

 <p><b>BROWN</b> Alpert Medical School</p>	<p><b>Medical Student Selection, Assignment, and Progress</b></p>	<p><b>POL: 10-00, includes:</b> POL No.: 10-03 POL No.: 10-05 POL No.: 10-07 POL No.: 10-09</p>
		<p>Effective Date: July 1, 2019</p>

**1.0 Policy Purpose**

The purpose of this policy is to establish policies for admission, selection, enrollment, and assignment requirements for potential applicants to the medical education program at the Warren Alpert Medical School of Brown University (AMS). This policy contains policies related to the following:

- Student Selection/Progress and Their Dissemination (Element 3)
- Technical Standards (Element 5)
- Transfer and Advanced Standing Policy (Element 7)
- Requests for Schedule/Clinical Site Changes (Element 9)

Such policies are in place to ensure compliance with Liaison Committee on Medical Education (LCME) requirements for re-accreditation and correspond to elements of Standard 10 (Medical Student Selection, Assignment, and Progress).

**2.0 To Whom the Policy Applies**

All potential and existing AMS community members.

**3.0 Policy Statement**

**3.1 Policies Regarding Student Selection/Progress and Their Dissemination (POL No. 10-03)**

**3.1.1 Selection Policy**

**Alpert Medical School  
Guidelines for Holistic Review of Admissions Candidates**

**Selection Principles**

The mission of the Medical Admissions Committee is to recruit and to enroll a group of students who are among the most well-qualified students applying to U.S. medical schools in a given year. We seek to enroll individuals who demonstrate substantial promise for success in medical school, who share a commitment to the values and goals of our institution, and who will emerge as leaders in medicine.

The admissions process is guided by a systematic review of applicants that considers four principal characteristics: academic achievement, evidence of leadership and excellence, maturity and self-awareness, and demonstrated service to one’s community. These qualities are viewed within the context of the resources that are available to the applicant

and the challenges that he/she has overcome in the pursuit of a medical education. Evidence of motivation and commitment to medicine, personal integrity and compassion are also important considerations. Academic records, recommendations, essays and interview assessments are the primary measures used in the evaluation process.

### **Considerations for Holistic Evaluation of Candidates**

The recruitment of a diverse class of medical students requires members of the Admissions Committee to assess accomplishments and personal qualities within the context of a candidate's background, life experiences, advantages and disadvantages. The factors that committee members are expected to consider in their evaluations are listed below.

- Primary, self-reported racial or ethnic affiliation;
- Articulation of beliefs, perspectives and/or experiences that may have been shaped by racial/ethnic identity;
- Demonstrated commitment to serving and/or advocating for a particular community or patient population;
- Paid employment before age 18 or paid employment during college, especially during the academic year. Students who have contributed to his/her family's support or who have had to work while attending college to defray educational expenses cannot be expected to participate in extracurricular activities to the same degree as applicants without such obligations.
- Experience working in diverse cultural environments, not limited to work abroad.
- Income, highest level of education, and occupations of parents. The lack of role models in the applicant's home and family, or the possibility that they may be the first in their family to achieve a college or professional degree, may limit their contact with people who can help them to navigate the challenges of professional education.
- Precollege educational environment. The quality of teachers, curriculum, and available resources varies widely across high school districts. Students who are economically disadvantaged and/or from racial and ethnic groups who are underrepresented in medicine (URM) may be more likely than non-URM students to have graduated from low- performing, racially or economically segregated high schools with limited availability of advanced level courses. These factors may place them at an educational disadvantage in their college studies and in performance on standardized tests.
- Cultural barriers, such as:
  - Low expectation or value placed on educational achievement;
  - Primary language other than English;
  - Language other than English spoken at home;
  - Recent immigration to US, particularly where economic circumstances were negatively impacted.
- Geographical location where applicant was raised (e.g., size of city or town; residence in a health professional shortage area).
- Special family circumstances such as:
  - Economic, educational, ethnic or cultural, racial or medical adversity experienced by applicant or his/her family;
  - Early life challenges (single parent household; deceased parent(s); obligation to supervise or assist siblings or disabled relative).

