinical Neuroscience: Psychiatry and Neurology (two weeks each specialty)
24 weeks spent in outpatient setting; half-day experiences each week in core clerkships.	30 weeks spent in outpatient setting; half-day experiences each week in core clerkships
One four-week elective block	One four-week elective block

Step 1: See Exam Policy for Step 1 requirements.

Post-clerkship Phase Requirements

Electives:

MD2026	• minimum of 36 weeks clinical electives • 24 weeks must be taken at Brown University
MD2027	• minimum of 48 weeks of clinical electives • 36 weeks must be taken at Brown University • 44 weeks for LIC students
MD2028+	• minimum of 40 weeks of clinical electives • 28 weeks of which must be taken at Brown University

Clinical electives must include:

- six weeks of a **surgical, anatomic, and acute care elective**. (Note: A four-week surgery sub-internship can fulfill both the sub- internship requirement and four out of the six weeks of the surgery-related electives.)
- four weeks of a **sub-internship:**
    - Sub-internships may be taken at Brown University or at an approved host institution, as long as the away sub-internship meets the established internal guidelines for sub-internships.

Advanced Clinical Mentorship (ACM): Students may complete an optional ACM during the last year (Year 4) of medical school. The ACM is a maximum of 12 sessions consisting of one-half-day per week at a single outpatient site. Students receive one week of credit for completing 12 sessions. Any modifications to the ACM must be submitted at least seven weeks prior to the desired start date to allow for review, approval, and processing by the Office of Records and Registration. Modifications are approved by the Associate Dean for Medical Education.

ACMs may not begin before start of post-clerkship phase (Year 4).

Students must complete an ACM within 24 weeks, which is inclusive of Away Rotations and Independent Studies. Any modifications to the ACM must be approved by the Associate Dean for Medical Education. If the modification is approved and the student does not complete the ACM within the revised time window, the student will be withdrawn from the ACM and no grade/credit will be awarded. The ACM must be completed by April 30th of a student's final year (Year 4).

Students may each enroll in and complete one ACM. If capacity allows, and under extraordinary circumstances, students may request to enroll in and complete a second ACM. Such requests will be considered by the Associate Dean for Medical Education in consultation with the Student Support Committee.

Year 4 Objective Structured Clinical Examination: After completing all of their specialty-specific clinical clerkships, every medical student must take an Objective Structured Clinical Examination (OSCE) at the start of post-clerkship phase (Year 4). Passing this summative OSCE is a graduation requirement. See Section 4 for more details.

Internship Prep Course (IPC): All students in the post-clerkship phase must complete the Internship Prep Course which counts for one week of credit in post-clerkship phase requirements. The IPC consists of both asynchronous and in-person components between December and March of the post-clerkship phase (Year 4). Students should plan their post-clerkship schedules accordingly, and consider the required in-person sessions between January and March.

Independent Study*:* Students can complete an Independent Study project during their elective blocks in clerkship and post-clerkship phases. Independent studies require that the student submit a proposal and obtain approval from a Brown University faculty sponsor. Independent studies cannot be done concurrently with any other course. Approval must be obtained five weeks prior to the start of the independent study. Students can complete up to 12 weeks of independent study during clerkship and post-clerkship phases. Exceptions must be approved by the Senior Associate Dean for Medical Education.

Step 2: Dedicated study time will be allocated on student's schedule. See also Exam Policy.

Transition to Residency (TTR): Longitudinal tracks that prepare students for residency. Topics cover clinical, research, community engagement, teaching, simulation, careers-in-medicine, and workforce.

Further Conditions for Awarding the MD Degree

Introduction

Every candidate for the degree of Doctor of Medicine must satisfactorily complete the eight semesters as a matriculated medical student at Brown University and pay eight semesters of tuition. If approved, students may also use time in addition to the eight semesters for the Academic Scholar Program (ASP) and/or leave of absence (LOA). See the Section 8 of this Handbook, for more details on taking approved time away from the Medical School.

Medical School students are expected to be enrolled full time unless they are on approved time away (ASP or LOA) from Brown University.

A candidate for the degree of Doctor of Medicine must complete all the requirements for that degree within six years of admission to the Medical School (nine years for MD/Ph.D. candidates). Exceptions to this rule may be made only with the approval of the MCASP. The maximum period of six years (and nine years for MD/PhD candidates) includes the time spent on an approved ASP or LOA status.

The Medical Committee on Academic Standing and Professionalism (MCASP) will recommend granting of the medical degree to candidates who have fulfilled the academic requirements. In the event that a student

has been dismissed by the MCASP, subsequently appealed the dismissal, and the dismissal was reversed by the Dean of Medicine and Biological Sciences, then the Dean – and not MCASP – will recommend the promotion and graduation for such student.

Students will be allowed to receive their diploma only if all tuition and fees have been fully paid and other obligations fulfilled, such as return of pagers and repayment of emergency short-term loans.

All required courses must be completed by the last day of Spring term prior to graduation in May. Exceptions to this rule must be approved by MCASP.

Section 3: Confidentiality and Access of Student Records; Evaluations

Introduction

There are three student information systems used at the medical school. Information about each system is listed below. The first two systems are specific to the medical school. The third system (Banner) is Brown University's official student information system.

Every student can view their own information except Medical Student Performance Evaluations (MSPE). Administrative access to this information is tightly controlled in accordance with Family Educational Rights and Privacy Act (FERPA) guidelines.

Student Records Systems

Electronic Medical Student Record (EMSR)

The Electronic Medical Student Record (EMSR) is a secure online system for storing information about the Medical School students. EMSR is the repository for documents including time away request forms, student status change forms, MCASP letters, etc. Information stored in EMSR for every student includes:

- AMCAS application information;
- Academic (good standing/academic warning/academic probation), professionalism (good standing/warning/citation) and non-academic (active/LOA/ASP) status;
- Demographic Information
- USMLE and Shelf scores; and
- Compliance status (Dates of background checks and completion of HIPAA, Universal Precautions, BLS, and ACLS trainings)

OASIS

OASIS is a registration and evaluation system designed specifically for medical student information. Student evaluations and grades are submitted electronically in OASIS and students can view their final student performance evaluation and grades in OASIS.

Years 1 and 2 students use OASIS for evaluating courses, lecturers, small group leaders, and Doctoring mentors. Grades and student performance evaluations are stored in OASIS. Course registrations and grades are submitted first to OASIS and then uploaded to Banner (see below).

Years 3 and 4 students use OASIS to evaluate courses and faculty, add and drop electives and to schedule electives via a lottery. Grades and student performance evaluations are stored in OASIS. Years 3 and 4 students can also view progress towards meeting clinical course requirements. Course registrations and grades are submitted first to OASIS and then uploaded to Banner.

Banner

Banner is Brown University's official student information system. Information stored includes course enrollments and grades, financial aid awards, charges and payments on student accounts. The Self-Service Banner (SSB) module is available to students for entry/update of local address, cell phone number, emergency contact(s), and chosen (or preferred) name. The demographic data in Banner SSB is fed to the EMSR (Electronic Medical Student Record) account. Official transcripts are produced from Banner. Requests to order an official transcript can be submitted online. Unofficial transcripts can be produced by the Records and Registration staff upon request.

Access to Student Records

Confidentiality Policy

See Policy No. 11-05 for the Medical School's policy on student record confidentiality.

Notification of Rights under FERPA for Postsecondary Institutions

The federal Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records.

- The right to inspect and review a student's education records within 45 days of the day the University receives a request for access.

- The right to request the amendment of education records the student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.

- The right to provide written consent before the University discloses personally identifiable information from a student's education records, except to the extent that FERPA authorizes disclosure without consent.

- The right to file a complaint with the U.S. Department of Education concerning alleged failures by the University to comply with the requirements of FERPA. The name and address of the Office that administers FERPA is:

  Family Policy Compliance Office
  U.S. Department of Education
  400 Maryland Avenue, SW
  Washington, DC 20202-5901

Evaluations

All Medical School courses use evaluation forms distributed from and stored in OASIS. Faculty are required to complete evaluations about student performance. Students are required to complete evaluations about courses and faculty in all required courses and clerkships.

Student Performance Evaluations

During Years 1 and 2, students receive clinical evaluations in the Doctoring Program from both small group faculty and mentors. For clerkships, sub-internships, and some clinical electives, students are evaluated by multiple preceptors. For these rotations, students receive a summary evaluation for their performance in the course. This electronic document is a compilation by the course leader of the evaluations completed by individual attending and resident physicians. The final evaluation is not simply based on an average of the individual evaluations, but is determined upon careful review by the course leader who has the discretion to assign more significant weight to specific aspects of individual evaluations. This may be of particular importance when issues of professionalism have been identified. Students can view their summary, but not their individual, evaluations in OASIS.

For independent studies, ACMs, and away rotations, students are evaluated by one faculty member who completes the evaluation based either on direct observation or on feedback provided by other attending and resident physicians.

Final grades for the seven core clerkships are due 32 days after the clerkship ends (for AY25-26, MCC approved grades due within 34 days given the shortened clerkship rotation). Final grades for electives and sub-Internships are due 30 days after the rotation ends. Students can view their student performance evaluation in OASIS once they have completed their faculty and course evaluations.

Faculty Teaching Evaluations

Students are required to complete faculty teaching evaluations in all four years of medical school for individual lecturers, small group teachers, Doctoring community mentors, and clinical faculty including residents, attending physicians, and course leaders. Individual student evaluations of faculty are anonymous to the individual faculty being evaluated. Smaller numbers of evaluations are held over several rotation blocks to further preserve student anonymity.

For the policy respecting the release of faculty evaluations to faculty, see Policy No. 13-06.

Faculty use teaching evaluations to become better educators. Teaching evaluations are also a critical component of the university's academic promotions process. Outside of this formal, confidential process, students are encouraged, but not required, to bring any concerns about their teachers to appropriate course leaders or the Medical School administration. Students should also refer to Section 12 on the Learning Environment at the Medical School regarding other mechanisms by which to report concerns about their teachers.

Course Evaluations

Course evaluation forms are distributed at the end of every course in all phases. Course leaders and administrators can view aggregate reports of the course evaluation data. As with faculty evaluations, the identity of individual students is automatically redacted to ensure that the feedback is confidential.

Course leaders and administrators use course evaluations to look for patterns as a way to improve and refine their curriculum and courses for future students. For example, if a student rates a component of a course as a 1, which is the lowest point on the 5-point rating scale (1= Poor, 2 = Fair, 3= Good, 4 = Very Good, 5 = Excellent), notification is automatically sent to the appropriate curriculum director for review and intervention, if needed. The identity of the student who completed that course evaluation is redacted by OASIS.

See Policy No. 13-03 for timeliness for students to complete course evaluations and the consequences of noncompliance with this policy.

Section 4: Grading and Academic Performance

Grade Options

All Medical School courses in the pre-clerkship phase are graded on a Satisfactory (S)/No Credit (NC) basis; however, Doctoring courses in Years 1 and 2 also use Existing Deficiency (ED). Most clinical courses in the clerkship and post-clerkship phases are graded on an Honors (H)/Satisfactory (S)/Existing Deficiency (ED)/No Credit (NC) basis. A number of clinical electives are graded on a mandatory S/NC basis. Passing grades for courses that have a mandatory S/NC grade are recorded on the official University transcript with an asterisk (S*) next to the grade to indicate that the Honors designation is not an option for this course.

Grades in the IMS courses are assigned by the Director of the Pre-Clerkship curriculum in consultation with the course leader(s). Grades in the Doctoring courses are determined by the individual course leaders. Grades in clerkships, clinical electives, independent studies, away rotations and sub-internships are determined by the relevant clerkship or clinical elective course leaders.

Grades are determined as follows:

- **Honors (H or HNRS)**: indicates that the student has performed at a level of distinction as determined by the Clerkship Director, Clinical Elective Director, or Sub-internship Director, as applicable.

- **Satisfactory (S)***:* indicates that the student has completed all course requirements at or above the expected standard of performance.

- **No Credit (NC)***:* indicates that the student's overall performance in a course is below the expected standard of performance. In the pre-clerkship IMS curriculum, this grade is used when a student fails to meet the passing threshold of 70% at the completion of pre-clerkship course. In the clinical curriculum, this grade is used when a student receives unsatisfactory performance evaluations and does not satisfactorily complete one component of a clerkship (such as not passing a shelf exam or an OSCE), as defined by the course leader or clerkship director.

  When a student receives a grade of NC, a remediation plan is put into place by the curriculum directors for the appropriate pre-clerkship year and the course leader(s), clerkship director(s), or clinical elective course leader(s) for the clinical years. See 'Remediation and Repeating Courses/Semester' subsection below.

  After a course has been successfully remediated or repeated, the new grade of S replaces the original grade of NC on the official student transcript. If an NC grade is not remediated within one year from the time the grade is submitted, unless the student is on time away from medical school, the student may be required to repeat the entire course, clerkship, or elective. See 'Remediation and Repeating Courses/Semester' subsection below.

Grades of NC are reported to the MCASP. Note that remediation of a course or parts of a course are at the discretion of the course, clerkship, or clinical elective director with input from the Office of Medical Education (OME). (See this Section for the Medical School's academic support programs, remediation procedures, and a remediation pathway graphic.)

- **Existing Deficiency (ED)***:* this temporary grade indicates that the student has performed below the expected standard of performance in <u>one</u> component of the course such as not passing the shelf exam, the OSCE, or receiving unsatisfactory performance evaluations. This grade option, used exclusively in the clinical curriculum (including the Doctoring courses), is used when a course leader, clerkship director, sub-internship director, or clinical elective director believes that a reasonably limited amount of additional effort or study would remedy these deficiencies and result in satisfactory performance in all course components.

  When using the ED option, the course leader(s) clerkship director(s), sub-internship director(s) or clinical elective director(s) should discuss the deficiencies with the student, develop a plan and timetable for correction, and communicate this plan to the director(s) of the pre-clerkship or clinical curricula, as appropriate. The course leader(s), clerkship director(s), sub-internship director(s) or clinical elective director(s) should decide, at the time of the meeting with the student, what means will be used to evaluate the student's performance at the end of the timetable. When the student successfully remediates the deficiencies, the grade will be changed to satisfactory (S), and the student will receive full credit for the course.

  If the student fails to remediate the deficiencies as explicitly outlined in the plan, then the grade will be changed from ED to No Credit (NC). If an ED grade is not remediated within one year, unless the student is on time away from medical school, from the time the grade is submitted, the student may be required to repeat the entire course, clerkship, sub-internship, or elective. Grades of ED are reported to the MCASP.

  <u>Note</u>: A grade of ED cannot be used in non-clinical courses such as those in the IMS curriculum, and also cannot be used in non-MD graduate level courses, such as the Master's degree courses offered in the PC-PM program (aka MD-ScM).

  - **Incomplete (INC)**: indicates that the student was unable to complete all of the required course work, clerkship, or other rotation requirements due to circumstances beyond their control (for example, illness or a family emergency). Course work not completed within one year from the time the grade is submitted, unless the student is on time away from medical school, will result in the grade being changed to No Credit (NC). Grades of INC are not reported to MCASP.

  - **Approved Withdrawal (W)**: indicates that a student started but did not complete a course. The W grade is recorded on the student record but does not appear on the official transcript.

See 'Remediation and Repeating Courses/Semester' subsection below.

Grades on Transcripts

The grades of H/S/S*/ED/NC/INC become part of a student's unofficial transcript once entered in OASIS (internal registration and evaluation system) and become part of a student's official transcript once entered in Banner. Pursuant to Brown University policy, neither the notation of NC nor the description of the course in which the NC grade was given is displayed on the official transcript.

Grade Determination/Appeal

The Dean(s) or Director(s) of the curriculum, the course leader(s), the clerkship director(s), the sub-internship director(s), or the clinical elective director(s) are responsible for determining how students are evaluated and how grades are assigned. Please see the Grade and Evaluation Appeal Policy.

Grading for Pre-clerkship Courses

Courses in the pre-clerkship phase of medical school are organized within each semester of medical school as IMS I-III and Doctoring 1-3. Each semester consists of multiple IMS courses, with separate course numbers and course leader(s). Refer to Section 2 for specific courses taught in the pre-clerkship phase. Grading procedures for each phase of the curriculum, including PC-PM progression, is described in this subsection.

All pre-clerkship courses are graded S/NC, except Doctoring for which ED is also a possible grade option. Grades are determined based on examination score(s), and small group attendance and participation.

Grading for Doctoring 1-3 is based upon performance in small groups, OSCEs, case write-ups, reflective field notes, community mentor sessions, and the completion of service learning. If a student's performance is unsatisfactory in one component of the course, the student will receive an ED and be required to remediate the deficiency before receiving a final grade of S. If a student's performance is unsatisfactory in more than one component of the course, the student may receive an NC and be required to repeat the entire course, as determined by the Doctoring course leader(s).

At the course leader's discretion, students may progress to Doctoring 2 without passing Doctoring 1; however, students must pass both Doctoring 1 and 2 in Year 1 to proceed to Doctoring 3 in Year 2. HSS course grades are based upon examination questions, as well as field notes/reflections, performance in small group; and completion of several online Institute for Healthcare Improvement (IHI), self-directed learning, and data analysis modules.

Human Anatomy I and II course grades are based upon written and practical lab examination questions.

Examinations

Integrated exams occur in all semesters of the pre-clerkship phase (see examination table below). In courses with more than one exam, scores are cumulative, and final grades are determined based upon the total number of possible points on all exams.

For all IMS courses, a **grade of 70% or above is considered passing.** Note, students must achieve 70% or above on the HSS exam and the combined written and practical lab exams for Human Anatomy I and II to

pass these courses (even if students have passing scores on other components within such courses). Students who do not achieve a passing grade in a single IMS course will be assigned a grade of NC. The appropriate curriculum director will determine the remediation plan, which may consist of summer remediation or retaking of the entire course, tutoring, or independent study followed by a remediation examination (the latter may be more applicable to courses in semester 3 of the pre-clerkship phase).

See Exam Policy.

Small Group Format and Interactive Sessions

Small group sessions, case- and team-based learning, and laboratory sessions are important components of the IMS, PC-PM, and Doctoring courses; attendance and participation for such is mandatory.

See Excused Absence and Personal Day Policies.

Students should contact the small group leader to complete any makeup work.

Assessment of small group performance is based upon participation, quality of contribution to the discussions, and leadership skills. Each small group leader will assess student performance in the pertinent Medical School Competencies ('Competencies') if a sufficient number of faculty-student interactions occurred as determined by the Medical Curriculum Committee (MCC) Pre-clerkship Phase Subcommittee. Small group faculty evaluations are posted in OASIS.

