BROWN
Alpert Medical School

Medical Student Handbook 2021-2022

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SECTION I: INTRODUCTION AND OVERVIEW

The policies in this handbook represent an evolution of the practices of The Warren Alpert Medical School of Brown University (AMS) since its origin as a Master of Medical Science Program in 1963. They continue to evolve along with the medical education curriculum. Our intention is that they reflect our commitment to excellence and professionalism, for which we strive throughout our medical education program.

This handbook is designed to ensure that all members of our academic community know what is expected of them and are treated fairly within the institution. Policies, no matter how carefully crafted, cannot fully anticipate all situations. The medical school prides itself on its flexibility and responsiveness to individual needs. If a student believes that individual circumstances justify a different action than that indicated by a certain policy, the student should discuss this with their faculty mentor and an appropriate administrator.

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 individuals with diverse racial, religious, gender, ethnic, and sexual orientation backgrounds. The University seeks to promote an environment that in its diversity is integral to the academic, educational and community purposes of the institution.

SECTION II: POLICIES ON THE REQUIREMENTS FOR THE MD DEGREE

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

Requirements for Current Years 1 and 2

See Policy No. 09-01.

SECTION III: GRADING AND ACADEMIC PERFORMANCE POLICIES

Grade Options

All AMS courses in Years 1 and 2 are graded on a Satisfactory (S)/No Credit (NC) basis. Doctoring courses in Years 1 and 2 also use Existing Deficiency (ED). Most clinical courses in Year 3 and 4, including clerkships, are graded on an Honors (H)/Satisfactory (S)/Existing Deficiency (ED)/No Credit (NC) basis. A small number of clinical electives are graded on a mandatory S/NC basis. Passing grades for courses that have a mandatory S/NC grading policy are recorded on the official University transcript with an asterisk (S*) next to the grade indicating that the Honors designation is not an option for this course.

Grades in the Integrated Medical Sciences (IMS) courses are assigned by the Directors of the Year 1 or Year 2 curriculum in consultation with the course leader(s). Grades in the Doctoring courses are determined by the individual course leaders. Grades in clerkships, clinical electives, independent studies, away rotations and sub-internships are determined by Clerkship Directors and Clinical Elective course leaders.

Grades are determined according to the following guidelines:

Honors (H or HNRS): indicates that the student has performed at a level of distinction as determined by the Clerkship Director, Clinical Elective Director, or Sub-internship Director, as applicable.

Satisfactory (S): indicates that the student has completed all course requirements at or above the expected standard of performance.

No Credit (NC): indicates that the student's overall performance in a course is below the expected standard of performance. In the pre-clerkship IMS curriculum, this grade is used when a student fails the course final examination in Year 2 (grade on final examination less than 70%) or has a final total score below passing (again less than 70%) in Year 1. In the clinical curriculum, this grade is typically used when a student does not satisfactorily complete more than one component of a course (such as not passing a Shelf exam or an OSCE) or when a student receives unsatisfactory performance evaluations, as defined by the course leader or clerkship director. When a student receives a grade of NC, a remediation plan is put into place by the curriculum directors for the appropriate pre-clerkship year and the course leader(s), clerkship director(s), or clinical elective course leader(s) for the clinical years. In all four years, remediation may entail mandatory tutoring sessions followed by a remediation exam and/or a repeat of part of or of the entire course. After a course has been successfully remediated or repeated, the new grade of S replaces the original grade of NC on the official student transcript. If an NC grade is not remediated within one (1) year from the time the grade is submitted, unless the student is on time away from medical school, the student may be required to repeat the entire course, clerkship, or elective. Grades of NC are reported to the Medical Committee on Academic Standing and Professionalism (MCASP). Note that remediation of a course or parts of a course are at the discretion of the course, clerkship, or clinical elective director with input from the Office of Medical Education (OME). (See the end of this section for AMS's Academic Support

and Remediation policy and a remediation pathway schematic.) Additional grading options for all courses are as follows.

