

 <p>BROWN Alpert Medical School</p>	<p>Medical Student Selection, Assignment, and Progress</p>	<p>POLICY: 10-00, includes: Policy No.: 10-03 Policy No.: 10-05 Policy No.: 10-07 Policy No.: 10-09</p> <hr/> <p>Effective Date: July 1, 2019</p>
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1.0 Policy Purpose

The purpose of this policy is to establish policies for admission, selection, enrollment, and assignment requirements for potential applicants to the medical education program at the Warren Alpert Medical School of Brown University (AMS). This policy contains policies related to the following:

- Student Selection/Progress and Their Dissemination (Element 3)
- Technical Standards (Element 5)
- Transfer and Advanced Standing Policy (Element 7)
- Requests for Schedule/Clinical Site Changes (Element 9)

Such policies are in place to ensure compliance with Liaison Committee on Medical Education (LCME) requirements for re-accreditation and correspond to elements of Standard 10 (Medical Student Selection, Assignment, and Progress).

2.0 To Whom the Policy Applies

All potential and existing AMS community members.

3.0 Policy Statement

3.1 Policies Regarding Student Selection/Progress and Their Dissemination (Policy No. 10-03)

3.1.1 Selection Policy

**Alpert Medical School
Guidelines for Holistic Review of Admissions Candidates**

Selection Principles

The mission of the Medical Admissions Committee is to recruit and to enroll a group of students who are among the most well-qualified students applying to U.S. medical schools in a given year. We seek to enroll individuals who demonstrate substantial promise for success in medical school, who share a commitment to the values and goals of our institution, and who will emerge as leaders in medicine.

The admissions process is guided by a systematic review of applicants that considers four principal characteristics: academic achievement, evidence of leadership and excellence, maturity and self-awareness, and demonstrated service to one’s community. These qualities are viewed within the context of the resources that are available to the applicant

and the challenges that he/she has overcome in the pursuit of a medical education. Evidence of motivation and commitment to medicine, personal integrity and compassion are also important considerations. Academic records, recommendations, essays and interview assessments are the primary measures used in the evaluation process.

Considerations for Holistic Evaluation of Candidates

The recruitment of a diverse class of medical students requires members of the Admissions Committee to assess accomplishments and personal qualities within the context of a candidate's background, life experiences, advantages and disadvantages. The factors that committee members are expected to consider in their evaluations are listed below.

- Primary, self-reported racial or ethnic affiliation;
- Articulation of beliefs, perspectives and/or experiences that may have been shaped by racial/ethnic identity;
- Demonstrated commitment to serving and/or advocating for a particular community or patient population;
- Paid employment before age 18 or paid employment during college, especially during the academic year. Students who have contributed to his/her family's support or who have had to work while attending college to defray educational expenses cannot be expected to participate in extracurricular activities to the same degree as applicants without such obligations.
- Experience working in diverse cultural environments, not limited to work abroad.
- Income, highest level of education, and occupations of parents. The lack of role models in the applicant's home and family, or the possibility that they may be the first in their family to achieve a college or professional degree, may limit their contact with people who can help them to navigate the challenges of professional education.
- Precollege educational environment. The quality of teachers, curriculum, and available resources varies widely across high school districts. Students who are economically disadvantaged and/or from racial and ethnic groups who are underrepresented in medicine (URM) may be more likely than non-URM students to have graduated from low-performing, racially or economically segregated high schools with limited availability of advanced level courses. These factors may place them at an educational disadvantage in their college studies and in performance on standardized tests.
- Cultural barriers, such as:
 - Low expectation or value placed on educational achievement;
 - Primary language other than English;
 - Language other than English spoken at home;
 - Recent immigration to US, particularly where economic circumstances were negatively impacted.
- Geographical location where applicant was raised (e.g., size of city or town; residence in a health professional shortage area).
- Special family circumstances such as:
 - Economic, educational, ethnic or cultural, racial or medical adversity experienced by applicant or his/her family;
 - Early life challenges (single parent household; deceased parent(s); obligation to supervise or assist siblings or disabled relative).