Grading for PC-PM Courses

Year 1 (MD 2029) and Year 2 (MD 2028)

PC-PM Courses and Grading

In addition to the IMS and Doctoring courses above, students in the PC-PM Master's program will also be enrolled in the following courses:

Year 1 Semester 1:

- MED2010 Health Systems Science (HSS) (1 credit) (note: this is the same as HSS 1 but with a unique course number)
- MED2030 Research Methods in Population Medicine (1 credit)

Year 1 Semester 2:

- MED2030 Research Methods in Population Medicine (1 credit) (continuous course in Year 1)

Summer Courses (all are mandatory):

- MED2040 Health Systems Science (HSS) 2 (1 credit)
- MED2045 Quantitative Methods (1 credit)
- MED2980 Independent Study Thesis Research (1 credit)

Year 2 Semester 3:

- MED2046 Leadership (1 credit)

Grading for these courses will include online quizzes, participation in small groups, and completion of assignments. Grade options for all PC-PM courses are S/NC.

Grades for MED2030 Research Methods in Population Medicine are submitted in Semester 2; grades for MED2046 Leadership are submitted in Semester 3.

Refer to course syllabi for PC-PM course grading details.

PC-PM Grade Progression

If a student receives a grade of NC in a PC-PM program, a remediation plan will be developed at the discretion of the course director in conjunction with the Director of the PC-PM program. If a student receives a grade of NC in two PC-PM courses, the student will be withdrawn from the PC-PM program. If the second grade of NC occurs during Year 3 of medical school, the student may be withdrawn from the PC-PM program, but will remain enrolled in the LIC.

PC-PM course grades will not count towards academic standing in the MD program.

PC-PM students who are placed on academic probation by the MCASP for non-passing grades in the MD program will be considered for withdrawal from the PC-PM program.

Grading for Years 3 and 4

Clerkship Grading

Students should refer to the individual clerkship syllabus for information on clerkship grading. In general, clerkship grading consists of a combination of shelf exam, OSCE, and faculty and/or resident evaluations (with other components as determined by the individual clerkship). Students must pass each component of the clerkship in order to pass the clerkship. Students who receive an ED or NC in a clinical rotation (e.g. clerkship, sub-internship, or elective) for academic reasons – regardless of whether this ED/NC is due to clinical performance, shelf or OSCE exam score – will not be eligible for honors.

See also Grade and Evaluation Appeal Policy.

Shelf Exam Policies

See Exam Policy and Policy No. 10-03, subsection 3.1.2.

Attendance and participation in all clinical activities, lectures, case- and team-based learning, and other educational sessions in each clerkship are mandatory. Students need to complete a request for an **excused absence** on the Canvas homepage and receive permission from the appropriate curriculum director. If granted an excused absence, students must also notify their preceptor/team. The clerkship coordinator and/or director may assign makeup work for students, including additional clinical responsibilities, for any missed days.

Remediation and Repeating Courses/Semesters

Learners who do not meet the course requirements often need focused support. Remediation plans are designed to meet the specific learning needs of the student. Consultation with medical school administration is necessary to develop and enact a remediation plan.

Course Repeats

If a student receives a *single* grade of NC or ED in any IMS or Doctoring course, the student will meet with the Associate Dean for Student Affairs to discuss academic standing and receive additional guidance and academic support. The appropriate curriculum directors will determine the remediation plan, which may consist of an exam remediation, summer remediation, or retaking of the entire course.

If a student is permitted to take and then fails a remediation examination, the student will be required to repeat the pre-clerkship course the following year, and this second NC will be brought to the attention of the MCASP. At that time, the student may be placed on academic warning. Students are permitted to take only one remediation examination.

All pre-clerkship coursework, including remediation exams, must be completed before preparing for and taking the USMLE Step 1 examination.

In all four years, remediation may entail mandatory tutoring sessions followed by a remediation exam and/or a repeat of part of or of the entire course.

Semester Repeats

Students receiving a grade of NC in *two or more* IMS or Doctoring courses during a single semester will be reviewed by MCASP, may be required to repeat the entire semester - even if they have already passed one or more pre-clerkship courses - and will be considered for academic warning or probation by MCASP. Students may appeal the requirement to repeat the semester to the Dean of Medicine and Biological Sciences. Students who return the following year and fail an additional course can be considered for probation and/or dismissal by MCASP. Students will not be allowed to repeat Semesters 1, 2, or 3, as applicable, of the pre-clerkship phase for a third time.

Students must successfully complete all IMS courses as well as both Doctoring 1 and Doctoring 2 in order to proceed to Year 2.

At the course leader's discretion, **students may progress to Doctoring 2 without passing Doctoring 1.**

Doctoring Remediation Plans

Doctoring remediation plans consist of a discussion with course leaders to 1) review course, small group faculty, or mentor (Doctoring) feedback; 2) describe and clarify specific deficiencies; and, 3) collaborate to develop a remediation plan.

Remediation plans for the Doctoring course can include any or all of the following action items:

- Practicing clinical skills with standardized patients, Doctoring coaches (see below), and/or course leaders;

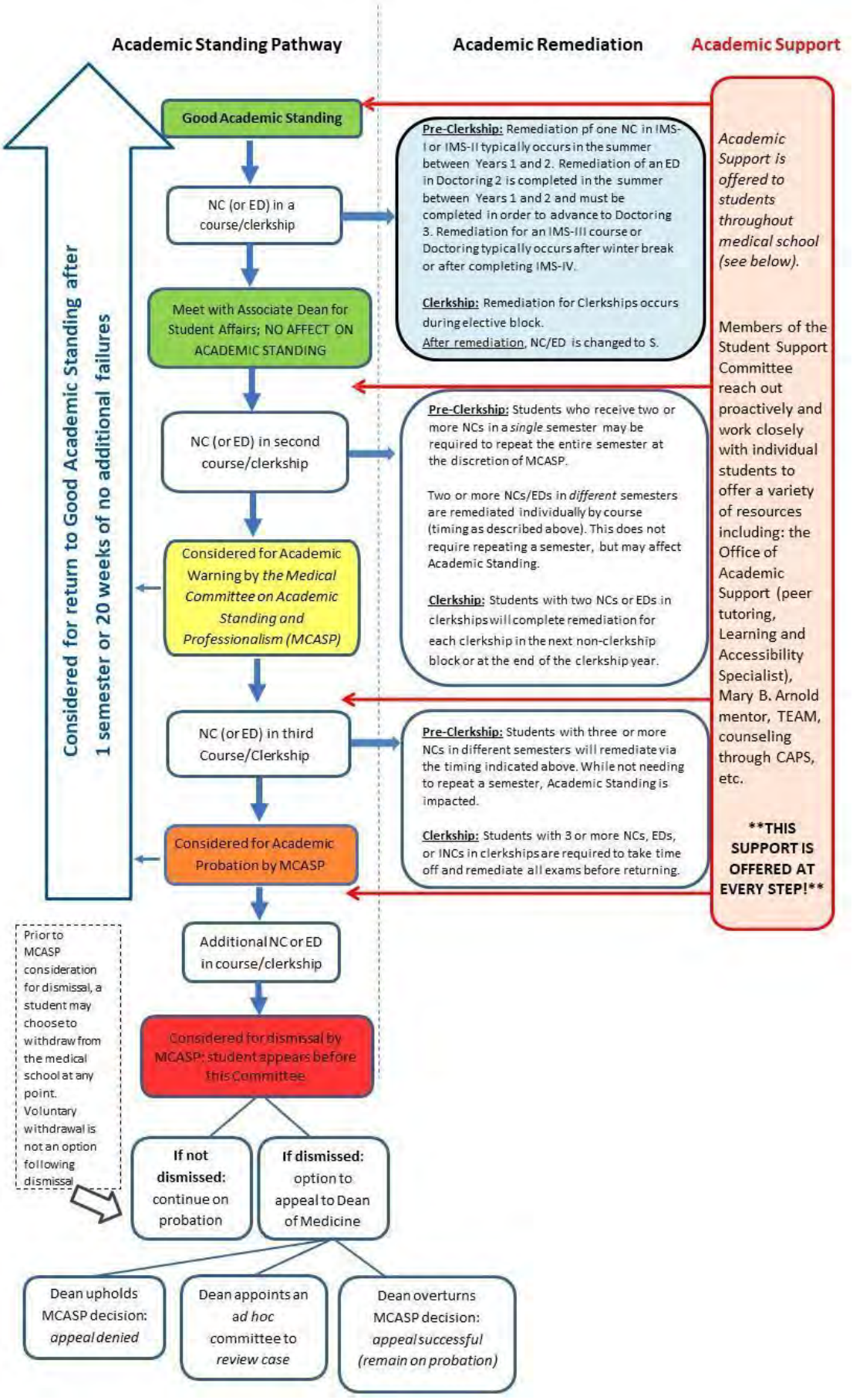
- Submitting additional or repeat assignments (e.g., case write-ups or reflective writing assignments);
- Working with a peer-mentor;
- Referral to the Office of Academic Support; and/or
- Referral to the Office of Student Affairs.

Upon completion of the remediation plan, students often meet with course leaders to discuss their progress and identify any ongoing concerns or additional support needed during the course.

Appeal

Students in the pre-clerkship phase may submit a grade appeal to the Grades and Records Appeal Committee, which will render a final decision on the matter. See Grade and Evaluation Appeal Policy.

See the remediation pathway graphic on the following page.


Academic Standing Pathway
Academic Remediation
Academic Support
Good Academic Standing
NC (or ED) in a course/clerkship
Meet with Associate Dean for Student Affairs; NO AFFECT ON ACADEMIC STANDING
NC (or ED) in second course/clerkship
Considered for Academic Warning by the Medical Committee on Academic Standing and Professionalism (MCASP)
NC (or ED) in third Course/Clerkship
Considered for Academic Probation by MCASP
Additional NC or ED in course/clerkship
Considered for dismissal by MCASP: student appears before this Committee
Considered for return to Good Academic Standing after 1 semester or 20 weeks of no additional failures
Prior to MCASP consideration for dismissal, a student may choose to withdraw from the medical school at any point. Voluntary withdrawal is not an option following dismissal
If not dismissed: continue on probation
If dismissed: option to appeal to Dean of Medicine
Dean upholds MCASP decision: appeal denied
Dean appoints an ad hoc committee to review case
Dean overturns MCASP decision: appeal successful (remain on probation)
Pre-Clerkship: Remediation pf one NC in IMS-I or IMS-II typically occurs in the summer between Years 1 and 2. Remediation of an ED in Doctoring 2 is completed in the summer between Years 1 and 2 and must be completed in order to advance to Doctoring 3. Remediation for an IMS-III course or Doctoring typically occurs after winter break or after completing IMS-IV.
Clerkship: Remediation for Clerkships occurs during elective block.
After remediation, NC/ED is changed to S.
Pre-Clerkship: Students who receive two or more NCs in a single semester may be required to repeat the entire semester at the discretion of MCASP.
Two or more NCs/EDs in different semesters are remediated individually by course (timing as described above). This does not require repeating a semester, but may affect Academic Standing.
Clerkship: Students with two NCs or EDs in clerkships will complete remediation for each clerkship in the next non-clerkship block or at the end of the clerkship year.
Pre-Clerkship: Students with three or more NCs in different semesters will remediate via the timing indicated above. While not needing to repeat a semester, Academic Standing is impacted.
Clerkship: Students with 3 or more NCs, EDs, or INCs in clerkships are required to take time off and remediate all exams before returning.
Academic Support is offered to students throughout medical school (see below).
Members of the Student Support Committee reach out proactively and work closely with individual students to offer a variety of resources including: the Office of Academic Support (peer tutoring, Learning and Accessibility Specialist), Mary B. Arnold mentor, TEAM, counseling through CAPS, etc.
THIS SUPPORT IS OFFERED AT EVERY STEP!

Student Level of Responsibility in Clinical Settings

Policy: Policy No. 09-03: Clinical Supervision of Medical Students

Process: Students may notify a faculty member if they are asked to perform above their level of responsibility; faculty members will manage such situations. Students may also document such instances on mid-clerkship feedback forms or course evaluations.

Electives

In all four years of the Medical School curriculum, students are encouraged to pursue a broad range of elective courses. This is enabled by pre-clerkship electives in the pre-clerkship phase and clinical electives in the clerkship and post-clerkship phases of medical school. These electives span the basic sciences, the clinical and translational sciences, and health systems sciences. If there is not an elective that fulfills a student's interests, students are encouraged to work with a faculty member to develop that elective or an independent study elective. In addition, students can enroll in a Scholarly Concentration beginning in Year 1 and continuing throughout medical school. Students are encouraged to meet with faculty and staff in the OME, the Office of Student Affairs (OSA), and their faculty mentors, including their longitudinal Mary B. Arnold mentors, and specialty advisors to discuss an elective plan across all four years.

Performance of Procedures

Medical students will have many opportunities to participate in or perform procedures on patients under appropriate supervision. There may, however, be circumstances when a medical student may decline to participate in or perform procedures that are in direct conflict with the student's own beliefs and values. If this situation arises, the student must discuss their concerns and intentions with the supervisor. Faculty should not allow the student's decision to adversely affect the student's performance appraisals, grades, or other privileges generally afforded to medical students. When there is a compelling reason that otherwise mandates the student's involvement, the supervisor is to make this clear while being respectful of the student's beliefs.

Students and faculty are encouraged to discuss their values and beliefs when it can be anticipated that conflicts may occur, and avoid placing patients in potentially difficult and embarrassing situations. Refusal to participate in a procedure or practice, however, does not excuse the medical student from being knowledgeable about that procedure or practice in question. Faculty may include questions designed to ascertain students' knowledge about such procedures on examinations. Students may not decline to answer these questions on the grounds of their sincerely held beliefs. They may, however, refuse to perform such procedures even if they are included in a performance-based evaluation. The student and the faculty should discuss alternative ways to assess essential knowledge or skills that the examination seeks to measure. The Associate Dean for Medical Education may be consulted to aid in this process.

Performance of Pelvic Examinations

The Medical School follows the recommendations made by the Association of Professors of Gynecology and Obstetrics, with support from the American Association of Medical Colleges and endorsement from the American College of Obstetricians and Gynecologists, the American College of Osteopathic

Obstetricians and Gynecologists and the American Urogynecology Society regarding teaching pelvic exams to medical students. All faculty are instructed to follow these guidelines when having medical students take part in clinical care. We believe it is of utmost importance to the future of reproductive health care that students understand how to provide comprehensive care to people with uteri and/or who identify as women. Learners in the clinical setting, including in the operating room when the patient is under anesthesia, should only perform a pelvic examination for teaching purposes when the pelvic exam is:

- Explicitly consented to;
- Related to the planned procedure;
- Performed by a student who is recognized by the patient as a part of their care team; AND
- Done under direct supervision by the educator.

Grade and Evaluation Appeal

See Grade and Evaluation Appeal Policy.

Healthcare Providers and Assessment of Students

See Policy No. 12-05.

Narrative Assessment Policy

See Policy No. 09-05.

Mid-Course Formative Feedback Policy

See Policy No. 09-07.

Workload Policy

For the pre-clerkship, student duty hour, and on-call policies, see Policy No. 08-08.01.

Medical Student Performance Evaluation (MSPE)

See Policy No. 13-12.

Academic Support

Introduction

The Medical School offers academic support and remediation support at all phases of the medical education program including pre-matriculation, pre-clerkship, clerkship, and post-clerkship phases, as described below.

Support Programs

Pre-clerkship

Program in Liberal Medical Education (PLME). Prior to matriculation at the Medical School, the PLME Advising Deans reach out to individual students who may need additional support

(academic/learning/personal/professional) in medical school. The Advising Deans may provide these students with information about contacting one or more of the following:

- Assistant Dean for Medical Education who oversees the pre-clerkship curriculum;
- Accessibility and Learning Specialist or Director, Office of Academic Support;
- Associate Dean for Student Affairs; and/or
- counseling and psychological services; and tutoring services.

Al's Pals. Prior to matriculation at the Medical School, Year 2 students reach out to rising Year 1 students introducing them to the Al's Pals program that links Year 2 students with rising Year 1 students. Incoming students complete a brief questionnaire with information that facilitates an optimal match. This program serves as an additional avenue of information and support for incoming students including questions about Providence, adjusting to medical school classes, etc.

Mary B. Arnold Mentors. Students are matched to their longitudinal Mary B. Arnold Mentors prior to matriculation, and first meet with these mentors during orientation and then multiple times during Year 1, both in one-on-one and group settings. Mentors provide academic, personal, and career advising as well as an additional layer of support for students as they navigate Year 1 of medical school. The student-mentor pairing lasts throughout the entirety of the four-year medical school experience.

Orientation. During orientation (Week 1 of medical school), students attend a session in which the features and layout of the Canvas webpages are demonstrated. This includes information about the following:

- Course materials
- Grading, Attendance, and Exam Policies
- The Learning Environment
- Tutoring (how to request a tutor)
- A link to the OSA website
- Well-being Resources (including a link to request a peer counselor through the confidential Student Health Council Peer Counseling program)
- Recommended Textbooks and Resources
- Web Resources and Study Materials – including links to study tools created by students, including the Medical School Notes Collective
- Links to live Google calendars
- IT Support

During Orientation, students also attend a session given by the Learning and Accessibility Specialist or Director, Office of Academic Support and the Study Smart student group which presents information about study strategies useful in medical school.

Faculty and Staff. The roles and responsibilities for key administrators may be published and/or e-mailed to the students annually to orient students to the defined roles of administrators and offices at the Medical School.

Study Smart. Each year a team of Year 2 students organizes a series of Study Smart sessions that is optional, but is offered to the entire class. This program was developed to present new Year 1 medical students with a coordinated and organized overview of study strategies, advice, and learning resources that are available to the Medical School students, from a student's point of view. Study Smart works with the Office of Academic Support to ensure a coordinated and comprehensive approach. The sessions are incorporated into several blocks of medical school.

Office of Academic Support

Learning Skills

The staff of the Office of Academic Support consults with students to help them adjust their learning methods to the demands of medical school. Areas most commonly addressed include study methods, time management, organizational skills, and test-taking skills. In addition to one-on-one consultations, group sessions are also provided as needed. Prior to matriculation at the Medical School, students in the PLME may be referred to the Office of Academic Support by their PLME Advising Dean for one-on-one consultations geared toward improving learning skills during their undergraduate studies. Once a student has matriculated into the Medical School, a student may be referred for consultation by faculty, Mary B. Arnold mentors, or may self-refer.