Existing Deficiency (ED): this temporary grade indicates that the student has performed below the expected standard of performance in one component of the course (such as a Shelf exam or OSCE), but the overall performance was deemed satisfactory. This grade option, used exclusively in the clinical curriculum (including the Doctoring courses), is used when a course leader, clerkship director, sub-internship director, or clinical elective director believes that a reasonably limited amount of additional effort or study would remedy these deficiencies and result in satisfactory performance in all course components. When using the ED option, the course leader(s) clerkship director(s), sub-internship director(s) or clinical elective director(s) should discuss the deficiencies with the student, develop a plan and timetable for correction, and communicate this plan to the Director(s) of the Year 1, Year 2, or Years 3 and 4 curricula, as appropriate. The course leader(s), clerkship director(s), sub-internship director(s) or clinical elective director(s) should decide, at the time of the meeting with the student, what means will be used to evaluate the student's performance at the end of the timetable. When the student successfully remediates the deficiencies, the grade will be changed to satisfactory (S), and the student will receive full credit for the course. If the student fails to remediate the deficiencies as explicitly outlined in the plan, then the grade will be changed from ED to No Credit (NC). If an ED grade is not remediated within one year, unless the student is on time away from medical school, from the time the grade is submitted, the student may be required to repeat the entire course, clerkship, sub-internship, or elective. Grades of ED are reported to the MCASP.

Note: A grade of ED cannot be used in non-clinical courses such as those in the IMS curriculum, and also cannot be used in non-MD graduate level courses, such as the Master's degree courses offered in the Primary Care-Population Medicine (PC-PM) program (MD-ScM) or MD/MPA program.

Incomplete (INC): indicates that the student was unable to complete all of the required course work, clerkship, or other rotation requirements due to circumstances beyond their control. Course work not completed within one (1) year from the time the grade is submitted, unless the student is on time away from medical school, will result in the grade being changed to No Credit (NC). Grades of INC are not reported to MCASP.

Under circumstances outside of the student's control (for example, illness or a family emergency), a student who is unable to complete all of the required course work, clerkship, or other rotation requirements may be given a grade of incomplete (I). Course work not completed within one year from the time the grade is submitted, unless the student is on time away from medical school, will result in the grade being changed to No Credit (NC).

Approved Withdrawal (W): indicates that a student started but did not complete a course. This is not an actual grade, but a notation to preserve the accuracy of the student record. A notation of W does not appear on the official transcript.

Grades on Transcripts
The grades of H/S/S*/ED/NC/INC become part of a student's unofficial transcript once entered in OASIS and become part of a student's official transcript once entered in Banner. Per Brown University policy, neither the notation of NC nor the description of the course in which the NC grade was given is displayed on the official transcript

Grade Determination/Appeal
The Dean(s) or Director(s) of the Year 1 and Year 2 curriculum and the course leader(s), the clerkship director(s), the sub-internship directors, or the clinical elective directors are responsible for determining how students are evaluated and how grades are assigned. Students who believe that an assigned grade is not an accurate reflection of their performance should discuss this with the Dean(s) or Director(s) of the curriculum for the appropriate year and the course leader(s), clerkship director(s), sub-internship directors, or clinical elective directors. If, after a student discusses their grade with the aforementioned individuals and disagrees with the outcome, they may submit an appeal to the Grades and Records Appeal Committee for review. The decision of the Grades and Records Appeal Committee is final.

Grading Policy for Year 1 and 2 Courses: Overview

Courses in Years 1 and 2 are organized within each of the first four semesters of medical school as IMS I-IV and Doctoring I-IV. Each semester of IMS consists of two to five courses, each of which is assigned a course number and is under the direction of a separate course leader(s). The grading policies for each of these courses are described herein.

Year 1
Grading Policy for Year 1 Courses: Semester I
There are five (5) IMS-I courses (SFM, Histology, Human Anatomy I, Health Systems Science and General Pathology) and one Doctoring course (Doctoring I) in Year 1 Semester I. **All Year 1, Semester 1 courses (including IMS-II, IMS-II, and Doctoring I and II) are graded S/NC (Satisfactory/No Credit) with the exception of Doctoring, in which ED is also a possible grade option**. PC-PM students will also be enrolled in HSS I, but with a unique course number (MED2010). Grades are determined based on examination scores and upon small group attendance and participation.

Students in the PC-PM program will take Research Methods in Population Medicine (MED2030) throughout Year 1. Grading for this course will include online quizzes, participation in small groups, and completion of assignments. This course is graded with the S/NC option.

Grading for Doctoring I
BIOL3640 Doctoring I (2 credits) (Doctoring course leaders: D. Chofay, S. Mitta)
Grading for Doctoring I will be based upon performance in small groups, OSCEs, case write- ups, reflective field notes, and community mentor sessions. If a student's performance is unsatisfactory in any component of the course, the student will be required to remediate the deficiency before receiving a final grade. If a student's performance is unsatisfactory in more than one component of the course, the student may be required to repeat the entire course. This determination is made by the Doctoring course leader(s).

Grading for IMS-I and PC-PM Courses

Grading for IMS-I and PC-PM courses in Year 1, Semester 1 is on a satisfactory/no credit basis. See below for specifics on IMS-1 grading. Refer to course syllabi for PC-PM course grading.

