

 <p>BROWN Alpert Medical School</p>	<p>Academic and Learning Environment Policies</p>	<p>POLICY NO.: 03-00, includes: Policy No.: 03-03 Policy No.: 03-04 Policy No.: 03-05.01 Policy No.: 03-05.02</p> <hr/> <p>Effective Date: July 1, 2019</p>
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1.0 Policy Purpose

The purpose of this policy is to govern the academic and learning environment for The Warren Alpert Medical School of Brown University (AMS) students and those with whom students associate (e.g. other students, faculty). Academic and Learning Environment policies contain policies related to the following:

- Diversity Categories (Element 3)
- Anti-discrimination (Element 4)
- Learning environment and mistreatment/professionalism (includes student behavior) (Element 5)

Such policies are in place to ensure compliance with Liaison Committee on Medical Education (LCME) requirements for re-accreditation, and correspond to elements contained in Standard 3 (Academic and Learning Environments).

2.0 To Whom the Policy Applies

This policy applies to all AMS community members.

3.0 Policy Statement

3.1 Diversity Categories (Policy No. 03-03)

For the purposes of recruitment and retention activities, AMS defines the following diversity categories - Black/African American and Hispanic/Latino (as seen in the LCME Standard on the Academic Environment) - as the focus of these efforts. However, AMS policy around the elements of diversity and the broader issues of diversity and inclusivity are contained within the Diversity and Inclusion Action Plan (DIAP). AMS recognizes that the definition of underrepresented in medicine (URiM) is dynamic and based on regional and national demographics. As such, AMS reviews its designated diversity categories and related programming and initiatives on an ongoing basis.

3.2 Anti-Discrimination Policy (Policy No. 03-04)

Medical students who experience discrimination on the basis of race, color, or national origin should also refer to the Learning Environment policies and procedures (Section VII of the AMS Student Handbook) for more information about resources (both confidential and otherwise) as well as reporting mechanisms. AMS’s [Office of Diversity and Multicultural Affairs](#) can advise and support students on issues related, but not limited to, race, ethnicity, religion, sex, sexual orientation, gender identity, veteran status, age, socio-economic and geographic background, and students may also access Brown’s Title VI office through the [Office of Institutional Equity and](#)

[Diversity \(OIED\)](#). Discrimination and harassment reports can be made to OIED by completing the [Incident Reporting form](#) and emailing it to oied-intake@brown.edu.

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

To promote this goal, AMS upholds the expectation that medical students will be treated appropriately and with dignity. Respect is to be demonstrated toward all students, regardless of sex, gender identity or expression, race, color, religion, age, disability status, status as a veteran, national or ethnic origin, sexual orientation or any other category protected by applicable law. Under no circumstances will AMS consider it acceptable practice for faculty or staff to demonstrate bias, prejudice, exclusion or other unprofessional behavior* such as humiliation towards our students. A respectful learning environment also includes the use of appropriate language, through attention to cultural sensitivity (e.g., referring to students by their preferred pronouns; using respectful terminology when referring to race or other identifying characteristics of a particular group of people). Students are held to the same professional standards (see Sections V and VI of the AMS Student Handbook) of respect towards all colleagues, faculty and staff in the learning environment. (See also Section VII: The Learning Environment of the AMS Student Handbook for examples of positive and incongruent behavior/treatment.)

Student Disability

Students in the medical school have the right to file grievances/appeals alleging that they are being subjected to prohibited discriminatory treatment in a program or activity of the University based on their disability status. For more information about the appeal/grievance process, please visit the [Student Accessibility Services \(SAS\) website](#), call SAS at 401-863-9588, or email SAS@brown.edu.

Students, faculty, and staff at AMS also adhere to the [Brown University Code of Conduct](#), which includes Brown University's Statement of Non-Discrimination:

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

See also [Brown University Discrimination and Harassment Policy](#).

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

3.3 Learning Environment and Mistreatment (Policy No. 03-05.01) / Professionalism (Policy No. 03-05.02)

3.3.1 Learning Environment and Mistreatment Policy (Policy No. 03-05.01)

The Warren Alpert Medical School of Brown University (AMS) is committed to ensuring students can learn in a healthy learning environment free of mistreatment and microaggressions.