Academic Accommodations

The Office of Academic Support oversees accommodations at the Medical School related to the Americans with Disabilities Act (ADA) of 1990 as amended, and Section 504 of the Rehabilitation Act of 1973 (Section 504). Students can contact the office prior to matriculation in order to request accommodations for the coming year. Information on how to apply is sent to all students in early communications from the OSA, before matriculation. Accommodations may also be requested at any point in the academic year, with time needed to process the request and implement the accommodation if approved.

Students in the Medical School have the right to file a grievance for concerns related to disability. For the process of appealing a decision related to learning accommodations (including accommodations in clinical courses), begin by contacting the Director of the Office of Academic Support. If resolution is not achieved, appeals related to accommodation decisions may be brought to the Brown University ADA/504 Coordinator. For more information about appeals, please contact the ADA/504 Coordinator by email at ADA_504@Brown.edu or by phone at 401-863-2386. If a student believes they are being subjected to prohibited discriminatory treatment in a program or activity of the University based on their disability status, which may be a violation of Brown's Nondiscrimination and Anti-Harassment Policy, please follow the complaint and discrimination procedures outlined by the Office of Equity Compliance and Reporting.

IMS Curriculum. The IMS curriculum is organized according to integrated blocks across the pre-clerkship curriculum. IMS-I serves as a foundation for the organ systems-based courses, and spans Semester 1. To help students adjust to medical school, and to allow for early identification of students who are struggling, there are multiple exams for each course in IMS-I.

The Assistant Dean for Medical Education proactively contacts any student who has a score of <70% on any component (e.g., SFM portion) of an IMS exam or in any course. Since there are multiple exams for most Year 1 courses, receiving <70% in a course component of an integrated exam does not equate with receiving an NC in a course; rather, this structure allows for early intervention and opportunities to provide academic support. Students are encouraged to request a Tutor, and are made aware of additional resources available including the Office of Academic Support; Mary B. Arnold Mentors; OBEDI; and counseling through Counseling and Psychological Services (CAPS).

Doctoring Course Support

The Doctoring courses at the Medical School teaches clinical skills through two primary settings: 1) small groups led by two or more faculty members, and 2) community mentor sessions overseen by a clinical preceptor. One of the key roles of small group faculty members is to evaluate student performance and identify students that may need additional academic support. Weekly observations of students by small group faculty assess student's knowledge, skills, and attitudes, and support student's progress in the Medical School Competencies. Faculty meet with students individually at the mid-semester mark to provide reinforcing and constructive feedback and to assist students in setting academic goals.

If at any time a small group faculty member or a community mentor identifies a concern in a student's performance and/or participation, they notify the course leaders or the relevant program administrators. Based on the level of concern, the course leaders will either offer specific guidance on how they can best support the student within the structure of the course (such as setting specific goals or providing feedback with a timeline for improvement) or meet with the student themselves (see 'Remediation and Repeating Courses/Semester' subsection above). Regular follow up ensues until goals are met.

If a student does not pass an OSCE (Objective Structured Clinical Examination) or does not achieve competency goals in the Medical School Competencies at mid-semester or the final semester evaluations, they meet with course leaders to review their performance and discuss a remediation plan.

Doctoring Peer Mentor (DPM) Program

The goal of the program is to: 1) develop a cadre of Year 2 near-peer mentors equipped to provide clinical skills feedback and facilitate small group discussions, 2) provide near-peer mentorship to Year 1 students navigating a variety of new curricular experiences during Doctoring, and 3) develop opportunities for additional clinical skills practice for Year 1 medical students. Rising Year 2 students can nominate a peer or self-nominate at the end of the Year 1 based on their contributions to Doctoring small group discussions and their organizational, interpersonal, and clinical skills. Four individuals are selected to serve as coordinators and an additional cohort of students are selected to serve as DPMs. Two to four DPMs are assigned to each of the 18 Doctoring small groups. DPMs provide peer support for students during important curricular milestones in Year 1 Semester 1, and are tasked with the following responsibilities:

- Meet with designated Year 1 small group faculty and student mentees at the beginning of the semester to introduce the program;
- Send email check-in correspondences to students during the semester and prior to the first community mentor visit and OSCE;
- Participate in mock OSCEs; and
- Facilitate optional small group debriefs on difficult topics for Year 1 medical students throughout the semester.

Doctoring Coaches

Doctoring coaches are faculty members who serve in an additional capacity within the Doctoring Program. The main responsibility of a Doctoring coach is to work with students whom course leaders have identified as being at high risk for not meeting course requirements as a result of a deficiency in a specific area. Coaches will complement the existing course curriculum by assisting identified students in making progress toward a specific course objective outside of the traditional course structure. Students who are referred to the Doctoring coaches will generally fall into one of the following categories:

- Students who have been identified by their small group faculty or community mentor as having key deficiencies that are not improving or after utilizing already available course resources.
- Students who have failed an OSCE and require additional coaching outside of the normal remediation process with course leaders.
- Students who have failed a Doctoring course and require additional coaching outside of the normal remediation process with course leaders.

Clerkships and Post-clerkship

Many of the same processes identified for the pre-clerkship phase exist in the clerkship and post-clerkship phases. Students are required to meet with their clerkship director or their designee (e.g. faculty attending physician) at the midpoint of each clerkship to review areas of strength and areas that may need improvement. Students take shelf exams at the end of each clerkship; these scores are released to students within one week (and typically within three to four business days) so that students who struggled on an exam are identified and linked with the Office of Academic Support at the Medical School or with peer tutoring through the OME. In addition, students may also meet with their Mary B. Arnold Mentor or a member of OME, OSA, or OBEDI to discuss other options for support.

Peer Tutoring Program (all phases)

The OME provides a year-round robust peer-tutoring program at no cost for all medical students for all years of medical school. Students are informed about the Peer Tutoring program during Orientation in Week 1 of medical school. Students request a peer tutor by completing a Qualtrics form via a link on each class Canvas webpage. Once a form is completed, an email is routed to the OME.

In addition to having tutoring available, the OME proactively contacts students who are at-risk academically to offer tutorial support.

Student Support Committee

The Student Support Committee determines how the Medical School can best support students who are struggling for academic, personal or professional reasons; to assist in longitudinal monitoring of student progress; students' well-being; and, to develop timely, appropriate, and actionable plans for students. This Committee offers another layer of administrative support to aid in students' success. Member representation is staffed by OSA, OME, and OBEDI.

Monitoring of Student Performance Evaluation Ratings

Student Performance Evaluations (SPEs) completed by faculty evaluators are used longitudinally throughout medical school to assess progression in the Medical School Competencies. The Competencies

each contain multiple sub-competencies, which are observable, measurable outcomes-based objectives Medical School students must be able to demonstrate by the time of graduation.

SPEs contain quantitative ratings on each of the six Competencies that are taught within each course, clerkship, clinical elective, and sub-internship. All Competencies are measured on a 5-point Likert-type scale as follows: (1) Critical Deficiency, (2) Below Expectations, (3) Meets Expectations, (4) Exceeds Expectations, and (5) Far Exceeds Expectations. SPEs also include a qualitative component based on student performance. *Summative* SPEs are completed at the end of the course. These differ from the *formative* SPEs that occur at mid-course, such as in the Histology and Microbiology/Infectious Diseases courses or the mentor SPEs in the Doctoring curriculum.

If a student receives a (1) Critical Deficiency or (2) Below Expectations on a summative or formative SPE, the Associate Deans for Student Affairs and Medical Education are alerted. The Associate Deans review additional data, which may include reaching out to the faculty evaluator, course leader, or clerkship director for more information. Yearly, the Student Support Committee reviews summary data for students who receive either a (1) Critical Deficiency or (2) Below Expectations on an SPE. All data is tracked longitudinally.

Section 5: Registration and Tuition

Registration

Add/Drop Policy

See Policy No. 13-15.

Requests for schedule/clinical site changes

See Policy No. 10-09.

Course Overlaps; Concurrent Enrollment

Students cannot register more than once for the same course. Students cannot be concurrently enrolled in multiple courses including Away Rotations and Independent Studies, with the exception of specific longitudinal programs such as an ACM, or programs which meet in the evening such as the Internship Preparation Course (IPC) sessions, and OSCEs. Students cannot be enrolled in courses during designated vacation weeks except as approved by the course leader.

Tuition

Annual tuition for the Medical School is fixed by the Corporation of the University for a given academic year. The annual charge does not cover tuition for courses taken in the summer preceding Year 1 of medical school or between Year 1 and 2 of medical school.

Full-time enrollment consists of:

- Years 1 and 2: registration for all required courses in a given semester
- Years 3 and 4: registration in 13 to 24 weeks of clinical courses in a given semester

Half-time enrollment: 12 weeks of enrollment in a given semester (note, this is by permission only of the Senior Associate Dean for Medical Education).

Less-than-half-time enrollment: less than 12 weeks of enrollment in a given semester. Note that the minimum tuition charge assessed per semester will be for a half-quarter.

Students are responsible for paying full-time tuition unless they take approved time away from the Medical School. Adjustment of annual tuition charges will be made for any student in the medical school who withdraws officially or who is dismissed for academic reasons, subject to the following provisions:

A student who leaves the medical school prior to the beginning of the semester shall not be charged tuition or fees for the semester.

(Note that Fall semester for Years 1 and 2 starts in late July/early August; for Years 3 and 4 it starts in late April/early May. Spring semester for Years 1 and 2 starts in January; for Years 3 and 4 it starts in late October.)

A student who leaves the Medical School during either Fall or Spring semester shall be eligible for a tuition refund during the first five weeks only, as follows:

First two weeks	80% refund
Third week	60% refund
Fourth week	40% refund
Fifth week	20% refund
Beyond fifth week	Not eligible for refund

Students who receive a grade of no credit (NC) and must repeat the course are responsible for additional tuition payments during the academic period in which the course is repeated.

Additional tuition is charged for courses taken beyond the traditional course load.

Information about student accounts and electronic billing is found on the University Bursar's department website.

(See also Section 6, subsection 'Withdrawal and the Return of Title IV Funds' below and Policy No. 12-02.)

Tuition and Repeating Semesters

Medical Students are required to pay eight semesters of full-time medical school tuition (see Section 2). Periods of Academic Scholar Program (ASP) are not included in the eight semesters. Students who enroll in the ASP will be charged 1/40th of the tuition rate in-place for that semester. If the medical student is required to repeat an entire semester due to academic issues, **the student will not be required to pay additional tuition for that repeated semester.** The student's enrollment status would be full-time and they would be eligible for financial aid to assist with other components of the cost of attendance, such as housing and other living expenses. Note that Years 1 and 2 students may repeat a course during the summer semester with permission from the Medical School Associate Dean for Student Affairs in order to stay in phase with the curriculum. The student is not assessed any additional tuition charges for the summer repeated course(s).

Delinquent Student Accounts

Brown University requires payment of tuition and fees by August 1 for Semester 1 and by January 1 for Semester 2. Account balances not paid by the deadlines are assessed a 1.5% late payment charge. In addition, students with past due balances will have a Bursar hold placed on their record, which prevents them from receiving official transcripts, receiving a diploma or registering for classes.

Accounts which are not paid in full (except those on the monthly payment plan) will be referred to the University Student Account Committee for review. The Committee's action may include cancellation of eligibility for enrollment and/or dismissal. No diploma, certificate, transcript, or letter of recommendation will be issued to any student or former student, unless all accounts are satisfactorily settled.

The Dean's designee on the University Student Account Committee will be the Senior Associate Dean for Medical Education, or an alternate person designated by the Dean of Medicine and Biological Sciences who is familiar with the student's academic and personal situation and with the authority to withdraw the student from the University.

Section 6: Financial Aid

General Policy Statement

While the Medical School tries to assist students with documented financial need, the primary responsibility for paying for one's medical education must rest with each student and their family. When the amount that a student and their family can contribute is determined to be insufficient to meet all of the costs of attending medical school, financial aid is available from several sources. Actual aid offers depend on federal funding levels as well as on institutional resources. The University Corporation determines the tuition rate and other fees annually for the Medical School. Although graduate students are considered independent for most types of federal aid, the Medical School does not recognize the status of the independent student in the awarding of institutional funds, regardless of the student's age, marital status, or number of years which the student has been self-supporting. This policy ensures that institutional funds are allocated to students who have demonstrated limited family resources to help students with educational costs.

In accordance with federal laws and applicable regulations, Brown University does not discriminate on the basis of sex, race, color, religion, age, handicap, status as a veteran, sexual orientation, or national or ethnic origin in the awarding of financial assistance.

Eligibility for Financial Aid

Criteria

To be eligible for financial aid in the Medical School, a student must be enrolled at least half-time in a degree-granting program and must be making satisfactory academic progress toward a degree as defined in Section 10 of this Student Handbook. ***Students who attend on a less than half-time basis are not eligible for federal or institutional financial aid***. If students drop courses throughout the semester resulting in less than half-time enrollment, their aid for the semester could be reduced or canceled depending on the time of course withdrawal.

At the Medical School, enrollment and tuition charges are assessed each semester. The Medical School definitions for full-time, half-time and less than half-time enrollment are described in Section 5. Please note the Medical School is a full-time program and full tuition is assessed each semester unless on approved time away or special permission of the Associate Dean for Student Affairs. In general, enrollment for less than 12 weeks is usually considered to be less than half-time.

Students are generally only eligible for aid during periods of enrollment for which they are being charged tuition unless they are repeating an entire semester for academic reasons. In this case, aid can be offered for other living expenses. The Medical School scholarships and loans are generally *not* available for expenses related to enrollment in courses taken by away clerkships, even though transfer of academic credit may be authorized. Students who attend the Medical School for less than a full academic year will have aid prorated to reflect their actual enrollment. Students are not eligible for the Medical School scholarships and loans during periods of enrollment in the Academic Scholar Program (ASP); however, they may be considered for federal loan funding upon request.

Students who wish to be considered for Medical School need-based scholarship and loans must complete all required application materials by the deadline date. Applications must be submitted for each year the student wishes to receive Medical School funding.

THE DEADLINE DATE TO COMPLETE AID APPLICATIONS EACH YEAR IS MARCH 1.

International students who do not hold a permanent resident visa are not eligible for federal financial aid programs, although institutional merit aid may be offered through the admission process to a limited number of students.

Assessing Parental Resources

Graduate and professional school students may wish to declare independence from their parents; some have been self-supporting for years. While the Medical School is sensitive to the desire of students to maintain financial independence of their families, the Medical School is not in a position to transfer financial dependence from one's parents to the Medical School. Therefore, *parental information is required for all students applying for the Medical School scholarships and loans, regardless of the student's age, marital status, or number of years which the student has been self-supporting.*

Parental information may be waived in exceptional circumstances with supporting documentation (e.g., court orders, attorney or clergy statements, licensed therapist). Students who wish to waive parental data should complete a waiver form that is available from the Medical School Office of Financial Aid during the aid application cycle.

Assessing Student (and Spouse) Resources

Students are expected to pay for a portion of their educational expenses. That contribution depends on several factors which are described below:

- **Prior-Prior Year vs. Academic Year Income**: In determining student and spouse contributions, the Federal Methodology uses prior-prior year data or income data from two calendar years prior to the academic year for which financial aid is sought. The analysis assumes a continuation of that income in the current calendar year. In such cases where this assumption is incorrect, students may explain this change through the Medical School financial aid application process. Years 1 and 2 students should take special care to report large decreases in income from year to year.

- **Summer Earnings Expectation**: Years 1 and 2 students are expected to contribute $1,650 from summer earnings toward their educational expenses. The summer earnings contribution is not waived for students who elect to take courses that are not required for admission to the Medical School. Since Years 3 and 4 students are enrolled year-round, a summer earnings contribution is not assessed.

- **Student's (and Spouse's) Assets**: A contribution is expected from assets which the student and/or spouse own, including, but not limited to, savings, certain types of property, and

investments. Please be aware that federal regulations require assets which are held in the student's social security number or the student's spouse's social security number to be considered a resource for the student's education.

Policy for Satisfactory Academic Progress for Receipt of Federal Financial Aid:

Federal regulations require that all students receiving federal financial aid maintain satisfactory academic progress (SAP). There is both a qualitative (pass/fail) and quantitative (pace) measure for determining students' progress. See Section10. **The Federal SAP policy applies to all medical students receiving federal financial aid, but the policy for determining SAP cannot be different for non-aided students.** SAP will be assessed at the end of each semester to determine medical students' eligibility for federal aid. The following policy presents the standards established by The Medical School for making satisfactory academic progress.

The MCASP is the governing body at the Medical School which monitors students' progress and approves students' promotion from one phase of the curriculum to the next. On the basis of this review, the MCASP determines whether students are to be promoted, promoted with conditions, not promoted, placed on academic warning or probation, dismissed, graduated, or graduated contingent upon completion of certain remaining requirements. The committee recommends action, including warnings, probation, return to good academic standing, and dismissing students from the Medical School. For students with extenuating circumstances, MCASP may grant extensions to the requirements that Medical School be completed within a certain number of years. Each spring, it recommends students for graduation and awards.

Determination of the Student Cost of Attendance

The cost of attendance is thoughtfully calculated annually based on many resources: market analysis of the cost of living in the Providence area, University charges approved by the Brown Corporation and periodic survey feedback from enrolled students regarding their living expenses. The student cost of attendance reflects costs only for periods of enrollment and includes tuition, fees, books and supplies, national board fees, transportation expenses, and reasonable personal and living expenses. Federal regulations do not permit student budgets to include expenses related to the cost of purchasing an automobile or home and cannot include consumer debt that is not related to educational expenses. The cost of attendance is finalized in April, typically increases by three to five percent each year, and is displayed on the financial aid website.

Financial Aid Packages for Students Receiving Institutional Funding

Once financial need has been determined, the OFA constructs a 'package' or combination of financial aid resources. The sources of aid are based upon program eligibility criteria, availability of funds, and the student's financial need. Aid packages may consist of scholarship funds, subsidized loans and unsubsidized loans.

The financial need of students who qualify for institutional funding is covered first with a fixed amount in institutional and federal loans, which is called the base loan. All need remaining, after the base loan is subtracted, is met with a need-based scholarship from the Medical School.

The amount and composition of the base loan is determined annually upon anticipated institutional resources and the projected aggregate need of financial aid applicants. The first portion of the base loan is the Federal Unsubsidized Direct Loan. This loan has a fixed rate, but is set each year and based on current market rates. It is called an unsubsidized loan because simple interest begins to accrue on this loan from the date that the funds are disbursed to the student's school account. The amount packaged in the Federal Unsubsidized Stafford Loan is determined each year and depends on other aid factors. The initial aid offer notification provides the current base loan amount.

