

 <p>BROWN Alpert Medical School</p>	<p align="center">Medical Student Health Services, Personal Counseling, and Financial Aid Services</p>	<p>POLICY: 12-00, includes: Policy No.: 12-02 Policy No.: 12-04 Policy No.: 12-05 Policy No.: 12-08.01 Policy No.: 12-08.02 Policy No.: 12-08.03</p> <hr/> <p>Effective Dates: May; July 1; September; and November 2019 (see 9.1 below)</p>
---	---	---

1.0 Policy Purpose

The purpose of this policy is to govern effective student services, including health and financial aid, available to medical students of the Warren Alpert Medical School of Brown University (AMS). This policy relates to the following:

- Tuition Refund Policy (Element 2)
- Student Access to Health Care Services (Element 4)
- Non-Involvement of Providers of Student Health Services in Student Assessment/Location of Student Health Records (Element 5)
- Student Exposure Policies/Procedures (Element 8)

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 12 (Medical Student Health Services, Personal Counseling, and Financial Aid Services).

2.0 To Whom the Policy Applies

All AMS community members.

3.0 Policy Statement

3.1 Tuition Refund Policy (Policy No. 12-02)

Withdrawals and the Return of Title IV Funds

Students must notify the Associate Dean for Medical Education and the Associate Dean for Student Affairs in writing or in person to formally withdraw from the medical school. If the student received financial aid in the form of federal loans, such as the Federal Direct or Perkins Loans, then the student must also notify the AMS OFA. The student may be required to complete an exit interview and satisfy other requirements as a borrower of federal loans.

When a medical student withdraws from AMS, Records and Registration must determine the date of withdrawal, based on the date of the student’s last day of attendance. AMS Records and Registration will work with the University Offices of the Registrar and Bursar to adjust tuition and other charges following the institutional withdrawal policy for the medical school. Please note that

fees such as the health services fee, activity fee and recreation fee are not refundable once the semester starts. If a student withdraws before the start of the semester, these fees will be refunded. The semester start dates differ for students based on their year of medical school. (See Section XII, subheading “Tuition” of AMS Student Handbook.)

Students who receive federal (Title IV) loan funding, such as the Federal Direct or Perkins loans, will be subject to the Title IV Refund Policy which does not necessarily follow the University’s tuition refund policy. Instead, the medical school must determine the earned and unearned portions of the eligible Title IV aid as of the date the student ceased attendance based on the amount of time the student spent in attendance. The calculation of Title IV funds earned by the student has no relationship to the student’s incurred institutional charges.

Up **through the 60% point** in each semester, a pro-rata schedule is used to determine the amount of Title IV funds the student has earned at the time of withdrawal. **After the 60% point** in the semester, a student has earned 100% of the Title IV funds he or she was scheduled to receive during the period. For a student who withdraws after the 60% point-in-time, there are no unearned funds and generally, the student is able to retain the funding already disbursed.

3.2 **Student Access to Health Care Services (Policy No. 12-04)**

An excused absence or exam rescheduling may be granted for the following reasons:

- **Illness**: An excused absence or exam extension may be granted if you (or a close family member) are ill. For your own sake and the sake of others, you should not attend classes, see patients, or take exams if you are sick.

Please note that medical appointments should be scheduled during non-course/rotation times whenever possible. If not possible, students should reach out to the appropriate curriculum director (for Year 1, Year 2, and Years 3/4) for an excused absence. In addition, we want students to be able to access appropriate health care. Regularly scheduled appointments with a healthcare provider (for example, weekly therapy appointments) are considered an academic accommodation (not an approved absence for reasons of illness) and appropriate documentation must be submitted to the Learning and Accessibility Specialist in a timely manner in order to obtain approval. The Learning and Accessibility Specialist will then provide guidance for communicating these accommodations to the appropriate course/rotation personnel.