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

- **Positive Champion Form:** students can nominate members of the learning community (including: students, nurses, faculty, administrators, staff, etc) who promote a positive learning environment through respectful education of all community members. Identifying and recognizing Positive Champions supports, nurtures and emphasizes attitudes and behaviors we aim to grow across the institution.
- **Learning Environment Form:** students who have experienced, witnessed or heard of mistreatment and/or microaggressions within the learning environment are encouraged to use the survey for reporting their experience(s). Learning Environment Forms allow for providing direct support for students who have experienced mistreatment and/or microaggressions, individual or targeted interventions to prevent future incidents, and tracking trends in the learning environment over time.
- **Curricular Opportunity Reports:** students who identify a gap, error or concern regarding an element of the curriculum (e.g., within a course or lecture) are encouraged to use this tool to report their concern.

Students are also welcome to discuss concerns related to the learning environment directly with involved parties, any member of the AMS administrative team, directly with the Assistant Dean of Student Affairs–Learning Environment (ADSA-LE), or their Mary B. Arnold mentor.

Supporting a Positive Learning Environment

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

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

- Demonstrates an openness to adapt practice and language to create an environment that is welcoming to all students
- Conducts interactions in a manner free of bias and prejudice
- Provides a clear description of expectations for all participants at the beginning of all educational endeavors, rotations and assignments
- Encourages an atmosphere of openness in which students will feel welcome to ask questions, ask for help, make suggestions, and respectfully disagree

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

Positive Champions of the Learning Environment

We encourage students to report individuals who exemplify one or more of the above behaviors via the Positive Champion Form. When a Positive Champion Form is submitted, it is routed directly to the ADSA-LE and Associate Dean for Student Affairs. Nominations are reviewed twice during each academic year, and Champions are recognized for their work with AMS students. Nominations are reviewed, and nominees and their supervisor (e.g., Department Chair, administrative supervisor, etc.) are notified via email. At the end of each academic semester, nominees receive a certificate. Nominees who receive multiple nominations, or are nominated for their extraordinary efforts in supporting a positive learning environment, may receive additional recognition/awards. Positive Champion Forms are located on the Office of Student Affairs [website](#), on individual class-specific CANVAS pages and at the end of OASIS evaluation forms. Forms may be submitted confidentially or anonymously.

Reporting Concerns Related to Student Mistreatment and/or Microaggressions

What behaviors are considered student mistreatment and/or microaggressions?

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

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

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

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

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

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

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

If a Title IX violation is indicated on the Learning Environment Survey, the information will be forwarded to the Title IX Office. This report to the Title IX Office does not initiate a formal complaint. It simply allows the Title IX Office to email a list of resources to the impacted student. Anonymous disclosure of Title IX violations will also be forwarded to the Title IX Office; however, the anonymous nature of the report will not allow for follow-up. In accordance with the Clery Act, the Executive Committee of the Committee of the Learning Environment (E-COLE) will report crimes that are reported on this mistreatment form to the Department of Public Safety.

The Learning Environment Form

Students who have experienced or witnessed mistreatment and/or microaggressions within the learning environment are encouraged to relay their concerns using the Learning Environment Form. In addition, students who are unsure if an experienced or witnessed behavior is mistreatment are also encouraged to file a Learning Environment Form and/or discuss their concern with the ADSA-LE. Those who submit a learning environment concern are known as reporters; those who are named as having mistreated and/or suffered a microaggression are known as respondents. To access the Learning Environment Form, visit the Office of Student Affairs website, class specific CANVAS pages and course/faculty evaluation forms.

The Learning Environment Form is a confidential survey which allows students to describe the event/concern. Students are encouraged to report their concerns *confidentially* (using their name) in order to receive support, discuss potential interventions, have the opportunity to provide additional information, and receive feedback when an intervention has taken place. Students can also submit their concerns *anonymously* (not using their

name); however, this route does not allow for closed loop communication such as notification of follow-up.

The Learning Environment Form allows students flexibility in terms of if and/or when their concerns are addressed. Reporters can choose to have their concerns addressed in the following manner: (1) only if another report about the respondent has been received or is received in the future, (2) after grades for a specific course have been posted, (3) at the end of the academic year, or (4) after graduation. Respondents are not contacted without student permission with the exception of reports related to safety or require mandatory reporting or for any reports of sexual or gender-based harassment or violence that need to be forwarded to the Title IX office. When a report is forwarded to that office, it ensures that Title IX will have the information for tracking purposes, and, if the reporting student provided their name and email address, that the office will send the student information about available resources.