Financial Aid Packages for Students Receiving External Funding

Students who do not qualify for institutional funding may borrow from several loan programs. The most common program is the Federal Direct Unsubsidized Loans, and, if necessary, l the Federal GradPLUS Loans and/or a Private Loan. Together, these loans provide sufficient funds to cover the full cost of attendance each year. Students who borrow private loans should carefully review all of the terms of each loan program in order to make informed decisions about borrowing plans. Creditworthiness and repayment programs beyond graduation are factors to scrutinize when considering these loans. It is advisable to consult the advice of the Medical School OFA prior to making your decision.

Financial Aid for MD/Ph.D. Students

During Years 1 to 4 of the MD program, MD/Ph.D. students receive funding to cover tuition and related fees charged by the University. Note that MD/Ph.D. candidates are ***not*** eligible for need- based scholarship in addition to the MD/Ph.D. tuition funding; however, federal loan funding is available to assist with living expenses. While enrolled in the Ph.D. program, students receive fellowship or assistantship support including full tuition and fees, and a stipend for 12 months per year, for up to five (5) years.

MD/Ph.D. students must complete all experimental work needed for the thesis prior to re-entry into Year 3 of medical school and successfully defend their thesis prior to entry into Year 4 to receive the tuition and fee scholarship in Years 3 and 4.

Financial Aid for International Students

Eligibility for institutional aid is determined at the point of the admission application for candidates who are neither U.S. citizens nor U.S. permanent residents. This decision cannot be re-considered afterward. International students who are enrolled in the PLME should be aware of the Medical School policy and note that financial aid will not be available to them in their medical years of study.

Outside Aid

Recipients of private loans and/or scholarships are obligated to provide the Medical School OFA with written confirmation of the annual aid amount from the outside agency. Outside aid that would result in an over-award, aid beyond the cost of attendance, will first reduce the student's least favorable loans (e.g., Federal Graduate PLUS or Federal Unsubsidized Direct loans). Outside aid that exceeds the amount borrowed will then reduce the Medical School loans and scholarship.

Appeal of Financial Aid Decisions

A medical student who feels that their application for financial aid has not been given full consideration should first discuss the matter with the Director of Financial Aid. If, after discussing the matter with the financial aid staff, the student does not feel the award is appropriate under the University guidelines, the student may appeal to the Senior Associate Dean for Medical Education. The Senior Associate Dean will consult with the Dean of the Medical School. All the matters pertaining to financial aid are confidential, and all decisions made by the Dean are final.

Withdrawals and the Return of Title IV Funds

See Policy No. 12-02.

Reinstatement

A student shall be reinstated for federal Title IV financial aid eligibility at such time as they have satisfactorily completed sufficient coursework/remediation requirements to meet the standards for progress set forth in this policy, as determined by the Senior Associate Dean for Medical Education and the MCASP.

Section 7: Attendance

Introduction

Do not make travel or conference plans until you have determined whether or not an absence will be excused. If ill, students SHOULD NOT come to school but should contact Health Services. They will be granted an excused absence from the appropriate curriculum director with documentation from Health Services.

Excused Absences

Policy: Excused Absence Policy

Process: The process for obtaining excused absences in all phases are detailed below. If a student has concerns regarding the response received through the usual absence process, they can contact either the Associate Dean for Student Affairs or the Associate Dean for Medical Education for additional assistance.

Pre-clerkship Phase

1. Submit the Excused Absence form on the respective class Canvas webpage.
2. Excused Absence forms must be submitted a *minimum of two weeks* from the proposed excused absence date, or as far in advance as possible.
3. If granted an excused absence by the appropriate curriculum director, students must then notify their small group leader(s). Make-up work will be required as assigned by the appropriate curriculum director.
4. In the case of illness or unpredictable life event, an absence will be approved retroactively once appropriate documentation from a provider or Health Services has been submitted to the appropriate curriculum director within two days of return to school activities.

Rescheduling Doctoring Mentor Sessions

1. Students should first work directly with their mentor to reschedule. (Note that there is a scheduled make-up mentor session at the end of most semesters.)
2. If a student and their mentor determine that it is not possible to complete all required sessions by the end of the semester, students may:
    a. request a *substitute mentor* after all other options have been exhausted, or
    b. request an extension to complete their sessions.
3. Students should contact the relevant Doctoring Program administrator to discuss potential options.

Clerkship Phase

1. Submit the Excused Absence form on the respective class Canvas webpage.
2. Excused Absence forms must be submitted a *minimum of two weeks* from the proposed excused absence date, or as far in advance as possible.
3. If granted an excused absence, the appropriate curriculum director will notify the relevant clerkship director and coordinator.
4. Students should work with the clerkship director and coordinator on any make-up work.

5. In the case of illness or unpredictable life event, an absence will be approved retroactively once appropriate documentation from a provider or Health Services has been submitted to the appropriate curriculum director within two days of return to school activities.

Post-clerkship Phase

1. Submit the Excused Absence form on the respective class Canvas webpage.
2. Excused Absence forms must be submitted a *minimum of two weeks* from the proposed excused absence date, or as far in advance as possible.
3. If granted an excused absence, the appropriate curriculum director will notify the relevant sub-internship or elective director and coordinator.
4. Students should work with the sub-internship or elective director and coordinator on any make-up work. Parameters for make-up work are below:
    a. If that is not possible, the student may receive reduced credit.
    b. If a student does not complete the plan for missed days by the time grades are due, the student will receive a grade of Incomplete (INC).
    c. INC grade can be changed after the student completes the make-up work designated by the course leader.
    d. If the student does not complete the plan for missed days within one year or by April 1st of the graduating year for Year 4 students, the student will receive NC for that sub-internship or elective.
5. In the case of illness or unpredictable life event, an absence will be approved retroactively once appropriate documentation from a provider or Health Services has been submitted to the appropriate curriculum director within two days of return to school activities.
6. Students should contact the OME and/or Student Affairs for guidance in planning their schedule to minimize the chance of these issues arising during a sub-internship or elective.
7. When the student is aware of the need for excused time, students are expected to discuss future excusable absences with the course leader as soon as practicable.

Exam Extension/Rescheduling Process Per Phase

Policies: Excused Absence Policy; Exam Policy

Process:

Pre-clerkship

1. Students must submit a request for an exam delay to the appropriate curriculum director (Director of Doctoring for OSCE exams; Assistant Dean for Medical Education – Pre-clerkship Curriculum for IMS exams) via email.
2. If an exam delay is approved, students may take the exam within 5 days, pending availability of the appropriate proctoring resources.
3. Students may also receive a grade of Incomplete (INC) in the course until the exam is taken.

Clerkship

1. Students must submit a request for a shelf exam delay no later than the Wednesday before the shelf exam by emailing the Associate Dean for Student Affairs and the Associate Dean for Medical Education.

2. If a shelf exam delay is approved, students may only take the shelf exam during their next non-clerkship block period, including elective or vacation time, pending availability of the appropriate proctoring resources.
3. Rescheduling an OSCE due to illness or an unplanned major life event must be arranged with the clerkship coordinator, and may only be taken within a subsequent clerkship block if space allows. Standalone OSCE make-up sessions for individual students are not permitted.
4. Students will receive a grade of Incomplete (INC) in the clerkship until the shelf exam or OSCE is taken.

Personal Days for All Phases

Policy: Personal Day Policy

Process: Personal Day Policy

Attendance Requirements

IMS I-IV

Lectures: Attendance at non-required medical school lectures is strongly encouraged but not mandatory. Some lectures (e.g. guest lectures) require attendance and students are expected to attend.

All Small Group sessions, Team-and Case-Based Learning, Interprofessional Education, and Laboratory Sessions (e.g. anatomy, wet labs) are required activities. **Attendance is mandatory**. All absences must be excused and will require make up work. Students must request an excused absence on the Canvas website, and then permission must be granted from the appropriate curriculum director to miss a small group, team and case-based learning, or laboratory session. Accommodation absences can be approved proactively as accommodation for a disability. Any unexcused absence will result in a professionalism form (see Section 10 of this Student Handbook for more information about professionalism) and may be brought to the attention of the Student Support Committee and/or MCASP.

Doctoring 1-3

For all components of the Doctoring courses, timely attendance and active participation are mandatory.

- Lectures, Small Group Sessions, and OSCEs: These are required activities, and attendance is mandatory. All absences must be excused and will require make up work. Students must request an excused absence on the Canvas website, and then permission must be granted from the Director of the Doctoring Program. Any unexcused absence will result in a professionalism form (see Section 10 of this Student Handbook for more information about professionalism) and may be brought to the attention of the Student Support Committee and/or MCASP. If granted an excused absence by the Director of the Doctoring Program, students must also notify their small group leader(s).

- Mentor Sessions: Attendance, participation, and documentation are mandatory. Any missed session must be made up before the end of the semester. Students cannot complete more than

two mentor sessions on any given day (maximum of an eight-hour shift), and only one such 'double-shift' is permitted, with prior approval. [Please note that there is a make-up mentor session scheduled at the end of most semesters to provide flexibility for those students with an absence during the semester]. Documentation is both a method of tracking attendance and clinical experiences, and is an important professional skill for health care providers. Students with incomplete documentation of their mentor sessions by the deadline each semester will receive a professionalism report. Students should double-check their OASIS entries to ensure that they have successfully logged all mentor sessions before the deadline; a grade cannot be submitted until satisfactory completion and logging of mentor sessions.

Clerkship Rotations

Policy: Excused Absence Policy

Process: See above for requesting excused absences.

Each Year 3 Clerkship has clearly defined standards for required lecture/didactic attendance and daily participation in clinical activities. These standards are specific to each clerkship and discussed during clerkship orientation. All absences must be excused and may require make up work. Students must request an excused absence on the Canvas website, and then permission must be granted from the appropriate curriculum director. Any unexcused absence will result in a professionalism form (see Section 10 of this Student Handbook for more information about professionalism) and may be brought to the attention of the Student Support Committee and/or MCASP. If granted an excused absence by the appropriate curriculum director, students must also notify their clerkship and/or site director, clerkship coordinator, and precepting team (attendings and residents).

Post-clerkship Rotations (Sub-Internships and Elective Rotations)

Policy: Personal Day Policy

Process: See above for requesting excused absences.

Primary Care – Population Medicine Program (PC-PM)

Policy: Personal Day Policy

Process: The PC-PM Program courses are required activities. Timely attendance and active participation are mandatory. To be absent, students must request an absence from the appropriate curriculum Director (by year) by filling out the absence form located on the Canvas webpage for a student's class year. Students must work with the course leader to determine the need for make-up work. An unexcused absence will result in a professionalism form, and repeated absences may result in a grade of NC for the course.

Make Up Work

IMS

Students missing a required IMS small group, team- and case-based learning, or laboratory session must complete a written make-up assignment, the content of which will be determined by the appropriate curriculum director. Make-up assignments must be completed before a student can successfully pass an IMS course.

Doctoring

Students missing a required Doctoring session are responsible for any material covered during the absence and must work collaboratively with the Director of the Doctoring Program, course leaders, and small group faculty or community mentor, to make-up the missed work in a timely fashion. Make-up assignments must be completed before a student can successfully pass a Doctoring course.

Clinical Rotations

Excused absences may require commensurate make-up activities, the details of which will be determined by the clerkship director, in the case of a clerkship, by the elective leader in the case of a clinical elective, or the sub-internship director in the case of a sub-internship.

PC-PM Program

Students missing a required PC-PM session are responsible for any material covered in their absence and must work collaboratively with the appropriate course leader to make-up the missed work in a timely fashion. Make-up assignments must be completed before a student can successfully pass a PC-PM course.

Holidays

The Medical School follows most Brown University observed holidays, which include:

- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Indigenous Peoples Day
- Thanksgiving holiday: Thursday – Sunday
- New Year's Day
- Martin Luther King, Jr. Day

Special notes

Election Day*:* On Election Day (the first Tuesday after the first Monday in the month of November), all curriculum (pre-clerkship, clerkship, electives) will end by 5 pm so that students may vote in person should they choose to do so. Students will be encouraged to vote through any of the available options, including voting in person or voting through an absentee ballot.

Weekend Schedules for Clerkships and Other Clinical Rotations*:* The University and its clinical sites may not adhere to the same holiday schedules. The policy agreed to by the Medical School and our hospital partners regarding weekend and holiday scheduling is as follows:

1. It may not be possible for students to predict their weekend work schedule far in advance. Students' clinical assignments and/or call schedules are generally not finalized until a rotation is about to begin at the earliest. If students have scheduling questions about upcoming clerkships or clinical rotations, they should contact the Assistant Dean for Medical Education via e-mail as early as possible. Occasionally (but without guarantee), clinical assignments can be adjusted in advance to accommodate important scheduled events. It may not be possible to accommodate requests after clinical assignments have been made.

2. If students are on a rotation at an institution that observes a holiday (e.g., Veterans Day, Presidents Day), and they are not scheduled to work, they will then have said day off.

3. Year 3 and 4 students are expected to work a full day on the Wednesday before Thanksgiving. All Year 3 and 4 Medical School students are off for four days at Thanksgiving, including the holiday itself and the following Friday/Saturday/Sunday, regardless of which clinical rotation they are on. All students are expected to return for a normal workday on the Monday following Thanksgiving.

4. Year 3 and 4 students have a minimum of one week of vacation for the winter break. The exact schedule varies from year to year and is posted on the class calendars.

Section 8: Time Away from Medical Studies

Introduction

Students may need to take time away from their academic activities for a variety of professional and personal reasons. While on any approved time away from the Medical School, the student is responsible for monitoring their Brown email account and responding to emails from administrators. Students in the Academic Scholar Program (ASP) must continue their compliance with all immunization requirements as well as their HIPAA and fit test (N95) requirements. Students on leave of absence (LOA) are encouraged to remain compliant with immunizations. Students on time away should be aware of these requirements to ensure that they are compliant upon their return. Non-compliance can result in an interruption of a student's clinical rotations or Doctoring mentor sessions until they have been cleared to resume these activities. Failure to fulfill compliance requirements may result in a professionalism form.

Leave of Absence (LOA)

If the time away is likely to be extensive or indeterminate, if a student is planning to be a student or fellow at another institution or program, or if personal reasons require that time away is necessary, a LOA should be considered. LOA is the designation for time away that involves 1) formal enrollment in another degree-granting program, or 2) a formal separation from the University for personal or medical reasons. No tuition charges are incurred while on LOA, and students are not eligible for financial aid.

A LOA is a period of temporary non-enrollment for no less than one semester and up to one year. Students considering a leave of absence should consult with their Mary B. Arnold mentor, the Associate Dean for Student Affairs, the Director of Financial Aid, and the Director of Academic Records.

During Year 3 and 4, if a student is able to complete their 80 weeks of required clinical work within the 100 weeks provided without a change in graduation date, a student does not need to apply for a LOA. However, students in Years 3 and 4 must be enrolled in at least 12 weeks/credits of clerkships or electives in order to be eligible for financial aid. All students are required to pay for eight (8) semesters of full-tuition regardless of course load.

The following pertain to leaves of absence:

1. The Brown University Registrar will be notified of a student's change in status.

2. The Association of American Medical Colleges will be notified of a student's change in status.

3. Dates of leaves of absence will be noted on the official transcript and MSPE.

4. A leave of absence is granted for a minimum of one semester and generally does not encompass more than one academic year. Leaves of absence for graduate studies may encompass more than one academic year with the approval of the Senior Associate Dean for Medical Education, the Associate Dean for Student Affairs, and the Director of Financial Aid.

5. Leaves of absence are a period of non-enrollment and should be semester-based, meaning that the start and end dates should align with the start and end dates of the semester at the Medical School. Exceptions to semester-based leave will only be permitted for established programs that do not follow our semester start and end dates, including formal enrollment in another degree-granting program or formal involvement in external academic programs and experiences (such as Doris Duke Foundation Fellowship, Howard Hughes Medical Institute Fellowship, and the NIH Medical Research Scholars Program). Other exceptions to semester-based leave will only be considered for extenuating circumstances and must be approved by the Senior Associate Dean for Medical Education.

6. Requests for extensions of the original leave of absence may be made by contacting the Senior Associate Dean for Medical Education who may grant the request if it is believed that a further period of LOA will serve the best interest of the student and/or the medical program. Such requests should be made at least 30 days prior to the expiration date of the original LOA. The current Medical School policies state that 'a candidate for the degree of Doctor of Medicine must complete all requirements for that degree within six (6) years of admission to the Medical School.' If a student will need more than six (6) years to complete the graduation requirements, then a request to waive this requirement must be initially submitted to the Senior Associate Dean for Medical Education for approval and subsequently submitted to the MCASP for final approval.

7. At the end of the leave of absence, a student will be readmitted to the Medical School without application, unless there were other contingencies placed on readmission (e.g., involving psychological or medical issues in which readmission is contingent upon a formal evaluation, medical clearance from a treating provider ensuring fitness for duty and adherence to ongoing treatment and monitoring).

8. If a student does not return to the Medical School upon expiration of a leave of absence, the student will be withdrawn from the university.

9. Students on LOA are on inactive status and are not covered under Brown's liability insurance and will not have access to student health services or the fitness facilities.

10. Students on LOA are not eligible to work as a student employee for the Medical School or for any other department at Brown.

11. Students on a LOA are not able to serve in a leadership role in any student group or organization.

12. Students on LOA may engage with extracurricular student organizations (e.g. student interest groups).

13. In order to obtain health insurance while on LOA, students need to work directly with the Insurance and Purchasing Services Office (InsuranceOffice@brown.edu; 863-9481). Students not

previously enrolled in Brown's student health insurance program at Brown are not eligible to purchase coverage.

Leave of Absence for Medical (including Psychiatric) Reasons

Students with medical (including psychiatric) issues that are interfering with their ability to participate in the medical curriculum may request a medical leave of absence. The same policies and procedures described above apply to a medical leave of absence. The following specific guidelines are also followed for medical leaves of absence:

1. When a student is identified by their Mary B. Arnold faculty mentor, a faculty member, or a staff member as possibly experiencing medical problems that are impacting their success as a student, that individual should notify the Associate Dean for Student Affairs and/or the Senior Associate Dean for Medical Education.

2. The Associate Dean for Student Affairs and/or the Senior Associate Dean for Medical Education will request a meeting with the student. If the student declines to meet, the situation will be handled administratively. For example, the Senior Associate Dean for Medical Education may place the student on a medical leave of absence.

3. After a meeting with the student, should the Senior Associate Dean for Medical Education or the Associate Dean for Student Affairs feel the problem is of such duration or severity as to affect academic or professional performance, or might require treatment unable to be successfully undertaken during medical school, the Senior Associate Dean for Medical Education and/or the Associate Dean for Student Affairs may place the student on a medical leave of absence. In order to make this decision, the Senior Associate Dean for Medical Education and/or the Associate Dean for Student Affairs may request that the student have an evaluation by a physician and/or the Rhode Island Physician Health Program (PHP). By signed consent of the student, information will be given to the Associate Dean for Student Affairs and the Senior Associate Dean for Medical Education to permit proper educational planning.

