

 <p>BROWN Alpert Medical School</p>	<p>Teaching, Supervision, Assessment, and Student and Patient Safety</p>	<p>POLICY: 09-00, includes: Policy No.: 09-01 Policy No.: 09-02 Policy No.: 09-03 Policy No.: 09-05 Policy No.: 09-07 Policy No.: 09-08 Policy No.: 09-09.01 Policy No.: 09-09.02</p> <hr/> <p>Effective Date: April 10 2019; July 1, 2019; and June 2020 (see 9.1 below)</p>
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1.0 Policy Purpose

The purpose of this policy is to govern patient and student safety and ensure the preparedness of those who teach, supervise, and assess students of the Warren Alpert Medical School of Brown University (AMS). This policy contains policies and guidelines related to the following:

- Preparation of Resident and Non-Faculty Instructors (Element 1)
- Faculty Appointments (Element 2)
- Clinical Supervision of Medical Students (Element 3)
- Narrative Assessment (Element 5)
- Formative Assessment and Feedback (Element 7)
- Fair and Timely Summative Assessment (Element 8)
- Student Advancement and Appeal Process (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 9 (Teaching, Supervision, Assessment, and Student and Patient Safety).

2.0 To Whom the Policy Applies

All AMS community members.

3.0 Policy Statement

3.1 Preparation of Resident and Non-Faculty Instructors (Policy No. 09-01)

All residents, graduate students and other non-physicians who teach medical students in required courses or clerkships must have an orientation to their teaching role. This orientation must include basic information on teaching strategies, feedback and assessment. This orientation must be monitored either centrally or through the Department in which the teacher resides.

3.2 Faculty Appointments (Policy No. 09-02)

The Warren Alpert Medical School of Brown University requires all faculty members who supervise and assess medical students to have a faculty appointment. To ensure compliance with

this policy, the Assistant Director for the Office of Medical Education (OME) requests a list of teaching faculty annually within the curriculum. This list is checked against the master list of appointments at AMS. If, in the rare case, a teaching physician does not have a faculty appointment, a request is immediately made for the necessary documents to process a faculty appointment, if appropriate. Any physician who does not meet the requirements for a faculty appointment is not permitted to supervise or assess medical students.

3.3 **Clinical Supervision of Medical Students (Policy No. 09-03)**

The OME, in conjunction with the Clerkship Directors (CDs), will ensure the level of responsibility delegated to a medical student is appropriate to, and not above, the student's level of training and experience. To monitor this, students will answer a question on each course evaluation assessing compliance with this policy. In addition, mid-clerkship feedback, which is completed by each student at the midpoint of each rotation, asks students to verify that they are engaging in activities appropriate to, and not above, their level of training and expertise without appropriate supervision. This is centrally monitored and followed-up on by the OME. During all times when medical students are rotating on clerkships or elective rotations, there must be attending and/or resident supervision present in hospital, outpatient or other clinical settings.

CDs must ensure that non-physician health professionals who teach or supervise medical students are acting within their scope of practice. CDs will evaluate this through a variety of mechanisms, including orientation of these non-physician health professionals to clerkship objectives, teaching strategies and assessment of students. In addition, CDs will meet with non-physician health professionals once each academic year to ensure these health professionals are working within their scope of practice while teaching within the clerkships.

3.4 **Narrative Assessment (Policy No. 09-05)**

The Subcommittee on Years 1 and 2 and the Subcommittee on Years 3 and 4 is charged with adhering to the relevant policies below, and the Medical Curriculum Committee (MCC) is charged with centrally monitoring adherence to the following policy.

Pre-Clerkship Integrated Medical Science (IMS) Courses: The Subcommittee on Years 1 and 2 identifies courses in the pre-clerkship IMS curriculum that meet the criteria for having an adequate amount of student-faculty interaction to enable an appropriate narrative assessment of student knowledge and skills and makes recommendations to the MCC. The MCC reviews the recommendation and has final authority on which courses meet the criteria for the use of narrative assessment. After MCC approval, the AMS-CQI Committee discusses the use of SPE in the course with the course leader(s).

