THE WARREN ALPERT
Medical School
BROWN UNIVERSITY

Medical Student Handbook

Academic Year 2026-2027

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Overview

The policies and procedures within this Handbook have evolved alongside the medical curriculum since the inception of the Medical School in 1963. They reflect our unwavering commitment to the excellence and professionalism we strive for throughout our medical education program.

This Handbook is designed to ensure that all members of our academic community understand their responsibilities and are treated with fairness and equity. Policies are linked out to a separate website, and the procedures are listed in this Handbook. We are here to support our students and encourage you to discuss any issues with your faculty mentor or the appropriate administrator (see Appendix B).

CHAPTER 1: ACADEMIC REQUIREMENTS & PROGRESS

Introduction

This chapter outlines the essential milestones for the MD degree, the criteria used to assess student performance, and the standards for maintaining academic standing. Every candidate for the MD degree must possess the intellectual, physical, and emotional capabilities to achieve the competencies required by the Medical School.

I. REQUIREMENTS FOR THE MD DEGREE

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 current requirements for pre-clerkship curriculum phase courses: Integrated Medical Sciences (IMS), Health Systems Science (HSS), Doctoring, including the Primary Care-Population Medicine Program (PC-PM) for graduate medical students of this program. Course titles, numbers, and/or placement of courses within the academic calendar are subject to change based on the continuous quality improvement needs of the medical education program.

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 2030)

Course	Credits	Grading Option	Course Leader(s)
BIOL3640 Doctoring I	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	J. Teck 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	J. Teck D. Anthony

Year 1, Semester 2 (MD 2030)

Course	Credits	Grading Option	Course Leader(s)
BIOL3650 Doctoring II	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 2029)

Course	Credits	Grading Option	Course Leader(s)
BIOL3660 Doctoring III	2	S/NC	P. Gupta E. Chung
BIOL3662 IMS-III: Cardiovascular	1	S/NC	K. French S. McIlvaine C. Hanley
BIOL3663 IMS-III: Pulmonary	1	S/NC	J. Lee 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 B. Perler S. Lu
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 A. Kearney

Course Requirements: Clerkship and Post-clerkship Phases

Students in the clerkship (Year 3) and post-clerkship (Year 4) phases must complete at least 84 weeks total of clinical instruction, 72 weeks of which must be spent at Brown University. (For MD27, at least 80 weeks total of clinical instruction must be completed, 68 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) in three components: CSC-Introduction (a two-week introductory component that establishes a foundation before the clerkship rotations); CSC-Longitudinal (a longitudinal component that runs concurrently with the clerkship rotations with sessions approximately every six weeks); and the End-of-clerkship-phase Objective Structured Clinical Exam (OSCE) (a required summative assessment taken after the clerkship rotations).

Clerkships

Clerkship Blocks	
Transition Year (MD27)	**Regular Clerkship Year**
32 weeks of specialty-specific clerkships credit	44 weeks of specialty-specific clerkship credits
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 specialty-specific clerkship experiences	44 weeks specialty-specific clerkship experience
2 weeks inpatient each for Clerkships Internal Medicine, Surgery, Obstetrics and Gynecology, Pediatrics	2 weeks inpatient each for Clerkships in Surgery, Obstetrics and Gynecology, Pediatrics
4 weeks inpatient for Clinical Neuroscience: Psychiatry and Neurology (two weeks each specialty)	4 weeks inpatient 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
4 weeks of electives	4 weeks of electives

Step 1: See Exam Policy

Step 2 CK: See Exam Policy

Post-clerkship Phase Requirements

Electives:

MD2027	● minimum of 48 weeks of clinical electives ● 36 weeks must be taken at Brown University-affiliated sites (32 weeks for PC-PM) ● 44 weeks for PC-PM students
MD2028+	● minimum of 40 weeks of clinical electives ● 28 weeks of which must be taken at Brown University-affiliated sites

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 if 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 the 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 30 of a student's final year (Year 4).

Students may 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.

End-of-Clerkship-Phase Objective Structured Clinical Examination: Required summative OSCE held at the end of the clerkship phase (Year 3). See Graduation Policy.

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 independent study. Students can complete up to 12 weeks of independent study during clerkship and post-clerkship phases (16 weeks for MD27). Exceptions must be approved by the Senior Associate Dean for Medical Education.

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

Electives

Students are encouraged to pursue a diverse range of electives throughout all four years of the curriculum, spanning the basic, clinical, translational, and health systems sciences.

- **Phase-Specific Electives:** Opportunities include pre-clerkship electives in the first two years, and clinical electives during the clerkship and post-clerkship phases.
- **Elective Offerings:** Electives span the basic sciences, clinical and translational sciences, and health systems sciences. If existing offerings do not meet a student's specific interests, they may collaborate with faculty to develop a new elective or an independent study.
- **Scholarly Concentrations:** Students may enroll in a Scholarly Concentration beginning in Year 1 to provide a longitudinal focus for their medical education.
- **Advising:** Students should consult with faculty mentors, including their Mary B. Arnold mentors and specialty advisors, as well as staff in the Office of Medical Education (OME) and Office of Student Affairs (OSA) to discuss a four-year elective plan.

MD/PhD Dual Degree Program

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

Workload Policy

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

II. GRADING AND ACADEMIC PERFORMANCE

Academic performance is measured through a combination of examinations, clinical assessment and/or evaluations, small group participation, and/or other components specific to the course or clerkship.

Grade Options

The following are the grade options per phase:

- **Pre-clerkship:** Satisfactory (S)[1] / Existing Deficiency (ED) / No Credit (NC) / Incomplete (INC).
- **Clerkship and Post-clerkship:** Honors (H) / Satisfactory (S)[2] / Existing Deficiency (ED) /Incomplete (INC) / No Credit (NC).

Grade descriptions and examples are as follows:

- **Honors (H or HNRS)**: indicates that the student has performed at a level of distinction above the expected level of performance for that clerkship, elective, or sub-internship, as determined by the Clerkship Director, Clinical Elective Director, or Sub-internship Director.
- **Satisfactory (S)***:* indicates that the student has completed all course requirements at the expected level of performance.
- **Existing Deficiency (ED)***:* this temporary grade indicates that the student has performed below the expected level of performance in <u>one or more</u> component(s) of the course but does not require a full repeat of the course. This grade option is used when a course leader, clerkship director, sub-internship director, or clinical elective director believes that a reasonably limited amount of additional preparation or practice would remedy any existing deficiency and result in satisfactory performance in all course components. Examples include, but are not limited to, the following:

IMS Curriculum	
student does not meet the passing exam threshold of **>70%** by the end of the course	remediates exam (one attempt)
Doctoring Curriculum	
student does not meet the passing level of performance for **one or more sub-competencies** by the end of the course	remediates clinical skills
Clerkship Curriculum	
Student does not meet the passing level of performance on the **shelf** exam	remediates exam (one attempt)

[1] Applicable across all phases, this grade includes Satisfactory (Remediated) and Satisfactory (Delayed) designations, which represent passing marks and are maintained on the student's permanent OASIS record. These grades are not represented in Banner or on an official transcript.