## **Educational Benefits of a Diverse Community**

Alpert Medical School is dedicated to the highest standards of excellence in education, research, and health care. We seek to graduate physicians who are broadly and liberally educated, and who view medicine as a socially responsible human service profession. Alpert graduates must be scientifically well-educated and capable of approaching problems from a variety of perspectives. Our mission is to impart to future physicians the state-of-the-art in the scientific, ethical, and humanistic dimensions of medical science and public health. Commitment to excellence in education and scholarly inquiry is best achieved by enrolling a mix of students who represent different backgrounds, perspectives, and life influences, and who will contribute to and benefit from the learning of those around them.

The medical school has a longstanding history of valuing diversity in its broadest sense to include race; religion; age; national and ethnic origin; disability; status as a veteran; sex; sexual orientation; gender identity; gender expression; and political ideology. The medical school also deeply values socioeconomic diversity and thus considers admission candidates without regard to their financial circumstances. Enhancing excellence through diversity is one of the cornerstone goals of Brown University's strategic plan, "Building on Distinction."

We believe that AMS graduates are best prepared for medical practice in a pluralistic society when they learn in an environment that is characterized by, and supportive of, diversity among its students, faculty and staff. A diverse academic medical community is a core institutional value for many reasons, including the following:

- The ability to understand and respect a patient's culture is a key element in the delivery of effective care to individual patients and in referrals to appropriate community resources.
- Interaction among students from demographically diverse backgrounds contributes to the breakdown of stereotypes and biases, and thus promotes enlightened and educationally valuable discussions in both formal and informal educational settings.
- A diverse student body prepares students for effective service and leadership roles within an increasingly heterogeneous patient population, workforce, and global community.
- Greater diversity among health care professionals may contribute to more equitable and effective care, especially for medically underserved populations.

### **3.1.2 Academic Standing and Promotion**

The Medical Committee on Academic Standing and Professionalism (MCASP) is comprised of 10 to 12 AMS faculty members. Staff members from Administration and the Offices of Student Affairs, Diversity & Multicultural Affairs, and the Program in Liberal Medical Education attend committee meetings, but are not voting members of the committee. The MCASP is charged with the responsibility of reviewing the academic performance and professional behavior of all students in the medical school. On the basis of that review, and with the input of the Competency Committee, the MCASP determines whether students are to be promoted, promoted with conditions, not promoted, placed on Academic Warning or Probation, dismissed, returned to Good Standing and graduated.

Students who are experiencing academic difficulty or issues with professionalism are reviewed by the MCASP when that difficulty has been identified. If a student is presented to the MCASP for review and an MCASP member has a conflict of interest with regard to

the status of the student (e.g., primary responsibility for grading the course for which the student had academic difficulty or a professionalism issue), the faculty member will recuse him/herself from the discussion and voting. The Associate Dean for Student Affairs will communicate any relevant MCASP actions to the student as soon as possible following the meeting; this communication will ideally be in person in cases in which the student is being considered for dismissal. Students are also notified of decisions made by the MCASP in writing.

Mechanisms for appeal of MCASP decisions are described below.

The MCASP makes decisions based upon each student's individual situation. In general, the committee will adhere to the following guidelines for decisions related to academic standing.

#### Remediation Policy

If a student wishes to request an exception to the remediation policy in place for a particular course or clerkship, those requests must be submitted to the Grades and Records Appeal Committee. For example, if a student wishes to take an examination for a third time rather than repeat a course; if a student wishes to remediate two (2) pre-clerkship courses rather than repeat the semester in which those courses were failed; or if a student wishes to retake a Shelf Exam or OSCE for a third time rather than repeat a clerkship, those requests must be made to MCASP, in writing, with a discussion of the student's reason for the request.

If a student does not pass a clerkship Shelf exam, the student will receive a grade of existing deficiency (ED) in the clerkship. The student will be permitted to retake the exam one time. If the student successfully remediates the exam, the student's grade will be changed to a grade of satisfactory (S). Students who are required to remediate a shelf exam are not eligible for a grade of Honors in the Clerkship.