Educational Benefits of a Diverse Community

Alpert Medical School is dedicated to the highest standards of excellence in education, research, and health care. We seek to graduate physicians who are broadly and liberally educated, and who view medicine as a socially responsible human service profession. Alpert graduates must be scientifically well-educated and capable of approaching problems from a variety of perspectives. Our mission is to impart to future physicians the state-of-the-art in the scientific, ethical, and humanistic dimensions of medical science and public health. Commitment to excellence in education and scholarly inquiry is best achieved by enrolling a mix of students who represent different backgrounds, perspectives, and life influences, and who will contribute to and benefit from the learning of those around them.

The medical school has a longstanding history of valuing diversity in its broadest sense to include race; religion; age; national and ethnic origin; disability; status as a veteran; sex; sexual orientation; gender identity; gender expression; and political ideology. The medical school also deeply values socioeconomic diversity and thus considers admission candidates without regard to their financial circumstances. Enhancing excellence through diversity is one of the cornerstone goals of Brown University's strategic plan, "Building on Distinction."

We believe that AMS graduates are best prepared for medical practice in a pluralistic society when they learn in an environment that is characterized by, and supportive of, diversity among its students, faculty and staff. A diverse academic medical community is a core institutional value for many reasons, including the following:

- The ability to understand and respect a patient's culture is a key element in the delivery of effective care to individual patients and in referrals to appropriate community resources.
- Interaction among students from demographically diverse backgrounds contributes to the breakdown of stereotypes and biases, and thus promotes enlightened and educationally valuable discussions in both formal and informal educational settings.
- A diverse student body prepares students for effective service and leadership roles within an increasingly heterogeneous patient population, workforce, and global community.
- Greater diversity among health care professionals may contribute to more equitable and effective care, especially for medically underserved populations.

3.1.2 Academic Standing and Promotion

Course Requirements and Graduation

See Policy No. 09-09.01.

Shelf Exams

Shelf Exam Repeats

If a student does not pass a clerkship Shelf or OSCE exam, the student will receive an existing deficiency (ED) in the clerkship. The student will be permitted to retake the exam one time. If the student successfully remediates the exam, the student's grade will be changed to a satisfactory (S). The student will not be eligible for honors.

If the student does not successfully remediate the Shelf exam or OSCE on retake the student will receive a no-credit (NC) in the clerkship and may need to retake the clerkship. However, if a student has satisfactorily completed the remaining components of the clerkship, the Clerkship Director may consider an alternate remediation plan in consultation with the Associate Dean for Medical Education. The student will not be eligible for honors on retake.

Shelf Exam Extensions

In Year 3, students may request an extension for a clerkship Shelf exam or OSCE due to extenuating circumstances. If due to a medical reason, students must have a note from a physician or other appropriate health care provider documenting an illness. All extensions must be approved by the Associate Deans for Medical Education and Student Affairs, in consultation with the Clerkship Director, if necessary. Students are permitted a single shelf exam extension based on an NBME practice exam score the week of the scheduled exam that is below the minimum passing threshold. Students who are unable to sit for a shelf exam due to lack of readiness will be required to have a consultation with the Office of Academic Support. Regardless of the reason, if a shelf exam extension is approved, students must wait to take the shelf examination until the beginning of their next non-clerkship block period, and must work with the Associate Dean for Medical Education to determine an appropriate schedule. OSCE make-ups must be arranged with the clerkship coordinator. Students will receive a grade of Incomplete (INC) in the clerkship until the Shelf exam or OSCE is taken. Students may also request Shelf exam extensions for unpredictable major life events, such as a death in the family. These and all other requests will be considered on a case-by-case basis by the Associate Deans for Medical Education and Student Affairs, in conjunction with the Clerkship Director, if necessary. Repeated exam extension requests may result in a discussion about whether the student is able to continue with the curriculum or if there is a need for time off.