IMS courses meet the criteria for narrative assessment if there are five (5) or more small groups with the same small group faculty member between the start and end date of the course and a faculty:student ratio of no more than 1:10. These courses are required to use an end of course SPE. SPEs in the IMS curriculum are completed by small group faculty and include ratings on the Abilities mapped to the respective course, and narrative assessments of the student's overall strengths and opportunities for improvement.

Pre-Clerkship Doctoring Courses: All Doctoring courses utilize SPEs with narrative assessment components at the mid-point of the course and at the end of the course, with the exception of Doctoring IV (end of course SPE only). Doctoring SPEs include ratings on the Abilities mapped to the respective course, and narrative assessments of the student's overall strengths and opportunities for improvement.

Clinical Skills Clerkship (CSC): The CSC utilizes SPEs with narrative assessment components at the end of the course. The SPE includes ratings on the Abilities mapped to the course, and narrative assessments of the student’s overall strengths and opportunities for improvement.

Clerkships and Courses in the Clinical Years: All Year 3 required clerkships, sub-internships, and clinical electives are required to use SPEs with narrative assessments at the end of the course/clerkship. Clinical SPEs include ratings on all Abilities, and narrative assessments of the student’s overall strengths and opportunities for improvement.

3.5 **Formative Assessment and Feedback (Policy No. 09-07)**

Pre-clerkship courses that include five (5) or more small group sessions (with sufficient faculty-student contact) include one session in which students receive mid-course feedback (either via OASIS or verbally as a small group). This is monitored on an ongoing basis by using OASIS in Years 1 through 3. All clerkships provide mid-clerkship feedback using a paper form. For Years 1 and 2 courses, any course with a mid-course feedback component has an item on the course evaluation asking students if they received mid-course feedback. Reports are provided by course to the Subcommittee on Years 1 and 2, Subcommittee on Years 3 and 4, AMS-CQI, and the MCC.

3.6 **Fair and Timely Summative Assessment (Policy No. 09-08)**

Grade Submission Policy. For all pre-clerkship courses and required clerkships, grades must be submitted within 30 days of course completion (for pre-clerkship courses) or the last day of the rotation (for clerkships).

3.7 **Student Advancement and Appeal Process (Policy No. 09-09.01 and Policy No. 09-09.02)**

3.7.1 **Core Standards for Advancement and Graduation (Policy No. 09-09.01)**

All students must possess the intellectual, physical and emotional capabilities necessary to undertake the full curriculum and to achieve the levels of competence required by the medical school. A detailed description of the Technical Standards for Medical School Admissions, Continuation and Graduation is provided in [Policy No. 10-05](#) and [Appendix A](#) of the Student Handbook.

The courses listed below represent the requirements for the current Years 1 and 2 classes. Students in prior classes have been required to complete equivalent coursework. However, course titles and numbers may have changed. Thus, the section below reflects the present configuration of Year 1 and Year 2 courses.

Note for all clinical rotations including Doctoring, clerkships, sub-internships, and elective courses: Students may be placed at sites that require transportation by car, and should plan accordingly.

Year 1, Semester 1

COURSE	CREDITS	GRADING OPTION	COURSE LEADER(S)
BIOL3640 Doctoring I	2	S/NC*	D. Chofay, S. Mitta

BIOL3642 IMS-I: Scientific Foundations of Medicine	1	S/NC	T. Salazar-Mather, C. Phornphutkul
BIOL3643 IMS-I: Histology	1	S/NC	J. Ou, L.C. Hanley
BIOL3644 IMS-I: Human Anatomy I	1	S/NC	E. Brainerd
BIOL3645 IMS-I: General Pathology	1	S/NC	L. Dumenco, J. Ou, L.C. Hanley
BIOL3656 IMS-I: Health Systems Science	1	S/NC	G. Anandarajah, M. Smith, D. Anthony
MED2010 IMS-I: Health Systems Science I (PC- PM students only)	1	S/NC	G. Anandarajah, TBD