What happens when a Learning Environment Form is submitted?

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

Respondents who receive a report through the Learning Environment Form for the first time, with the student's permission and in a manner that protects student confidentiality will be contacted for formative feedback in a meeting with the ADSA-LE. In cases where a respondent is a non-faculty member or non-student, formative feedback may be provided from an appropriate individual (e.g., fellowship director, director of nursing unit, etc.). Whenever possible, the respondent will be provided with opportunities to develop insight and skills in order to avoid the behavior(s) in the future.

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

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

Who is involved in responding to and preventing student mistreatment?

The Executive Committee of the Committee on the Learning Environment is chaired by the ADSA-LE and consists of the Senior Associate Dean for Medical Education, Senior Associate Dean for Academic Affairs, Associate Dean for Medical Education, Associate Dean for Diversity and Multicultural Affairs and the Associate Dean for Student Affairs. This committee meets monthly to discuss all Learning Environment Forms in a fashion

that maintains student anonymity and as needed to discuss egregious examples of mistreatment and/or microaggressions.

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

We recognize students may fear retaliation for reporting mistreatment and/or microaggressions. *Our primary goal is to support students.* Thus, confidentiality will be protected. Retaliation of any kind for reporting mistreatment/microaggressions is strictly prohibited.

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

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

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

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

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

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

In the rare event there is disagreement about an incident's classification or appropriate response, any member of the E-COLE may make a motion related to either the classification or response to a reported incident of mistreatment and/or microaggression. In order for this change to be effected, the motion requires a second, and the majority wins

the vote. In the event of a tie vote (i.e., a member of E-COLE is absent), the ADSA-LE may cast a vote to break the tie. In the event there is no tie, the ADSA-LE may not vote.

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

Via the Grievance Procedure outlined in the Faculty Handbook.

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

The ADSA-LE will prepare biannual reports on the learning environment disseminated electronically that (1) summarizes individual Learning Environment Reports (while protecting student confidentiality) and the institutional response, (2) provides updates on strategic initiatives related to promoting a healthy learning environment, and (3) reminds individuals about policies and procedures related to student mistreatment and/or microaggressions. The biannual reports will be reviewed by the COLE and disseminated to students and faculty.

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

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

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

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

Reporting Concerns Related to the Curriculum

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

The Curricular Opportunity Form

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

What happens when a Curricular Opportunity Form is submitted?

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

- Providing formative feedback to educators and/or course leaders
- Providing resources for educators and/or course leaders

- Identifying broader patterns across the curriculum which may require systematic intervention

Overlapping Concerns

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

3.3.2 Professionalism and Medical Student Behavior (Policy No. 03-05.02)

3.3.2.1 Professionalism. Medical Committee on Academic Standing and Professionalism (MCASP) will adhere to the following guidelines for decisions related to issues of professionalism:

Issues of professionalism are documented via a brief reporting form (the “[Professionalism Report Form](#)”) that can be completed by individuals within the community (e.g., staff, faculty, and residents). These forms can be filled out directly by an individual or may be filled out on behalf of an educational unit. For example, if a clinical preceptor indicates on a rotation evaluation that a student does not meet expectations in the realm of professional behavior, a Professionalism Report Form may be completed by members of the Student Support Committee using that information and issued on behalf of that preceptor or rotation.

First reports of unprofessional behavior are submitted to the Associate Dean for Student Affairs. Anonymous reports will not be accepted. Single reports of unprofessional conduct will be dealt with on a case-by-case basis, with the main intent of providing formative feedback to the student. If the reported behavior is egregious, it may be brought to the attention of the MCASP for discussion of whether the student should be placed on Professionalism Warning, receive a Professionalism Citation, or be considered for dismissal. Per the processes outlined on the Professionalism Report Form, the student will meet with the Associate Dean for Student Affairs and both will sign the form indicating that they have discussed the behavior in question and any plans for remediation of the behavior. The signed report will be placed in the student’s Electronic Medical Student Record (EMSR), which is an internal system that does not report out to external individuals or programs.

When a student’s behavior raises concern about a potential violation of the Academic Code, MCASP will review the report and consider as it would any other professionalism issue. In these cases, MCASP may also elect to refer to the University’s Standing Committee on the Academic Code for additional sanctions such as a transcript notation.