- **Presentation at a meeting/conference**: An excused absence or exam extension/rescheduling may be granted for students presenting at a conference. Conference attendance, without presentation responsibilities, does not meet the requirements for an excused absence or exam extension/rescheduling. Note: for clerkships, students must give six weeks advance notice of a presentation at a conference.
- **Leadership activity**: An excused absence or exam extension/rescheduling may be granted if you are representing Brown in a leadership capacity at a conference or meeting (for example, as the President of the AMS SNMA chapter, or as an elected representative from Brown on an AMSA committee). Conference attendance, without leadership responsibilities, does not meet the requirements for an excused absence or exam extension/rescheduling. Note: for clerkships, students must give six weeks advance notice regarding leadership responsibilities at a meeting/conference.
- **Major life event**: An excused absence or exam extension/rescheduling may be granted in light of a major life event such as a death in the immediate family, the wedding of an immediate

family member, or other major event. The granting of an excused absence or exam extension/rescheduling in these instances will be considered on a case-by-case basis.

- Religious observances and holidays: Work with the Associate Dean for Medical Education on excused absences for religious observances and holidays.

How to Obtain an Excused Absence. The AMS policy states that students should try to schedule medical appointments during non- course/rotation times when possible, but that AMS will support them in accessing health care as needed when this is not possible. As such, one-time needs (such as an appointment with a specialist that cannot be scheduled during a non-course/rotation time) are handled on a case-by- case basis by the appropriate administrator; permission should be requested through the usual mechanisms for other absences. These requests would go to the appropriate curriculum dean in Years 1 and 2, and to the appropriate clerkship/elective/sub-internship coordinator in Year 3 and 4. If a student has concerns regarding the response received through the usual mechanisms, they can reach out to either the Associate Dean for Student Affairs or the Associate Dean for Medical Education for additional assistance.

In Years 1 and 2, all excused absences for IMS course activities must be approved by the Director of Year 1 Curriculum or the Director of Year 2 Curriculum. All excused absences for Doctoring course activities must be approved by the Director of the Doctoring Program. In order to obtain an excused absence in Year 1 or 2, students should submit a "request for an excused absence" on the Canvas website. Both to maximize learning and to help with planning, approval should be requested as far in advance as possible, two weeks at a minimum. If granted an excused absence, students must then notify their small group leader(s) and will be required to complete required make-up work. This work will be assigned by the Director of Year 1 Curriculum, the Director of Year 2 Curriculum, or the Director of the Doctoring Program. In the case of illness, an absence will be approved retroactively with appropriate documentation. The required note from Health Services or your treating healthcare provider should be submitted to the Administrative Coordinator in the Office of Medical Education, or to the Director of the Doctoring Program, within two days of return.

In order to reschedule a Doctoring mentor session, students should start by working directly with their mentor. [Note that there is a scheduled make-up mentor session at the end of most semesters.] If it is not possible to reschedule a mentor session either with the regular mentor or one of the mentor's clinical colleagues, students should contact the Director of Community Engagement & Scholarship to arrange for a substitute mentor. Any physicians acting as substitute mentors who are not currently involved in the Doctoring Program must be pre-approved by the Director of Community Engagement & Scholarship.

For required **clerkships**, students should submit a "request for an excused absence" on the Canvas website. Both to maximize learning and to help with planning, approval should be requested as far in advance as possible, two weeks at a minimum. If granted an excused absence, the Associate Dean for Medical Education will notify the clerkship director and clerkship coordinator. Students should work with the clerkship coordinator and clerkship director on any make-up work.

For **clinical electives and sub-internships**, students should email excused absence requests to the elective or sub-internship coordinator and elective or sub-internship director, with as much advance notice as possible. It will be up to the elective or sub-internship director to determine if the absence request can be accommodated and whether appropriate make-up work is required. Information about absence requests will be entered by the coordinators into the absence link on the class Canvas page for review by the Associate Dean for Medical Education. (See the Student Handbook, Section IV: Attendance and Other Policies, for more information on clinical electives.)

