

 <p>BROWN Alpert Medical School</p>	<p>Teaching, Supervision, Assessment, and Student and Patient Safety</p>	<p>POL: 09-00, includes: POL No.: 09-01 POL No.: 09-02 POL No.: 09-03 POL No.: 09-05 POL No.: 09-07 POL No.: 09-08 POL No.: 09-09.01 POL No.: 09-09.02</p> <hr/> <p>Effective Date: April 10 2019, and July 1, 2019</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 (POL No. 09-01)

Policy on Preparation for Teaching. 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 (POL No. 09-02)**

Policy on Faculty Appointments. The Warren Alpert Medical School of Brown University requires all faculty members who supervise and assess medical students to have a faculty appointment. As a double check, annually, the Assistant Director of Medical Education requests a list of teaching faculty 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 (POL No. 09-03)**

Policy on Medical Student Level of Responsibility. The Office of Medical Education and Continuous Quality Improvement (OME-CQI) 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 on all clerkships, sub-internships and elective rotations. To monitor this, students will answer a question on each clerkship, sub-internship or elective evaluation assessing compliance with this policy. In addition in the clerkships, the mid-clerkship feedback form completed by each student at the midpoint of each rotation, asks students to certify 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-CQI.

- During all times when medical students are rotating on clerkships or elective rotations, there must be a licensed/certified medical provider present in the hospital, outpatient or other clinical settings.

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

Narrative Assessment Policy. CRISP-CQI is charged with ensuring adherence to the following policy and the MCC is charged with 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 Medical Curriculum Committee (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, CRISP-CQI discusses the use of student performance evaluations (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. 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. 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.

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 (POL No. 09-07)**

Policy on Mid-Course Formative Feedback. 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-term feedback (either via Oasis or verbally as a small group). This is monitored on an ongoing basis by using Oasis in Year 1 courses and MyProgress in Years 2 and 3 courses. 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. All clerkships provide mid-course feedback using a paper form (with the exception of Surgery, which uses MyProgress). Reports are provided by course to the Subcommittee on Years 1 and 2, Subcommittee on Years 3 and 4, CRISP-CQI, and the Medical Curriculum Committee (MCC).

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

Policy on Timely Submission of Grades. For all pre-clerkship courses and required clerkships, grades must be submitted within 40 days of course completion.

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

3.7.1 **Core Standards for Advancement and Graduation (POL 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.

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.

COURSE	CREDIT	GRADING OPTION
First Year, First semester		
BIOL3640 Doctoring I	2	S/NC*
BIOL3642 IMS-I: Scientific Foundations of Medicine	1	S/NC
BIOL3643 IMS-I: Histology	1	S/NC
BIOL3644 IMS-I: Human Anatomy I	1	S/NC

BIOL3645 IMS-I: General Pathology	1	S/NC
BIOL3656 IMS-I: Health Systems Science I	1	S/NC
MED2010 IMS-I: Health Systems Science I (PC-PM Students Only)	1	S/NC
First Year, Second Semester		
BIOL3650 Doctoring II	2	S/NC
BIOL3652 IMS-II: Brain Sciences	2	S/NC
BIOL3653 IMS-II: Microbiology/Infectious Diseases	1	S/NC
BIOL3665 IMS-II: Supporting Structures	1	S/NC
BIOL3655 IMS-II: Human Anatomy II	1	S/NC
MED2030 Research Methods in Population Medicine (PC-PM students only)	1	S/NC
First Year, Summer semester (PC-PM students Only)		
MED2040 Health Systems Science II	1	S/NC
MED2045 Quantitative Statistics	1	S/NC
MED2980 Independent Study Thesis Research	1	S/NC
Second Year, First Semester		
BIOL3660 Doctoring III	2	S/NC
BIOL3662 IMS-III: Cardiovascular	1	S/NC
BIOL3663 IMS-III: Pulmonary	1	S/NC
BIOL3664 IMS-III: Renal	1	S/NC
BIOL3674 IMS-III: Endocrine Sciences	1	S/NC
BIOL3674 IMS-III: Human Reproduction	1	S/NC
MED2046: Leadership (PC-PM students only)	1	S/NC
Second Year, Second Semester		
BIOL3670 Doctoring IV	1	S/NC
BIOL3672 IMS-IV: Hematology	1	S/NC
BIOL3673 IMS-IV: Gastroenterology	1	S/NC

BIOL5885 Doctoring V: Clerkship	Clinical Skills	1	S/NC
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* 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 4 quarters of 12 weeks each, with 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. Anyone with compelling reasons for an exception to the rule of 68 weeks at Brown must request a waiver from the Senior Associate Dean for Medical Education.