If the student does not successfully remediate the Shelf exam retake, the student will receive a grade of no credit (NC) in the clerkship. The student will need to retake the clerkship. If, however, a student has successfully completed the remaining components of the clerkship, at or above the mean for each of those components, the Associate Dean for Medical Education may consider an alternate remediation plan in consultation with the clerkship director.

Students may request an extension for a clerkship Shelf exam. If due to a medical reason, students must have a physician (or other appropriate health care provider) note documenting an illness and why this extension would be appropriate, especially if a student is able to meet the other requirements of the clerkship. In general, students must take the exam within two (2) weeks of beginning their next non-clerkship block period. A Shelf exam for one clerkship cannot be taken during another clerkship.

#### Academic Standing

- Students who receive passing grades (Satisfactory or Honors) are automatically in Good Academic Standing.
- Students who have received a grade of No Credit (NC) or Existing Deficiency (ED) in one course, clerkship or clinical rotation, but who have received satisfactory grades in the remaining courses, clerkships or clinical rotations will be brought to the attention of the MCASP for informational purposes only.
- Remediation may be accomplished through a special examination, repetition of the course, approved outside courses, or by special arrangements with the curriculum directors (for more information, see Section III of the AMS Student Handbook). The student will work with the course, clerkship, sub-internship or clinical elective

director to determine the appropriate remediation and its timing. Remediation must be completed within 1 year of the grade submission; however, if a student is on leave following the failure, that time is not counted as part of the year. Students will only be allowed to take a special remediation examination once. Exceptions will be considered on a case-by-case basis by the Grades and Records Appeal Committee.

- If a student fails a special remediation examination, the student will be required to repeat the course, clerkship or clinical rotation the following year, and this second failure will be brought to the attention of the MCASP. At that time, the student may be placed on Academic Warning. If a student fails a course, clerkship or clinical rotation having repeated the course, clerkship or clinical rotation for the third time, the student will be brought to the attention of MCASP to be considered for dismissal.
- Students will be contacted by the Associate Dean for Student Affairs any time they are being considered by MCASP for a change in academic standing (see below). Faculty mentors are available to help students prepare for this process, to discuss resources if they are struggling academically (e.g., tutors, Learning & Accessibility Specialist) or emotionally (e.g., CAPS), and to be prepared for the timeline and steps of the process.
- Students who have received a grade of NC or ED in two courses, clerkships and/or clinical rotations will be brought to the attention of the MCASP to be considered for placement on Academic Warning.
- Students who have received grades of NC or ED in three courses, clerkships and/or clinical rotations, or have received a grade of NC or ED in one or more courses, clerkships and/or clinical rotations while on Academic Warning, will be brought to the attention of the MCASP to be considered for placement on Academic Probation.
- Students who receive grades of NC or ED while on Academic Probation will be brought to the attention of the MCASP to be considered for dismissal.
- Students in Good Academic Standing who receive three grades of NC or ED may be placed directly on Academic Probation by the MCASP.
- In Year 1 and Year 2, students who have received grades of NC or ED in all courses during a period comprising one semester will be brought to the attention of the MCASP to be considered for dismissal.
- Students being considered for dismissal will be given an opportunity to appear before the MCASP in order to present information as to why they should not be dismissed and to respond to questioning. The MCASP may also invite other individuals to appear for the purpose of providing information to the Committee. Students may be accompanied by their faculty mentor or another support person, but may not be accompanied by an attorney. Students will be contacted after the conclusion of the MCASP meeting with the committee's decision by the Associate Dean for Student Affairs, and then informed in writing of the Committee's decision in a letter from the Senior Associate Dean for Medical Education. If dismissed, students will be informed in the letter that they have the right to appeal the decision to the Dean of Medicine and Biological Sciences.
- If a student has appeared before the MCASP for consideration of dismissal, but has not been dismissed, and the student subsequently fails additional courses, clerkships or rotations, the student may be dismissed without being asked to again appear before the MCASP.
- Students may not proceed to Year 3 until they have successfully completed all Year 1 and 2 requirements.
- Grades of NC or ED that are remediated and converted to Satisfactory will still count towards consideration by the MCASP for subsequent placement on

Academic Warning or Probation, or towards consideration for dismissal should the student receive additional NC or ED grades.