Generally speaking, professionalism lapses are considered separately from academic failures. However, in certain cases where a professionalism issue is repeated or pervasive in nature, it may also adversely impact a student’s grade in a course or clerkship.

Two or more reports of unprofessional behavior will be considered a pattern and will be brought to the attention of the MCASP. The student in question will be alerted when their behavior is discussed at the MCASP, and may be asked to meet with the Associate Dean and/or their faculty mentor prior to that MCASP meeting.

The Associate Dean will communicate any relevant MCASP actions to the student as soon as possible following the meeting.

The MCASP will determine if the pattern of behavior warrants a Professionalism Warning (“Warning”). A Warning will take the form of a letter to the student (1) expressing concern regarding the pattern of behavior and (2) asking the student to respond to MCASP by writing a brief reflection on the behavior in question, including a concrete plan for remediating the issue. The student’s faculty mentor and the Associate Dean for Student Affairs will act as resources for the student in writing an appropriate response and outlining a plan.

The Warning will indicate that if the student’s response is not received within an appropriate time frame (as determined by the MCASP and the Office of Student Affairs), the remediation plan is not determined to be sufficient, and/or the remediation plan is not enacted appropriately and within an explicit time frame (as determined by the MCASP and the Office of Student Affairs), the student may receive a Professionalism Citation (“Citation”) that, per AAMC guidelines, will be included as part of the student’s Medical Student Performance Evaluation (MSPE).

In certain circumstances, when the behavior in question is considered egregious in nature, MCASP may decide to bypass the Warning stage and issue the student a Professionalism Citation. Per AAMC guidelines, the Citation will be included as part of the student’s MSPE.

If a student who has received a Professionalism Warning receives an additional Professionalism Report, that student will be considered by the MCASP for a Professionalism Citation that, per AAMC guidelines, will be included as part of the student’s MSPE.

If the MCASP issues a Professionalism Citation after MSPEs have been distributed but prior to the Match, an addendum to the student’s MSPE will be created and the revised MSPE will be distributed via ERAS. If the MCASP issues a Professionalism Citation after the Match, a letter describing the Citation will be sent to the student’s Residency Program Director.

If a behavior is particularly egregious, or if a student has received a Professionalism Citation and subsequently has another instance of unprofessional behavior documented via a Report Form, the student will be considered by the MCASP for dismissal from medical school.

Though an internal designation, once placed on Professionalism Warning, a student may not be returned to Good Professionalism Standing. Once a Professionalism Citation has been issued by MCASP, an appeal may be initiated as described below.

Appeal of Decision to Dismiss. The student may initiate an appeal of an MCASP decision of dismissal or of a professionalism citation by filing a letter, within 72 hours of receiving written notification of the Committee's decision, to the Dean of Medicine and Biological Sciences, requesting reconsideration of the decision. The letter should include a statement of the basis for the request and any documents in support of the student's request. The Dean may, at their discretion, meet with the student regarding the appeal, and either (1) reconsider the matter, (2) convene an ad hoc committee of at least three members to review the appeal (these members would not have been involved in the original decision), or (3) sustain the decision

of MCASP. If the matter is referred to an ad hoc committee, the committee will review the appeal and transmit its recommendations to the Dean. The Dean will, either through reconsideration or through reconsideration and recommendation by the ad hoc committee, review the appeal in a manner they determine is appropriate under the circumstances. Upon appeal, the Dean may then sustain, modify, or reverse the original MCASP decision. The decision of the Dean is final.

Appeal of Professionalism Citation. The student may initiate an appeal of an MCASP decision to dismiss or issue a Professionalism Citation by filing a letter, within 72 hours of receiving written notification of the Committee's decision, to the Dean of Medicine and Biological Sciences, requesting reconsideration of the decision. [Note: MCASP decisions to place students on Academic Warning or Academic Probation, or receipt of a Professionalism Warning may not be appealed]. The letter should include a statement of the basis for the request and any documents in support of the student's request. The Dean may, at their discretion, meet with the student regarding the appeal, and either (1) reconsider the matter, (2) convene an ad hoc committee of at least three members to review the appeal (this committee will be comprised of individuals who did not hear the original dismissal case or participate in the issuing of the citation), or (3) sustain the decision of the MCASP.