Shelf Exam Failures

Students who fail three (3) shelf examinations or have an INC in three clerkships, may be required to take time away from the clerkships (either as part of the Academic Scholars Program or as a Leave of Absence) in order to remediate these examinations prior to returning to the clinical curriculum. All shelf examinations, including repeat shelf exams and make-up shelf exams, must be completed satisfactorily before a student can progress to Year 4. If the student is participating in a clerkship at the time of their third failure, they will be permitted to finish that clerkship, but will be encouraged to delay taking that Shelf examination. The Offices of Student Affairs, Medical Education, and Financial Aid, and staff from Records and Registration will work with the student to determine the appropriate timing and plans for remediation and time away.

MCASP

The Medical Committee on Academic Standing and Professionalism (MCASP) is comprised of 10 to 12 AMS faculty members. Staff members from Administration and the Offices of Student Affairs, Belonging, Equity, Diversity & Inclusion, and the Program in Liberal Medical Education attend committee meetings, but are not voting members of the committee. The MCASP is charged with the responsibility of reviewing the academic performance and professional behavior of all students in the medical school. On the basis of that review, and with the input of the Competency Committee, the MCASP determines whether students are to be promoted, promoted with conditions, not promoted, placed on Academic Warning or Probation, dismissed, returned to Good Standing and graduated.

Students who are experiencing academic difficulty or issues with professionalism are reviewed by the MCASP when that difficulty has been identified. If a student is presented to the MCASP for review and an MCASP member has a conflict of interest with regard to the status of the student (e.g., primary responsibility for grading the course for which the student had academic difficulty or a professionalism issue), the faculty member will recuse themselves from the discussion and voting. All MCASP proceedings are confidential. The Associate Dean for Student Affairs will communicate any relevant MCASP actions to the student as soon as possible following the meeting. Students are also notified of decisions made by the MCASP in writing. Committee members as well as members of the AMS administration, are unable to discuss details of students' academic standing, MCASP proceedings, or appeal outcomes with faculty or members of the student body.

Mechanisms for appeal of MCASP decisions are described in Policy No. 03-05.02 (subsection 3.3.2.1.).

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

Remediation Policy

If a student wishes to request an exception to the remediation policy in place for a particular course or clerkship, those requests must be submitted to the Grades and Records Appeal Committee. For example, if a student wishes to take an examination for a third time rather than repeat a course; if a student wishes to remediate two (2) pre-clerkship courses rather than repeat the semester in which those courses were failed; or if a student wishes to retake a Shelf Exam or OSCE for a third time rather than repeat a clerkship, those requests must be made to MCASP, in writing, with a discussion of the student's reason for the request.

Academic Standing

- Students who receive passing grades (Satisfactory or Honors) are automatically in Good Academic Standing.
- 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 remain in Good Academic Standing but meet with the Associate Dean for Student Affairs for guidance and academic support and to discuss potential consequences with additional non-passing grades. Remediation may be accomplished through a special examination, repetition of the course, approved outside courses, or by special arrangements with the curriculum directors (for more information, see Section III of the AMS Student Handbook). The student will work with the course, clerkship, sub-internship or clinical elective director to determine the appropriate remediation and its timing. Remediation must be completed within one year of the grade submission; however, if a student is on leave following the non-passing grade, that time is not counted as part of the year. Students will only be allowed to take a special remediation examination once. Exceptions will be considered on a case-by-case basis by the MCASP.
- If a student fails a special remediation examination, the student will be required to repeat the course, clerkship or clinical rotation the following year, and this second failure will be brought to the attention of the MCASP. At that time, the student may be placed on Academic Warning. If a student fails a course, clerkship or clinical rotation having repeated the course, clerkship or clinical rotation for the third time, the student will be brought to the attention of MCASP to be considered for Academic Probation or Dismissal.
- Students will be contacted by the Associate Dean for Student Affairs any time they

are being considered by MCASP for a change in academic standing (see below). Mary B. Arnold mentors are available to help students prepare for this process, to discuss resources if they are struggling academically (e.g., tutors, Learning and Accessibility Specialist) or emotionally (e.g., CAPS), to help prepare for the timeline and steps of the process and to attend MCASP Committee meetings where a student is expected to appear in their role as a support person.