[2] See footnote 1.

Student does not meet the passing level of performance on the **OSCE**	remediates OSCE (one attempt)
Student does not meet the passing level of performance for **one or more sub-competencies** by the end of the clerkship	remediates additional clinical time (one attempt)
Student does not meet the passing level of performance on **any two components above**	remediates exam and OSCE (one attempt each)
Post-Clerkship Curriculum	
Student does not meet the passing level of performance for **one or more sub-competencies** by the end of the elective/sub-internship	remediates (one attempt)

When a student receives a grade of ED, the curriculum directors for the appropriate pre-clerkship year, clerkship director(s), or sub-internship or clinical elective director, will review the existing deficiencies with the student including any relevant feedback and evaluations, develop a plan and timetable to meet the passing level of performance, what means will be used to evaluate the student's performance at the end of the timetable, and communicate this plan to the director(s) of the pre-clerkship or clinical curricula, as appropriate. When the student successfully meets the passing level of performance for any existing deficiencies, the grade will be changed to Satisfactory (Remediated), and the student will receive full credit for the course.

If the student fails to meet the passing level of performance for any existing 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 from the time the grade is submitted, unless the student is on time away from medical school, the grade will be changed to an NC and the student may be required to repeat the course or clerkship.

Grades of ED are reported to the Medical Committee on Academic Standing and Professionalism (MCASP).

- **No Credit (NC)***:* indicates that the student's overall performance in a course is significantly below the expected level of performance or that a limited amount of additional preparation or practice was not sufficient to remedy the deficiencies. Examples include, but are not limited to, the following:

IMS Curriculum
student does not pass a remediation exam
Doctoring Curriculum
unable to meet the passing level of performance after initial remediation OR
does not meet the passing level of performance on multiple sub-competencies by the end of the course such that a full course repeat is necessary
Clerkship Curriculum

unable to meet the passing level of performance after initial remediation (shelf, OSCE, or clinical time) OR
does not meet the passing level of performance on multiple sub-competencies by the end of the course such that full course repeat is necessary
Post-Clerkship Curriculum
unable to meet the passing level of performance after initial remediation OR
does not meet the passing level of performance on multiple sub-competencies by the end of the course such that full course repeat is necessary

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 / sub-internship course leader(s) for the clinical years.

After a course has been successfully repeated and the student has met the passing level of performance, the new grade of Satisfactory (Remediated) 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 approved time away from medical school, the grade may be reported on the student's MSPE.

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, sub-internship, or clinical elective director with input from the OME. (See the remediation schematic below).

- **Incomplete (INC)***:* indicates that the student was unable to complete all the required course, clerkship, or other rotation requirements due to circumstances beyond their control (for example, illness or a family emergency). Course work that is not completed within one year from the time the grade is submitted, unless the student is on approved 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.

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. Students may appeal a grade or evaluation pursuant to the Grade and Evaluation Appeal Policy.

Grading for Pre-clerkship Courses

Grades in the IMS courses are assigned by the Director of the Pre-Clerkship curriculum in consultation with the course leader(s), and Doctoring course grades are determined by the individual course leaders.

All pre-clerkship courses are graded S/ED/NC. Grades are determined based on examination score(s), and small group attendance and participation.

Grading for Doctoring I-III is based upon performance in small groups, OSCEs, case write-ups, reflective field notes, and completion of community mentor sessions and service-learning activities.

HSS course grades are based upon examination questions, as well as field notes/reflections, performance in small group; and completion of several online modules.

Human Anatomy 1 and 2 course grades are based upon written and practical lab examination questions.

Examinations

Policy: Exam Policy

Integrated exams occur in all semesters of the pre-clerkship phase. 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 ED.

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.

Assessment of small group performance is based upon participation, quality of contribution to the discussions, and leadership skills. Not all courses with small groups assess student performance in small groups; for those that do, each small group leader will assess student performance in the respective Medical School Competencies ("Competencies").

Pre-clerkship Progression

At the course leader's discretion, students may progress to Doctoring II without passing Doctoring I; however, students must pass both Doctoring I and II in Year 1 to proceed to Doctoring III in Year 2 and must pass Doctoring III before proceeding to clerkships.

Students must successfully complete all IMS courses and Doctoring I and II to proceed to Year 2.

Grading for Clerkship and Post-clerkship Courses

Policies: Grade and Evaluation Appeal Policy and Exam Policy

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. Several clinical electives and all courses less than four weeks 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 clerkships, clinical electives, independent studies, away rotations, and sub-internships are determined by the relevant clerkship or clinical elective course leaders.

Clinical Skills Clerkship (CSC) Grading

The CSC is graded on a S/ED/NC basis. Grading is based on small group participation, assignments, and OSCEs Students must pass each component of the CSC to pass the course overall. A final CSC grade is assigned at the end of the clerkship phase after each component of the course has been completed, including the end of clerkship phase OSCE.

Clerkship Grading

Students should refer to the individual clerkship course material for information on clerkship grading. In general, clerkship grading consists of summative sub-competency ratings (based on a student's performance on individual summative assessments) and a composite grading score consisting of the shelf exam, OSCE (or similar skills-based assessment), and other graded course components (ex. H&P, case presentation, small group participation). Students must pass each component of the clerkship to pass the clerkship. Students who receive an ED or NC in a clinical rotation (e.g. clerkship, sub-internship, or elective) – regardless of whether this ED/NC is due to clinical performance, shelf or OSCE exam score – will not be eligible for honors.

Grading for PC-PM Courses

Pre-clerkship Phase

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.

Remediation and Repeating Courses/Semesters

Learners who do not meet the course requirements often need focused support, and 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 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 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 receive an NC and will be required to repeat the pre-clerkship course the following year. This 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.

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 ED in *two or more* IMS or Doctoring courses during a single semester will be reviewed by MCASP and 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.

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 the following action items:

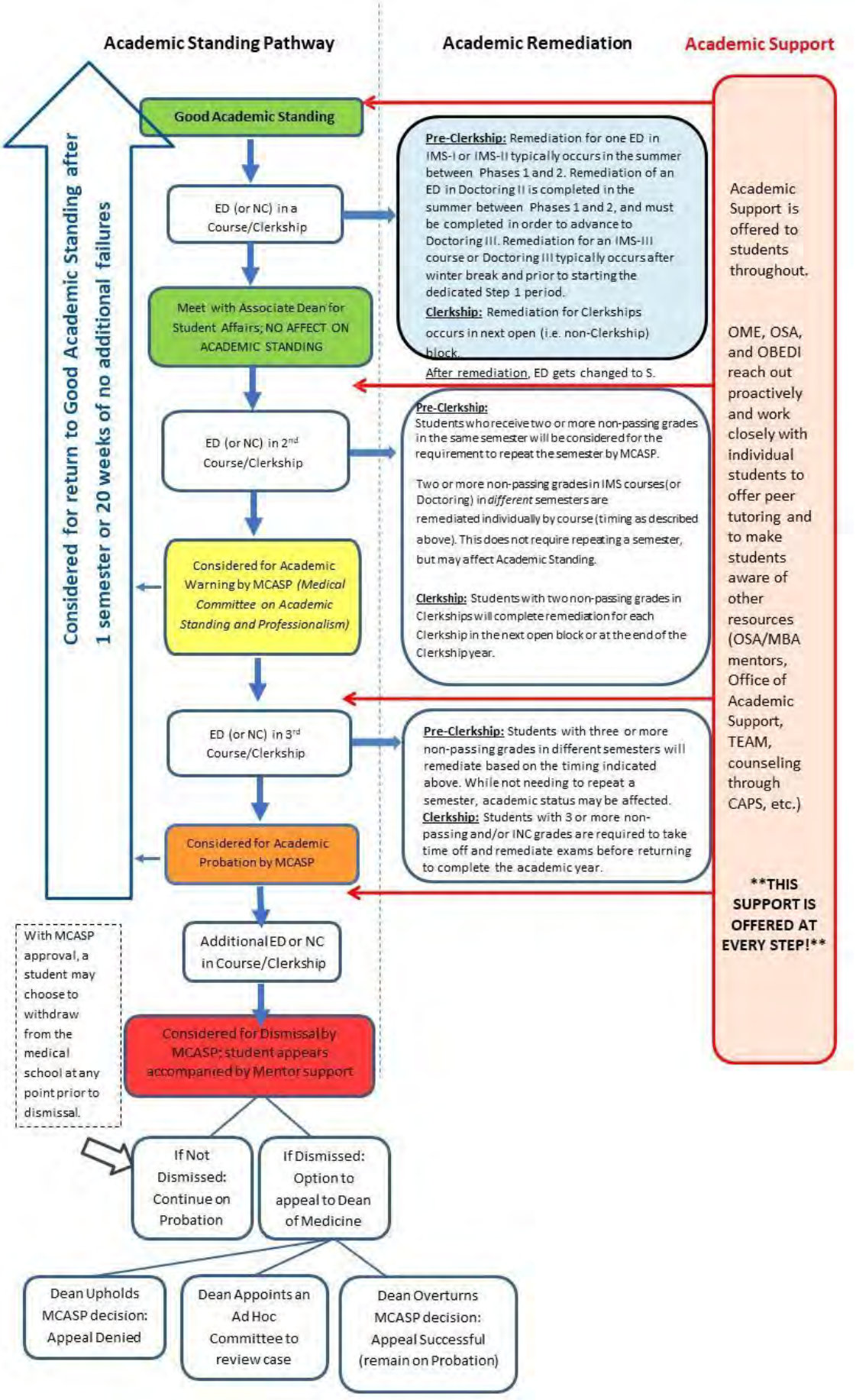
- Practicing clinical skills with standardized patients, Doctoring coaches (see below), and/or course leaders;
- Submitting additional or repeat assignments (e.g., case write-ups or reflective writing assignments);
- Working with a peer-mentor;
- Referral to the Office of Academic Support; and/or
- Referral 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 any phase may submit a grade appeal to the Grades and Records Appeal Committee, which will render a final decision on the matter. Refer to the Grade and Evaluation Appeal Policy.

(remediation pathway schematic is on the following page)


Academic Standing Pathway
Academic Remediation
Academic Support
Good Academic Standing
ED (or NC) in a Course/Clerkship
Meet with Associate Dean for Student Affairs; NO AFFECT ON ACADEMIC STANDING
ED (or NC) in 2nd Course/Clerkship
Considered for Academic Warning by MCASP (Medical Committee on Academic Standing and Professionalism)
ED (or NC) in 3rd Course/Clerkship
Considered for Academic Probation by MCASP
Additional ED or NC in Course/Clerkship
Considered for Dismissal by MCASP; student appears accompanied by Mentor support
Considered for return to Good Academic Standing after 1 semester or 20 weeks of no additional failures
With MCASP approval, a student may choose to withdraw from the medical school at any point prior to 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 for one ED in IMS-I or IMS-II typically occurs in the summer between Phases 1 and 2. Remediation of an ED in Doctoring II is completed in the summer between Phases 1 and 2, and must be completed in order to advance to Doctoring III. Remediation for an IMS-III course or Doctoring III typically occurs after winter break and prior to starting the dedicated Step 1 period.
Clerkship: Remediation for Clerkships occurs in next open (i.e. non-Clerkship) block.
After remediation, ED gets changed to S.
Pre-Clerkship: Students who receive two or more non-passing grades in the same semester will be considered for the requirement to repeat the semester by MCASP.
Two or more non-passing grades in IMS courses (or Doctoring) 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 non-passing grades in Clerkships will complete remediation for each Clerkship in the next open block or at the end of the Clerkship year.
Pre-Clerkship: Students with three or more non-passing grades in different semesters will remediate based on the timing indicated above. While not needing to repeat a semester, academic status may be affected.
Clerkship: Students with 3 or more non-passing and/or INC grades are required to take time off and remediate exams before returning to complete the academic year.
Academic Support is offered to students throughout.
OME, OSA, and OBEDI reach out proactively and work closely with individual students to offer peer tutoring and to make students aware of other resources (OSA/MBA mentors, Office of Academic Support, TEAM, counseling through CAPS, etc.)
THIS SUPPORT IS OFFERED AT EVERY STEP!

Evaluations

All Medical School courses use assessment and 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 the pre-clerkship phase, students receive clinical assessments/evaluations in the Doctoring Program from both small group faculty and mentors.

During the CSC students receive evaluations from near-peer teaching assistants and small group faculty.

For clerkships, sub-internships, and some clinical electives, students may be 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 preceptors. 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 using competency-based medical education best practices under the guidance of the relevant curriculum director. Students can view their summary evaluation, as well as any formative evaluations, but not their individual summative evaluations in OASIS. Students can view their summative *summary* SPEs in OASIS once they have completed their faculty and course evaluations.

Final grades for the seven core clerkships are due 32 days after the clerkship ends. Final grades for electives and sub-Internships are due 30 days after the rotation ends. See Grade Submission Policy.

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 preceptors.

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, clinical faculty preceptors, 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.

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 Chapter 4, Section 1 on the learning environment at the Medical School regarding other mechanisms by which to report concerns about their instructors.

Course Evaluations

Course evaluation forms are distributed at the end of every course in all phases and are required to be completed. 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 to improve and refine their curriculum and courses for future students.

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

Monitoring of Student Performance Evaluation (SPE) Ratings

Student Performance Evaluations 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.

For MD27, 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 assessed 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.

For MD28 and subsequent classes, SPEs contain quantitative ratings on sub-Competencies that are taught within each course, clerkship, clinical elective, and sub-internship. Sub-Competencies are assessed on a scale anchored to expected behaviors of learners as they progress through the curriculum. 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 various times throughout a course.