- **BIOL3642** IMS-I: Scientific Foundations of Medicine (SFM) (1 credit) (Course leaders: T. Salazar-Mather, C. Phornphutkul)
- **BIOL3643** IMS-I: Histology (1 credit) (Course leaders: J. Ou, L.C. Hanley)
- **BIOL3644** IMS-I: Human Anatomy I (1 credit) (Course leader: E. Brainerd)
- **BIOL3656 (PC-PM MED2010)** IMS-I: Health Systems Science (HSS) (1 credit) (Course leaders: G. Anandarajah, M. Smith, D. Anthony)
- **BIOL3645** IMS-I: General Pathology (1 credit) (Course leaders: L. Dumenco, L.C. Hanley, J. Ou)
- PC-PM students only: MED2030 Research Methods in Population Medicine (1 credit) (Course leader: M. Mello (grades for this course are submitted in the spring semester))

Examinations: There will be six (6) integrated examinations during Semester I. Each exam will contain questions from three to five of the IMS-I courses. Course scores will be cumulative throughout the semester. HSS course grades are based upon examination questions, as well as field notes/reflections, and completion of several online IHI (Institute for Healthcare Improvement) and self-directed learning and data analysis modules. For all Semester I courses, a **grade of 70% or above will normally be considered passing.** A cutoff below 70% may be designated as passing at the discretion of the Director of the Year 1 Curriculum in conjunction with the IMS course leader. Students who do not achieve a passing grade will be assigned a grade of No Credit (NC). Note, students must also achieve 70% or higher on the Health Systems Science exams to pass this course (even if students have passing scores on other components within the course).

Exam Tardiness

See Policy No. 13-09.

Small Group Sessions: Small group sessions and labs are important components of the IMS-I Human Anatomy I, Histology, General Pathology, HSS, PC-PM and Doctoring courses. Assessment of small group performance is based upon participation, quality of contribution to the discussions and leadership skills. Each small group leader will assess student performance in the pertinent Nine Abilities (competencies) if a sufficient number of faculty-student interactions occurred as determined by the Medical Curriculum Committee (MCC) Subcommittee on Years 1 and 2. Small group faculty evaluations are posted in OASIS, the internal registration and evaluation system for AMS.

Attendance and participation in all small group, case-based and team-based learning, and laboratory sessions is mandatory. Students need to submit a request for an excused absence on the homepage of the Canvas website and receive permission from the Director of the Year 1 Curriculum or the Director of the Doctoring Program to miss required activities including small group, case-based or team-based learning (TBL), or laboratory sessions. This is the same process for the Primary Care-Population Medicine Program courses.

If granted an excused absence, students must then notify their small group leader(s) and complete required make-up work. If a student misses more than two small group sessions (even if excused)

and/or does not perform satisfactorily in the small group sessions, the student may receive an ED, I, or NC in the course and be required to remediate the deficiency by special accommodation or by retaking the course. This determination is made by the Director of the Year 1 Curriculum (or the Primary Care-Population Medicine Director when applicable) in conjunction with the IMS course leader or by the Doctoring course leader. See Section IV for more details.

If a student receives a single grade of NC or ED in any Semester I course (including any of the five IMS-I courses or Doctoring I), the student will be brought to the attention of the MCASP. The Director of the Year 1 Curriculum and the IMS course leader(s) or the Doctoring course leaders will determine the remediation plan, which may consist of summer remediation or retaking of the entire course.

If a student fails a special remediation examination, the student will be required to repeat the course the following year, and this second NC will be brought to the attention of the MCASP. At that time, the student may be placed on academic warning. Students will be permitted to take only one remediation examination. If a student would like to appeal their grade, they may submit an appeal to the Grades and Records Appeal Committee. This committee will render a decision, which is final.

Students failing two or more Semester I courses (including the five IMS-I courses and Doctoring I) will be required to repeat the entire semester, even if they have already passed one or more of the Semester I courses, and will be placed on academic warning or probation by the MCASP. Students may appeal the requirement to repeat the semester to the MCASP. Students who return the following year and fail an additional course can be considered for probation and/or dismissal by MCASP. Students will not be allowed to return a third time to repeat Semester I.

Grading Policy for Year 1 Courses: Semester II

There are four (4) IMS-II courses (Brain Sciences, Microbiology/Infectious Diseases, Supporting Structures, and Human Anatomy II) and one Doctoring course (Doctoring II) in Semester II. *Note*: MED2030 for PC-PM students spans both Semester I and Semester II. Grades for this course will be submitted in Semester II. **All Semester II courses are graded with S/NC options**.