- Students who have received a grade of NC or ED in two courses, clerkships and/or clinical rotations will be brought to the attention of the MCASP to be considered for placement on Academic Warning.
- Students who have received grades of NC or ED in three courses, clerkships and/or clinical rotations, or have received a grade of NC or ED in one or more courses, clerkships and/or clinical rotations while on Academic Warning, will be brought to the attention of the MCASP to be considered for placement on Academic Probation.
- Students who receive grades of NC or ED while on Academic Probation will be brought to the attention of the MCASP to be considered for dismissal.
- Students in Good Academic Standing who receive three grades of NC or ED may be placed directly on Academic Probation by the MCASP.
- In Year 1 and Year 2, students who have received three grades of NC or ED in all courses during a period comprising one semester will be brought to the attention of the MCASP to be considered for dismissal.
- Students being considered for dismissal will be given an opportunity to appear before the MCASP in order to present information as to why they should not be dismissed and to respond to questioning. The MCASP may also invite other individuals to appear for the purpose of providing information to the Committee. Students may be accompanied by their Mary B. Arnold mentor, but may not be accompanied by an attorney. Students will be contacted after the conclusion of the MCASP meeting with the Committee's decision by the Associate Dean for Student Affairs, and then informed in writing of the Committee's decision in a letter from the Senior Associate Dean for Medical Education. If dismissed, students will be informed in the letter that they have the right to appeal the decision to the Dean of Medicine and Biological Sciences within 72 hours of receipt of the letter. (See also Policy No. 03-05.02, subsection 3.3.2.1. 'Appeal of Decision to Dismiss.')
- If a student has appeared before the MCASP for consideration of dismissal, but has not been dismissed, and the student subsequently fails additional courses, clerkships or rotations, the student may be dismissed without being asked to again appear before the MCASP.
- Students may not progress to the following year until they have successfully completed all the preceding year's requirements.
- Grades of NC or ED that are remediated and converted to Satisfactory will still count towards consideration by the MCASP for subsequent placement on Academic Warning or Probation, or towards consideration for dismissal should the student receive additional NC or ED grades.

Return to Good Standing

Students who are on Academic Warning or Probation will be considered by the MCASP for return to Good Academic Standing following a period of time in which the student has remediated any grades of NC or ED, passed a special remediation exam, is fully engaged in and registered for courses, clerkships or rotations, and passes all courses or rotations during that time period. The period of time after which a student in Years 1 and 2 will be eligible for return to Good Academic Standing is one full semester from the time the student was placed on Warning or Probation. The period of time after which a student in Years 3 and 4 will be eligible for return to Good standing is 20 weeks (successful completion of three (3) NBME exams for students in the LIC) from the time the student

was placed on Warning or Probation. A return to Good Academic Standing is not automatic. Depending on a variety of factors, including the level of academic performance, the MCASP may vote to continue the student on Academic Warning or Probation for the period of time deemed appropriate by the Committee.

General

A student who has not remediated a failure (NC) in a required course, clerkship or rotation within one year of the original grade submission will be brought to the attention of the MCASP to be considered for dismissal. Time spent on ASP or LOA does not count toward the one-year maximum time to remediate a failure.

If, at the time of review, a senior medical student is scheduled to complete all requirements in the medical school by graduation, but has not yet actually done so, the MCASP may recommend that the student be graduated contingent upon the satisfactory completion of the remaining requirements.

A student may withdraw from the medical school at any point prior to a decision by the MCASP. Once a decision by the MCASP regarding dismissal has been issued, no withdrawal option will be available.

Withdrawal from the medical school requires a written request by the medical student to be approved by the Senior Associate Dean for Medical Education.

Professionalism

See Policy No. 03-05.02 (subsection 3.1.1.) for AMS's professionalism policy.

3.1.3 **Special Considerations Relating to the MD/PhD Dual Degree Program**

The MD/PhD Program is a combined course of study in which the student generally completes Years 1 and 2 of medical school prior to entry into a graduate program. Following the student's graduate work, the student reenters the medical program to complete Years 3 and 4 of medical school. There are several policies that pertain to this course of study.