If a student receives an assessment rating indicating a student is below the expected level of performance in a sub-competency on a summative SPE, the Associate Dean for Student Affairs and the Assistant Deans and Associate Dean for Medical Education are alerted. The Deans review additional data, which may include reaching out to the faculty evaluator, course leader, clerkship, sub-internship, or clinical elective director for more information. Yearly, the Student Support Committee reviews summary data for students who are not at the expected level of performance for sub-competencies on an SPE. All data is tracked longitudinally.

Related Policies

Narrative Assessment Policy

Mid-Course Formative Feedback Policy

Grade and Evaluation Appeal Policy

Healthcare Providers and Assessment of Students

Medical Student Performance Evaluation (MSPE)

III. 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

Program	Phase	Responsible Office/Personnel
Al's Pals	Pre-clerkship	Student-led
Mary B. Arnold Mentors	All	OSA
Orientation	Pre-clerkship/Year 1	OME OSA Office of Academic Support (OAS) Records & Registration
Study Smart	Pre-clerkship/Year 2	Student-led
Learning Skills and Accommodations	All	OAS
IMS faculty and staff	Pre-clerkship	OME
Doctoring Course Support	Pre-clerkship	Course leaders
Doctoring Peer Mentor	Pre-clerkship	OME / Doctoring team
Doctoring Coaches	Pre-clerkship	OME / Doctoring team
Peer Tutoring	All	OME / Office of Academic Support
Student Support Committee	All	OSA OME

Pre-clerkship

PLME Transition Support: Prior to matriculation, Program in Liberal Medical Education (PLME) Advising Deans proactively reach out to students who may require additional academic, personal, or professional support. They provide referrals to the Assistant Dean for Medical Education, the Office of Academic Support, the Associate Dean for Student Affairs, and Counseling and Psychological Services (CAPS).

Al's Pals: This student-led initiative pairs rising Year 1 students with Year 2 mentors to facilitate the transition to medical school. Mentors provide guidance on adjusting to the curriculum and life in Providence.

Mary B. Arnold Mentors: Students are matched with a longitudinal mentor prior to matriculation, first meeting during orientation and continuing with one-on-one and group sessions throughout Year 1. These mentors provide academic, personal, and career advising, offering a consistent layer of support throughout the entire 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
- Learning Environment
- Peer Tutoring Program
- OAS
- Study Smart (student group)
- OSA contact avenues
- Well-being Resources (including a link to contact Student Health Council Peer Counseling program to request a peer counselor)
- Recommended Textbooks and Resources
- Web Resources and Study Materials (including student-created study tools)
- Links to live Google calendars
- IT Support

Study Smart. Each year, a team of second-year students organizes "Study Smart," an optional series of sessions for the entire first-year class. Developed to provide a student-led perspective on academic success, the program offers a coordinated overview of study strategies, advice, and available learning resources. To ensure a comprehensive approach, Study Smart collaborates with the Office of Academic Support, with sessions integrated into several blocks of the medical school curriculum.

IMS Curriculum and Academic Monitoring. The Integrated Medical Sciences (IMS) curriculum is organized into thematic blocks across the pre-clerkship phase. To support the transition to medical school and early identification of academic challenges, IMS-I courses include multiple exams. Below are some of the ways IMS-I offers early intervention:

- **Early Intervention:** The Assistant Dean for Medical Education—Pre-clerkship Curriculum proactively contacts any student scoring below 70% on any course or exam component (e.g., the SFM portion of an IMS exam).
- **Performance Standards:** Because pre-clerkship courses typically feature multiple assessments, a score below 70% on a single component of an integrated exam does not automatically result in an Existing Deficiency (ED). Instead, this threshold serves as a trigger for early intervention and academic support.
- **Support Resources:** Students are encouraged to utilize available resources, including peer tutors; OAS; Mary B. Arnold Mentors; the Office of Belonging, Equity, Diversity, and Inclusion (OBEDI); and CAPS.

Doctoring Course Support. The Doctoring curriculum teaches clinical skills through small groups led by two or more faculty members, and community mentor sessions overseen by a preceptor. Small group faculty assess student knowledge, skills, and attitudes and support student's progress in the Medical School Competencies through weekly observation. Formal feedback is provided during mid-semester meetings to set academic goals.

- **Identification and Intervention:** If faculty or community mentors identify performance or participation concerns, they notify course leadership or program administrators. Depending on the concern, course leaders may provide specific guidance, set a timeline for improvement, initiate formal remediation, or meet

with the student directly. Regular follow-up ensues until goals are met.

- **Assessment Support:** Students who do not pass an OSCE or fail to meet competency goals must meet with course leaders to review performance and develop a remediation plan.

Doctoring Peer Mentor (DPM) Program. This program develops a cadre of Year 2 near-peer mentors to provide clinical skills feedback, facilitate small group discussion, provide mentorship, and provide additional practice opportunities for Year 1 students. A cohort of DPMs is selected based on their interpersonal and clinical skills, four of which are appointed as coordinators. Two to four DPMs are assigned to each small group.

DPMs can nominate peers or self-nominate considering the following criteria based on their contributions made in Year 1 small group discussions; and their organizational, interpersonal, and clinical skills.

Key DPM Responsibilities:

- Peer support for students during curricular milestones in Year 1 Semester 1.
- Introduce the program to Year 1 small group faculty and student mentees.
- Provide regular email check-ins, especially prior to the first community mentor visits and OSCEs.
- Participate in mock OSCEs.
- Facilitate optional Year 1 small-group debriefs on challenging curricular topics throughout the semester.

Doctoring Coaches. Doctoring coaches are faculty members who provide specialized, one-on-one assistance outside the traditional course structure for students at high risk of not meeting course requirements.

Referral Criteria: Students are typically referred to a Doctoring coach if they:

- Demonstrate persistent deficiencies that have not improved with time or standard course resources.
- Fail OSCE and require coaching beyond the standard remediation process.
- Fail a Doctoring course and require additional support outside of normal remediation process.

- **Faculty and Staff**. Roles and responsibilities for key administrators are published or emailed to students annually to orient them to the various offices and leadership roles within the Medical School.

Office of Academic Support (OAS)

- **Learning Skills:** Staff consult with students to adapt learning methods for medical school, focusing on study strategies, time management, and test-taking. Support is available through one-on-one consultations or group sessions via faculty referral, mentor referral, or self-referral throughout all four years of medical school.
- **Academic Accommodations:** The OAS manages medical school accommodations under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act. While students are encouraged to apply before matriculation following initial communications from the OSA, requests may be submitted at any point during the

academic year. Please allow sufficient time for the OAS to process and implement approved requests.

- **Grievances and Appeals:**

  Students have the right to file a grievance regarding disability-related concerns.

  - **First Tier**: Begin by contacting the Director of the OAS.
  - **Second Tier**: If a resolution is not reached, appeals may be directed to the Brown University ADA/504 Coordinator at ADA_504@Brown.edu.
  - **Discrimination Grievances**. If a student believes they have experienced prohibited discrimination based on disability status, they should follow the procedures outlined by the Office of Equity Compliance and Reporting in accordance with Brown's Nondiscrimination and Anti-Harassment Policy.