4. Should treatment be recommended by the consultant, such treatment will be at the expense of the student (typically covered by health insurance). Information about treatment will be kept confidential.

5. Refusal of recommended consultation or monitoring programs will be considered a violation of procedures designed for the best interests of the student, patients, and the community at large, and will be dealt with administratively; that is, the Senior Associate Dean for Medical Education may place the student on a medical leave of absence.

6. Refusal of recommended treatment, where treatment is felt necessary for the continuation of student status, will also be considered as adversely affecting the student's continued status, and again, the Senior Associate Dean for Medical Education may place the student on a medical leave of absence.

7. Once in treatment, the student is to be evaluated as would any other student, on the basis of the student's functioning in the medical curriculum. Should the progress of the student in treatment be questioned, a re-evaluation by the original evaluator would be recommended.

8. Should treatment (e.g., therapy, monitoring by the PHP) be recommended for psychological issues, the student will be encouraged to select a therapist other than the psychiatrist conducting the initial evaluation. However, should the student and the evaluating psychiatrist mutually agree to continue that relationship into therapy, a different psychiatrist will be designated to conduct any further evaluation, as noted above.

Students on an approved LOA from Medical School are considered "enrolled" for the purposes of completing outstanding requirements and therefore eligible to complete remediation exams and USMLE licensing examinations. Students on a LOA are not permitted at any time to engage in formal curriculum or clinical care, and are not eligible for financial aid.

Readmission Process after a Medical Leave for Medical Reasons (including Psychiatric)

If the student is placed on a medical leave of absence by the Senior Associate Dean for Medical Education or the Associate Dean for Student Affairs, the following guidelines will be followed in considering readmission:

1. A student returning from a medical leave of absence should be reexamined by the original evaluator to determine if the student's recovery is sufficient to permit a recommendation for readmission. If the original evaluator is unavailable or the student desires a different evaluator, then the student will be allowed to choose a second evaluator recommended by the Physician Health Program (PHP); this might include the professional staff of Brown's Office of Counseling and Psychological Services in the case of medical leave for psychological issues. Students may also be referred to the Physician Health Program for ongoing monitoring.

2. Should treatment (e.g., therapy, monitoring by the PHP) be recommended for psychological issues, the student will be encouraged to select a therapist other than the psychiatrist conducting the initial evaluation. However, should the student and the evaluating psychiatrist mutually agree to continue that relationship into therapy, a different psychiatrist will be designated to conduct any further evaluation, as noted above.

3. With the consent of the student, the recommendation of the evaluator will be transmitted to the Senior Associate Dean for Medical Education, who has the authority to make the final decision about readmission.

4. The following expectations prevail in determining if students are ready to return to the university following a medical leave of absence:

- The student must be free of any medical (including psychiatric) symptoms which interfere with competent functioning in the curriculum. The student must be able to participate in the curriculum without detracting from the goals and welfare of other students, without making excessive or unreasonable demands on university support systems and personnel, and without interfering with the student's capacity to provide competent patient care.

- 'Excessive or unreasonable demands' are defined as interruption of the daily workload of one or more academic or hospital departments which results from a student's misconduct, frequent requests for service, or from behavior which causes individuals in the university or hospitals to interrupt their usual operations on behalf of the student.

In order to determine whether or not a student is able to return following a medical leave, the following evaluations will be made:

1. An assessment of the current medical (including psychiatric) state of the student.

2. An assessment of the appropriateness of the student's academic plans.

3. An assessment of the general activities of the student during the time away from Brown, to determine their contribution to the student's readiness to return.

4. An opinion on the need for reexamination at a specified later date (this reexamination being independent of any ongoing treatment which the student may or may not continue to receive after returning to Brown).

5. The provider's concurrence with the student's plans to return to the university.

6. Any plans for the student's follow-up care.

7. Whether any medication has been a part of the student's treatment and, if so, its purpose, dosage and duration of use.

Readmission after Voluntary Withdrawal

Students considering voluntary withdrawal from the Medical School must meet with the Associate Dean for Student Affairs to discuss their plans. Students withdrawing to transfer to another medical school must provide a copy of the acceptance letter. All financial aid recipients contemplating withdrawal are required to also meet with a financial aid counselor for an exit interview to discuss their rights and responsibilities regarding their student loans. Student-initiated withdrawals require a completed withdrawal form. Students who have voluntarily withdrawn from medical school are extensively counseled on the permanence of this decision prior to their withdrawal and **are not eligible for readmission to the Medical School**. Students who have been dismissed from the Medical School by MCASP are able to appeal this decision to the Dean of Medicine and Biological Science.

Pregnancy and Parenting During Medical School

The Medical School is committed to supporting all students in meeting their degree requirements. Pregnant and parenting students face unique challenges during medical education, and accommodations for these students will vary depending on timing within the curriculum. Given the unique intersection between the cumulative medical curriculum and the uncertainties of pregnancy and the timing of a child's arrival, no one policy can address accommodations for every pregnant or parenting student. A student interested in accommodations or time off for pregnancy or parenting-related issues should communicate with a Medical School administrator, usually the Associate Dean for Student Affairs, for guidance and to develop a plan for requesting accommodations and time off from medical school, if needed. See also Brown University's Pregnancy and Parenting Policy.

Leave of Absence for Graduate Studies

The same policies and procedures are followed for a leave of absence for graduate studies as those that pertain to leaves of absence in general. However, students pursuing an advanced degree, particularly a Ph.D., may request (from the Senior Associate Dean for Medical Education) a leave of absence for longer than one year in order to allow them to complete a course of study that typically requires a longer period to complete. As with leaves of absence in general, students on approved extended leaves of absence are readmitted without application. Students who were granted permission to go on leave of absence to enroll in a degree-granting program are required to submit a copy of their official transcript that shows receipt of the degree upon completion of that program. Students may be required to submit periodic reports of their progress and their plans, including transcripts and letters from officials of the other institution, as a condition of their extended leave of absence.

Academic Scholar Program (ASP)

Medical students may be excused from attending classes to participate in an approved research activity or other scholarly endeavor under Brown faculty supervision for a designated period of no less than one semester and no more than two years. Participation in the ASP should always be semester-based in which the start and end dates align with the start and end dates of the Medical School semesters. Exceptions will only be considered under very unusual circumstances and must be approved by the Senior Associate Dean for Medical Education, and must also be discussed with the Director of Financial Aid so students understand the implications on their financial aid and loan repayment. Students cannot be enrolled in another degree-granting program or credit-bearing course while in the ASP.

While in the ASP, the student maintains full-time student status, has access to all student services (email account, building card access, and library services) and is charged 1/40th of tuition per semester. If a student requires access to Brown Health Services during the ASP, it should be indicated on the initial application, and a Health Services fee will be charged to the student's account. Students on ASP maintain their liability and malpractice coverage and are able to engage in non-credit bearing clinical activities for the purposes of advancing their education and to gain exposure to certain specialties. Indication of participation in clinical activities must be included on the ASP application form. Students on ASP status are certified as full-time students to agencies that might otherwise require repayment of their student loans. Questions regarding financial aid and loan repayment while in the ASP should be directed to the Director of Financial Aid.

If the student's ASP is approved, the student will be enrolled in an independent study course (BIOL 7170) for each semester of the project and can receive up to one credit per semester, with a maximum of 2 credits for projects of one year or greater in length. The project is graded on a Satisfactory/No Credit basis only; a grade of Honors is not available. The final grade is based on the submission of a final paper and a completed evaluation form from the student's faculty mentor. During the project, the student must submit a progress report prior to the start of the spring term to the Associate Dean for Student Affairs.

The request for enrollment in the ASP requires a signed application form, project proposal, and a letter of support from a Medical School faculty mentor who will supervise the student during the project and submit their final evaluation and grade. The proposal should include the project description, the student's role and responsibilities, methods of data collection, funding source (if applicable), description of where the project will be conducted, expected outcomes, and a description of how the project relates to future career plans. The proposal must be signed by the faculty mentor and the Associate Dean for Student Affairs, and then submitted to the Office of Records and Registration for review and routing of approval. Final approval for LOA and ASP will be made by the Senior Associate Dean for Medical Education. The Associate Dean for Student Affairs will approve all papers. See also Policy No. 13-05.

For academic year 2024-25, ASP submission deadlines are December 1st for the fall semester of the following academic year; August 1st for the following spring semester.

Process for Assessing Student's Ability to Continue in the Medical School If Disability Occurs after Matriculation

1. A student who develops a disability after matriculation at the Medical School may be identified to the OSA through a variety of sources, such as reporting of accident or illness by peers, family, friends, or faculty and subsequent follow-up with health professionals managing the care.

2. If the degree to which the student has become disabled raises questions related to meeting the technical standards, an ad hoc subcommittee of MCASP will be convened to discuss the situation. The student will be asked to meet with the committee members, unless the disability is so severe that the student needs to be represented by another individual. The health professional responsible for the student's care will also be asked to provide information. In some cases, it may be more appropriate to have a health professional who is not directly involved in the care of the student serve as a consultant to the subcommittee on the issues surrounding the disability.

3. The ad hoc subcommittee will develop a recommendation as to the student's ability to successfully pursue a medical education based on the student's ability to meet the technical standards of the medical program. Any needed accommodations will be discussed with the Office of Academic Support to determine whether the student's needs can be met with reasonable accommodations. The committee's recommendations will be discussed with the student or the student's representative in the event the student cannot attend.

4. When the recommendation is that the student can meet the medical program's technical standards, the committee will recommend any needed educational program accommodations under the guidance of the Office of Academic Support to allow the student to meet the competency requirements within six years of admission to the Medical School. If a student will need more than six years to complete the graduation requirements, then a request to waive this requirement must be initially submitted to the Senior Associate Dean for Medical Education for approval and subsequently submitted to the MCASP for final approval.

5. Should the decision of the committee be to recommend that the student be withdrawn from enrollment in the medical program, the Associate Dean for Student Affairs will work with the student as appropriate on potential alternative career options. The decision to withdraw the student from the medical program as a result of disability can be appealed (see Section 9). For students in the PLME continuum, withdrawal from the program due to an inability to meet the technical standards for medical education does not necessitate the withdrawal of the student from the undergraduate college if that phase of the student's education has not been completed.

Master of Medical Science Degree

Eligible students who have completed a portion of medical school may be considered for a Masters of Medical Science Degree.

Policy: Master of Medical Science Degree Policy

Process:

1. Dismissal for academic reasons or voluntary withdrawal from the Medical School must be complete.
2. Students must ensure they meet the eligibility criteria as outlined in the policy.
3. Submit a written request to the Senior Associate Dean for Medical Education detailing the reasons to be considered for the Master of Medical Sciences degree within 60 calendar days of the effective withdrawal or dismissal date. *Submissions beyond this deadline will not be considered.*
4. Upon approval by the Senior Associate Dean for Medical Education, students may re-enroll to the graduate school.
5. Apply for the Master of Medical Science degree on the graduate program website.
6. Students must adhere to the agreed-upon timeline for completing their scholarly project as determined by the Senior Associate Dean for Medical Education.

Section 9: Health Services, Writing Orders, and Related Policies

Health Services Fee

All medical students must pay a Health Services fee each semester, with the exception of students on an approved leave of absence (LOA) or Academic Scholar Program (ASP). This fee, which is separate from the charge for student health insurance, covers most general medical care at Health Services, including primary care by provider staff, use of Brown Emergency Medical Services, nursing services, 24/7 medical advice and campus-wide health promotion services. The fee also covers access to Brown Counseling and Psychological Services, which provides assessment of problem situations, short-term psychotherapy, and crisis intervention.

Students in the Academic Scholar Program are eligible to use Health Services as long as they have paid the Health Services fee. When students complete the ASP application form, they must indicate whether or not they would like to use Health Services while on ASP. Students who select this option will have the Health Services fee added to their student account.

Health Services records are confidential and are not released to anyone, including family, legal guardians, faculty, or the Medical School without written authorization from the student. There are a few exceptions when release of specific information without a student's expressed consent is necessary in emergencies or is required by law. Additional information can be found on the Health Services website.

Student Health Insurance

Health insurance is not included in the Health Services fee. All students must have separate health insurance to cover services not provided by the health fee, such as lab, x-ray, pharmacy, hospital expenses and care received by community providers. All active students are automatically enrolled in the Brown Student Health Insurance Plan (SHIP). This plan is designed specifically to complement the services provided by Health Services. The University's Insurance and Purchasing Services Office is responsible for the student health insurance plan.

Students who are covered under a comparable health insurance plan and wish to waive SHIP may complete an online waiver form. The student must verify that the plan provides adequate coverage that is accessible in the Providence area. The deadline for completing the waiver is July 31st. Please be aware that not all insurance plans will cover the testing routinely required by clinical sites of medical students (e.g., titers, vaccinations). Students are ultimately responsible for covering the cost of services not covered by their insurance plans.

International Students: it is particularly important that international students verify that their insurance plan provides adequate coverage that is accessible in the Providence area before waiving the Student Health Insurance Plan.

Students on Leave of Absence (LOA) who need health insurance will need to purchase insurance directly from the Insurance and Purchasing Services Office. Students who take a leave of absence after more than 31 days into a coverage period, will remain enrolled in the plan until the end of that policy year. Students who are granted a leave of absence from the Medical School are eligible to continue their coverage for a maximum of one (1) year if they meet the following requirements: 1) Student must be currently enrolled in SHIP; 2) Student must provide a copy of the leave of absence verification form approved by the Senior Associate Dean for Medical Education; and 3) Student must intend to return to Brown and remain a degree-seeking student. Students who wish to extend their policy for the one (1) additional year should email studenthealthinsuranceplan@brown.edu. Students not previously enrolled in the student health insurance program at Brown are not eligible to purchase coverage while on LOA.

Students enrolled in the Academic Scholar Program (ASP) who need health insurance are eligible for Brown's student health insurance but must indicate their plans for health insurance coverage on their ASP application.

Long Term Disability Insurance

Disability insurance coverage is provided by the Medical School to all active, full-time medical students.

Health Policies

Needlestick/Bloodborne Pathogen Exposure Guidelines

See Policy No. 12-08.02.

Non-exposure-related accidents and injuries occurring while in the clinical setting

Students who are involved in an accident, or who are injured while in a clinical setting as part of their educational program, should go immediately to the nearest Emergency Department or to Health Services for attention and treatment. If needed, The Office of Student Affairs (OSA) will consider paying for costs related to injuries that are not covered by a student's insurance company (a submission to insurance must be made in order to qualify for financial support from OSA). The same process outlined in Policy No. 12-08.02 should be utilized to submit a request for payment.

Immunizations

Rhode Island state law (R23-1-IMM/COL) and Brown Health Services require all medical students to have received the following vaccines and blood tests. Please be aware that these requirements may exceed recommendations from the Centers for Disease Control and Prevention (CDC).

1. A record of two MMR vaccines and positive serological tests for immunity to Measles, Mumps and Rubella. History of disease is not acceptable. A copy of the lab report must be submitted to Health Services.

2. Positive serological test for immunity to Varicella (chickenpox). History of disease alone is not acceptable. A copy of the lab report must be submitted **OR** a record of Varicella vaccine, two doses, at least one month apart.

3. A record of Hepatitis B vaccine, three doses. If the series is complete, a Hepatitis B Surface Antibody titer must be done with a copy of the lab report submitted.

4. One dose of adult Tdap (Tetanus/Diphtheria/Pertussis). If the last Tdap dose is more than 10 years old, then a Tetanus Diphtheria booster is also required.

5. Tuberculosis testing (see Tuberculosis Screening policy below).

6. An annual influenza vaccine is required for all students. Influenza vaccines are offered at onsite clinics at the Medical School each fall, and are available at Health Services, through some of the hospital Employee Health departments, and at various sites in the community.

7. Effective June 1, 2023, Brown University no longer requires the COVID-19 vaccine for faculty, staff, students, or visitors. However, the initial vaccine series or bivalent booster will continue to be required for students prior to their matriculation at the Medical School, as these groups spend a significant amount of time in clinical settings where full vaccination continues to be required. Students are required to upload their COVID-19 vaccination card via the Health and Wellness Patient Portal. Medical accommodations will be considered and granted by the hospital health systems and reasonable accommodations provided under applicable law. Religious exceptions to the COVID-19 vaccine are not currently considered by the health systems affiliated with the Medical School. See Brown's Student Health Services for more information.

Brown Health Services reviews student immunization records annually to ensure they have met the Rhode Island Department of Health and Brown University requirements. The Medical School is notified by Brown Health Services of students who are not in compliance.

Tuberculosis (TB) Screening Policy

The Centers for Disease Control and Prevention (CDC) and the National TB Controllers Association have released updated recommendations for tuberculosis (TB) screening, testing, and treatment of health care personnel. These guidelines require annual screening for TB risk and symptoms as well as TB education for all health care workers. Annual placement of a Mantoux TB skin test or PPD is no longer mandatory for established health care workers who are at low risk of disease.

Effective April 1, 2020, in alignment with the updated recommendations, a revised Brown University TB protocol was implemented. Initial TB screening upon hire or program entry using a two-step PPD placement protocol remains in effect. Thereafter, Brown Medical Students and Health Services employees will be required to complete an annual screening protocol that includes a risk assessment, symptom checklist, and educational module to be compliant with the Brown University TB protocol. Should any screening questions or symptom review suggest a possible exposure or infection, the medical student or health care worker will be directed to either Health Services or their primary care provider for further assessment.

Health Services continues to provide clinical assessment including chest x-ray, treatment for latent tuberculosis infection (LTBI), and certification of completion of LTBI treatment for all eligible students and can offer referral to the Lifespan RISE Clinic when needed. TB screening including PPD placement or IGRA blood testing will remain available to all students and Health Services employees if required by other organizations which may have different requirements.

This annual TB assessment will be sent to students via their Health Services Patient Portal. Students are expected to complete the TB assessment promptly as this will ensure they remain eligible to participate in educational programs and employment without limitations. The Medical School is notified by Brown Health Services of students who are not in compliance.

Drug Testing

The Medical School does not require drug testing of its students. If a Medical School clinical affiliate requires this testing, the Medical School will pay for testing for its students. Drug testing that is required for a visiting student rotation will be the responsibility of the student.