Students must be in Good Academic Standing prior to starting graduate work; if not, they will not be permitted to continue on to the graduate school portion of the program. A student may appeal to MCASP to be allowed to continue on to the graduate school. Such an appeal must have the support of the MD/PhD Program Leadership to be considered by the MCASP.

Students must complete all of their graduate school work prior to their return to the medical program. They must have a plan in place to complete this work and a thesis defense date approved by their PhD advisory committee prior to scheduling medical school rotations.

Whereas MD students are expected to complete their medical course of study in six years, MD/PhD students are expected to complete the combined course of study in nine years. Any extension beyond the nine years requires that a waiver of this limit be granted by the MCASP.

3.2 **Technical Standards (Policy No. 10-05)**

Applicants to The Warren Alpert Medical School of Brown University are selected on the basis of their academic, personal, and extracurricular attributes. In addition, 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 faculty.

The required abilities and characteristics for completion of the MD degree consist of certain minimum physical and cognitive abilities and sufficient mental and emotional stability to assure that candidates for admission, promotion, and graduation are able to complete the entire course of study and participate fully in all aspects of medical training. 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.

Technological accommodation is available to assist in certain cases of disability and may be permitted in certain areas. However, under all circumstances, a candidate for the MD degree should be able to perform in a reasonably independent manner. For example, the use of a third party means that a candidate's judgment is mediated by another person's (the third party) powers of selection and observation. Therefore, the use of a third party to assist a candidate or student in meeting the technical standards for admission, promotion or graduation is not permitted.

An accommodation is not reasonable if it poses a direct threat to the health or safety of self 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.

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.

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

Observation: The candidate must be able to observe demonstrations and experiments in the basic sciences, including but not limited to the 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 accurately at a distance and close at hand. Observation necessitates the functional use of the sense of vision and somatic sensation. It is enhanced by the functional use of the sense of smell.

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

Motor: Candidates should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers. A candidate should 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. A candidate should be able to execute motor movements reasonably required to provide general care and emergency treatment to patients. 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. Such actions require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision.

Intellectual-Conceptual, Integrative and Quantitative Abilities: These abilities include measurement, calculation, reasoning, analysis, and synthesis. Problem solving, the critical skill demanded of physicians, requires all of these intellectual abilities. In addition, the candidate should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures.

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

3.3 **Transfer and Advanced Standing Policy (Policy No. 10-07)**

The Warren Alpert Medical School of Brown University (AMS) considers transfer applications on a case-by-case, space-available basis from candidates currently enrolled in U.S. medical schools. No seats are set aside specifically for transfer candidates. Successful requests are from candidates who have strong support from their current medical school, a compelling reason for requesting transfer, and whose undergraduate record and extracurricular activities are comparable to the backgrounds of current AMS medical school students.

Requests to transfer are considered during the regular admissions cycle for the year of intended matriculation, between the months of September and March. Advanced standing in the medical school curriculum (waiver of coursework requirements based on past academic work) is determined on a case-by-case basis and is only an option for candidates who are currently enrolled in a U.S. medical school. The process for application follows.

- 1) Applicant sends a transfer inquiry request to the Admissions Office, including the reasons for the request.
- 2) The Admissions Office will determine if there is space available to allow for application.
- 3) If the application attempt is allowed, the candidate will be asked to submit application materials including
 - a. A cover letter that includes a statement from the applicant as to whether she/he has ever been the recipient of any action by any postsecondary institution for unacceptable academic performance (e.g., dismissal, disqualification or suspension, or conduct violations)
 - b. Updated curriculum vitae
 - c. Transcripts from undergraduate school (s) and from other schools previously attended
 - d. An official transcript from the current medical school

- e. An official letter of evaluation from the Dean/Associate Dean of Student Affairs or another appropriate official of the applicant's current medical school. The letter of evaluation must state the eligibility (or expected eligibility) of the individual for promotion to the next academic year at the student's current school, address the academic and non-academic qualifications of the individual for the eventual practice of medicine, and whether there were any infractions of the school's code of ethical or behavioral conduct.
- 4) At AMS's discretion, the Senior Associate Dean for Medical Education may also elect to personally contact officials from the student's current school.
- 5) The applicant will be informed about whether or not they are selected for interviews. If selected to interview, the candidate will have two 1:1 interviews with faculty members of the AMS Admissions Committee.
- 6) The Admissions Office will contact the applicant with an admission decision.