Year 1, Semester 2

COURSE	CREDITS	GRADING OPTION	COURSE LEADER(S)
BIOL3650 Doctoring II	2	S/NC	D. Chofay, S. Mitta
BIOL3652 IMS-II: Brain Sciences	2	S/NC	J. Roth, K. Stavros, J. Donahue, G. Tung, J. Stein, B. Connors, A. Halt, E. Brannan
BIOL3653 IMS-II: Microbiology/Infectious Diseases	1	S/NC	T. Salazar Mather, J. Lonks, C. Cunha, I. Michelow
BIOL3665 IMS-II: Supporting Structures	1	S/NC	S. Schwartz, D. Jenkins, L. Robinson-Bostom, J. Hart, C. Massoud
BIOL3655 IMS-II: Human Anatomy II	1	S/NC	E. Brainerd
MED2030 Research Methods in Population Medicine (PC-PM students only)	1	S/NC	M. Mello

Year 1, Summer Semester (PC-PM students only)

COURSE	CREDITS	GRADING OPTION	COURSE LEADER(S)
MED2040 Health Systems Science II	1	S/NC	J. Borkan, E. Tobin-Tyler
MED2045 Quantitative Statistics	1	S/NC	D. Anthony
MED2980 Independent Study Thesis Research	1	S/NC	M. Mello, M. Zonfrillo

Year 2, Semester 1

COURSE	CREDITS	GRADING OPTION	COURSE LEADER(S)
BIOL3660 Doctoring III	2	S/NC	S. Rougas, R. Merritt
BIOL3662 IMS-III: Cardiovascular	1	S/NC	D. Burt, L.C. Hanley
BIOL3663 IMS-III: Pulmonary	1	S/NC	D. Banerjee, E. Gartman, M. Garcia-Moliner
BIOL3664 IMS-III: Renal	1	S/NC	S. Hu, K. Richman, M. Lynch, M. Birkenbach
BIOL3674 IMS-III: Endocrine Sciences	1	S/NC	G. Gopalakrishnan, R. Bratman, M. Canepa
BIOL3674 IMS-III: Human Reproduction	1	S/NC	A. Gimovsky, V. Snegovskikh, J. Ou, L.C. Hanley
MED2046: Leadership (PC-PM students only)	1	S/NC	M. Smith, M. Mello

Year 2, Semester 2

COURSE	CREDITS	GRADING OPTION	COURSE LEADER(S)
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BIOL3670 Doctoring IV	1	S/NC	S. Rougas, R. Merritt
BIOL3672 IMS-IV: Hematology	1	S/NC	J. Reagan, M. Quesenberry, P. Egan, K. Dannheim
BIOL3673 IMS-IV: Gastroenterology	1	S/NC	H. Rich, Y. Wu
BIOL5885 Doctoring V: Clinical Skills Clerkship	1	S/NC	S. Warriar, R. Merritt, S. Handley

* S = satisfactory, N/C = no credit

Course of Study—Years 3 and 4: All students must complete at least 80 weeks of instruction. Each 12-month academic year is divided into 11 Blocks with four one-week intervening vacations spanning 22 months, from May of Year 3 through April of Year 4. A minimum of 68 weeks must be spent at Brown University. Anyone with compelling reasons for an exception to the rule of 68 weeks at Brown University must request a waiver from the Senior Associate Dean for Medical Education.

Year 3 and 4 Requirements: Students in Years 3 and 4 must complete a minimum of 80 weeks of clinical courses, 68 weeks of which must be taken at Brown University, including the following:

Clerkships: the **44 weeks of specialty-specific clerkships** (including 32 weeks of core clerkships plus 12 weeks of clerkship electives) listed below are taken only after the student has completed Years 1 and 2 and the Clinical Skills Clerkship. The seven core clerkships must be completed by the end of the last clerkship block of Year 3.