A pattern of repeated absences may be brought to the attention of the Student Support Committee

and/or the Medical Committee on Academic Standing and Professionalism.

How to Obtain an Approved Exam Extension/Rescheduling. In Years 1 and 2, all extension or rescheduling requests for IMS exams must be approved by the Director of Year 1 Curriculum or the Director of Year 2 Curriculum. Extension requests for Doctoring OSCEs must be approved by the Director of the Doctoring Program. Due to the logistical complexity of holding make-up OSCEs, unless there is an emergency or illness (of oneself or a family member), students should make every effort to attend OSCEs as scheduled.

In Year 3, students may request an extension for a clerkship exam or OSCE. If due to a medical reason, students must have a note from a physician or other treating healthcare provider documenting an illness and why this extension would be appropriate, especially if a student is able to meet the other requirements of the clerkship. All extensions must be approved by the Director of the Clinical Curriculum, in consultation with the clerkship director. If a written exam extension is approved, students may only take the written exam during their next non-clerkship block period, including elective or vacation time. OSCE make-ups must be arranged with the clerkship coordinator and may be taken within a subsequent clerkship block if space allows. Students will receive a grade of Incomplete in the clerkship until the written exam or OSCE is taken. Students may also request 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 Dean of Medical Education and Clerkship Director. 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.

3.3 **Non-Involvement of Providers of Student Health Services in Student Assessment/Location of Student Health Records (Policy No. 12-05)**

Providers of health and psychiatric/psychological services to a medical student will have no involvement in the academic assessment of or in decisions about the promotion of that student. All decisions regarding psychiatric care of medical students are based upon clinical presentation, acuity, bed availability, and insurance constraints. Should a student require psychiatric care at any time during the course of their medical education, AMS has an opt-in policy whereby students can choose to stay within one of the Brown-affiliated healthcare systems or opt out. Patients (e.g. students) are actively engaged in all decisions around site of care with an ultimate goal of voluntary care. For students opting in, efforts are made to optimize confidentiality at all clinical sites, including inpatient, outpatient, and the Partial Hospital Program. In the outpatient setting, Student Health Services is engaged and management is determined per their internal protocol. Students admitted for inpatient psychiatric care can opt to stay within the AMS-affiliated healthcare systems. For students opting out, arrangements would be made to transfer care sites where there are no rotating AMS students. Post-discharge planning is facilitated through the Young Adult Mental Health Program where there are no rotating medical students or faculty who have a teaching role at AMS.

3.4 **Student Exposure Policies/Procedures (Policy No. 12-08.01, Policy No. 12-08.02, and Policy No. 12-08.03)**

3.4.1 **Education of Medical Students About Methods of Prevention (Policy No. 12-08.01)**

Year 1 students have an 80-minute lecture on Infection Control in Year 1, Semester 2 which includes information about healthcare-associated infections in general, as well as strategies to mitigate risk of these infections. In Year 2, students receive Universal precautions (bloodborne pathogen) and N95 training/education in the Clinical Skills Clerkship.

Students are required to attend an Infection Prevention training during Orientation (Year

1) and again at the beginning of Year 3. The training is given by the Director of Infection Prevention at one of AMS's affiliated hospitals.

A number of the required clerkships in Year 3 cover infection prevention during clerkship-specific sessions:

- *Surgery*: Orientation includes a slide on needle sticks/exposures and what to do if this occurs. During scrub workshop, students try on gloves, and double gloving is recommended as a protective strategy against bloodborne illness. A trauma lecture during orientation covers gloves/mask/face shield/gown as part of practitioner preparation prior to patient arrival.
- *Internal Medicine*: Didactics include a one-hour Problem-Based Learning session, "Needlestick", which covers the following learning objectives:
 - Describe the factors involved in needlestick injuries;
 - Describe the risks for needlestick transmission of HIV, hepatitis B and hepatitis C;
 - Describe the principles of HIV post-exposure prophylaxis following needlestick injury; and
 - Describe the healthcare worker role in transmission of influenza, pertussis, vancomycin resistant enterococcus, methicillin-resistant *Staphylococcus aureus*, and *Clostridioides difficile*.
- *Obstetrics and Gynecology*: Orientation includes a slide on needle sticks/exposures and what to do if this occurs, and is reviewed in the simulation session during orientation. This session includes a review of universal precautions, needlestick prevention, and what to do in the event of a needlestick.