Grading for Doctoring II

BIOL3650 Doctoring II (2 credits) (Course leaders: D. Chofay, S. Mitta)
Grading follows the same policies as for Doctoring I. Students may progress on to Doctoring II without passing Doctoring I at the course leader's discretion.

Grading for IMS-II and PC-PM Courses

Each IMS-II course is S/NC (Satisfactory, No Credit). Grades are determined based on examination scores and small group attendance and participation.

- **BIOL3652** IMS-II: Brain Sciences (2 credits) (Course leaders: J. Roth, K. Stavros, J. Donahue, G. Tung, J. Stein, E. Brannan, A. Halt)
- **BIOL3653** IMS-II: Microbiology/Infectious Diseases (1 credit) (Course leaders: T. Salazar-Mather, J. Lonks, C. Cunha, I. Michelow)
- **BIOL3665** IMS-II: Supporting Structures (1 credit) (Course leaders: S. Schwartz, D. Jenkins, L. Robinson-Bostom, J. Hart, C. Massoud)

- **BIOL3655** IMS-II: Human Anatomy II (1 credit) (Course leader: E. Brainerd)

Examinations: There will be two to three integrated examinations in each course. In courses with more than one exam, scores are cumulative and final grades are determined based upon the total number of possible points on all exams. **A grade of 70% or above will normally be considered passing**. A cutoff below 70% may be designated as passing at the discretion of the Director of the Year 1 Curriculum in conjunction with the IMS course leader(s). **Students who receive a failing grade in an IMS-II course will receive an NC.** The Director of the Year 1 Curriculum and the course leader(s) (or the Primary Care-Population Medicine director when applicable) will determine the remediation plan, which may consist of summer remediation or retaking of the entire course.

Exam Tardiness
See Policy No. 13-09.

Small Group Sessions: Small group sessions and Team-Based Learning (TBL) sessions and labs are important components of the IMS-II Brain Sciences, Micro/ID, Human Anatomy II, PC-PM and Doctoring courses. Small group performance assessment is based upon participation, quality of contribution to the discussions as well as leadership skills. Each small group leader will assess student performance in the pertinent Nine Abilities (competencies) if a sufficient number of faculty-student interactions occurred as determined by the MCC Subcommittee on Years 1 and 2. Small group faculty evaluations are posted in OASIS, the internal registration and evaluation system for AMS.

Attendance and participation in all small group, case-based and team-based learning (TBL), and laboratory sessions is mandatory. Students need to complete a request for an excused absence on the homepage of the Canvas website and receive permission from the Director of the Year 1 Curriculum or the Director of the Doctoring Program to miss a small group, case-based and team-based learning, or laboratory session. If granted an excused absence, students must then notify their small group leader(s) and complete required make-up work. If a student misses more than two small group sessions (even if excused) and/or does not perform satisfactorily in the small group sessions, the student may receive an ED (Doctoring only), INC or an NC in the course and be required to remediate the deficiency by special accommodation or by retaking the course. This determination is made by the Director of the Year 1 curriculum in conjunction with the IMS course leader(s), the Doctoring course leader (or the Primary Care-Population Medicine Director when applicable). See Section IV for more details.

If a student receives a single grade of NC or ED in any Semester II course (including the four IMS-II courses and Doctoring II), the student will be brought to the attention of the MCASP. The Director of the Year 1 curriculum, the IMS course leader(s), and/or the Doctoring course leaders will determine the remediation plan, which may consist of summer remediation or retaking of the entire course.

If a student is permitted to take and then fails a special remediation examination, the student will be required to repeat the course the following year. Students will be permitted to take only one remediation examination. If a student would like to appeal their grade, they may submit an appeal

to the Grades and Records Appeal Committee. This committee will render a decision, which is final.

Students receiving a grade of NC in two or more Semester II courses (including the four IMS- II courses and Doctoring II) will be required to repeat the entire semester, even if they have already passed one or more of the Semester II courses. Students may appeal the requirement to repeat the semester to the MCASP. Students will not be allowed to repeat Semester II for a third time. **Students must successfully complete all IMS courses as well as both Doctoring I and Doctoring II in order to proceed to Year 2.**

PC-PM Summer Courses (for PC-PM Students only):
All courses are mandatory S/NC:

- **MED2040** Health Systems Science II (1 credit) (Course leaders: J. Borkan, E. Tobin-Tyler)
- **MED2045** Quantitative Methods (1 credit) (Course leader: D. Anthony)
- **MED2980** Independent Study Thesis Research (1 credit) (Course leaders: M. Mello, M. Zonfrillo)

For the grading policy regarding progression through the PC-PM Program (and the MD/MPA program), see subheading "*Primary Care-Population Medicine (PC-PM aka MD-ScM) and MD/MPA Grade Policy and Progression"* below.