If admitted, candidates may be assigned specific additional curriculum components to ensure they fully meet all curricular requirements as determined by the faculty of the Office of Medical Education to ensure optimal transition to the Warren Alpert Medical School.

3.4 **Requests for Schedule/Clinical Site Changes (Policy No. 10-09)**

Students may make a request for an alternative assignment either before (with as much advance notice as possible) or during attendance at a clinical site or for overall schedule changes. To request a specific clerkship schedule, or to change an overall clerkship schedule (i.e., the ordering of clerkships), students should discuss their request with the Associate Dean of Student Affairs, who will discuss this with the Associate Dean of Medical Education to determine whether the request is both reasonable and possible. Criteria for making this change include, but are not limited to, major life circumstances (such as an upcoming marriage of the student, death of an immediate family member, parental leave), significant, unresolvable issues that put a student's learning at risk (such as no-contact orders between peers), or documented learning issues that require a different clinical placement.

For requests to change clinical sites (for example, a Doctoring or clerkship site), students may petition an individual course/clerkship coordinator and/or course leader/clerkship director to switch sites. If the switch can be accommodated from a resource perspective and enables the student to have a comparable experience, the switch will be made. Criteria for this switch include, but are not limited to the following: unresolvable issues that put a student's learning at risk (such as no-contact orders between peers or Title IX related issues) or documented learning issues that require a different clinical placement. If a student disagrees with the decision made by the course/clerkship team, the student should discuss this with the Associate Dean of Student Affairs, who may bring the issue to the Associate Dean for Medical Education to determine whether to intervene on the student's behalf.

4.0 Definitions

For the purpose of this policy, the terms below have the following definitions:

- 4.1 **AAMC:** Association of American Medical Colleges. This association aims to transform health care in four primary mission areas: medical education, patient care, medical research, and diversity, inclusion, and equity in health care (from AAMC’s mission statement).
- 4.2 **AMS:** The Warren Alpert Medical School of Brown University
- 4.3 **ASP:** Academic Scholar Program
- 4.4 **COLE:** Committee on the Learning Environment. This committee affirms the medical school’s commitment to shaping a culture of teaching and learning that is rooted in respect for all.
- 4.5 **LOA:** Leave of Absence
- 4.6 **MCASP:** Medical Committee on Academic Standing and Professionalism. This committee is charged with the responsibility of reviewing the academic performance and professional behavior of all students in the medical school, and determines, with the input of the Competency Committee, whether students are to be promoted, promoted with conditions, not promoted, placed on Academic Warning or Probation, dismissed, returned to Good Standing and graduated.
- 4.7 **MCC:** The Medical Curriculum Committee oversees the review of curricular content and integration, and evaluation of the medical education program to ensure continuous oversight of such program. (Formerly “MDCC.”)

5.0 Responsibilities

All individuals to whom this policy applies are responsible for becoming familiar with and following this policy. University supervisors are responsible for promoting the understanding of this policy and for taking appropriate steps to help ensure compliance with it.

Responsibilities include the department/office of the subcommittee responsible for the Standard; for Standard 10 this is primarily the Office of Admissions.

6.0 Consequences for Violating this Policy

Failure to comply with this and related policies is subject to disciplinary action, up to and including suspension without pay, or termination of employment or association with the University, in accordance with applicable (e.g., staff, faculty, student) disciplinary procedures.

Brown’s Ethics and Compliance Reporting System allows anonymous and confidential reporting on matters of concern, including privacy issues, through the EthicsPoint platform.