Students receive a final N95 training in Year 4 of medical school.

3.4.2 **The procedures for care and treatment after exposure, including definition of financial responsibility (Policy No. 12-08.02)**

Needlestick/Bloodborne Pathogen Exposure Guidelines

If students experience a needlestick or sharps injury or are exposed to the blood or other body fluid of a patient during the course of their clinical work, students should **immediately** follow these steps:

- Ensure that the team knows that a sharp/needle is contaminated and must be discarded - this can be an issue for the patient as well as for the student. If the student is in the OR, the student's supervisor and the circulating nurse should be made aware.
- Wash needlesticks and cuts with soap and water (15 minutes); splashes to the nose, mouth, or skin flushed with water (15 minutes) or eyes irrigated with clean water, saline, or sterile irrigants (eyewash - may require help).
- Seek medical treatment in the Emergency Department closest to where you are rotating - students should make sure that the triage team in the ED knows that they are presenting for an issue of exposure. Also, students should remember that they are presenting as **students**, *NOT* as employees. As such, any treatment should go through students' health insurance plans (students would

not be eligible for worker's compensation).

- In the case of a source patient who is suspected of being HIV-positive, Rhode Island has a law that allows unconsented HIV testing of source patients in select cases of occupational exposure when such exposure occurs to healthcare workers, which includes medical students, in the hospital setting.

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:

Coordination of Benefits: 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 (EOB) sent. If this happens, students will need to provide the "other insurance" information online at www.uhcsr.com/MyAccount or, by calling UHCSR customer service at 1-800-767-0700, 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.

Additionally, if the bill reaches \$1,000, an accident detail report is required. It is important that on this report it is indicated that the exposure was NOT due to an accident "on the job." (If a student states that this occurred "on the job", health insurance plans will think that the bill should be covered by worker's compensation, for which students are not eligible).

OSA will consider paying for costs related to occupational exposures that are not covered by a student's insurance company (a submission to insurance must be made in order to qualify for financial support from OSA). To submit a request for payment, students should notify OSA in person or via email at medstudentaffairs@brown.edu with the subject line "Reporting exposure - private and confidential." Information needed is the student's name, 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 and, if approved, pay the treating provider directly.

3.4.3 **The effects of infectious and/or environmental disease or disability on medical student learning activities (Policy No. 12-08.03)**

In regards to the effects of infectious and/or environmental disease or disability on medical student learning activities, all AMS students are required to follow standard protocol (such as hand washing before and after patient contact and adherence to universal protocol) when engaging in patient care. Students who have been diagnosed with a blood-borne disease (such as Hepatitis C, Hepatitis B, or HIV) do not have to disclose this information. However, in an effort to minimize the risk of provider to patient blood-borne pathogen transmission, students may meet with a committee of infectious disease experts at Lifespan to decrease how to minimize risk to patients. This is not required and students do not need to disclose to anyone at the medical school.

In the era of COVID, students have received supplemental training, in addition to what is described above, around the effects of infectious/environmental disease on medical student learning activities. The Doctoring course and each clerkship have included in orientation

specific information on prevention of respiratory pathogen transmission, proper use of personal protective equipment (PPE) and what to do if symptoms develop from an infectious disease standpoint. In addition, the Associate Dean for Student Affairs widely distributes to all students information on PPE and what steps to take if a student develops symptoms of COVID. The Associate Dean for Student Affairs and the Associate Dean for Medical Education also work with any student who develops symptoms on any make-up work needed to make-up time.