Year 2
There are five IMS-III courses (Cardiovascular, Renal, Pulmonary, Endocrine Sciences, and Human Reproduction) and one Doctoring course (Doctoring III) in Semester III. There are two IMS-IV courses (Hematology and Gastroenterology) and one Doctoring course (Doctoring IV) in Semester IV.

All Year 2 courses (including IMS-III, IMS-IV, and Doctoring III and IV) are graded S/NC (Satisfactory/No Credit) with the exception of Doctoring, in which ED is also a possible grade option. Grades are determined based on examination scores and upon small group attendance and participation.

For PC-PM students, MED 2046 (Leadership) is graded S/NC. For details on the grade breakdown of this course, refer to the course syllabus.

Grading for Doctoring III and IV

- **BIOL3660** Doctoring III (2 credits) (Course leaders: S. Rougas, R. Merritt)
- **BIOL3670** Doctoring IV (1 credit) (Course leaders: S. Rougas, R. Merritt)

All four semesters of the Doctoring Course are graded S/ED/NC. Grading for Doctoring III and IV will be based upon performance in small groups, OSCEs, case write-ups, reflective field notes, and community mentor sessions. If a student's performance is unsatisfactory in any component of the course, the student will be required to remediate the deficiency before receiving a final grade. If a student's performance is unsatisfactory in more than one component of the course, the student may be required to repeat the course. This determination is made by the Doctoring course leader(s).

Although students must pass both Doctoring I and II in Year 1 to proceed to Doctoring III in Year 2, students may progress to Doctoring IV without passing Doctoring III at the course leader's discretion.

Grading for IMS-III and IMS-IV and PC-PM Courses

- **BIOL3662** IMS-III: Cardiovascular (1 credit) (Course leaders: D. Burtt, L.C. Hanley)
- **BIOL3663** IMS-III: Pulmonary (1 credit) (Course leaders: D. Banerjee, E. Gartman, M. Garcia-Moliner)
- **BIOL3664** IMS-III: Renal (1 credit) (Course leaders: S. Hu, K. Richmond, M. Lynch, M. Birkenbach)
- **BIOL3654** IMS-III: Endocrine Sciences (1 credit) (Course leaders: G. Gopalakrishnan, M. Canepa, R. Bratman)
- **BIOL3674** IMS-III: Human Reproduction (1 credit) (Course leaders: A. Gimovsky, V. Snegovskikh, J. Ou, L.C. Hanley)
- **BIOL3672** IMS-IV: Hematology (1 credit) (Course leaders: P. Egan, J. Reagan, M. Quesenberry, K. Dannheim)
- **BIOL3673** IMS-IV: Gastroenterology (1 credit) (Course leaders: H. Rich, Y. Wu)
- PC-PM students only: **MED2046** Leadership (1 credit) (Course leaders: M. Smith, M. Mello)

Examinations: Grades for each IMS-III and IMS-IV course are based upon a single examination as well as small group attendance and participation (a quiz also contributes to the final course grade in IMS-III: Cardiovascular, Pulmonary and Renal).

A grade of 70% or above will normally be considered passing. A cutoff below 70% may be designated as passing at the discretion of the Director of the Year 2 Curriculum in conjunction with the course leader(s). **Students who receive a single failing grade on a final exam in an IMS-III or IMS- IV course will receive an NC.** The remediation plan is determined by the Director of the Year 2 Curriculum and the course leader(s). This remediation most often consists of a period of tutoring and independent study followed by a remediation examination.

Exam Tardiness
See Policy No. 13-09.

Small Group Sessions: Small group sessions, Team-Base Learning (TBL) sessions and labs are important components of the IMS-III and IMS-IV courses (including Cardiovascular, Renal, Pulmonary, Endocrine Sciences, Human Reproduction, Hematology, and Gastroenterology), Doctoring and PC-PM courses. Small group performance assessment is based upon participation, quality of contribution to the discussions and leadership skills. Each small group leader will assess student performance in the pertinent Nine Abilities (competencies) if a sufficient number of faculty-student interactions occurred as determined by the Subcommittee on Years 1 and 2. Small group faculty evaluations are posted in OASIS, the internal registration and evaluation system for AMS. Small group evaluations contribute 5% of the course grade in the Renal course only.