#### Return to Good Standing

Students who are on Academic Warning or Probation will be considered by the MCASP for return to Good Academic Standing following a period of time in which the student has remediated any grades of NC or ED, is fully engaged in and registered for courses, clerkships or rotations, and passes all courses or rotations during that time period. The period of time after which a student in semesters I, II or III will be eligible for return to Good Academic Standing is one full semester from the time the student was placed on Warning or Probation. The period of time after which a student in semester IV or in Years 3 & 4 will be eligible for return to Good standing is 20 weeks (26 weeks for students in the LIC) from the time the student was placed on Warning or Probation. A return to Good Academic Standing is not automatic. Depending on a variety of factors, including the level of academic performance, the MCASP may vote to continue the student on Academic Warning or Probation for the period of time deemed appropriate by the Committee.

Any non-passing grades, subsequent to being returned to Good Academic Standing, will result in a student being considered for Academic Warning or Probation. In cases where a student has been considered for dismissal but was returned to Good Academic Standing, any subsequent non-passing grades will result in the student being considered for Academic Probation or dismissal.

#### General

A student who has not remediated a failure (NC) in a required course, clerkship or rotation within one year of the original grade submission will be brought to the attention of the MCASP to be considered for dismissal. Time spent on ASP or LOA does not count toward the one-year maximum time to remediate a failure.

If, at the time of review, a senior medical student is scheduled to complete all requirements in the medical school by graduation, but has not yet actually done so, the MCASP may recommend that the student be graduated contingent upon the satisfactory completion of the remaining requirements.

A student may withdraw from the medical school at any point prior to a decision by the Dean for Medicine and Biological Sciences about a student's dismissal appeal (see the section below, Appeal of Decision to Dismiss). Once a decision by the Dean has been issued, no withdrawal option will be available.

Withdrawal from the medical school requires a written request by the medical student to be approved by the MCASP. In certain circumstances (for example, in instances of unprofessional behavior), the MCASP may vote to not allow withdrawal and the dismissal process will proceed.

#### Professionalism

The committee 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 of 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 of 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 (2) 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 of Student Affairs and/or their Mary B. Arnold mentor prior to that MCASP meeting. The Associate Dean of Student Affairs 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. 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 the Committee by writing a brief reflection on the behavior in question, including a concrete plan for remediating the issue. The student's Mary B. Arnold mentor and the Associate Dean of 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 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 or even consider for dismissal. 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, no mechanism exists by which that Citation may be removed from the student's record.

#### Appeal of Decision to Dismiss

The student may initiate an appeal of an MCASP decision to dismiss 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 or Professionalism Citation 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 (a) reverse the decision of MCASP, (b) convene an ad hoc committee of at least three (3) members to review the appeal and issue a recommendation to the Dean, or (c) sustain the decision of the 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.

### **3.1.3 Special Considerations Relating to the MD/PhD Dual Degree Program**

The MD/PhD Program is a combined course of study in which the student generally completes Years 1 and 2 of medical school prior to entry into a graduate program. Following the student's graduate work, the student reenters the medical program to complete Years 3 and 4 of medical school. There are several policies that pertain to this course of study.

Students must be in Good Academic Standing prior to starting graduate work; if not, they will not be permitted to continue on to the graduate school portion of the program. A student may appeal to MCASP to be allowed to continue on to the graduate school. Such an appeal must have the support of the MD/PhD Program Leadership to be considered by the MCASP.

Students must complete all of their graduate school work prior to their return to the medical program. They must have a plan in place to complete this work and a thesis defense date

approved by their PhD advisory committee prior to scheduling medical school rotations.