Failure to comply with this policy will be referred to either the COLE executive committee or the Medical Curriculum Committee.

7.0 Related Information

The following information complements and supplements this document. The information is intended to help explain this policy and is not an all-inclusive list of policies, procedures, laws and requirements.

7.1 Related Forms:

- Data Collection Instrument for Standard 10: Medical Student Selection, Assignment, and Progress, as submitted to the LCME in July 2020.

7.2 Other Related information:

- **LCME Standard 10: Medical Student Selection, Assignment, and Progress.** A medical school establishes and publishes admission requirements for potential applicants to the medical education program, and uses effective policies and procedures for medical student selection, enrollment, and assignment.
 - Standard 10, Element 3: Policies Regarding Student Selection/Progress and Their Dissemination. The faculty of a medical school establish criteria for student selection and develop and implement effective policies and procedures regarding, and make decisions about, medical student application, selection, admission, assessment, promotion, graduation, and any disciplinary action. The medical school makes available to all interested parties its criteria, standards, policies, and procedures regarding these matters.
 - Standard 10, Element 5: Technical Standards. A medical school develops and publishes technical standards for the admission, retention, and graduation of applicants or medical students in accordance with legal requirements.
 - Standard 10, Element 7: Transfer Students. A medical school ensures that any student accepted for transfer or admission with advanced standing demonstrates academic achievements, completion of relevant prior coursework, and other relevant characteristics comparable to those of the medical students in the class that he or she would join. A medical school accepts a transfer medical student into the final year of a medical education program only in rare and extraordinary personal or educational circumstances.
 - Standard 10, Element 9: Student Assignment. A medical school assumes ultimate responsibility for the selection and assignment of medical students to each location and/or parallel curriculum (i.e., track) and identifies the administrative office that fulfills this responsibility. A process exists whereby a medical student with an appropriate rationale can request an alternative assignment when circumstances allow for it.

8.0 Policy Owner and Contact(s)

8.1 **Policy Owners:** Subcommittee Standard Offices related to this policy: Office of Admissions for content related to admissions), Admissions Executive Committee, and Medical Curriculum Committee (for content related to the education program)

8.2 **Policy Approved by:** Admissions Executive Committee and Medical Curriculum Committee

8.3 **Subject Matter Contact:** Same as 8.1.

9.0 Policy History

9.1 **Policy Effective Date:** July 2019

9.2 **Policy Last Reviewed:** July 2019 (Policy No. 10-07) by MCC. Policy No. 10-03, subsection 3.1.2 specifically regarding Shelf Exam delays and support; good standing, and withdrawal/dismissal were revised and approved by MCC on July 31, 2023; Shelf Exam Failures paragraph was revised and approved October 19, 2022. All other policies were last reviewed and approved, with changes, by MCC on March 18, 2020. In June 2021, all policies herein were reviewed and revised against the Student Handbook and any inconsistencies were corrected. The policies in the Student Handbook were removed in full and instead will be linked to this policy as appropriate and reviewed annually.

9.3 **Policy Update/Review Summary:** Formatted to comply with the new University Policy template.

- Policy No. 10-07 was revised March 28, 2019; approved by The Warren Alpert Medical School Admissions Executive Committee on June 17, 2019. AMS policies for transfer admissions adhere to the published AAMC Guidelines for the Consideration of Applications for Transfer or Advanced Standing.
- Policy No. 10-03, subsection 3.1.2: Added Shelf Exam policies regarding repeats, extensions, and failures. Referenced course requirements to Policy No. 09-09.01; and professionalism and appeal to dismiss portions to Standard 3 Policy Template instead of stating them in full or in part herein. (June 2021)
- Policy No. 10-03, subsection 3.1.2: Edited Shelf Exam Failures paragraph to read all exams must be passed before advancing to Year 4. (October 2022)
- Policy NO. 10-03, subsection 3.1.2: Edits re: delays, support, good standing, and withdrawal/dismissal (procedure). (July 2023)

Key Words: admission, standing, promotion, selection, technical