Attendance and participation in all small group, case-based and team-based learning, and laboratory sessions is mandatory. Students need to complete a request for an excused absence on the homepage of the Canvas website and receive permission from the Director of the Year 2

Curriculum or the Director of the Doctoring Program to miss a small group, case-based and team-based learning, or laboratory session. If granted an excused absence, students must then notify their small group leader(s) and complete required make-up work. If a student misses more than two small group sessions (even if excused) and/or does not perform satisfactorily in the small group sessions, the student may receive an ED, INC, or an NC in the course and be required to remediate the deficiency by special accommodation or by retaking the course. This determination is made by the Director of the Year 2 Curriculum and the IMS course leader or the Doctoring course leader(s) (or the Primary Care-Population Medicine Director when applicable). See Section IV for more details.

Students in the PC-PM program will take MED2046 Leadership during Semesters I and II of Year 2. Grading for this course will include participation in small groups and completion of assignments. The grading for this course will be S/NC.

Students who receive a grade of NC or ED in any Semester III course (including the five IMS- III courses and Doctoring III) will be brought to the attention of the MCASP. A remediation plan is put in place by the pertinent curriculum director. If a student fails a special remediation examination, the student will be required to repeat the course the following year. Students will be permitted to take only one remediation exam. If a student would like to appeal their grade, they may submit an appeal to the Grades and Records Appeal Committee. This committee will render a decision, which is final.

Students who receive a grade of NC in two or more Semester III courses (any of the five IMS- III courses and Doctoring III) will be required to repeat the entire semester, even if they have already passed one or more of the Semester III courses. Students may appeal the requirement to repeat the semester to the MCASP. Students will not be allowed to return a third time to repeat Semester III.

Students who receive a grade of NC or ED in a single Semester IV course (including the two IMS-IV courses and Doctoring IV) will have a remediation plan put in place by the pertinent curriculum director. Note: MED2046 for PC-PM students spans both Semester III and Semester IV. Grades for this course will be submitted in Semester IV. If a student is allowed to remediate the course via a special examination, it must be taken after completion of the semester before preparing for and taking the USMLE Step 1 examination. If a student is permitted to take and then fails a special remediation examination, the student may be required to repeat the course the following year. Students will be permitted to take only one remediation examination.

If a student would like to appeal their grade, they may submit an appeal to the Grades and Records Appeal Committee. This Committee will render a decision, which is final.

Students who receive a grade of NC in two or more Semester IV courses (including the two IMS-IV courses and Doctoring IV) will be required to repeat the entire semester, even if they have already passed one of the Semester IV courses. Students may appeal the requirement to repeat the semester to the MCASP. Students will not be allowed to return for a third time to repeat Semester IV.

Primary Care-Population Medicine (PC-PM aka MD-ScM) and MD/MPA Grade Policy and Progression

If a student receives a grade of no credit (NC) in a Primary Care-Population Medicine (PC-PM) program or MPA course as part of the MD/MPA, a remediation plan will be developed at the discretion of the course director in conjunction with the Director of the PC-PM or MD/MPA program. If a student receives a grade of NC in two PC-PM or MPA courses, the student will be withdrawn from the PC-PM or MD/MPA program. If the second grade of NC occurs during Year 3 of medical school, the student may be withdrawn from the PC-PM program or MD/MPA program, but will remain enrolled in the Longitudinal Integrated Clerkship.

PC-PM and MPA course grades will not count towards academic standing in the MD program.

PC-PM or MD/MPA students who are placed on academic probation by the MCASP for non-passing grades in the MD program will be considered for withdrawal from the PC-PM or MD/MPA program.

Grading Policy for Years 3 and 4

Students should refer to each individual clerkship syllabus for information on clerkship grading. In general, clerkship grading consists of a combination of Shelf exam, OSCE, and faculty and/or resident evaluations (with other components as determined by each individual clerkship). Students must pass each component of the clerkship in order to pass the clerkship regardless of the percentage of the grade each component holds. Students who receive an ED or NC in a clinical rotation (e.g. clerkship, sub-internship, or elective) for academic reasons – regardless of whether this ED/NC is due to clinical performance, Shelf or OSCE exam score, or oral exam (Surgery clerkship) – will not be eligible for honors.

Shelf Exam Policies
See Policy No. 10-03, subsection 3.1.2.

Exam Tardiness
See Policy No. 13-09.

Attendance and participation in all clinical activities, lectures, team-based learning, and other educational sessions in each clerkship are mandatory. Students must request an excused absence from the appropriate clerkship coordinator, who will determine whether the request meets the absence policy requirements. If it does, the clerkship coordinator will enter the absence into a centralized Google spreadsheet, which is monitored by the OME. The clerkship coordinator and/or Director may assign makeup work for students, including additional clinical responsibilities for any missed days.