4.0 **Definitions**

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

- 4.1 **AMS:** The Warren Alpert Medical School of Brown University (also referred to as “we” herein)
- 4.2 **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.
- 4.3 **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.”)
- 4.4 **OASIS:** Registration and evaluation system designed specifically for medical student information into which student evaluations and grades are submitted electronically. It is also used for student and faculty attestations.
- 4.5 **OFA:** Office of Financial Aid
- 4.6 **OSA:** Office of Student Affairs
- 4.7 **OSCE:** Objective Structured Clinical Examination

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 12, this is primarily OSA and OFA.

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 12: Medical Student Academic Support, Career Advising, and Educational Records, as submitted to the LCME in July 2020.

7.2 Other Related information:

- **LCME Standard 12: Medical Student Academic Support, Career Advising, and Educational Records.** A medical school provides effective student services to all medical students to assist them in achieving the program's goals for its students. All medical students have the same rights and receive comparable services.

- Standard 12, Element 2: Tuition Refund Policy. A medical school has clear policies for the refund of a medical student's tuition, fees, and other allowable payments (e.g., payments made for health or disability insurance, parking, housing, and other similar services for which a student may no longer be eligible following withdrawal).
- Standard 12, Element 4: Student Access to Health Care Services. A medical school provides its medical students with timely access to needed diagnostic, preventive, and therapeutic health services at sites in reasonable proximity to the locations of their required educational experiences and has policies and procedures in place that permit students to be excused from these experiences to seek needed care.
- Standard 12, Element 5: Non-Involvement of Providers of Student Health Services in Student Assessment/Location of Student Health Records. The health professionals who provide health services, including psychiatric/psychological counseling, to a medical student have no involvement in the academic assessment or promotion of the medical student receiving those services, excluding exceptional circumstances. A medical school ensures that medical student health records are maintained in accordance with legal requirements for security, privacy, confidentiality, and accessibility.
- Standard 12, Element 8: Student Exposure Policies/Procedures. A medical school has policies in place that effectively address medical student exposure to infectious and environmental hazards, including the following:
 - The education of medical students about methods of prevention
 - The procedures for care and treatment after exposure, including a definition of financial responsibility
 - The effects of infectious and environmental disease or disability on medical student learning activities

All registered medical students (including visiting students) are informed of these policies before undertaking any educational activities that would place them at risk.

8.0 **Policy Owner and Contact(s)**

8.1 **Policy Owners:** Subcommittee Standard Offices related to this policy: OSA, OFA

8.2 **Policy Approved by:** MCC

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

9.0 **Policy History**

9.1 **Policy Effective Date:** November 2019 (Policy No. 12-01 and 12-02), May 2019 (Policy No. 12-05), September 2019 (Policy No. 12-08.02), July 2019 (for all other policies herein).

9.2 **Policy Last Reviewed:** March 2020; July 2020 (Policy No. 12-05) by MCC. 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.

9.3 **Policy Update/Review Summary:** Formatted to comply with the new University Policy template. The following policies were approved by MCC: Policy No. 12-05 was approved on May 14, 2019; Policy Nos. 12-08.01 and 12-08.03 were approved on February 26, 2020; and Policy Nos. 12-04 and 12-08.02 were approved on March 18, 2020. Policy No. 12-02 is formulated and approved by Brown University's Bursar Office, and was approved as a formality by the MCC on February 26, 2020.

- Policy Nos. 12-08.02 and 12-08.03: COVID and environmental impact added to the policy (June 2020).
- Updated Policy 12-02 in full per Brown University's Bursar Office.
- Policy 12-04: Added non-health-related reasons for excused absences. The Student Handbook will reference the policy herein (instead of the policy living in both places).
- Policy 12-05: updated the policy since it was last approved June 7, 2021. Removed reference to Newport Hospital and Roger Williams Medical Center and generalized it.

Key Words: tuition, exposure, health care, needlestick, disease