Whereas MD students are expected to complete their medical course of study in six years, MD/PhD students are expected to complete the combined course of study in nine years. Any extension beyond the nine years requires that a waiver of this limit be granted by the MCASP.

### 3.2 **Technical Standards (POL No. 10-05)**

Applicants to The Warren Alpert Medical School of Brown University are selected on the basis of their academic, personal, and extracurricular attributes. In addition, 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 faculty.

The required abilities and characteristics for completion of the MD degree consist of certain minimum physical and cognitive abilities and sufficient mental and emotional stability to assure that candidates for admission, promotion, and graduation are able to complete the entire course of study and participate fully in all aspects of medical training. In addition, students must demonstrate the ability to work as a member of a healthcare team. Medical education focuses largely on the care of patients, and differs markedly from postsecondary education in fields outside of the health sciences.

Technological accommodation is available to assist in certain cases of disability and may be permitted in certain areas. However, under all circumstances, a candidate for the MD degree should be able to perform in a reasonably independent manner. For example, the use of a third party means that a candidate's judgment is mediated by another person's (the third party) powers of selection and observation. Therefore, the use of a third party to assist a candidate or student in meeting the technical standards for admission, promotion or graduation is not permitted.

An accommodation is not reasonable if it poses a direct threat to the health or safety of self and/or others, if making it requires a substantial modification in an essential element of the curriculum, if it lowers academic standards, or poses an undue administrative or financial burden.

The following abilities and characteristics are defined as technical standards, which, in conjunction with academic standards established by the faculty, are requirements for admission, promotion, and graduation.

A candidate for the MD degree must have abilities and skills in five varieties, including observation; communication; motor; conceptual, integrative, and quantitative; and behavioral and social.

*Observation:* The candidate must be able to observe demonstrations and experiments in the basic sciences, including but not limited to the observation of radiologic images, microbiologic cultures, and microscopic studies of microorganisms and tissues in normal and pathologic states.

A candidate must be able to observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the sense of vision and somatic sensation. It is enhanced by the functional use of the sense of smell.

*Communication:* A candidate should be able to speak, to hear, and to observe patients in order to elicit information, describe changes in mood, activity, and posture, and perceive nonverbal communications. A candidate must be able to communicate effectively and sensitively with patients. Communication includes not only speech but reading and writing.

The candidate must be able to communicate effectively and efficiently in oral and written form with all members of the healthcare team.

*Motor:* Candidates should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers. A candidate should possess the abilities necessary to perform basic laboratory tests (urinalysis, CBC, etc.), carry out diagnostic procedures (digital rectal exam, paracentesis, etc.), and read EKGs and x-rays. A candidate should be able to execute motor movements reasonably required to provide general care and emergency treatment to patients. Examples of emergency treatment reasonably required of physicians are cardiopulmonary resuscitation, the administration of intravenous medication, the application of pressure to stop bleeding, the opening of obstructed airways, the suturing of simple wounds, and the performance of simple obstetrical maneuvers. Such actions require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision.

*Intellectual-Conceptual, Integrative and Quantitative Abilities:* These abilities include measurement, calculation, reasoning, analysis, and synthesis. Problem solving, the critical skill demanded of physicians, requires all of these intellectual abilities. In addition, the candidate should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures.

*Behavioral and Social Attributes:* A candidate must possess the emotional health required for full utilization of his or her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, interest, and motivation are all personal qualities that are assessed during the admissions and education processes.

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

The Warren Alpert Medical School of Brown University (AMS) considers transfer applications on a case-by-case, space-available basis from candidates currently enrolled in U.S. medical schools. No seats are set aside specifically for transfer candidates. Successful requests are from candidates who have strong support from their current medical school, a compelling reason for requesting transfer, and whose undergraduate record and extracurricular activities are comparable to the backgrounds of current AMS medical school students.