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

Clerkships: the **44 weeks of specialty-specific clerkships** listed below are taken only after the student has completed Years 1 and 2 and the Clinical Skills Clerkship. The six clerkships must be completed by the end of Quarter 4B of Year 3.

Block Clerkships:

- 12 weeks, Clerkship in Internal Medicine
- 6 weeks, Clerkship in Surgery
- 6 weeks, Clerkship in Obstetrics and Gynecology
- 6 weeks, Clerkship in Pediatrics
- 8 weeks, Clerkship in Psychiatry/Clinical Neuroscience
- 6 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.

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 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.

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 Quarter 3 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.

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.

The Fourth-Year 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 the third and fourth year. 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 quarters comprising Years 3 and 4 as a matriculated medical student at Brown University and pay 8 quarters of tuition. If approved, students may also use time in addition to the 8 quarters 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 the Medical Committee on Academic Standing and Professionalism.
- *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).
- *USMLE Step 2 CS**: All medical students must take the USMLE Step 2 CS examination prior to January 1 of their final year. Because of limited site and date availability, it is strongly recommended that students schedule their Step 2 CS date no later than July 1 and take it prior to November 1 of their final year.
- *Year 4 Survey*: All graduating students must complete the 4th Year Survey administered by the Office of Medical Education and Continuous Quality Improvement in April of their final year.
- *Internship Prep Courses (IPC)*: All fourth year students must complete nine Internship Prep Courses of their choosing, plus an IPC Wrap Up Session. 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 or CS) on their first attempt must meet with a designated member of the administration prior to being certified to retake the exam.

Technical Standards

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 (5) 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.

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

Reporting Violations

There is an ethical imperative to report medical students and physicians who are in violation of these standards. Reports about students may be made using the professionalism reporting form or evaluations as part of the process described in Section V: Policies and Protocols on Academic standing and Promotion, of AMS's Student Handbook, or directly to the Associate Dean of Student Affairs, or the Associate or Assistant Deans of 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.

Concerns about faculty or other physicians, as appropriate, can be directed to preceptors, course or clerkship directors, the Associate Dean of Student Affairs, the Senior Associate or Associate Dean of Medical Education, or the Physician Health Program of the Rhode Island Medical Society. If the behavior of a physician has resulted in an improper interaction with a medical student, a mistreatment form (see AMS Student Handbook, Section VII: The Learning Environment) 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 AMS's Student Handbook Section V: Policies and Protocols on Academic Standing and Promotion, to determine an appropriate course of action. The MCASP and the Senior Associate Dean for Medical Education have the authority to place a student on a leave of absence when the student's behavior raises questions as to whether or not the student should be in contact with patients. If the MCASP or the Senior Associate Dean renders such a decision, the student may appeal the decision to the Dean of Medicine and Biological Sciences using the procedure described in Section V: Policies and Protocols on Academic standing and

Promotion, of the AMS Student Handbook.

The Academic Code

Alpert Medical School 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 he or she has 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 AMS also adhere to the [Brown University Code of Conduct](#), [University Code of Student Conduct](#), as well as to the [Principles of the Learning Environment at the Warren Alpert Medical School of Brown University](#) (see also AMS Student Handbook, Section VII: The Learning Environment).

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 **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.
- 4.3 **CRISP-CQI:** Curriculum Refinement, Innovation, Strategic Planning - Continuous Quality Improvement committee oversees the ongoing quality improvement for the medical education program. It provides a summary of recommendations to the MCC for final approval to ensure central oversight on an ongoing basis.
- 4.4 **MCASP:** Medical Committee on Academic Standing and Professionalism
- 4.5 **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.")
- 4.6 **OASIS:** Registration and evaluation system designed specifically for medical student information into which student evaluations and grades are submitted electronically.

- 4.7 **OSCE:** Objective Structured Clinical Examination
- 4.8 **OME-CQI:** Office of Medical Education and Continuous Quality Improvement (Formerly “OME” - Office of Medical Education.)
- 4.9 **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-CQI.

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 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 Offices related to this policy: OME-CQI

8.2 **Policy Approved by:** Medical Curriculum Committee

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

9.0 **Policy History**

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

9.2 **Policy Last Reviewed:** February 2020 and March 2020

9.3 **Policy Update/Review Summary:** “MDCC” was changed to “MCC” herein to reflect the current name of this committee. *This policy was approved, with changes, on February 26, 2020 (for Pol Nos. 09-01, 09-02, 09-05, 09-07, 09-08), and March 18, 2020 (for all other policies).* Formatted to comply with new University Policy template.

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