Pre-existing Bloodborne or Respiratory Disease Policy

See Policy No. 12-08.03 and Appendix C. Students may use their Lifespan login to view the policy via this link: https://lifespan-rih.policystat.com/policy/11873043/latest.

Compliance and Training Requirements

All medical students are required to be compliant with the following requirements:

1. N95 respirator training and fit-testing: completed annually. Students who wish to pursue a religious exemption for N95 respirator training can submit a request to the Office of Records and Registration for consideration.*
2. Respiratory Medical Evaluation form: completed once prior to the start of Year 1.
3. Completion of HIPAA training modules: every two years.*
4. Blood-borne Pathogen/Universal Precautions training: provided during Year 1 orientation and again during the Clinical Skills Clerkship (CSC) prior to the start of Year 3.*
5. BLS training: two-year certification; training is provided during Year 1 orientation and a refresher course given during the CSC (prior to the start of Year 3).
6. ACLS training: two-year certification; training is provided during the CSC.*
7. Scrub training: offered at the Medical School at the beginning of Year 1 with a refresher course during the CSC (applicable to all Lifespan and most CNE sites).*
8. Anatomy Lab Attestation for safety protocols and confidentiality.
9. Additional trainings and forms as required by our clinical partners, for access to secure hospital IT systems.

* *Mandatory training*

Non-compliance with any of these requirements and immunizations can result in an interruption of a student's clinical rotations or Doctoring mentor sessions until they have been cleared to resume these activities. Additionally, non-compliance with these requirements without reasonable explanation may result in a professionalism form.

Additional Health Resources at Brown University

Health Promotion: Telephone (401) 863-2794
Located on the ground level of the Health and Wellness Center (450 Brook Street), Health Promotion provides confidential appointments for drug or alcohol concerns, nutrition and eating concerns, and other health-related topics for Brown students.

Counseling and Psychological Services (CAPS) provides crisis intervention, short-term individual therapy, group therapy and referral services. The office is located in room 512 of Page-Robinson Hall located at 69 Brown Street on the main campus, and its phone number is (401) 863-3476. Laurice Girouard, MSW, LICSW, is a CAPS therapist with an office at the Medical School and a role designated specifically for medical students. For an appointment with Ms. Girouard, students can email Laurice directly at Laurice_Girouard@brown.edu or they can call CAPS and let the front desk know that they are medical students who would like to see her. CAPS also has therapists available by phone after hours at the same phone number.

Well-checks represent a wellness effort that is a collaboration between the Chief Well-being Officer and the Medical School's Office of Student Affairs to give every Year 1 medical student an opportunity for a brief consultation that provides personalized resources, referrals, and guidance related to their mental health and well-being. Well-checks are a brief supportive conversation, and are not considered mental health treatment or psychotherapy. Such meetings are confidential. Well-checks are performed by Chief Well-being Officer, and are scheduled for all incoming students; students may opt-out. Students in Year 2 and beyond may schedule appointments for follow-up well-checks.

Writing Orders and Medical Liability Insurance

The University's medical liability insurance covers Medical School students when registered for educational purposes, but only while acting in their capacities as students, and only while engaged in educational activities or experiences that are part of the approved medical school curriculum.

It is ideal in medical education to allow Year 3 and 4 medical students to write or enter orders on the patients they are following. This practice must be viewed as an educational activity and not as a service activity. As a learning experience, teaching occurs when a supervising physician (either resident or attending) reviews the orders, discusses them with the student, provides constructive feedback, and countersigns the orders.

Under these circumstances, students are covered by the University's medical liability insurance. The key conditions are that 1) the student is functioning under the direct supervision of a licensed provider, and 2) the orders are countersigned **before** they are executed.

The University's medical liability insurance also covers Medical School students when they are doing clinical electives at institutions other than Brown's affiliated hospitals, so long as the above guidelines are followed and the clinical elective **has been approved as part of the curriculum** and will fulfill an MD degree requirement.

The medical liability insurance also covers students for any injury that results to a patient as a consequence of a student's actions in carrying out the usual and customary functions of a medical student in the course of caring for a patient. This includes taking a history, conducting a physical examination, and performing procedures of an investigatory or therapeutic nature. However, the same conditions apply and the student must be functioning under the direct supervision of a licensed provider.

Particular prudence should be exercised in the performance of procedures. It is customary for students to become proficient in certain basic procedural skills such as phlebotomy, placing intravenous catheters, inserting urinary catheters and nasogastric tubes, doing lumbar punctures and obtaining other bodily fluids and tissues of a relatively simple nature, and minor surgical procedures. Other activities that are customarily conducted by students may include administering skin tests and relatively nontoxic medications by injection, and applying dressings, splints, and casts. Even when conducting these procedures, the student should be closely and personally supervised by a licensed provider while gaining proficiency. After proficiency has been obtained, the student must perform these procedures only when they have been ordered by a supervising licensed provider. It is important for students to inform their supervising provider when they have not attained proficiency in a given procedure in order to receive close, personal supervision, even though it is the supervising provider's responsibility to ascertain the student's competence and provide appropriate supervision.

In situations that go beyond the usual and customary functions of medical students, it is imperative that the procedure is conducted under the direct, close, and personal supervision of a licensed provider. This would include such activities as major surgery, reduction of fractures, invasive procedures (e.g., bone marrow biopsies, organ biopsies, central line placement, thoracentesis, endotracheal tube insertion), and administration of relatively toxic substances (e.g., intravenous narcotics, chemotherapeutic agents, provocative tests, general anesthetics).

Students should refuse to do these procedures without the direct, close, and personal supervision of a licensed provider.

Students should also refuse to obtain informed consent from patients for any procedure. This is the responsibility of the physician performing the procedure. Students are encouraged, however, to be present when the physician discusses the procedure with the patient as part of the informed consent process, in order to become acquainted with how this extremely important process occurs.

Students must always wear their identification name tags when dealing with patients and staff in the clinical setting. Students must identify themselves as medical students and sign all notations they make with the identification that they are medical students (e.g., John Smith, Warren Alpert Medical School, MS3).

The best way for students to avoid being involved in a malpractice suit is to always act professionally, respect the rights of patients and treat them respectfully and kindly, act prudently, know the limits of their competence, and not being afraid to say "I don't know," or "I'm not comfortable doing such-and-such." Students are encouraged to listen to what staff nurses say and should not do something they don't want the student to do.

If a student is involved in a medical malpractice action, legal representation is provided by the University's Office of General Counsel, provided the student has acted within the guidelines specified above.

Please note students on a leave of absence (LOA) are not eligible for Brown's medical/professional liability insurance during their time away from Medical School.

Section 10: Academic Standing and Promotion

Introduction

The MCASP makes decisions based upon each student's individual situation. In general, this Committee will adhere to the guidelines outlined in the referenced policies for decisions related to academic standing.

See Policy No. 10-03, subsection 3.1.2 for MCASP committee charge and composition.

Mechanisms for appeal of MCASP decisions are described in Policy No. 03-05.02.

Academic Standing

Policies relating to **Academic Standing**, **Return to Good Standing**, and **General** information can be found in Policy No. 10-03, subsection 3.1.2.

Qualitative Measure: Grading Policies and Academic Promotion

Medical students are graded on an Honors (H), Satisfactory (S), Existing Deficiency (ED), and No Credit (NC) basis. For a detailed description of grading requirements refer to the Medical Student Handbook, Section 4. Students are required to complete each course, clerkship or elective in the curriculum with a satisfactory grade (or an equivalent as determined by the MCASP) in order to graduate.

The MCASP meets monthly throughout the academic year to discuss student academic progress. The committee can place students on Warning and or Probation based on the number of courses for which they have received non-passing grades. The Senior Associate Dean of Medical Education notifies the student about the Warning or Probation status in writing and copies the Medical School Office of Financial Aid (OFA).

The MCASP reviews each student's situation individually. In general, the committee follows these guidelines:

- Students who have received a grade of **No Credit (NC)** or **Existing Deficiency (ED)** ***in one course***, clerkship or clinical rotation, but who have received satisfactory grades in the remaining courses, clerkships or clinical rotations will be brought to the attention of the MCASP for informational purposes only.
- Students who have received a grade of NC or ED in two courses, clerkships and/or clinical rotations will be brought to the attention of the MCASP to be considered for placement on Academic Warning.
- Students who have received grades of NC or ED in three courses, clerkships and/or clinical rotations, or have received a grade of NC or ED in one or more courses, clerkships and/or clinical rotations while on Academic Warning, will be brought to the attention of the MCASP to be considered for placement on Academic Probation.

At the time the student's academic status is changed from "Good" to either "Warning" or "Probation", the OFA is required to contact the student to let them know they are on financial aid warning. The student is also notified that they may be placed on financial aid probation in a future semester should they fail to remediate coursework/clerkships within a timeframe set forth by MCASP. At the end of each semester, OFA is required to review the students' course requirements in the OASIS system to check the successful remediation of failed/incomplete coursework/clerkships. If the student has remediated the coursework/clerkship or progressed towards remediation of their work* by the end of the semester, then aid eligibility continues. Students placed on financial aid warning, who are unable to complete the required academic plan developed by their advisor, will be placed on financial aid probation and may appeal. If the student does not appeal, they will not continue to be eligible for federal financial aid. Financial aid eligibility will be suspended until the student has returned to a satisfactory academic standing for the next aid year if requirements are not met.

**this could mean a semester of ASP or LOA*

Maximum Timeframe

Students will be permitted a maximum timeframe to complete the medical degree:

Degree	Standard (in years	Maximum (in years)
MD	4	6
MD/PhD	8	9

The MCASP may give approval for a student to repeat a portion of the curriculum. The required number of courses, clerkships, and electives to be completed at the end of each enrollment period will vary in these cases, according to what portion of the curriculum must be repeated. In addition, a student may opt to take time away for a project that is relative to their medical education. To accommodate these circumstances, the maximum time-frame for enrollment for an MD degree is six years. The maximum period of six years includes the time spent on an approved leave of absence or during an approved Academic Scholar Program. Exceptions to this rule may be made only with the consent of the MCASP.

The maximum time-frame for enrollment for an MD/PhD degree is nine years. Funding beyond the maximum time-frame may be provided only if approved by the MCASP and must be based on a student appeal due to significant mitigating circumstances.

A student becomes ineligible via the maximum time frame, at the point at which it becomes mathematically impossible for them to complete the program within 150% of the maximum time frame established (6 or 9 years). At the end of each semester, the feasibility of completing the MD program within the maximum time frame must be assessed.

> Example: a student who takes 3 years to complete Year 1 & 2 coursework is making quantitative progress; a student who is at the end of their 3rd year who must take an additional semester in their 4th year is not making quantitative progress.

Appeals

If the student fails to meet the goals of the remediation plan, the student may submit an appeal to MCASP along with supporting documentation to substantiate their appeal. It is the student's responsibility to keep the OFA informed of progress made toward meeting the plan goals.

A student whose financial aid has been suspended may appeal to OFA, based on an injury or illness of the student, the death of a relative, or other special circumstances. The student appeal should be submitted to the director of financial aid, requesting reconsideration of the aid suspension. The appeal must be submitted within three days of the date they received the written notification of aid suspension.
In general, the appeal form that the student prepares should include:

- Reasons why the student did not meet the minimum academic standards; and
- What has changed in the student's situation to allow them to meet SAP at the next evaluation.

Each appeal will be considered on its own merit. Individual cases will not be considered a precedent. The decision, once made, is final.

Professionalism

Policy No. 03-05.02 contains the policy on **Professionalism**, including *Appeal of Decision to Dismiss* and *Appeal of Professionalism Citation*.

MD/Ph.D. Dual Degree Program

See Policy No. 10-03, subsection 3.1.3 and the MD/Ph.D. Handbook for special considerations relating to the MD/Ph.D. dual-degree program.

Section 11: Medical Student Standards of Behavior

Medical students are expected to adhere to Brown University's Academic Code as found here and Policy No. 03-05.02, subsection 3.3.2.2; the latter contains **Medical Student Standards of Behavior** policy, and **Reporting Violations** procedures.

.

Section 12: The Learning Environment

Learning Environment Reporting Procedures

The Medical School is committed to ensuring students can learn in a healthy learning environment free of mistreatment and microaggressions.

We strongly encourage students to use one of three primary internal reporting mechanisms to support a healthy learning environment:

- **Positive Champion Form**: students can nominate members of the learning community (including: students, nurses, faculty, administrators, staff, etc.) who promote a positive learning environment through respectful education of all community members. Identifying and recognizing Positive Champions supports, nurtures and emphasizes attitudes and behaviors we aim to grow across the institution.

- **Learning Environment Form**: students who have experienced, witnessed or heard of mistreatment and/or microaggressions within the learning environment are encouraged to use the survey for reporting their experience(s). Learning Environment Forms allow for providing direct support for students who have experienced mistreatment and/or microaggressions, individual or targeted interventions to prevent future incidents, and tracking trends in the learning environment over time.

- **Curricular Opportunity Form**: students who identify a gap, error or concern regarding an element of the curriculum (e.g., within a course or lecture) are encouraged to use this tool to report their concern.

Students are also welcome to discuss concerns related to the learning environment directly with involved parties, any member of the Medical School administrative team, directly with the Assistant Dean for Student Affairs (ADSA), or their Mary B. Arnold mentor.

Supporting a Positive Learning Environment

Recognizing individuals who contribute to a positive learning experience for students promotes an institutional culture of respect, kindness and appreciation. All community members deserve an education that is respectful and demonstrates appreciation for diversity.

Examples of behaviors that promote a positive learning environment may include an individual that:

- Demonstrates an openness to adapt practice and language to create an environment that is welcoming to all students
- Conducts interactions in a manner free of bias and prejudice
- Provides a clear description of expectations for all participants at the beginning of all educational endeavors, rotations and assignments

- Encourages an atmosphere of openness in which students will feel welcome to ask questions, ask for help, make suggestions, and respectfully disagree
- Provides timely and specific feedback in a constructive manner, appropriate to the level of experience/training, and in an appropriate setting, with the intent of guiding students towards a higher level of knowledge and skill
- Focuses feedback on observed behaviors and desired outcomes, with suggestions for improvement
- Focuses feedback on performance rather than personal characteristics of the student
- Encourages an awareness of faculty responsibilities towards all individual learners in a group setting;
- Bases rewards and grades on merit, not favoritism
- Gives a lecture using appropriate terminology, statistics, and context with respect to race, gender, and other identifying characteristics
- (For a Standardized Patient): Portrays a realistic patient experience that facilitates a positive learning environment, and provides constructive and focused feedback regarding communication and interpersonal skills

Positive Champions of the Learning Environment

We encourage students to report individuals who exemplify one or more of the above behaviors via the Positive Champion Form. When a Positive Champion Form is submitted, it is routed directly to the ADSA and Associate Dean for Student Affairs. Nominations are reviewed annually, and Champions are recognized for their work with medical students. Nominees and their supervisor (e.g., Department Chair, administrative supervisor, etc.) are notified via email. Positive Champion Forms are located on the OSA website, on individual class-specific Canvas webpages and at the end of OASIS evaluation forms. Forms may be submitted confidentially or anonymously.

Reporting Concerns: Student Mistreatment and/or Microaggressions

What behaviors are considered student mistreatment and/or microaggressions?

The Medical School is an educational community composed of students, residents, fellows, faculty, other healthcare professionals and staff who aim to support all medical students in achieving their fullest potential while providing quality patient care. A principle of the Medical School educational community is the promotion of a positive learning environment through respectful education of all community members, recognizing that an appreciation for diversity is an essential component of medical education.

To promote this goal, the Medical School upholds the expectation that medical students will be treated appropriately and with respect. Under no circumstances will the Medical School consider it acceptable practice for teachers to demonstrate unlawful discrimination or harassment or other unprofessional behavior* (see below) such as humiliation towards students. A respectful learning environment also includes the use of appropriate language, through attention to cultural sensitivity (i.e., referring to students by their pronouns; using respectful terminology when referring to race or other identifying characteristics of a particular group of people). Students are held to the same professional standards of respect towards all colleagues and teachers in the learning environment, including in the form of written evaluation(s).

**Such unacceptable behavior includes the creation of a concern of 'retaliation' for the filing of a complaint for mistreatment.*

The Medical School defines mistreatment as any behavior that is harmful or offensive to an individual student and interferes with the student's learning. This may include:

- Public embarrassment or humiliation
- Threat of or actual physical harm
- Sexual harassment or assault
- Discrimination or harassment based on race, color, religion, national or ethnic origin, sex, sexual orientation, gender identity, gender expression, disability, age, or status as a veteran
- Psychological punishment
- Use of grading and other forms of assessment in a punitive, harassing, or discriminatory manner

The Medical School defines microaggressions per the Brown University Swearer Center 'Working Definitions for Equity' guide. Thus, microaggressions are defined as: 'The everyday verbal, nonverbal, and environmental slights, snubs, or insults--both intentional and unintentional--which communicate hostile, derogatory, or negative messages to a marginalized person or group.'

Title IX violations include sexual or gender-based harassment, sexual violence, relationship and interpersonal violence, and stalking. If the event you are reporting may be a Title IX violation or if you are not sure if the event is Title IX related, you can contact the Brown University Title IX and Gender Equity Office at (401-863-2216) or titleixoffice@brown.edu.

If a Title IX or non-discrimination policy violation is indicated within a Learning Environment Report, the information will be forwarded to the Title IX Office, as the ADSA and Associate Dean for Student Affairs are mandatory reporters. This report to the Title IX Office does not initiate a formal complaint in most instances. It prompts the Title IX Office to email a list of resources to the impacted student and to offer the student options to further pursue the matter, if they so choose. In rare instances where the student complaint is noted to be consistent with a pattern of behavior identified for a respondent, the Title IX Office may pursue a formal complaint on behalf of all reporters, including the student, without their explicit consent. However, the student will be notified of this process and invited to participate. Anonymous disclosure of Title IX violations will also be forwarded to the Title IX Office; however, the anonymous nature of the report will not allow for follow-up with the reporter of the incident. In accordance with the Clery Act, the Executive Committee of the Committee on the Learning Environment (E-COLE) will report crimes that are reported on this mistreatment form to the Department of Public Safety.

What is the purpose of the Learning Environment Reporting Form?

Students who have experienced or witnessed mistreatment and/or microaggressions within the learning environment are encouraged to relay their concerns using the Learning Environment Form. In addition, students who are unsure if an experienced or witnessed behavior is mistreatment are also encouraged to file a Learning Environment Form and/or discuss their concern directly with the ADSA. Those who submit a learning environment concern are known as reporters; those who are named as having mistreated are

known as respondents. To access the Learning Environment Form, visit the OSA website, class-specific Canvas webpages and course/faculty evaluation forms.