Requests to transfer are considered during the regular admissions cycle for the year of intended matriculation, between the months of September and March. Advanced standing in the medical school curriculum (waiver of coursework requirements based on past academic work) is determined on a case-by-case basis and is only an option for candidates who are currently enrolled in a U.S. medical school. The process for application follows.

- 1) Applicant sends a transfer inquiry request to the Admissions Office, including the reasons for the request.
- 2) The Admissions Office will determine if there is space available to allow for application.
- 3) If the application attempt is allowed, the candidate will be asked to submit application materials including

- a. A cover letter that includes a statement from the applicant as to whether she/he has ever been the recipient of any action by any postsecondary institution for unacceptable academic performance (e.g., dismissal, disqualification or suspension, or conduct violations)
  - b. Updated curriculum vitae
  - c. Transcripts from undergraduate school (s) and from other schools previously attended
  - d. An official transcript from the current medical school
  - e. An official letter of evaluation from the Dean/Associate Dean of Student Affairs or another appropriate official of the applicant's current medical school. The letter of evaluation must state the eligibility (or expected eligibility) of the individual for promotion to the next academic year at the student's current school, address the academic and non-academic qualifications of the individual for the eventual practice of medicine, and whether there were any infractions of the school's code of ethical or behavioral conduct.
- 4) At AMS's discretion, the Senior Associate Dean for Medical Education may also elect to personally contact officials from the student's current school.
  - 5) The applicant will be informed about whether or not they are selected for interviews. If selected to interview, the candidate will have two 1:1 interviews with faculty members of the AMS Admissions Committee.
  - 6) The Admissions Office will contact the applicant with an admission decision.

If admitted, candidates may be assigned specific additional curriculum components to ensure they fully meet all curricular requirements as determined by the faculty of the Office of Medical Education and Continuous Quality Improvement to ensure optimal transition to the Warren Alpert Medical School.

Revised March 28, 2019; approved by The Warren Alpert Medical School Admissions Executive Committee on June 17, 2019. AMS policies for transfer admissions adhere to the published [AAMC Guidelines for the Consideration of Applications for Transfer or Advanced Standing](#).

### 3.4 **Requests for Schedule/Clinical Site Changes (POL No. 10-09)**

Students may make a request for an alternative assignment either before (with as much advance notice as possible) or during attendance at a clinical site or for overall schedule changes. To request a specific clerkship schedule, or to change an overall clerkship schedule (i.e., the ordering of clerkships), students should discuss their request with the Associate Dean of Student Affairs, who will discuss this with the Associate Dean of Medical Education to determine whether the request is both reasonable and possible. Criteria for making this change include, but are not limited to, major life circumstances (such as an upcoming marriage of the student, death of an immediate family member, parental leave), significant, unresolvable issues that put a student's learning at risk (such as no-contact orders between peers), or documented learning issues that require a different clinical placement.

For requests to change clinical sites (for example, a Doctoring or clerkship site), students may petition an individual course/clerkship coordinator and/or course leader/clerkship director to switch sites. If the switch can be accommodated from a resource perspective and enables the student to

have a comparable experience, the switch will be made. Criteria for this switch include, but are not limited to the following: unresolvable issues that put a student's learning at risk (such as no-contact orders between peers or Title IX related issues) or documented learning issues that require a different clinical placement. If a student disagrees with the decision made by the course/clerkship team, the student should discuss this with the Associate Dean of Student Affairs, who may bring the issue to the Associate Dean for Medical Education to determine whether to intervene on the student's behalf.

#### 4.0 **Definitions**

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

- 4.1 **AAMC:** Association of American Medical Colleges. This association aims to transform health care in four primary mission areas: medical education, patient care, medical research, and diversity, inclusion, and equity in health care (from AAMC's mission statement).
- 4.2 **AMS:** The Warren Alpert Medical School of Brown University
- 4.3 **ASP:** Academic Scholar Program
- 4.4 **COLE:** Committee on the Learning Environment. This committee affirms the medical school's commitment to shaping a culture of teaching and learning that is rooted in respect for all.
- 4.5 **LOA:** Leave of Absence
- 4.6 **MCASP:** Medical Committee on Academic Standing and Professionalism. This committee is charged with the responsibility of reviewing the academic performance and professional behavior of all students in the medical school, and determines, with the input of the Competency Committee, whether students are to be promoted, promoted with conditions, not promoted, placed on Academic Warning or Probation, dismissed, returned to Good Standing and graduated.
- 4.7 **MCC:** The Medical Curriculum Committee oversees the review of curricular content and integration, and evaluation of the medical education program to ensure continuous oversight of such program. (Formerly "MDCC.")