Clerkship and Post-clerkship Support

Students meet with Clerkship Directors or faculty designees at the midpoint of each rotation to review strengths and identify areas for improvement.

Shelf exam scores are typically released within three to four business days post exam. Students who struggle on these exams are identified and connected with the OAS or the Peer Tutoring program.

Clinical students continue to have access to Mary B. Arnold Mentors and leadership within the OME, OSA, and OBEDI.

Peer Tutoring Program (All Phases)

- **Availability:** The OME provides a year-round, no-cost peer tutoring program for all medical students in all phases of medical school.
- **Request Process:** Students may request a tutor at any time by completing the Qualtrics form linked on their class Canvas page. OME will be notified to begin the tutor matching process.
- **Proactive Outreach:** In addition to student-initiated requests, the OME proactively contacts students identified as academically at-risk 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.

IV. ACADEMIC STANDING AND PROMOTION

MCASP Overview

MCASP monitors students' progress and approves students' promotion from one phase of the curriculum to the next, including cases of academic deficiency and ethical misconduct (both academic and professional). It recommends action, including warnings, probation, return to good academic standing, and dismissing students from Medical School. The MCASP meets monthly throughout the academic year to discuss student academic progress.

The MCASP makes decisions based upon each student's individual situation and pursuant to internal guidelines.

Academic Standing

Policies relating to Academic Standing, Return to Good Standing, and other information is found in Policy No. 10-03.

Academic Promotion

The MCASP 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 carbon 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 o**f NC or ED in two courses, clerkships and/or clinical rotations will be broug**ht 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.

Appeal of MCASP Decision

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

Financial Aid Considerations

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 (e.g., possibly one semester of Leave of Absence/Academic Scholar Program) 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.

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 ASP. 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 eight 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 (six or eight years for MD/PhD candidates). At the end of each semester, the feasibility of completing the MD program within the maximum time frame must be assessed.

Examples of *not* making quantitative progress:

1. A student who takes three years to complete pre-clerkship coursework. a student at the end of their clerkship year who is required to take an additional semester in their post-clerkship year.

If the student necessitates time beyond the maximum number of years permitted, 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 satisfactory academic progress (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.

CHAPTER 2: ADMINISTRATIVE AND FINANCIAL AFFAIRS

Introduction

This section details the Medical School's three student information systems, its policy on confidentiality of student records, the registration requirements, and tuition and fee structures.

I. STUDENT RECORD SYSTEMS

Electronic Medical Student Record (EMSR)

The Electronic Medical Student Record (EMSR) is a secure online system for storing information about Medical School students and is specific to the Medical School. 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 training).

OASIS

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

Pre-clerkship 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).

Clerkship and post-clerkship 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 account. Official transcripts are produced from Banner. Submit a transcript request from the Office of Records and Registration website. Unofficial transcripts can be produced by the Records and Registration staff upon request.

II. CONFIDENTIALITY AND ACCESS TO RECORDS

Policy: Confidentiality and Access to Medical Student Educational Records Policy

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

Also refer to Brown University's FERPA Policy.

III. REGISTRATION

Registration in medical school courses is associated with the specific curriculum phase and student cohort. Pre-clinical enrollments are administratively registered in the OASIS system following the phase 1 and 2 curriculum. Clerkship and post-clerkship enrollments are registered utilizing the lotteries and subsequent open enrollment (add/drop) periods. Registrations for independent studies, away rotations, ACM, and special permission courses are administratively registered based on required approvals associated with the course.

Policies: Course Add/Drop Policy; Policy on Requesting Clinical Schedule or Site Changes

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, except for specific longitudinal programs such as 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.

International Courses

Any international exchange course must be enrolled at least three months prior to the start. Applications and acceptance into the international exchange courses and travel-related requirements are processed through the Center for Global Health Equity. Students are required to submit a plan to complete graduation requirements as part of the process. The Medical School approves the enrollment and officially enrolls the student in these special-permission courses for evaluation and final grade.

IV. 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 Years 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

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 early August; for Years 3 and 4 it starts June 1. Spring semester for all curriculum years starts in early January.

- 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 at Student Financial Services.

(See the end of this section and Policy No. 12-02.)

Tuition and Repeating Semesters

Note: students who are considering a leave of absence or status change (e.g., withdrawal) should first counsel with the Associate Dean for Student Affairs.

Medical Students are required to pay eight semesters of full-time medical school tuition (see Chapter 1, Section 1). 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.

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 student-account 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.

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. Financial aid applications must be submitted annually. Financial need is reassessed each academic year and is subject to adjustment based on changes in family size, enrollment status, income, or assets. Actual aid offers depend on federal funding levels as well as on institutional resources. The Corporation of Brown University determines the tuition rate and other fees annually for the Medical School. Although professional 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 in 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 based on sex, gender identity, 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 on full-time active status and must be making satisfactory academic progress toward the medical degree as defined in Chapter 1, Section 4 of this Student Handbook.

Please note the Medical School is a full-time program and full tuition is assessed each semester unless on approved time away (e.g., ASP).

Students are generally only eligible for aid during periods of full-time status, and they are 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 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 when the student wishes to receive Medical School funding.

THE DEADLINE DATE TO COMPLETE AID APPLICATIONS EACH YEAR IS FEBRUARY 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 cannot 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. Waivers are subject to approval or denial.

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. Pre-clerkship students should take special care to report large decreases in income from year to year.
- **Summer Earnings Expectation**: Summer earning contributions are not waived for students who elect to take courses that are not required for admission to the Medical School. Since clerkship and post-clerkship 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 Chapter 1, Section 4. **The Federal SAP policy applies to all medical students receiving federal financial aid, but the policy for determining SAP cannot be different for students who are not federal student aid**

recipients. 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. Based on this review, the MCASP determines whether students are 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 the terms of each loan program 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/PhD Students

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

MD/PhD students must complete all experimental work needed for the thesis prior to re-entry into clerkship phase of medical school and successfully defend their thesis prior to entry into Year 4 to receive the tuition and fee scholarship in the clerkship and post-clerkship phases.

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 Medical School 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.

CHAPTER 3: ATTENDANCE, TIME AWAY, AND WELL-BEING

Introduction

This chapter outlines the policies and resources dedicated to supporting your personal well-being and managing your time throughout medical school. It provides detailed guidance on attendance expectations, including procedures for excused absences, personal days, and observed holidays. Additionally, you will find essential information regarding health and counseling services, as well as the protocols for managing missed exams or academic work.

I. ATTENDANCE

Attendance Requirements

For all phases, students are advised not to make travel or conference plans until you have determined whether an absence will be excused. If ill, students SHOULD NOT come to school but should contact Brown University's Health Services or a private health care provider; they do not need to physically go to a provider's clinic. Students will be granted an excused absence from the appropriate curriculum director with documentation from Health Services or a private health care provider.

IMS I-III

Lectures: Attendance at non-required medical school lectures is strongly encouraged but not mandatory. Some lectures (e.g. guest lectures) require attendance which 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 pursuant to the "Excused Absence" subsection below. Accommodation absences can be approved proactively as accommodation for a disability. Any unexcused absence will result in a professionalism form.