Block Clerkships:

- 8 weeks, Clerkship in Internal Medicine
- 4 weeks, Clerkship in Surgery
- 4 weeks, Clerkship in Obstetrics and Gynecology
- 4 weeks, Clerkship in Pediatrics
- 8 weeks, Clerkship in Psychiatry/Clinical Neuroscience
- 4 weeks, Clerkship in Family Medicine

Longitudinal Integrated Clerkship (LIC): 44 weeks for students in the LIC include inpatient experiences in Internal Medicine (3 weeks), Surgery (2 weeks), Obstetrics and Gynecology (2 weeks), Pediatrics (2 weeks), and Psychiatry/Clinical Neuroscience (4 weeks: 2 weeks each of psychiatry and neurology). The remaining 31 weeks are spent in the outpatient setting with half-day experiences each week in Internal Medicine, Surgery, Obstetrics and Gynecology, Pediatrics, Psychiatry, Neurology, and Family Medicine. Students have one 4-week clerkship elective block.

Electives: a **minimum of 36 weeks of clinical electives, 24 weeks of which must be taken at Brown.** The 36 weeks of electives must include the following:

- 4 weeks of a **sub-internship**

- 6 weeks of a **surgical elective**. A 4-week surgery sub-internship can fulfill both the sub-internship requirement as well as count as 4 out of the 6 weeks of the surgery-related electives.

Sub-internship: Students must include at least four weeks of an approved sub-internship within the clinical course of study in Year 4. This may be taken at Brown University or at an approved host institution, as long as the away subinternship meets the guidelines established for a sub-internship at AMS, which are outlined in Appendix B of the Student Handbook.

Advanced Clinical Mentorship: Students may complete an optional Advanced Clinical Mentorship (ACM) during their last year (Year 4) of medical school. The ACM is a maximum of 12 weeks in duration and consists of one-half day per week at a single outpatient site. Students receive one week of credit for completing 12 sessions. Any modifications to the ACM, including whether any component begins in Year 3, must be approved by the Associate Dean for Medical Education. ACM requests must be submitted at least 7 weeks prior to the desired start date. ACMs may not begin before the half-way point (currently Block 7) of Year 3.

Students must complete an Advanced Clinical Mentorship (ACM) within 24 weeks. If a student is unable to complete the ACM within this time period, the Office of Records and Registration will contact the student and ask for a plan of completion, which will be reviewed by the Associate Dean for Medical Education for consideration. If approved and the student does not complete the ACM within this time window, the student will be withdrawn from the ACM and no grade/credit will be awarded. The ACM must be completed between December 1st of a student's Year 3 and October 31st of a student's Year 4.

Students may each enroll in and complete one ACM. If capacity allows, and under extraordinary circumstances, students may request to enroll in and complete a second ACM. Such requests will be considered by the Associate Dean for Medical Education.

Year 4 Objective Structured Clinical Examination: After completing all of their specialty-specific clinical clerkships, every medical student must take an Objective Structured Clinical Examination (OSCE) at the start of Year 4. See AMS Student Handbook, Section III: Grading and Academic Performance Policies, for more details. Passing this summative OSCE is a graduation requirement.

Independent Study: Students can complete an Independent Study project during their elective blocks in Years 3 and 4. Independent studies require that the student submit a proposal and obtain approval from a Brown faculty sponsor. Independent studies cannot be done concurrently with any other course. Approval must be obtained four weeks prior to the start of the independent study. Students can complete up to 12 weeks of independent study during Years 3 and 4. Requests for an exception to policy in order to complete up to 16 weeks of independent study must be approved by the Associate Dean for Medical Education. Requests for an exception to policy in order to complete more than 16 weeks of independent study must be approved by the Senior Associate Dean for Medical Education.

Further Requirements for the Awarding of the MD Degree

- Every candidate for the degree of Doctor of Medicine must satisfactorily complete the 8 semesters comprising Years 3 and 4 as a matriculated medical student at Brown University and pay 8 semesters of tuition. If approved, students may also use time in addition to the 8 semesters for the Academic Scholar Program (ASP)

and/or leave of absence (LOA). See AMS Student Handbook Section XII: Registration and Tuition Policies, for more details on taking approved time away from AMS.