- 3.3.2.2 Medical Student Standards of Behavior. Medical students acquire skills and knowledge not only for their own benefit but also for the benefit of another party – their patients. The duty to act in the best interest of the patient is the fundamental ethical principle of the medical profession. This duty dictates certain standards of professional behavior for medical students (and physicians) which include, but are not limited to, the following:

Mutual Trust. Medical students are required to learn about their patients' values, traditions, and beliefs as they relate to the care and treatment options available to the patient. The goal is to develop mutual trust between patients and medical students and to develop effective student–patient relationships. The oath that AMS students take upon becoming a physician articulates this kind of trust: “*The health and dignity of my patient will ever be my first concern. I will not permit consideration of race, gender, sexual preference, religion, nationality, or social standing to come between me and my duty to anyone in need of my services.*” In the case of an irresolvable conflict between the ethical beliefs and values of a medical student and a patient, the medical student needs to avoid argument, judgment of the patient's personal integrity, or any action that would cause the patient to avoid seeking appropriate medical treatment and care. The student should seek to understand the patient's value system. The sensitive medical student avoids making assumptions based on stereotypes or preconceived ideas, and asks questions of patients about their beliefs, values, and lifestyle in a respectful, open, and empathetic manner. The medical student's role is to explain the options available to the patient thoroughly and objectively, giving appropriate time and emphasis to each option while remaining sensitive to the patient's value system. Should a patient wish to pursue an option of treatment or care that the student cannot carry out or arrange because of the student's own beliefs and values, the student must discuss the situation with their supervisor to assure appropriate follow-up.

Professionalism. As future physicians responsible for the well-being of patients, medical students are held to very high standards of professional behavior. The professional behavior expected of medical students includes, but is not limited to,

fulfilling all academic and extra- curricular commitments, responding to communications from AMS faculty and staff in a timely manner, notifying the appropriate personnel about anticipated absences within a reasonable time frame, complying with immunization and other training requirements, adhering to clinical schedules in a punctual and responsible manner, using appropriate and constructive language in verbal and written communications and evaluations of courses, clerkships, and faculty presenters, and treating all community members (fellow students, staff, faculty, and patients) with respect. For more information, please see Section V, subsection “Professionalism” of the AMS Student Handbook.

Honesty. Cheating on examinations, falsifying applications or data on medical records, cutting and pasting of another person’s notes into a patient chart, and other forms of intellectual dishonesty are wrong not only because such behavior violates intrinsic academic integrity, but also because such behavior may be deleterious to patients.

Health. Specific illnesses that impair performance may include, but are not limited to, active drug and/or alcohol addiction, severe depression and other psychiatric illnesses and sometimes, physical illnesses. It is not permissible for students to interact with patients while impaired by these conditions. It is the policy of AMS to encourage recognition of illness which leads to impairment in medical students and to support treatment so that those students may continue their education successfully and without stigma. AMS considers students’ insight into their own health, and willingness to seek help for any existing conditions, to be an element of professionalism.

Boundary violations with patients. It is never appropriate to have a sexual relationship with a current patient. Knowledge acquired during the doctor-patient relationship should never be used for any purpose other than therapeutic. A romantic relationship with a patient is always inappropriate. Relationships with other students, staff and faculty are not addressed in this policy but are addressed by [University policies](#).

Criminal activities. These include, but are not limited to, selling or dealing drugs, driving while under the influence of alcohol or drugs, child abuse, violence against others, possession of child pornography and sexual activities resulting in legal designation as a registered sex offender. Such behavior is incompatible with medical professionalism.

Dress code. Medical students and physicians are expected to dress in ways consistent with the expectations of the medical profession, particularly when working in clinical settings. During Years 1 and 2, these standards will be communicated to students by the Doctoring Program; during Years 3 and 4, students are expected to abide by the policies of the hospitals and practices in which they are working.

Social networking and use of social media. AMS strongly advises students to exercise caution when using social networking tools such as Facebook, Twitter, Tumblr, You Tube, Instagram, SnapChat, websites, and blogs. These tools, while useful for interaction around social causes or political movements, can create professional and ethical dilemmas regarding relationships with patients, patient confidentiality and patient trust in care providers. Additionally, they can contribute to a blurring of the line between professional contexts, in which you represent Brown and the medical profession generally, and other more personal interactions.