Doctoring 1-3, Clinical Skills Clerkship

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

- **Lectures, Small Group Sessions, Ultrasound Sessions, and OSCEs:** Attendance is mandatory for these required activities. All absences must be excused pursuant to the Excused Absence Policy. Unexcused absences result in a professionalism form and may be referred to the Student Support Committee or MCASP (see Chapter 1, Section 4).
- **Mentor Sessions:** Attendance, participation, and documentation are mandatory, and any missed sessions must be remediated before the end of the semester.

Students may not complete more than two sessions (maximum eight hours) in a single day; only one such "double-shift" is permitted with prior approval. Most semesters include a scheduled makeup session to provide flexibility for absences.

- **Documentation and Deadlines:** Accurate documentation is required to track attendance and clinical experiences. Grades will not be submitted until students have completed all mentor sessions and verify successful completion in OASIS before the deadline. Incomplete documentation by the semester deadline without an approved extension will result in a professionalism form.

Clerkship Rotations

Policy: Excused Absence Policy; Personal Day Policy

Process: See below for requesting excused absences.

Each clerkship has specific standards for didactic attendance and clinical participation, which are detailed during clerkship orientation. All absences must be excused pursuant to the Excused Absence Policy.

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

Policy: Excused Absence Policy; Personal Day Policy

Process: See below for requesting excused absences.

Primary Care – Population Medicine Program (PC-PM)

Policy: Excused Absence 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.

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

Pre-clerkship (IMS & Doctoring) Courses

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 Program Manager, Community Mentoring & Service-Learning to discuss potential options.

Clerkship Phase

Clinical Skills Clerkship

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.

Clerkship Rotations

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 make-up work 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.

Personal Days (all phases)

Policy: Personal Day Policy

Process: Personal Day Policy

Exam Extension/Rescheduling

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 including the reason for the delay request.
2. Students who are ill must submit an Excused Absence form (found on your class Canvas page) with documentation from a provider or Health Services.
3. If an exam delay is approved, students may take the exam within 5 days, pending availability of the appropriate proctoring resources.
4. 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 due to not being ready to sit 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. Students who are ill and unable to sit for the exam must submit appropriate documentation from a provider or Health Services to the appropriate curriculum director via the Excused Absence form on the class Canvas page. Students may also want to notify the clerkship coordinator.
3. 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.
4. 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.

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 and Clinical Skills Clerkship

Students missing a required Doctoring or Clinical Skills Clerkship 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 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

Additional Notes

University and clinical site holiday schedules may differ. The following policy governs weekend and holiday scheduling for clerkships and rotations:

- **Schedule Predictability:** Clinical and call schedules are generally finalized shortly before a rotation begins. Students with scheduling concerns should email the Assistant Dean for Medical Education as early as possible. While adjustments for significant events are sometimes possible in advance, they cannot be guaranteed once assignments are finalized. See also Policy on Requesting Clinical Schedule or Site Changes.
- **Observed Holidays:** If a student is on a rotation at an institution observing a holiday (e.g., Veterans Day, Presidents Day) and is not scheduled to work, they will receive that day off.
- **Thanksgiving Break:** Year 3 and 4 students must work a full day on the Wednesday before Thanksgiving. All students are then off Thursday through Sunday and must return to work the Monday following Thanksgiving.
- **Winter Break:** Students in Years 3 and 4 receive a minimum of one week of vacation for winter break. Specific dates vary annually and are posted on the class calendars.

II. TIME AWAY FROM MEDICAL STUDIES

Introduction

Students may take time away for professional or personal reasons via the ASP or a LOA.

Responsibilities During Time Away

During any approved ASP or LOA, the following requirements apply:

- Students are responsible for monitoring and responding to their Brown University email account.
- ASP students must maintain full compliance with all immunization, HIPAA, and N95 fit testing requirements.
- LOA students are strongly encouraged to remain compliant with all immunizations to ensure a seamless return.
- Before returning to medical school activities, students must complete all outstanding coursework from the semester of their departure, including Shelf exams, Step exams, and OSCEs, to be cleared to return to medical school activities.

Failure to maintain requirements may result in a professionalism form and can prevent a student from starting clinical rotations or Doctoring mentor sessions upon their return.

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 clerkship and post-clerkship phases, if a student can 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 clerkship and post-clerkship phases must be enrolled in at least 12 weeks/credits of clerkships or electives to be eligible for financial aid. All students are required to pay for eight 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.
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 dismissed 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 cannot 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. 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. If 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.

To determine whether a student can 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 PhD, may request (from the Senior Associate Dean for Medical Education) a leave of absence for longer than one year 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 endeavors 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 can 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.

Submission deadlines for ASP 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 accommodation needed 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 educational program accommodations needed 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. Please refer to the Graduation Policy for timeframe requirements.
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 due to disability can be appealed (see Chapter 3, Section 3). 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 Master 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.

III. HEALTH SERVICES

Health Services Fee

All medical students are required to pay a Health Services fee each semester, which is separate from health insurance. Students on an approved LOA or in the ASP are exempt unless they opt-in.

- **Services Covered:** The fee covers primary care, nursing services, Brown Emergency Medical Services, campus-wide health promotion, and Brown Emergency Medical Services. It also includes access to CAPS for assessments, short-term psychotherapy, and crisis intervention.
- **ASP Access:** ASP students may use these services by electing to pay the Health Services fee on their initial application.
- **Confidentiality:** Health Services records are strictly confidential. Information is not released to family, faculty, or the Medical School without written student authorization, except in medical emergencies or as required by law. Additional details are available on the Health Services website.

Student Health Insurance

Health insurance is separate from the Health Services fee, and all students must have separate health insurance to cover services not provided by the health fee (e.g., lab work, x-rays, hospitalizations). All active students are automatically enrolled in the Brown Student Health Insurance Plan (SHIP), which is designed to complement the services provided by Health Services. The University's Insurance and Purchasing Services Office is responsible for the student health insurance plan.

- **Insurance Waivers:** Students with comparable coverage accessible in Providence may waive SHIP by **July 31st** via Gallagher's online waiver form. Students should verify adequate coverage in Providence before waiving SHIP. Students are responsible for costs not covered by their chosen plan, including clinical site requirements like titers and vaccinations.
- **International Students:** Must verify their private insurance provides adequate, accessible coverage in the Providence area before waiving SHIP.

Coverage During Time Away

- **ASP:** Students remain eligible for SHIP but must indicate their insurance plans on their ASP application.
- **LOA:**
    - Purchase insurance directly from the Insurance and Purchasing Services Office.
    - Students already enrolled in SHIP who take a leave more than 31 days into a coverage period remain enrolled in that plan until the end of the policy year.

- Students may extend SHIP coverage for a maximum of one year if they intend to return as degree-seeking students and provide an approved LOA verification form from the Senior Associate Dean for Medical Education.
- To extend coverage for one year, email **studenthealthinsuranceplan@brown.edu**. Students not previously enrolled in SHIP are ineligible to purchase it while on LOA.