The Learning Environment Form is a confidential survey which allows students to describe the event/concern. Students are encouraged to report their concerns confidentially (using their name) in order to receive support, discuss potential interventions, have the opportunity to provide additional information, and receive feedback when an intervention has taken place. Students can also submit their concerns anonymously (not using their name); however, this route does not allow for student support or closed loop communication such as notification of follow-up.

The Learning Environment Form allows students flexibility in terms of if and/or when their concerns are addressed. Reporters can choose to have their concerns addressed in the following manner: (1) only if another report about the respondent has been received or is received in the future, (2) after grades for a specific course have been posted, (3) at the end of the academic year, or (4) after graduation. Or they may choose for (5) no action to be taken beyond recording the incident for tracking purposes. Respondents are not contacted without student permission with the exceptions of reports related to safety or require mandatory reporting or for any reports of sexual or gender-based harassment or violence that need to be forwarded to the Title IX office. When a report is forwarded to that office, it ensures that Title IX will have the information for tracking purposes, and, if the reporting student provided their name and email address, that the office will send the student information about available resources.

What happens when a Learning Environment Form is submitted?

When a Learning Environment Form is submitted, it is routed directly to the Associate Dean for Student Affairs and the ADSA. They are housed electronically in a secure system, apart from other student records. Within 72 business hours, the ADSA will contact the reporter. The reporter is encouraged, but not required, to meet with the ADSA to receive support, outline potential next steps and discuss their concern in more detail. The Associate Dean for Student Affairs may reach out to the student if the ADSA is unavailable.

Faculty respondents who receive a report through the Learning Environment Form for the first time, with the student's permission and in a manner that protects student confidentiality, will be contacted for formative feedback in a meeting with the ADSA. In cases where a respondent is a non-faculty member, formative feedback may be provided from an appropriate individual (e.g. director of the nursing unit). Whenever possible, the respondent will be provided with opportunities to develop insight and skills in order to avoid the behavior(s) in the future. In the event interns, residents or fellows are reported as respondents via the Learning Environment Form, their corresponding Program or Fellowship Director will also be contacted and invited to participate in a meeting with the ADSA.

A second report about a respondent will result in the ADSA contacting both the respondent for formative feedback and their supervisor (e.g., Department Chair, Program Director, Chief Nursing Officer). A third report about a respondent will result in the ADSA contacting the respondent's supervisor. In addition, an ad hoc or scheduled Executive Committee of the Committee on the Learning Environment (E-COLE) meeting may be held to discuss the ability of the respondent to continue to supervise students and/or hold a faculty appointment, if applicable.

Mistreatment felt to be egregious will not be subject to a step-wise approach and will be discussed as an ad hoc E-COLE and the respondent's supervisor will be notified. If applicable, the E-COLE will also discuss the ability of the respondent to continue to supervise students and/or hold a faculty appointment. Examples of egregious acts include, but are not limited to, physical harm; unwanted sexual advances and/or request(s) to exchange sexual favors for grades or other rewards; and discrimination based on gender, gender identity, race and/or ethnicity, sexual orientation, and/or religion.

Who is involved in responding to and preventing student mistreatment?

The Executive Committee of the Committee on the Learning Environment is chaired by the ADSA and consists of the Senior Associate Dean for Medical Education, Senior Associate Dean for Academic Affairs, Associate Dean for Medical Education, Senior Associate Dean for Diversity, Equity, and Inclusion and the Associate Dean for Student Affairs. This Committee meets monthly to discuss all Learning Environment Forms in a fashion that maintains student anonymity and as needed to discuss egregious examples of mistreatment and/or microaggressions.

The Committee on the Learning Environment (COLE), chaired by the ADSA is composed of a broad array of learning community members including students, faculty and learning environment administrators. This committee meets quarterly and its function is three-fold: (1) review and provide feedback on departmental Learning Environment Action Plans, (2) work with the ADSA to shape a proactive agenda for creating positive learning environments, and (3) serve as an additional venue for accountability and transparency for issues related to student mistreatment and/or microaggressions.

We recognize students may fear retaliation for reporting mistreatment and/or microaggressions. Our primary goal is to support students. Thus, confidentiality will be protected. Retaliation of any kind for reporting mistreatment/microaggressions is not tolerated.

What if I have a concern related to mistreatment and/or microaggressions about a member of the E-COLE?

If an individual would like to report (or discuss) a concern related to mistreatment and/or microaggressions involving either the Associate Dean for Student Affairs or the ADSA, contact the Senior Associate Dean for Medical Education via email in order to protect confidentiality. The Associate Dean for Medical Education will act in the capacity of the ADSA and address the mistreatment and/or microaggression concern in the same manner as any other member of the learning community.

If a member of the E-COLE that is not the Associate Dean for Student Affairs or ADSA is reported as mistreating and/or committing a microaggression upon a student, the report will be handled in the usual confidential manner. However, any member of the E-COLE who is reported for mistreatment and/or committing a microaggression upon a student will not be included in the executive session.

What if there is disagreement among members of the E-COLE related to a report of mistreatment or the institutional response to mistreatment?

The Executive Committee of the Committee on the Learning Environment reviews all cases of potential student mistreatment and/or microaggressions that are reported via The Learning Environment Form

system. The ADSA will handle first and second reported incidents of potential student mistreatment and/or microaggressions in real-time using the tiered response pathway described above. In cases that may be complex or egregious, the ADSA will call for an ad hoc E-COLE meeting unless there is a scheduled monthly E-COLE meeting in a reasonable timeframe.

The Executive Committee of the Committee on the Learning Environment is chaired by the ADSA. In the event of a potentially complex or egregious incident of reported mistreatment and/or microaggressions the ADSA will present, in confidential fashion, the case during the meeting. After a presentation of the case has been made, the E-COLE will classify whether an episode(s) of mistreatment and/or microaggression has occurred and second, identify an appropriate response. Typically, this occurs by means of collegial discussion and consensus.

In the rare event there is disagreement about an incident's classification or appropriate response, any member of the E-COLE may make a motion related to either the classification or response to a reported incident of mistreatment and/or microaggression. In order for this change to be effected, the motion requires a second, and the majority wins the vote. In the event of a tie vote (i.e., a member of E-COLE is absent), the ADSA may cast a vote to break the tie. In the event there is no tie, the ADSA may not vote.

How can a member of the faculty appeal a decision to rescind faculty status?

Via the Grievance Procedure outlined in the Faculty Handbook.

How is the broader Medical School community apprised of issues related to student mistreatment and/or microaggressions?

The ADSA will prepare an annual report on the learning environment disseminated electronically that (1) summarizes individual Learning Environment Reports (while protecting student confidentiality) and the institutional response, (2) provides updates on strategic initiatives related to promoting a healthy learning environment, and (3) reminds individuals about policies and procedures related to student mistreatment and/or microaggressions. In addition, faculty are provided with monthly e-mail communications highlighting ways to prevent student mistreatment and foster a healthy learning environment. The annual report will be reviewed by the COLE and disseminated to students and faculty.

What additional resources are available for students who may need additional support related to mistreatment and/or microaggressions?

There are many resources available if students want to talk through anything learning environment related in a confidential fashion, as follows:

- Brown University Ombuds Office (401-863-6145)
- For a Title IX issue - SHARE Advocates (401-863-2794) or the sexual assault response line (401-863-6000), which is available 24 hours a day
- Office of the Chaplains and Religious Life (401-863-2344)
- Counseling and Psychological Services (CAPS) (401-863-3476)
    - The Medical School-specific CAPS therapist

Any questions related to the Learning Environment should be directed to the ADSA.

Reporting

Reporting Concerns Related to the Curriculum

The Medical School is committed to providing students with a curriculum that respects diversity, demonstrates inclusion, and supports the notion that all individuals deserve high-quality and equitable medical care. If a member of the learning community identifies an opportunity for curricular improvement, such as during a lecture, presentation, handout and learning activity or resource, the Medical School encourages students to submit a Curricular Opportunity Form.

The Curricular Opportunity Form

This form is a confidential survey located on the Canvas website that allows reporters to anonymously or confidentially report concerns related to the curriculum. The Medical School encourages students to submit concerns related to the curriculum in a confidential manner so that reporters can be supported and in the interest of closed loop communication.

What happens when a Curricular Opportunity Form is submitted?

The Assistant Dean for Curriculum on Diversity, Inclusive Teaching, and Learning and Associate Dean for Medical Education are notified when a Curricular Opportunity form is submitted. Within 72 business hours, either Dean will reach out to the student to provide support and discuss potential next steps and/or interventions. Potential next steps include but are not limited to:

- Providing formative feedback to educators and/or course leaders
- Providing resources for educators and/or course leaders
- Identifying broader patterns across the curriculum which may require systematic intervention

Overlapping Concerns

The Medical School recognizes that there may be overlapping concerns related to curricular opportunities and student mistreatment and/or microaggressions. The ADSA and Assistant Dean for Curriculum on Diversity, Inclusive Teaching, and Learning will work closely together to ensure students who file either a Learning Environment or Curricular Opportunity Form are supported and appropriate actions are taken in line with the above policy.

Section 13: Respecting Diversity and Differences

Diversity and Inclusion at the Medical School

The Medical School recognizes, supports, develops and maintains a diverse faculty, workforce, and student population. The Medical School is an educational community composed of students, residents, fellows, faculty, other healthcare professionals, and staff who aim to support all medical students in achieving their fullest potential while providing quality patient care. The principle of our educational community is the promotion of a positive learning environment through respectful education of all community members, recognizing that an appreciation for diversity is an essential component of medical education. The Medical School's mission and vision statements can be found here.

Diversity may include, but is not limited to, race, ethnicity, religion, sex, sexual orientation, gender identity, ability status, veteran status, age, political ideology, and socioeconomic and geographic background. Our commitment ensures respect for diversity, broad representation at all levels, and consistency and compliance with Brown's policies on non-discrimination.

For further information, consult the Division of Biology and Medicine Diversity Statement and the Medical School's Diversity and Inclusion Action Plan.

Honoring Free Speech and Setting Standard

The Medical School recognizes the diverse beliefs and values among its students and strives to avoid statements and actions that may offend or disparage any individual student, group, staff member, faculty member, or other members of the Medical School community. This position does not diminish the rights of free speech of faculty, administrators, or students; rather, it sets a standard for respectful dialogue and action.

All members of the Medical School community will be guided by mutual concern for each other's dignity, integrity, needs, and feelings. This tenet demands sensitivity and responsibility. For further information consult the:

- Brown University Code of Conduct;
- University Code of Student Conduct;
- Learning Environment and Mistreatment Policy of The Warren Alpert Medical School of Brown University (Policy No. 03-05.01); and
- see also the Medical School's anti-discrimination policy (Policy No. 03-04).

Section 14: Medical Student Conflict of Interest Policy

For the Medical School's Student Conflict of Interest Policy, see Policy No. 01-02.02 and the accompanying Appendices A and B.

APPENDIX A

Technical Standards for Medical School Admission, Continuation, and Graduation

Overview

Students applying to the medical degree-granting program at The Warren Alpert Medical School of Brown University ("The Warren Alpert Medical School" or "Medical School") are selected on the basis of academic achievement, faculty evaluations, motivation, leadership, integrity, and compassion. They must be capable of meeting the competency requirements expected of all graduates described in the Medical School's medical education program objectives (and as pursuant to LCME Element 6.1: Program and Learning Objectives). The Medical School's Technical Standards are also referenced in the Medical Student Handbook. In addition, all students must possess the intellectual, physical, and the emotional capabilities necessary to undertake the full curriculum and to achieve the levels of competence as determined by the medical education program objectives. In addition, students must demonstrate the ability to work as a member of a healthcare team. Medical education focuses largely on the care of patients and differs markedly from postsecondary education in fields outside of the health sciences. Given that specific abilities and characteristics are required to successfully complete the educational program, technical standards exist to assure that candidates for matriculation, promotion, and graduation are able to complete the entire course of study and participate fully in all aspects of medical training. These standards are not intended to deter any student who might be able to complete the requirements of the curriculum with reasonable accommodations.

The Warren Alpert Medical School is a teaching and learning community that embraces diverse perspectives, experiences, and backgrounds. Institutional diversity enhances trust and communication, facilitates development of culturally appropriate clinical and research programs, and makes us better partners to the communities that we serve. As such the Medical School is committed to the full and equitable inclusion of qualified learners with disabilities. Technical standards must be met with or without reasonable academic accommodations. An accommodation is not reasonable if it poses a direct threat to the health or safety of oneself and/or others, if making it requires a substantial modification in an essential element of the curriculum, if it lowers academic standards, or poses an undue administrative or financial burden. Technological accommodation is available to assist in certain cases of disability and may be permitted in certain areas. Additionally, the use of a third party cannot mean that judgment is mediated by another person's (the third party) powers of selection and observation. Given the clinical nature of our programs, time may be necessary to develop and implement accommodations. It is the responsibility of a candidate with a disability, or a candidate who develops a disability, who requires accommodations in order to meet these technical standards, to self-disclose to the Office of Academic Support and request accommodations. Candidates must provide documentation of the disability and the specific functional limitations to the Office of Academic Support. Candidates who fail to register with the Office of Academic Support or who fail to provide the necessary documentation to the Office of Academic Support will not be considered to be claiming the need for, or receiving, accommodations under the federal or state disability laws. All candidates are held to the performance standards of The Warren Alpert Medical School with or without accommodation and no candidate will be assumed to have a disability based solely on inadequate

performance. Accommodations are never considered retroactively, and a disability-related explanation will not negate an unsatisfactory performance; therefore, timely requests are imperative and strongly encouraged.

Process for Technical Standards Attestation

The Medical School follows the process described below for students to attest to the technical standards.

1. No inquiry will be made on the application forms concerning disability. Brown University's policies regarding the technical abilities and skills necessary to meet the competency requirements are included with the letter of admission.

2. Admitted students are asked to attest whether or not they meet the technical standards. Candidates who, after review of the technical standards of the Medical School, believe they will require accommodation(s) to meet the technical standards are asked to contact the Medical School's Office of Academic Support prior to matriculation to request accommodations and determine if accommodations will allow them to meet the technical standards. A student requesting accommodation is responsible for providing the school with documentation supporting the need for the accommodation. The documentation must be sufficient to establish that: a) the student is disabled as defined by the ADA and Section 504 regulations, b) the requested accommodation is appropriate for the student's condition, and c) the requested accommodation is deemed reasonable within the competency requirements for medical education. The documentation must provide enough information for the school to understand the nature of the disability and determine what accommodations, if any, are necessary. Moreover, the student is responsible for any costs or fees associated with obtaining the necessary documentation to support his/her/their claim. All supporting documentation is covered by FERPA and housed within the Office of Academic Support.

Technical Standards for Medical School Admission, Promotion, and Graduation

The following abilities and characteristics are defined as technical standards, which, in conjunction with academic standards established by the faculty, are requirements for admission, promotion, and graduation from The Warren Alpert Medical School.

1. **Observation**. The candidate must be able to obtain information from observed demonstrations and participate in experiments in the basic sciences, including but not limited to, the dissection of cadavers, observation of radiologic images, microbiologic cultures, and microscopic studies of microorganisms and tissues in normal and pathologic states. A candidate must be able to observe a patient and evaluate findings accurately at a distance and close at hand. Observation necessitates the use of hearing, vision, and somatic sensation or the functional equivalent. Candidates must be able to obtain, after a reasonable period of time, a medical history and perform a complete physical examination in order to integrate findings based on these observations and to develop an appropriate diagnosis and treatment plan.

2. **Communication**. Candidates are expected to communicate effectively, efficiently, and sensitively with patients through direct observation, elicitation of information, and be able to describe changes in mood, activity, and posture, as well as perceive nonverbal communications. Effective communication skills require the use of vision, speech, hearing. touch or the functional

equivalent. In addition to verbal communication, required communication skills include reading and writing. The candidate must be able to communicate effectively and efficiently in oral and written form with all members of the healthcare team.

3. **Motor**. Candidates are expected to execute some motor movements reasonably required to provide general medical care to patients and provide or direct the provision of emergency treatment to patients Such actions require some coordination of both gross and fine muscular movements, balance, and equilibrium as well as the functional use of the touch and vision senses. Candidates should have sufficient motor function to elicit information from patients by direct palpation, auscultation, percussion, and other diagnostic maneuvers or through the use of a functional equivalent. A candidate should also possess the abilities necessary to perform basic laboratory tests (urinalysis, CBC, etc.), carry out diagnostic procedures (digital rectal exam, paracentesis, etc.), and read EKGs and X-rays. Examples of emergency treatment reasonably required of physicians are cardiopulmonary resuscitation, the administration of intravenous medication, the application of pressure to stop bleeding, the opening of obstructed airways, the suturing of simple wounds, and the performance of simple obstetrical maneuvers.

4. **Intellectual-Conceptual, Integrative and Quantitative Abilities**. Candidates should be able to assimilate detailed and complex information presented in a variety of forums, including didactics and clinical coursework, alongside engaging in problem solving. Furthermore, candidates are expected to possess the ability to measure, calculate, reason, analyze, synthesize, and transmit information. Problem solving, a critical skill demanded of physicians, requires all of these intellectual abilities. They must be able to formulate and test hypotheses that enable effective and timely problem solving in diagnosis and treatment of patients in a variety of clinical modalities. In addition, the candidate should be able to comprehend three-dimensional relationships, understand the spatial relationships of structures, and adapt to different clinical learning environments and modalities.

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

6. **Ethics and Professionalism**. A candidate must demonstrate all of the objectives for professionalism at The Warren Alpert Medical School, including honesty, reliability and conscientiousness, communication skills, and respect for others. Candidates are expected to display ethical behaviors commensurate with the role of a physician in all interactions with patients, faculty, staff, students, and the public. Candidates are expected to contribute to

collaborative and constructive learning environments; accept and incorporate formative feedback from others; and take personal responsibility for making appropriate positive changes. Candidates are expected to understand the legal and ethical aspects of the practice of medicine and function within the law and ethical standards of the medical profession.

---

* Reviewed and approved by the Medical Curriculum Committee (MCC) on April 17, 2024. Effective Date is April 17, 2024.

.

APPENDIX B

Lifespan Policy Regarding Bloodborne Pathogen-infected Healthcare Workers

(policy is on the following pages)

Status **Active** PolicyStat ID **11873043**

Rhode Island Hospital
Lifespan. Delivering health with care.