- AMS students are expected to be enrolled full time unless they are on approved time away (ASP or LOA) from Brown University.
- A candidate for the degree of Doctor of Medicine must complete all the requirements for that degree within six years of admission to the medical school (nine years for MD/PhD candidates). Exceptions to this rule may be made only with the consent of the Medical Committee on Academic Standing and Professionalism (MCASP). The maximum period of six years (and nine years for MD/PhD candidates) includes the time spent on an approved ASP or LOA status.
- The Medical Committee on Academic Standing and Professionalism (MCASP) will recommend granting of the medical degree to candidates who have fulfilled the academic requirements.
- Students will be allowed to receive their diploma only if all tuition and fees have been fully paid and other obligations fulfilled, such as return of pagers and repayment of emergency short-term loans.
- All required courses must be completed by the 4th Friday in April prior to graduation in May. Exceptions to this rule must be approved by MCASP.
- *USMLE Step 1**: Starting with the class of MD'20, all medical students must **take and pass** Step 1 within 6 months of the end of Year 3 (November 1 of fourth year). If they do not pass the exam, they will not be permitted to continue with Year 4 rotations and must take time away from medical school until they have done so. Medical students may not take the USMLE Step 1 examination until they have successfully completed all Year 1 and Year 2 courses. All students are strongly encouraged to take Step 1 prior to beginning clerkships. Students will be permitted to take the Step 1 examination no more than three times. Failure to pass the examination after a third attempt will lead to dismissal from AMS; dismissal can be appealed to the MCASP (see AMS Student Handbook, Section V: Policies and Protocols on Academic standing and Promotion, for policy regarding dismissal).
- *USMLE Step 2 CK**: All medical students must take the USMLE Step 2 CK examination prior to January 1 of their final year. Students must pass Step 2 CK in order to graduate; students will be permitted to take the examination no more than three times. Failure to pass the examination after a third attempt will lead to dismissal from AMS; dismissal can be appealed to the MCASP (see AMS Student Handbook, Section V: Policies and Protocols on Academic standing and Promotion, for policy regarding dismissal).
- *Internship Prep Courses (IPC)*: All Year 4 students must complete 10 Internship Prep Course sessions. Students who cannot take the IPC onsite will need to complete a virtual IPC, as agreed upon by the Associate Dean for Medical Education.
- *Students who do not pass Step 1 or Step 2 CK on their first attempt must meet with a designated member of the administration prior to being certified to retake the exam.

Technical Standards (See Policy 10-05 for specific technical requirements.)

3.7.2 Disciplinary Action and Due Process (Policy No. 09-09.02)

See Policy No. 03-05.02, subsection 3.3.2.2., under headings ‘Reporting Violations’ and ‘The Academic Code.’

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
- 4.2 **AMS-CQI:** Alpert Medical School and Continuous Quality Improvement committee is responsible for ensuring ongoing compliance with LCME Standards and for continuous quality improvement of the medical school overall.
- 4.3 **COLE:** Committee on the Learning Environment affirms the medical school’s commitment to shaping a culture of teaching and learning that is rooted in respect for all.
- 4.4 **IMS:** Integrated Medical Science (pre-clerkship curriculum, which includes the Doctoring program).
- 4.5 **MCASP:** Medical Committee on Academic Standing and Professionalism
- 4.6 **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.”)
- 4.7 **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, resident, and faculty attestations.
- 4.8 **OSCE:** Objective Structured Clinical Examination
- 4.9 **OME:** Office of Medical Education
- 4.10 **USMLE:** United States Medical Licensing Examination is a three-step examination for medical licensure in the United States.

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 9 this is primarily OME.

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 MCC.

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 9: Teaching, Supervision, Assessment, and Student and Patient Safety, as submitted to the LCME in July 2020.