Long-Term Disability Insurance

The Medical School provides disability insurance coverage to all active, full-time medical students.

Coordination of Benefits

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 to qualify for financial support from OSA).

For students with the Brown student health insurance plan, two additional steps may be involved to ensure that the insurance plan covers the appropriate portion of the bill:

1. The insurer may contact a student to determine whether there is coverage under any other health insurance plans.

   Confirmation can be made online at www.uhcsr.com/MyAccount or by calling UHCSR customer service at 1-800-767-0700.

   If a bill reaches $1,000, UHCSR will automatically send an email asking for this information. Another email reminder will be sent after 30 days. After an additional 30 days, claims will be denied and an Explanation of Benefit sent. If this happens, students will need to provide the "other insurance" information online or at the phone number above, so that a denied claim can be reopened and re-processed. The easiest way to resolve this issue is to download the UHC StudentResources app or to go to https://www.uhcsr.com and create an account. Once this "action item" is completed, bills will be paid.

2. If the bill reaches $1,000, an accident detail report is required to be submitted. It is important to indicate that the exposure was **NOT** due to an accident "on the job." (If a student states the injury occurred "on the job," health insurance plans may deny the claim, believing it will be covered by worker's compensation, for which students are not eligible).

   The OSA may cover costs of occupational exposures that are not covered by a student's insurance company, depending on the claim information. Students must first submit a claim to their insurance company to qualify for financial support from OSA. Accordingly, students may notify OSA via email at medstudentaffairs@brown.edu (with subject line "Reporting exposure – private and confidential") or in-person by providing the following information:

   - Student's name;
   - Student's contact number;

- A brief report of the incident;
- A copy of the hospital bill/invoice; and
- The Benefits Statement from the insurance company indicating what, if any, portion of the bill has been covered by the plan.

OSA will review the information and approve or deny the request within seven business days. If approved, OSA will pay the treating provider directly.

Immunizations

Pursuant to the Exposure and Safety Policy, students must be current with the following vaccines and blood tests:

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.

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.

Additional Health Resources at Brown University

Health Promotion

Located on the ground level of the Health and Wellness Center (450 Brook Street; telephone: Telephone (401) 863-2794), 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)

CAPS provides crisis intervention, short-term individual and group therapy, and referral services.

- **Location:** Page-Robinson Hall, Room 512 (69 Brown Street).
- **Contact:** (401) 863-3476. After-hours support is available at the same number.
- **Medical School Specialist:** Laurice Girouard, MSW, LICSW, is a dedicated CAPS therapist for medical students. To schedule an appointment, email **Laurice_Girouard@brown.edu** or call CAPS and identify as a medical student.

Well-Being Check-ins

Well-being check-ins are a collaborative wellness initiative between the Assistant Dean for Student Well-Being and the Office of Student Affairs.

- **Purpose:** Well-being check-ins are supportive, non-clinical conversations designed to introduce students to mental health and well-being resources, normalize help-seeking, and support reflection around the transition to medical school and other key moments in training. These conversations are not intended to serve as mental health treatment or psychotherapy.
- **Year 1:** The concept of well-being check-ins is introduced during Orientation. During the academic year, students participate in group well-being check-ins through their Mary B. Arnold advising cohorts, with the involvement of their MBA mentor when appropriate. These sessions provide an opportunity to discuss common transition-related themes, available support, and strategies for sustaining well-being in medical school.
- **Year 2 and Beyond:** Additional well-being check-ins may be offered at key transition points in the curriculum, including Step 1 dedicated study time, the transition to clinical training, and the transition to residency. Students may also request individual consultation with the Assistant Dean for Student Well-Being as needed for personalized guidance and connection to appropriate resources.

CHAPTER 4: PROFESSIONALISM AND THE LEARNING ENVIRONMENT

Introduction

Medical students are expected to adhere to Brown University's Code of Student Conduct and Policy No. 03-05.02.

I. STANDARDS OF BEHAVIOR & THE LEARNING ENVIRONMENT

Professionalism

Policy: Policy No. 03-05.02

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 on the page for the Program for a Health Learning Environment, class-specific Canvas webpages, and course/faculty evaluation forms, or use the provided QR codes on badge buddies or in emails from the ADSA.

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 Inclusive Community and the Associate Dean for Student Affairs. This Committee meets monthly to discuss all Learning Environment Forms in a fashion that maintains student anonymity (students known only to ADSA and Associate Dean for Student Affairs) 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. Individual student reports are NOT discussed here, rather trends in departments.

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 Equity, Compliance, and Reporting (401-863-1800), equity_reporting@brown.edu
- Office of the Chaplains and Religious Life (401-863-2344)
- Counseling and Psychological Services (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.

II. RESPECTING DIVERSITY AND DIFFERENCES

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.

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; and
- Medical School's anti-discrimination policy (Policy No. 03-04).

Title IX

Title IX is a federal civil rights law that prohibits discrimination based on sex in any education program or activity receiving federal financial assistance. Brown University's Title IX Policy ensures a learning and working environment free from sexual harassment, sexual assault, domestic/dating violence, stalking, and retaliation. The policy also prohibits certain intimate relationships between students and employees where a power disparity exists (e.g., between a student and their clinical supervisor or faculty member).

Students are encouraged to engage with the Title IX and Gender Equity Office if they have experienced or witnessed gender-based discrimination or sexual misconduct.

How to Report: Reports of prohibited conduct should be directed **Lindsay Orchowski, Ph.D.** *Deputy Title IX Coordinator for the Medical School*

- Telephone: (401) 444-7021
- Email: lindsay_orchowski@brown.edu

Resources: Please refer to the Title IX Policy for *confidential* support services, on-campus and community resources, and reporting information.

Note: Deans and Directors of the Medical School are "Mandatory Reporters" and are required to share disclosures of sexual misconduct with the Title IX Coordinator to ensure student safety and policy compliance.

Conflict Resolution and the University Ombuds

The University Ombuds is a confidential resource available to students facing disputes, ethical dilemmas, or bias and discrimination that impact their academic or personal life. This office provides a neutral environment for navigating difficult decisions and conflict resolution with a guarantee of strict confidentiality and anonymity. Students may utilize Ombuds services without fear of retaliation or loss of privacy.

- Website: Ombuds
- Telephone: 401-863-6145
- Email: ombuds@brown.edu

Conflict of Interest Policy

See Policy No. 01-02.02 for the Medical School's Student Conflict of Interest Policy.

CHAPTER 5: CLINICAL PRACTICE POLICIES

Introduction

Medical students will have many opportunities to participate in or perform procedures on patients under appropriate supervision in clinical settings. Students must always wear their ID badges, verbally identify as medical students, and sign all notes with their student status (e.g., John Smith, MS3).

I. STUDENT LEVEL OF RESPONSIBILITY IN CLINICAL SETTINGS

Policy: Clinical Supervision of Medical Students Policy

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.