AMS students must be cognizant of the “social contract” between physicians and the public that holds medical professionals to high standards of behavior.

Specifically, students are prohibited from sharing personal expressions, in the form of text, photos, images or video, that:

- Violate patient confidentiality
- Violate the doctor-patient relationship
- Depict illegal activities
- Depict activities that are not congruent with the professional standards expected of medical students and physicians

Students are strongly discouraged from sharing personal expressions in the form of text, photos, images or videos that could impair a student’s ability to form a therapeutic relationship with patients or to have a professional relationship with medical colleagues and supervisors. In short, AMS expects students, like physicians, to maintain a high level of professionalism in their non-medical public life.

Reporting Violations

There is an ethical imperative to report medical students and physicians who are in violation of these standards. Reports about students may be made using the professionalism reporting form or evaluations as part of the process described in Section V of the AMS Student Handbook, or directly to the Associate Dean for Student Affairs, or the Associate or Assistant Deans for Medical Education. Anonymous reports will not be accepted, but the confidentiality of the reporter may be protected. There will be no adverse consequences to the reporter for reports submitted in good faith, whether or not the concerns are validated. Students cannot fill out professionalism forms for other students, but are encouraged to discuss concerns with a member of the AMS administration.

Concerns about faculty or other physicians, as appropriate, can be directed to preceptors, course or clerkship directors, the Associate Dean of Student Affairs, the Senior Associate or Associate Dean of Medical Education, or the Physician Health Program of the Rhode Island Medical Society. If the behavior of a physician has resulted in an improper interaction with a medical student, a mistreatment form (see Section VII: The Learning Environment, of the AMS Student Handbook) may be filled out at the discretion of the medical student, and the report will be handled by the Executive Committee of the Committee on the Learning Environment (COLE).

In cases where medical students have violated the above standards of behavior, the Medical Committee on Academic Standing and Professionalism (MCASP) will review pertinent information and follow the processes described in Section V of the AMS Student Handbook to determine an appropriate course of action. The MCASP and the Senior Associate Dean for Medical Education have the authority to place a student on a leave of absence when the student’s behavior raises questions as to whether or not the student should be in contact with patients. If the MCASP or the Senior Associate Dean renders such a decision, the student may appeal the decision to the Dean of Medicine and Biological Sciences using the procedure described in Section V of the AMS Student Handbook.

The Academic Code

AMS students are expected to adhere to Brown University's Academic Code, which may be found [here](#). Under usual circumstances, these policies will be applied to medical students. In some cases (e.g., parental notification), policies intended for undergraduate students may not be appropriate for medical students.

If it is determined by the MCASP that a medical student is in violation of the academic code, MCASP will consider the violation as it would any other professionalism issue. In these cases, MCASP may also elect to refer the matter to the University's Standing Committee on the Academic Code for additional sanctions such as a transcript notation. Prior to doing so, the MCASP shall afford the student the opportunity to appear before the MCASP in order to speak and respond to questioning. The MCASP may also invite other individuals to appear for the purpose of providing information to the Committee. The student may be accompanied by their faculty mentor or another support person, but may not be accompanied by an attorney. The student will be informed of any sanctions enacted by the MCASP in a letter from the MCASP. The student will be informed in the letter that they have the right to appeal any decisions to the Dean of Medicine and Biological Sciences.

Further guidelines can be found in the [Academic Code Handbook](#). AMS will work with the University to determine due process.

Students, faculty, and staff at AMS also adhere to the [Brown University Code of Conduct](#), [University Code of Student Conduct](#), as well as to the [Principles of the Learning Environment at The Warren Alpert Medical School of Brown University](#) (see also Section VII of the AMS Student Handbook).

4.0 Definitions

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

- 4.1 **AAMC:** Association of American Medical Colleges
- 4.2 **AMS:** The Warren Alpert Medical School of Brown University, also referred to herein as "We"
- 4.3 **Citation:** Professionalism citation that is issued when egregious behavior is not corrected, or remediation plan is determined to be insufficient to MCASP. Follows a Warning.
- 4.4 **COLE:** Committee on the Learning Environment affirms AMS's commitment to shaping a culture of teaching and learning that is rooted in respect for all.
- 4.5 **DIAP:** Diversity and Inclusion Action Plan (DIAP). The DIAP serves as both a policy and a plan for developing diversity and inclusion as a core value of AMS.
- 4.6 **EMSR:** Electronic Medical Student Record is a secure online system for storing information about AMS students, and is maintained by AMS's Records and Registration department.
- 4.7 **ERAS:** Electronic Residency Application Service
- 4.8 **Match:** Residency program assignments are assigned to Year 4 students at the annual Match Day celebration.