7.2 Other Related information:

- **LCME Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety.** The faculty of a medical school engage in curricular revision and program evaluation activities to ensure that medical education program quality is maintained and enhanced and that medical students achieve all medical education program objectives and participate in required clinical experiences.
 - Standard 9, Element 1: Preparation of Resident and Non-Faculty Instructors. In a medical school, residents, graduate students, postdoctoral fellows, and other non-faculty instructors in the medical education program who supervise or teach medical students are familiar with the learning objectives of the course or clerkship and are prepared for their roles in teaching and assessment. The medical school provides resources to enhance residents' and non-faculty instructors' teaching and assessment skills, and provides central monitoring of their participation in those opportunities.
 - Standard 9, Element 2: Faculty Appointments. A medical school ensures that supervision of medical student learning experiences are provided throughout required clerkships by members of the school's faculty.
 - Standard 9, Element 3: Clinical Supervision of Medical Students. A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to his or her level of training, and that the activities supervised are within the scope of practice of the supervising health professional.
 - Standard 9, Element 5: Narrative Assessment. A medical school ensures that a narrative description of a medical student's performance, including his or her non-cognitive achievement, is included as a component of the assessment in each required course and clerkship of the medical education program whenever teacher-student interaction permits this form of assessment.

- Standard 9, Element 7: Formative Assessment and Feedback. The medical school's curricular governance committee ensures that each medical student is assessed and provided with formal formative feedback early enough during each required course or clerkship to allow sufficient time for remediation. Formal feedback occurs at least at the midpoint of the course or clerkship. A course or clerkship less than four weeks in length provides alternate means by which a medical student can measure his or her progress in learning.
 - Standard 9, Element 8: Fair and Timely Summative Assessment. A medical school has in place a system of fair and timely summative assessment of medical student achievement in each course and clerkship of the medical education program. Final grades are available within six weeks of the end of a course or clerkship.
 - Standard 9, Element 9: Student Advancement and Appeal Process. A medical school ensures that the medical education program has a single set of core standards for the advancement and graduation of all medical students across all locations. A subset of medical students may have academic requirements in addition to the core standards if they are enrolled in a parallel curriculum. A medical school ensures that there is a fair and formal process for taking any action that may affect the status of a medical student, including timely notice of the impending action, disclosure of the evidence on which the action would be based, an opportunity for the medical student to respond, and an opportunity to appeal any adverse decision related to advancement, graduation, or dismissal.
- Brown University Academic Code, found [here](#).

8.0 Policy Owner and Contact(s)

8.1 **Policy Owners:** Subcommittee Standard Office related to this policy: OME

8.2 **Policy Approved by:** MCC

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

9.0 Policy History

9.1 **Policy Effective Date:** April 10, 2019 (Policy No. 09-05); July 1, 2019 (for Policy Nos. 09-01, 09-02, 09-03, 09-07, 09-09.01, 09-09.02); June 2020 (Policy No. 09-08).

9.2 **Policy Last Reviewed:** February and March 2020 (all other policies), June 2020 (Policy No. 09-08) 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:**

- Policy No. 09-05: added ratio of faculty to student in small groups.
- Policy No. 09-07: removed MyProgress and replaced with OASIS.
- Policy No. 09-09.01: updated course leaders, etc. for current AY 2021-2022.
- Policy No. 09-09.02: updated core requirements and course leaders for Years 1 and 2, Years 3 and 4 timing shifts; quarters changed to semesters; IPC paragraph updated; removed Step 2 CS and Year 4 Climate Survey as graduation requirements. Referenced

Policy No. 03-05.02, subsection 3.3.2.2., headings 'Reporting Violations' and 'The Academic Code' and removed these sections (to only update in one place).

Formatted to comply with new University Policy template. Policies were approved, with changes, by MCC on February 26, 2020 (specifically for Policy Nos. 09-01, 09-02, 09-05, 09-07, and 09-09); March 18, 2020 (Policy No. 09-03); and June 17, 2020 (Policy No. 09-08).

Key Words: faculty, supervision, feedback, assessment, advancement