Elective Policy

In all four (4) years of the AMS curriculum, students are encouraged to pursue a broad range of elective courses. This is enabled by pre-clerkship electives in Years 1 and 2 and clinical electives in Years 3 and 4 of medical school. These electives span the basic sciences, the clinical and translational sciences, and health systems sciences. If there is not an elective that fulfills a student's

interests, students are encouraged to work with a faculty member to develop that elective or develop an independent study elective. In addition, students can enroll in a Scholarly Concentration beginning in Year 1 and continuing throughout medical school. Students are encouraged to meet with faculty and staff in OME, the Office of Student Affairs, and their faculty mentors, including their longitudinal Mary B. Arnold mentors, and specialty advisors to discuss an elective plan across all four years.

Records Review and Policies

Course and Clerkship grades and data:
The Dean(s) or Director(s) of the Year 1, Year 2, and Years 3 and 4 curricula, along with the course leader(s), the Clerkship Director(s), the Sub-internship Directors, or the Clinical Elective Directors, are responsible for recommending to the MCC how students are evaluated and how grades are assigned. The MCC has final oversight of the grading composition of courses. Students who believe that an assigned grade or evaluation is not an accurate reflection of their performance should discuss this with the Dean(s) or Director(s) of the Curriculum for the appropriate year and the Course Leader(s), Clerkship Director(s), Sub-internship Directors, or Clinical Elective Directors as a first discussion. If students wish to appeal their grade or evaluation beyond this first step, they may submit their appeal to the Grades and Records Appeal Committee, a subcommittee of the MCASP.

The Grades and Records Appeal Committee will hear a student's appeal and offer final judgment on whether a grade or evaluation change is warranted. The decision of this committee is final.

Medical Student Performance Evaluation (MSPE):
The MSPE is a composite summary letter of evaluation from the medical school for medical students applying to postgraduate (residency) training programs. This evaluation is compiled by the Associate Dean for Student Affairs on behalf of AMS, and is aligned as closely as possible with the guidelines laid out by the Association of American Medical Colleges (AAMC). In preparation for compiling the MSPE, it is expected that the Associate Dean will meet with the student to discuss the student's background, academic record, interests, activities, and professional goals. In addition to gathering information during meetings, the Associate Dean for Student Affairs will review a student's academic record and CV. Narrative comments from clerkship, elective, and sub-internship evaluations are included without editing except for grammatical corrections, and in some cases, for length. If a student believes that these comments are not an accurate reflection of their performance, the student should discuss this with the Director of the Year 3 and 4 Curriculum and the Clerkship Director(s), Sub-internship Directors, or Clinical Elective Directors as a first step. If students wish to appeal their MSPE comments beyond this discussion, they may submit their appeal to the Grades and Records Appeal Committee, a subcommittee of the MCASP. The Grades and Records Appeal Committee will hear a student's appeal and offer final judgment on whether a change to the comments is warranted and would thus be reflected in the MSPE. The decision of this Committee is final.

If a student requests that a person other than the Associate Dean for Student Affairs compile their MSPE, the Associate Dean for Diversity and Multicultural Affairs is available as another option.

Policy Regarding Separation of the Provision of Health Services to Students from Assessment of Students

See Policy No. 12-05.

Narrative Assessment Policy

See Policy No. 09-05.

Mid-Course Formative Feedback Policy

See Policy No. 09-07.

Pre-clerkship Workload Policy

See Policy No. 08-08.01.

On-Call Policy

See Policy No. 08-08.03.

AMS Academic Support and Remediation

AMS offers academic support and remediation at all phases of the medical education program including pre-matriculation, pre-clerkship, clerkship, and post-clerkship phases, as described below.

Pre-Matriculation

TEAM. Prior to matriculation, the Office of Diversity and Multicultural Affairs (ODMA) reaches out to the Office of Admissions to obtain a list of students who will be offered participation in the T.E.A.M (Together, Everyone Achieves More) program. This program is designed to provide support for students who are from groups Underrepresented in Medicine (URiM), first-generation, and low-income students. The program runs for the first semester of medical school and each session is held the week before each Integrated Medical Sciences exam. In addition to academic support, this program provides an avenue for inter-class community support at AMS.

