

 BROWN Alpert Medical School	Academic and Learning Environment Policies	POLICY NO.: 03-00, includes: Policy No.: 03-04 Policy No.: 03-05.02
		Effective Date: July 1, 2019

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 (the “Medical School”) students and those with whom students associate (e.g., other students, faculty). Academic and Learning Environment policies contain policies related to anti-discrimination (Element 3.4) and professionalism (Element 3.5).

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 Medical School community members.

3.0 Policy Statement

3.1 **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 in the Medical Student Handbook for more information about resources (both confidential and otherwise) as well as reporting mechanisms. The Medical School’s [Office of Belonging, Equity, Diversity, and Inclusion](#) (“OBEDI”) 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.

The Medical School 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, the Medical School 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 the Medical School 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 the Medical Student Handbook) of respect towards all colleagues, faculty and staff in the learning environment. (See also the Medical Student Handbook for examples of positive and incongruent behavior/treatment.)

Student Disability

Students at the Medical School have the right to file a grievance for concerns related to disability. To appeal a decision regarding an ADA/Section 504 accommodation request, see Section III of the Student Handbook. In addition, if a student believes they are being subjected to prohibited discriminatory treatment in a program or activity of Brown University based on their disability status, which may be a violation of Brown University's Nondiscrimination and Anti-Harassment Policy, please follow the complaint and discrimination procedures outlined by the Office of Institutional Equity and Diversity (OIED).

Students, faculty, and staff at the Medical School 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 **Professionalism (Policy No. 03-05.02)**

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

3.3.1.1 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.

- 3.3.1.2 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 the Medical School 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 the Medical School 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 Medical 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 the Medical School 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. the Medical School 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. the Medical School 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. The Medical School 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, the Medical School 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 the Medical 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 Medical School 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 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 Medical 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 the Medical Student Handbook.

The Academic Code

Medical 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](#). The Medical School will work with the University to determine due process.

Students, faculty, and staff at the Medical School also adhere to the [Brown University Code of Conduct](#), [Code of Student Conduct](#), and information on the learning environment as contained in the [Medical 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 **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.
- 4.3 **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 **EMSR:** Electronic Medical Student Record is a secure online system for storing information about the Medical School's students, and is maintained by the Medical School's Office of Records and Registration.
- 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.
- 4.11 **MSPE:** Medical Student Performance Evaluations
- 4.12 **OBEDI:** Office of Belonging, Equity, Diversity, and Inclusion
- 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 Office of Student Affairs and OBEDI.

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:** N/A

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 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 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](#)
- [Medical Student Handbook](#)

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

8.1 **Policy Owners:** Subcommittee Standard Offices related to this policy: Office of Student Affairs and OBEDI

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). Policies in the Student Handbook are reviewed annually and updated as needed.

9.3 Policy Update/Review Summary: Formatted to comply with the new University Policy template. Specific changes are below.

- 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.
- Policy No. 03-04: updated ADA/Student Disability section and subsequently approved by MCC October 18, 2023.
- ODMA changed to OBEDI throughout to reflect the newly structured office.
- Remove Policy No. 03-03 (canceled policy – no longer relevant).
- Remove Policy No. 03-05.01 (converted to procedures).

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