Origination	02/1989
Last Approved	10/2020
Effective	10/2020
Last Revised	10/2020
Next Review	10/2023
Owner	Kathryn Galvin: Manager Epidemiology and Infec
Area	Administrative
Applicability	Lifespan Rhode Island Hospital/ Hasbro Children's

Management of Bloodborne Pathogen (HBV, HCV, or HIV) Infected Healthcare Providers, Administration Admin-259

I. Purpose

This policy addresses bloodborne pathogen-infected healthcare workers (HCW) (i.e., individuals with direct patient care responsibilities) in an effort to minimize the risk of provider-to-patient bloodborne pathogen transmission.

II. Policy

Although the risk of transmission of HBV, HCV or HIV from HCW to patient is extremely low, a bloodborne pathogen-infected HCW has the responsibility to take appropriate precautions to prevent pathogen transmission. The risk of transmission is related to the HCW's viral load, as well as the nature of the clinical activities being performed.

Healthcare workers will not be refused employment or be terminated unless their illness interferes with job performance and/or poses a hazard to patients or other HCWs.

To assist bloodborne pathogen-infected HCWs in managing the risk of transmission to patients, Lifespan provides an Expert Review Panel consisting of specialists in Healthcare Epidemiology, Infectious Diseases and/or Hepatology, Occupational Medicine and others as needed. The panel will also obtain the expertise of a practitioner in the same specialty as the infected HCW to understand the nature of the HCWs practice. The panel will carry out their responsibilities with strict confidentiality.

Practitioners may access the Expert Review Panel by contacting the Medical Director of Lifespan Employee & Occupational Health or the Department of Epidemiology and Infection Control at their affiliate.

The Expert Review Panel will also be consulted if there is suspicion of a HCW to patient transmission in order to determine the appropriate actions to be taken, including patient notification. There is an expectation that patients should be informed in the case of a possible transmission. All staff are expected to follow the policy on Management of Patients/Visitors Exposed to Possible Bloodborne Pathogens. The Expert Review Panel will use the guidelines in Appendix A to this policy for their recommendations. Appendix B contains answers to questions that infected HCWs may have.

Appendix references:

Henderson DK, Dembry L, Fishman NO, Grady C, Lundstrom T, Palmore TN, Sepkowitz KIA, Weber DJ; Society for Healthcare Epidemiology of America. SHEA guideline for management of healthcare workers who are infected with hepatitis B virus, hepatitis C virus, and/or human immunodeficiency virus. Infect Control Hosp Epidemiol. 2010;31:203-232.

Updated CPC recommendations for the management of hepatitis B virus-infected healthcare providers and students. Centers for Disease Control and Prevention (CDC). MMWR Recomm Rep. 2012 Jul 6;61(RR-3):1-12. Erratum in: MMWR Recomm Rep. 2012 Jul 20;61(28):542

SHEA White Paper:
Management of Healthcare Personnel Infected with Hepatitis B, Hepatitis C or Human Immunodeficiency Virus in United States Healthcare Institutions (DRAFT DOCUMENT)

Appendix A

TABLE 1. Summary Recommendations for Managing Healthcare Providers Infected with Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and/or Human Immunodeficiency Virus (HIV)

Virus, circulating viral burden	Categories of clinical activities[a]	Recommendation	Testing
HBV			
$<10^4$ GE/mL	Categories I, II, and III	No restrictions[b]	Twice per year
$\geq 10^4$ GE/mL	Categories I and II	No restrictions[b]	NA
$\geq 10^4$ GE/mL	Category III	Restricted[c]	NA
HCV			
$<10^4$ GE/mL	Categories I, II, and III	No restrictions[b]	Twice per year
$\geq 10^4$ GE/mL	Categories I and II	No restrictions[b]	NA
$\geq 10^4$ GE/mL	Category III	Restricted[c]	NA
HIV			
$<5 \times 10^2$ GE/mL	Categories I, II, and III	No restrictions[b]	Twice per year
$\geq 5 \times 10^2$ GE/mL	Categories I and II	No restrictions[b]	NA
$\geq 5 \times 10^2$ GE/mL	Category III	Restricted[d]	NA

NOTE. These recommendations provide a framework within which to consider such cases; however, each such case is sufficiently complex that each should be independently considered in context by the

expert review panel (see text). GE, genome equivalents; NA, not applicable.

[a] See Table 2 for the categorization of clinical activities.

[b] No restrictions recommended, so long as the infected healthcare provider (1) is not detected as having transmitted infection to patients; (2) obtains advice from an Expert Review Panel about continued practice; (3) undergoes follow-up routinely by Occupational Medicine staff (or an appropriate public health official), who test the provider twice per year to demonstrate the maintenance of a viral burden of less than the recommended threshold (see text); (4) also receives follow-up by a personal physician who has expertise in the management of her or his infection and who is allowed by the provider to communicate with the Expert Review Panel about the provider's clinical status; (5) consults with an expert about optimal infection control procedures (and strictly adheres to the recommended procedures, including the routine use of double-gloving for Category II and Category III procedures and frequent glove changes during procedures, particularly if performing technical tasks known to compromise glove integrity [eg, placing sternal wires]), and (6) agrees to the information in and signs a contract or letter from the Expert Review Panel that characterizes her or his responsibilities (see text).

[c] These procedures permissible only when viral burden is $<10^4$ GE/mL.

[d] These procedures permissible only when viral burden is $<5 \times 10^2$ GE/mL.

TABLE 2. Categorization of Healthcare-Associated Procedures According to Level of Risk for Bloodborne Pathogen Transmission

Category I: Procedures with de minimis risk of bloodborne virus transmission

- Regular history-taking and/or physical or dental examinations, including gloved oral examination with a mirror and/or tongue depressor and/or dental explorer and periodontal probe
- Routine dental preventive procedures (eg, application of sealants or topical fluoride or administration of prophylaxis',, diagnostic procedures, orthodontic procedures, prosthetic procedures (eg, denture fabrication), cosmetic procedures (eg, bleaching) not requiring local anesthesia
- Routine rectal or vaginal examination
- Minor surface suturing
- Elective peripheral phlebotomy
- Lower gastrointestinal tract endoscopic examinations and procedures, such as sigmoidoscopy and colonoscopy
- Hands-off supervision during surgical procedures and computer-aided remote or robotic surgical procedures
- Psychiatric evaluations

Category II: Procedures for which bloodborne virus transmission is theoretically possible but unlikely

- Locally anesthetized ophthalmologic surgery
- Locally anesthetized operative, prosthetic, and endodontic dental procedures
- Periodontal scaling and root planing[d]
- Minor oral surgical procedures (eg, simple tooth extraction [ie, not requiring excess force], soft tissue flap or sectioning, minor soft tissue biopsy, or incision and drainage of an accessible abscess)
- Minor local procedures (eg, skin excision, abscess drainage, biopsy, and use of laser) under local anesthesia (often under bloodless conditions)
- Percutaneous cardiac procedures (eg, angiography and catheterization)
- Percutaneous and other minor orthopedic procedures
- Subcutaneous pacemaker implantation
- Bronchoscopy
- Insertion and maintenance of epidural and spinal anesthesia lines
- Minor gynecological procedures (eg, dilatation and curettage, suction abortion, colposcopy, insertion and removal of contraceptive devices and implants, and collection of ova)
- Male urological procedures (excluding transabdominal intrapelvic procedures)
- Upper gastrointestinal tract endoscopic procedures
- Minor vascular procedures (eg, embolectomy and vein stripping)

- Amputations, including major limbs (eg, hemipelvectomy and amputation of legs or arms) and minor amputations (eg, amputations of fingers, toes, hands, or feet)
- Breast augmentation or reduction
- Minimum-exposure plastic surgical procedures (eg, liposuction, minor skin resection for reshaping, face lift, brow lift, blepharoplasty, and otoplasty)
- Total and subtotal thyroidectomy and/or biopsy
- Endoscopic ear, nose, and throat surgery and simple ear and nasal procedures (eg, stapedectomy or stapedoto- my, and insertion of tympanostomy tubes)
- Ophthalmic surgery
- Assistance with an uncomplicated vaginal delivery[e]
- Laparoscopic procedures
- Thoracoscopic procedures[f]
- Nasal endoscopic procedures[g]
- Routine arthroscopic procedures[h]
- Plastic surgery[i]
- Insertion of, maintenance of, and drug administration into arterial and central venous lines
- Endotracheal intubation and use of laryngeal mask
- Obtainment and use of venous and arterial access devices that occur under complete antiseptic technique, using universal precautions, "no-sharp" technique, and newly gloved hands

Category III: Procedures for which there is definite risk of bloodborne virus transmission or that have been classified previously as "exposure-prone"

- General surgery, including nephrectomy, small bowel resection, cholecystectomy, subtotal thyroidectomy other elective open abdominal surgery
- General oral surgery, including surgical extractions, hard and soft tissue biopsy (if more extensive and/or having difficult access for suturing), apicoectomy, root amputation, gingivectomy, periodontal curettage, mucogingival and osseous surgery, alveoplasty or alveoectomy, and endosseous implant surgery
- Cardiothoracic surgery, including valve replacement, coronary artery bypass grafting, other bypass surgery, heart transplantation, repair of congenital heart defects, thymectomy, and open-lung biopsy
- Open extensive head and neck surgery involving bones, including oncological procedures
- Neurosurgery, including craniotomy, other intracranial procedures, and open-spine surgery
- Nonelective procedures performed in the emergency department, including open resuscitation efforts, deep suturing to arrest hemorrhage, and internal cardiac massage

- Obstetrical/gynecological surgery, including cesarean delivery, hysterectomy, forceps delivery, episiotomy, cone biopsy, and ovarian cyst removal, and other transvaginal obstetrical and gynecological procedures involving hand-guided sharps
- Orthopedic procedures, including total knee arthroplasty, total hip arthroplasty, major joint replacement surgery, open spine surgery; and open pelvic surgery
- Extensive plastic surgery, including extensive cosmetic procedures (eg, abdominoplasty and thoracoplasty)
- Transplantation surgery (except skin and corneal transplantation)
- Trauma surgery, including open head injuries, facial and jaw fracture reductions, extensive soft-tissue trauma, and ophthalmic trauma
- Interactions with patients in situations during which the risk of the patient biting the physician is significant; for example, interactions with violent patients or patients experiencing an epileptic seizure
- Any open surgical procedure with a duration of more than 3 hours, probably necessitating glove change

NOTE. Modified from Reitsma et al.[1]

[a] Does not include subgingival scaling with hand instrumentation.

[b] If done emergently (eg, during acute trauma or resuscitation efforts), peripheral phlebotomy is classified as Category III.

[c] If there is no risk present of biting or of otherwise violent patients.

[d] Use of an ultrasonic device for scaling and root planing would greatly reduce or eliminate the risk for percutaneous injury to the provider. If significant physical force with hand instrumentation is anticipated to be necessary, scaling and root planing and other Class II procedures could be reasonably classified as Category III.

[e] Making and suturing an episiotomy is classified as Category III.

[f] If unexpected circumstances require moving to an open procedure (eg, laparotomy or thoracotomy), some of these procedures will be classified as Category III.

[g] If moving to an open procedure is required, these procedures will be classified as Category III.

[h] If opening a joint is indicated and/or use of power instruments (eg, drills) is necessary, this procedure is classified as Category HI.

[i] A procedure involving bones, major vasculature, and/or deep body cavities will be classified as Category III.

[j] Removal of an erupted or nonerupted tooth requiring elevation of a mucoperiosteal flap, removal of bone, or sectioning of tooth and suturing if needed.[2]

Appendix B

Q. Should HCWs be routinely tested for bloodborne pathogen (e.g., Hepatitis B, Hepatitis C, HIV) infection?

A. All HCWs who perform or participate in Category III/exposure-prone procedures have an ethical obligation to know their HBV, HCV, and HIV serologic statuses.

All HCWs who perform Category III/exposure-prone procedures should undergo periodic (e.g., at least annual) testing for HCV and HIV to assure they are not infected. Those who have not been, or cannot be, immunized with the HBV vaccine should undergo the same testing for HBV.

Q. How should HBV-infected HCWs be managed?

A.

a. HCP infected with HBV should seek an initial evaluation from a physician who has expertise in HBV management to characterize the serologic and virologic aspects of infection.
b. HCP infected with HBV should seek optimal medical management, including, when appropriate, treatment with effective antiviral agents.
c. HCWs who perform Category III/Exposure-Prone Procedures:
    i. HCWs who are infected with HBV and who, despite appropriate treatment, have circulating viral burdens >1000 IUS should refrain from performing Category III/ exposure-prone procedures.
    ii. HCWs who are infected with HBV whose circulating viral burdens can be suppressed to <1000 IUs can perform Category III/exposure-prone procedures, so long as the individual:
        i. has not been previously identified as having transmitted infection to patients;
        ii. obtains advice from an Expert Review Panel (including an infection prevention expert) about continued practice and the use of optimal infection prevention procedures;
        iii. is followed by a personal physician who has expertise in the management of HBV infection and who is allowed by the HCW to communicate with the Expert Review Panel about his/her clinical status;
        iv. is monitored on a periodic basis (e.g., every six months) to assure that the viral burden remains <1000 IUs;
        v. agrees, in writing, to follow the recommendations of the Expert Review Panel.

Q. How should HCV-infected HCWs be managed?

A.

a. HCWs infected with HCV should seek an initial evaluation from a physician who has expertise in HCV management to characterize the serologic and virologic aspects of infection.
b. HCWs infected with HCV should seek optimal medical management, including treatment with effective antiviral agents to attempt to clear or suppress the infection.
c. Healthcare workers who perform Category III/exposure-prone procedures:
    a. HCWs infected with HCV and who, despite appropriate antiviral treatment, continue to have detectable circulating HCV RNA should refrain from performing Category III/ exposure-prone procedures.

b. HCWs who was infected with HCV and who received treatment resulting in 'undetectable' circulating HCV-RNA levels can perform Category III/exposure-prone procedures, so long as so long as the individual:
    i. has not been previously identified as having transmitted infection to patients,
    ii. has remained HCV-RNA negative for three months following the completion of therapy.

Q. How should HIV-infected HCWs be managed?

A.

a. HCP infected with HIV should seek an initial evaluation from a physician who has expertise in HIV management to characterize the serologic and virologic aspects of infection.
b. HCP infected with HIV should seek optimal medical management, including, treatment with effective antiretroviral agents to attempt suppress the infection.
c. HCWs who perform Category III/exposure-prone procedures:
    a. HCWs infected with HIV and who, despite appropriate antiretroviral treatment, have consistently detectable circulating viral burdens should refrain from performing Category III/exposure-prone procedures.
    b. HCWs infected with HIV whose circulating viral burdens can be suppressed below the level of viral detection, with the clear notation that individuals whose infection is suppressed can have occasional instances during which very low levels of viremia can be detected, can perform Category III/exposure-prone procedures, so long as so long as the infected personnel:
        i. has not been previously identified as having transmitted infection to patients
        ii. obtains advice from an Expert Review Panel (including an infection prevention expert) about continued practice and the use of optimal infection prevention procedures
        iii. is followed by a personal physician who has expertise in the management of HIV infection and who is allowed by the individual to communicate with the Expert Review Panel about his/her clinical status
        iv. is monitored on a periodic basis (e.g., every 6 months) to be assured that the HIV RNA remains below the level of detection.
        v. agrees, in writing, to follow the recommendations of the Expert Review Panel.

Q. Are there any medical settings in which a bloodborne pathogen-infected HCW should be routinely required to notify patients of his or her bloodborne pathogen status; and, if so, what are the specific types of circumstances requiring notification?

A. Bloodborne pathogen-infected HCWs who are adhering to this policy are not required to disclose their infection status to a patient unless the HCW is the source of an exposure for a patient (i.e., exposed to blood or other potentially contaminated bodily fluid of the HCW).

Q. Should an inadvertently exposed patient be notified of the exposure?

A. A patient who has been exposed (ie, by way of percutaneous, mucous membrane, or non-intact skin exposure) to the blood or potentially contaminated body fluid of any HCW should be notified of the exposure promptly and given clear options for follow-up testing and management (see policy Admin 67).

Q. What is the hospital responsibility for trainees to prevent bloodborne pathogen transmission?

A.

a. Provide counseling to all students and trainees to assure that they are aware that they are ethically bound to be aware of their infection status for HBV, HCV, and HIV.
b. Provide detailed training and education about the bidirectional risks for exposure to, and infection with, bloodborne pathogens.
c. Provide access to, and demonstration of, the efficacy of HBV immunization.
d. Provide comprehensive exposure management and follow-up protocols for exposed staff and trainees.
e. Provide counselling to students and trainees identified as infected with bloodborne pathogens about the advances in the treatment or suppression of these infections, as well as the obligation of trainees and students to participate in ongoing follow-up for these infections.
f. Provide career counseling for students and trainees whose viral burdens cannot be suppressed concerning their ability to conduct exposure prone procedures and potential effects on their subsequent careers.

Approval Signatures

Step Description	Approver	Date

Applicability

Lifespan Rhode Island Hospital/Hasbro Children's

APPENDIX C

Directory of Medical School Administration and Staff

Administrative Coordinators, Office of Medical Education: Dee Knox and Jessica Goncalo

Assistant Dean for Medical Education, Pre-clerkship Curriculum: Thais Mather, Ph.D.

Assistant Dean for Medical Education, Clinical Curriculum: Steve Rougas, M.D., MS, FACEP

Assistant Dean of Curriculum for Diversity, Inclusive Teaching and Learning: Anne Vera Cruz, Ph.D.

Assistant Dean of Faculty Development: Katherine E. Mason, M.D.

Associate Dean for Belonging, Equity, Diversity, and Inclusion: Joseph Diaz, M.D., MPH, FACP

Associate Dean for Medical Education: Sarita Warrier, M.D., FACP

Associate Dean for Student Affairs: Roxanne Vrees, M.D.

Dean of Medicine and Biological Sciences: Mukesh Jain, M.D.

Deputy Title IX Program Coordinator for the Medical School: Lindsay Orchowski, Ph.D.

Director of Academic Records: Christina (Tina) Curley, MBA

Assistant Director, Assessment and Evaluation: Erin Brannan

Director, Career Development: Alex Morang, MA

Director, Clinical Skills Simulation Center: Scarlett Handley, RN

Director, Doctoring Program: Dana Chofay, M.D.

Director of Financial Aid: Stephanie Hunt

Director of Student Research: Stephanie Garbern, M.D., MPH

Director, Office of Academic Support: Lorrie Gehlbach, Ph.D.

Program Manager, Community Mentoring & Service-Learning Program: Jesse Kerstetter

Senior Associate Dean for Academic Affairs: Michele Cyr, M.D.

Senior Associate Dean for Medical Education: B. Star Hampton, M.D.

APPENDIX D

Updates Summary

Student Handbook Section(s)	Policy (No.)	Updates/Changes	Effective Date

///