II. WRITING ORDERS AND LIABILITY INSURANCE

The University's medical liability insurance covers students while acting in their capacity as students during approved educational activities within the medical school curriculum. Allowing clerkship and post-clerkship phase students to enter patient orders is encouraged as strictly an educational exercise rather than a clinical service. Legal representation is provided by the Office of General Counsel for students acting within these guidelines. Students on Leave of Absence (LOA) are **not** covered by the University's liability insurance.

Entering patient orders is an educational activity, not a service. For malpractice insurance to apply:

1. The student must be under the direct supervision of a licensed provider (resident or attending).
2. The supervising physician must review, discuss, and countersign the orders **before** they are executed.
3. At institutions other than Brown's affiliated hospitals, provided the clinical elective is an approved part of the curriculum that fulfills an MD degree requirement and follows all established guidelines.

Procedures and Proficiency

Students are covered for any injury to patients resulting from customary functions (e.g., histories, physicals, and procedures) provided they are directly supervised by a licensed provider.

- **Gaining Proficiency:** Students must be closely and personally supervised while learning and gaining proficiency in basic procedural skills (e.g., phlebotomy, IV/catheter placement, lumbar punctures, skin tests, splints).
- **Attained Proficiency:** Once proficient in such basic procedural skills, students may perform these procedures only when ordered by a supervising licensed provider.

- **High-Risk Activities:** To mitigate high-risk situations, students should inform the supervising provider when they are not proficient in a given procedure. Situations beyond the customary functions (e.g., major surgery, central lines, or administering toxic substances like chemotherapy) **must** be conducted under direct, close, and personal supervision of a licensed provider. Students should refuse these tasks if such supervision is not provided.

Professional Responsibilities and Identification

- **Informed Consent:** Students must **not** obtain informed consent; this is the responsibility of the performing physician. Students are encouraged to observe the process for educational purposes.
- **Identification:** Students must always wear their ID badges and identify themselves as medical students in person and in all documentation (e.g., *John Smith, MS3*).
- **Professional Conduct:** To minimize liability risk, students should act professionally, prudently, acknowledge the limits of their competence, and respect the guidance of nursing staff. Always feel empowered to say, "I am not comfortable doing this."

III. PERFORMING MEDICAL PROCEDURES

Procedures

Medical students may decline to participate in or perform procedures that directly conflict with their personal beliefs and values. In such cases, the following guidelines apply:

- **Communication:** Students must discuss concerns with their supervisor as early as possible to avoid placing patients in difficult or embarrassing situations.
- **Protection of Standing:** A student's decision to decline performing a procedure must not adversely affect their performance appraisals, grades, or other academic privileges.
- **Clinical Mandates:** If a compelling reason requires student involvement, the supervisor must explain this necessity while remaining respectful of the student's beliefs.
- **Knowledge Requirements:** Declining a procedure does not exempt a student from being knowledgeable about such procedure or practice. Students may be required to answer related examination questions regardless of their beliefs and may not decline to answer based on sincerely held beliefs.
- **Performance Evaluations:** Students may refuse to perform a specific procedure during a performance-based exam. In such instances, faculty and the student should identify alternative ways to assess the required skills. The Associate Dean for Medical Education may be consulted to assist in this process.

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.

IV. EXPOSURE POLICY AND TRAINING

Policy: Exposure and Safety Policy

Accidents and Injuries

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.

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 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.

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.

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

APPENDIX B

Directory of Medical School Administration and Staff

Category	Best Contact For…	Role / Title	Name	Email
Academic Leadership	Executive medical school leadership	Dean of Medicine and Biological Sciences	Mukesh Jain, MD	mukesh_jain@brown.edu
Academic Leadership	Academic affairs oversight	Senior Associate Dean for Academic Affairs	Michele Cyr, MD	michele_cyr@brown.edu
Academic Leadership	Comprehensive medical education oversight	Senior Associate Dean for Medical Education	B. Star Hampton, MD	brittany_star_hampton@brown.edu
Academic Leadership	Medical education administration	Associate Dean for Medical Education	Sarita Warrier, MD	sarita_warrier@brown.edu
Curriculum & Teaching	Pre-clerkship curriculum questions	Assistant Dean of Medical Education, Pre-clerkship Curriculum	Thais Mather, PhD	thais_mather@brown.edu
Curriculum & Teaching	Clerkships and clinical rotations	Assistant Dean of Medical Education, Clinical Curriculum	Steve Rougas, MD	steven_rougas@brown.edu
Curriculum & Teaching	Diversity and inclusive teaching/learning	Assistant Dean, Diversity, Inclusive Teaching and Learning	Anne Vera Cruz, PhD	anne_vera_cruz@brown.edu

Curriculum & Teaching	Faculty development initiatives	Assistant Dean of Faculty Development	Katherine E. Mason, MD	katherine_mason1@brown.edu
Student Support	Time away, academic standing, general student affairs	Associate Dean for Student Affairs	Roxanne Vrees, MD	roxanne_vrees@brown.edu
Student Support	Learning environment	Assistant Dean for Student Affairs	Tanya Murtha, MD	tanya_murtha@brown.edu
Student Support	Diversity and inclusion support	Senior Associate Dean for Inclusive Community	Bethany Gentilesco, MD	
Student Support	Study skills, tutoring, and academic coaching	Director, Office of Academic Support	Lorrie Gehlbach, PhD	Office: ams-office-of-academic-support@brown.edu lorrie_gehlbach@brown.edu
Student Support	Career advising and residency planning	Director, Career Development	Alex Morang, MA	alexandra_morang@brown.edu
Student Support	Financial aid, tuition, and budgeting	Director of Financial Aid	Stephanie Hunt, Ed.M	Office: md_finaid@brown.edu stephanie_hunt@brown.edu
Student Support	Student well-being and wellness programs	Student Well-Being Programs	Micheline Anderson, PhD	micheline_anderson@brown.edu
Student Support	Title IX coordination and support	Deputy Title IX Program Coordinator	Lindsay Orchowski, PhD	lindsay_orchowski@brown.edu
Departmental & Programs	Official academic records and	Director of Academic	Christina (Tina)	Office: ams-records@brown.edu

	transcripts	Records	Curley, MBA	christina_curley@brown.edu
Departmental & Programs	Doctoring Program	Director, Doctoring Program	Dana Chofay, MD	dana_chofay@brown.edu
Departmental & Programs	Clinical skills and simulation training	Director, Clinical Skills Simulation Center	Scarlett Handley, RN	k_scarlett_handley@brown.edu
Departmental & Programs	Assessment and evaluation	Interim Director, Assessment and Evaluation	Erin Brannan, MPH	erin_brannan@brown.edu
Departmental & Programs	Medical student research opportunities	Director of Medical Student Research	Stephanie Garbern, MD	stephanie_garbern@brown.edu
Departmental & Programs	Community mentoring & service-learning	Program Manager, Community Mentoring & Service-Learning	Jesse Kerstetter	jesse_ketstetter@brown.edu

APPENDIX C

Summary of Updates

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

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