#### 5.0 **Responsibilities**

All individuals to whom this policy applies are responsible for becoming familiar with and following this policy. University supervisors are responsible for promoting the understanding of this policy and for taking appropriate steps to help ensure compliance with it.

Responsibilities include the department/office of the subcommittee responsible for the Standard; for Standard 10 this is primarily the Office of Admissions.

#### 6.0 **Consequences for Violating this Policy**

Failure to comply with this and related policies is subject to disciplinary action, up to and including suspension without pay, or termination of employment or association with the University, in accordance with applicable (e.g., staff, faculty, student) disciplinary procedures.

Brown's Ethics and Compliance Reporting System allows anonymous and confidential reporting on matters of concern, including privacy issues, through the EthicsPoint platform.

Failure to comply with this policy will be referred to either the COLE executive committee or the Medical Curriculum Committee.

## 7.0 **Related Information**

The following information complements and supplements this document. The information is intended to help explain this policy and is not an all-inclusive list of policies, procedures, laws and requirements.

### 7.1 **Related Forms:**

- Data Collection Instrument for Standard 10: Medical Student Selection, Assignment, and Progress, as submitted to the LCME in July 2020.

### 7.2 **Other Related information:**

- **LCME Standard 10: Medical Student Selection, Assignment, and Progress.** A medical school establishes and publishes admission requirements for potential applicants to the medical education program, and uses effective policies and procedures for medical student selection, enrollment, and assignment.
  - Standard 10, Element 3: Policies Regarding Student Selection/Progress and Their Dissemination. The faculty of a medical school establish criteria for student selection and develop and implement effective policies and procedures regarding, and make decisions about, medical student application, selection, admission, assessment, promotion, graduation, and any disciplinary action. The medical school makes available to all interested parties its criteria, standards, policies, and procedures regarding these matters.
  - Standard 10, Element 5: Technical Standards. A medical school develops and publishes technical standards for the admission, retention, and graduation of applicants or medical students in accordance with legal requirements.
  - Standard 10, Element 7: Transfer Students. A medical school ensures that any student accepted for transfer or admission with advanced standing demonstrates academic achievements, completion of relevant prior coursework, and other relevant characteristics comparable to those of the medical students in the class that he or she would join. A medical school accepts a transfer medical student into the final year of a medical education program only in rare and extraordinary personal or educational circumstances.
  - Standard 10, Element 9: Student Assignment. A medical school assumes ultimate responsibility for the selection and assignment of medical students to each location and/or parallel curriculum (i.e., track) and identifies the administrative office that fulfills this responsibility. A process exists whereby a medical student with an appropriate rationale can request an alternative assignment when circumstances allow for it.

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

**8.1 Policy Owners:** Subcommittee Standard Offices related to this policy: Office of Admissions for content related to admissions), Admissions Executive Committee, and Medical Curriculum Committee (for content related to the education program)

**8.2 Policy Approved by:** Admissions Executive Committee and Medical Curriculum Committee

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

**9.0 Policy History**

**9.1 Policy Effective Date:** July 2019

**9.2 Policy Last Reviewed:** July 2019 (POL No. 10-07), March 2020 (all other policies herein)

**9.3 Policy Update/Review Summary:** Formatted to comply with the new University Policy template. The policies herein (excepting Pol No. 10-07) were approved, with changes, on March 18, 2020, by MCC. Policy No. 10-07 was revised March 28, 2019, and approved by The Warren Alpert Medical School Admissions Executive Committee on June 17, 2019.

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