

 <p><b>THE WARREN ALPERT</b> <b>Medical School</b> BROWN UNIVERSITY</p>	<p><b>Policies Relating to Medical Student Selection, Assignment, and Progress</b></p>	<p><b>POLICY: 10-00, includes:</b> Policy No.: 10-03 Policy No.: 10-05 Policy No.: 10-07 Policy No.: 10-09</p>
		<p>Effective Date: July 1, 2019</p>

## 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 (“The Warren Alpert Medical School” or “Medical School”). 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 The Warren Alpert Medical School 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

##### **Guidelines for Holistic Review of Admissions Candidates**

##### **Selection Principles**

The mission of the medical Admissions Committee of The Warren Alpert Medical School of Brown University is to annually recruit a class of highly qualified candidates committed to promoting the health of individuals and communities through medical training, research, and clinical excellence.

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 the candidate 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.

Readers, interviewers, and committee members may consider any quality or characteristic of an applicant that bears on the admission decision, such as courage, motivation, or determination, even if the applicant ties that characteristic to their lived experience with race and ethnicity, provided that any benefit is tied to that applicant's characteristics, and that the applicant is treated based on the applicant's experiences as an individual, not on the basis of race and ethnicity. Race and ethnicity cannot be the determinative factor. In addition to academic achievement, the factors that committee members are expected to consider in their evaluations are listed below.

- Demonstrated commitment to serving and/or advocating for a particular community or patient population.
- Articulation of experiences/competencies that may have been shaped by racial/ethnic/cultural factors.
- Paid employment before age 18 or employment during college, especially during the academic year. Students who have contributed to their 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.
- 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 may be more likely than other students to have graduated from low-performing, economically segregated high schools with limited availability of advanced level courses and enrichment opportunities. 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 or language other than English spoken at home; and/or
  - 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, medical, or other adversity experienced by applicant or their family; and/or
  - Early life challenges (single parent household; deceased parent(s); obligation to supervise or assist siblings or disabled relative).

**Educational Benefits of a Diverse Community**

The 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. Graduates of the Medical School are scientifically well-educated and capable of approaching problems from a variety of perspectives. To further our mission, it is imperative to encourage the highest level of understanding the scientific, ethical, and humanistic dimensions of medical science and public health. Commitment to such 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 cultural life experiences, religion, age, 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 of candidates without regard to their financial circumstances.

We believe that Medical School 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 has been shown to 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.

#### Medical Committee on Academic Standing and Professionalism (MCASP)

The MCASP is comprised of 10 to 12 Medical School 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 Medical School 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 3 of the Medical School 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. Students in Years 3 and 4 will be eligible for return to good standing 20 weeks from the time the student was placed on warning or probation. This time period of remediation includes active course work (excludes independent studies), clinical rotations, and clerkships. Students in the LIC program return to good standing after the successful completion of three (3) NBME exams.

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 The Warren Alpert Medical School'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)**

#### **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.

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

The Warren Alpert Medical School considers transfer applications on a case-by-case, space-available basis from candidates currently enrolled in U.S. allopathic 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 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 for 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 the Medical School'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 Medical School 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 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 **APC:** Administrative Policy Committee
- 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.”
- 4.8 **Medical School:** The Warren Alpert Medical School of Brown University
- 4.9 **The Warren Alpert Medical School:** The Warren Alpert Medical School of Brown University

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; Policy No. 10-05 is effective April 17, 2024.

### 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.
- November 2023: transfer and holistic policies were reviewed and approved by APC.
- December 2023:
  - December 13, 2023: Technical Standards (Policy No. 10-05) and return to good standing policy (part of 10-03) were revised and re-approved by APC.
  - December 20, 2023: MCC approved return to good standing (Policy No. 10-03 (in part)).
- March 26, 2024: Office of General Counsel reviewed and revised Technical Standards (Policy No. 10-05).
- April 17, 2024: Technical Standards (Policy No. 10-05) was approved by MCC.

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. The Medical School 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). Updated policy to exclude independent study from the remediation course work (December 2023). Periodic review of holistic (10-03) and transfer (10-07) policies.
- Policy No. 10-05: revised in full (April 2024).

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