- 4.9 **MCASP:** Medical Committee on Academic Standing and Professionalism
- 4.10 **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.”)
- 4.11 **MSPE:** Medical Student Performance Evaluations
- 4.12 **ODMA:** Office of Diversity and Multicultural Affairs
- 4.13 **OSA:** Office of Student Affairs
- 4.14 **Warning:** Issued if a student demonstrates lapse(s), repeated, and/or pervasive behavior in professional conduct. Precedes Citation.

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 LCME Standard; for Standard 3 this is primarily OSA and ODMA.

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:**

- Diversity and Inclusion Action Plan of AMS (November 2016)
- Data Collection Instrument (DCI) for Standard 3: Academic and Learning Environments, as submitted to the LCME in July 2020.

7.2 **Other Related information:**

- **LCME Standard 3: Academic and Learning Environments.** A medical school ensures that its medical education program occurs in professional, respectful, and intellectually stimulating academic and clinical environments, recognizes the benefits of diversity, and promotes students’ attainment of competencies required of future physicians.

- Standard 3, Element 3: Diversity/Pipeline Programs and Partnerships. A medical school has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community. These activities include the use of programs and/or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes.
 - Standard 3, Element 4: Anti-Discrimination Policy. A medical school does not discriminate on the basis of age, creed, gender identity, national origin, race, sex, or sexual orientation.
 - Standard 3, Element 5: Learning Environment/Professionalism. A medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty, and staff at all locations. The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to identify positive and negative influences on the maintenance of professional standards, develop and conduct appropriate strategies to enhance positive and mitigate negative influences, and identify and promptly correct violations of professional standards.
 - Standard 3, Element 6: Student Mistreatment. A medical school develops effective written policies that define mistreatment, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing mistreatment. Mechanisms for reporting mistreatment are understood by medical students, including visiting medical students, and ensure that any violations can be registered and investigated without fear of retaliation.
- Brown University Academic Code, found [here](#).

8.0 Policy Owner and Contact(s)

8.1 **Policy Owners:** Subcommittee Standard Offices related to this policy: OSA and ODMA

8.2 **Policy Approved by:** MCC

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

9.0 Policy History

9.1 **Policy Effective Date:** July 1, 2019

9.2 **Policy Last Reviewed:** February 2020 (Policy No. 03-03), March 2020 (all other policies, with changes), July 2020 (Policy No. 03-05.02) 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. May 2022 (Policies No. 03-05.01 and 03-06).

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

- Section 3.2: Added link to Brown University Discrimination and Harassment Policy
- Subsection 3.3.2.2: Added Medical Student Standards of Behavior. Added excerpt from Brown University's Title IX policy governing intimate relationships with individuals.
- Section 3.4: The paragraphs preceding "Procedures – Nominating/reporting:" were added to make the policy more robust. The portions entitled "Sexual and Gender-Based Harassment and Violence (Title IX)" and "Discrimination and Harassment (Title VI)" were added from the Student Handbook for more robustness.
- Added diversity categories provided for in DCI, LCME Standard 3.3.
- Changed "Assistant" to "Associate" Dean of Student Affairs, where appropriate.
- Policy No. 03-03 was approved with changes on February 26, 2020.
- Policy No. 03-05.02 was approved with changes on June 17, 2020.
- Policy No. 03-05.02: Added appeal to professionalism citation paragraph
- Policy No. 03-05.01: Removed anti-discrimination paragraph from Professionalism policy because it was redundant with Policy No. 03-04. Removed other redundancies.
- Policy No. 03-06: Added these paragraphs: Positive Champion Nomination, sentence re: Curricular Opportunities reviewed by Subcommittees, and Student Disability paragraph from Student Handbook. Updated 03-06 language on learning environment (September 2021).
- Policy No. 03-05.01 was largely revised and now includes the mistreatment policy. It was re-approved by MCC May 18, 2022. Policy 03-06 was redacted and included in Policy No. 03-05.01.

Key Words: anti-discrimination, learning environment, diversity, student behavior, mistreatment