Program in Liberal Medical Education (PLME). Prior to matriculation at the medical school, the PLME Advising Deans reach out to individual students who may need additional support (academic/learning/personal/professional) in medical school. The Advising Deans may provide these students with information about contacting one or more of the following: the Assistant Dean for Medical Education who oversees the Year I curriculum, the Learning and Accessibility Specialist, the Associate Dean for Student Affairs, counseling and psychological services, and tutoring services.

Learning and Accessibility Specialist. The Learning and Accessibility Specialist (LAS) provides academic support by helping students adjust their learning methods to the demands of medical school. Areas most commonly addressed include study methods, time management, organizational skills, and test-taking skills. Prior to matriculation at AMS, students in the PLME may be referred

to the LAS by their PLME Advising Dean for one-on-one consultations geared toward improving learning skills during their undergraduate studies. In addition, the LAS provides group sessions to the PLME students on topics such as test-taking and study skills.

The LAS oversees ADA accommodations at the medical school. Students can contact the LAS prior to matriculation in order to request accommodations for the coming year. This information is sent to all students in early communications from the OSA, before matriculation.

Mary B. Arnold Mentors. Students are matched to their longitudinal Mary B. Arnold Mentors prior to matriculation and meet with these mentors during orientation and then multiple times during Year 1, both in one-on-one and group settings. Mentors provide academic, personal and career advising as well as an additional layer of support for students as they navigate Year 1 of medical school. The student-mentor pairing lasts throughout the entirety of the four-year medical school experience.

Al's Pals. Prior to matriculation at AMS, Year 2 students reach out to rising Year 1 students introducing them to the Al's Pals program that links second year students with rising Year 1 students. Incoming students complete a brief questionnaire with information that facilitates an optimal match. This program serves as an additional avenue of information and support for incoming students including questions about Providence, adjusting to medical school classes, etc.

Study Smart. Each year a team of Year 2 students organizes a series of Study Smart sessions that is optional, but is offered to the entire class. This program was developed to present new Year 1 medical students with a coordinated and organized overview of study strategies, advice, and learning resources that are available to AMS students, from a student's point of view. Study Smart works with the LAS and the OSA to ensure a coordinated and comprehensive approach. The sessions are incorporated into several blocks of medical school from Block 1 through the first block of Brain Sciences.

Pre-clerkship Curriculum

The 17-month pre-clerkship curriculum consists of IMS (Integrated Medical Sciences) and Doctoring across four semesters. Academic support and remediation across the pre-clerkship curriculum is outlined below.

IMS Course Academic Support

- Orientation

  During orientation (Week 1 of medical school), students attend a session in which the features and layout of the Canvas site (Learning Management System) are demonstrated. This includes information about the following:

  - Course materials
  - Grading, Attendance, and Exam Policies
  - The Learning Environment
  - Tutoring (how to request a tutor)
  - A link to the OSA website

- Well-being Resources (including a link to request a peer counselor through the confidential Student Health Council Peer Counseling program).
- Recommended Textbooks and Resources
- Web Resources and Study Materials – including links to study tools created by students, including the AMS Notes Collective
- Links to live Google calendars
- IT Support

During Orientation, students also attend a session given by the LAS and the Study Smart student group which presents information about study strategies useful in medical school.

- Faculty and Staff
  The roles and responsibilities for key administrators are published and e-mailed to the students at least on an annual basis, so students know the defined roles of administrators and offices at the medical school.

- Integrated Medical Science (IMS) Curriculum
  The IMS curriculum is organized according to integrated blocks across the pre-clerkship curriculum. The first semester (IMS-I) serves as a foundation for the systems-based IMS-II through IMS-IV blocks and courses. To help students adjust to medical school, and to allow for early identification of students who are struggling, there are multiple exams for each course (Scientific Foundations of Medicine: six exams, Health Systems Science: six exams, Histology: four exams, Anatomy I: three exams, General Pathology: three exams) in Semester I. The first integrated exam occurs within four weeks of matriculation. The systems-based courses in IMS-II all contain more than one exam as well (Brain Sciences: three exams, Anatomy II: two exams, Microbiology and Infectious Diseases: two exams, Supporting Structures: two exams). The second year IMS-III and IMS-IV courses all contain one exam (with the exception of Cardiovascular, Pulmonary, and Renal that also include a quiz).

  The Assistant Deans for Medical Education reach out proactively to any student who has a score of <70% on any component (e.g., Histology portion) of an IMS exam or in any course. Since there are multiple exams in each Year I course, receiving <70% in a course component of an integrated exam does not equate with receiving an NC (No Credit) in a course. Rather, this structure allows for early intervention and opportunities to provide academic support. Students are encouraged to request a Tutor (see "OME Peer Tutoring Program" section below), and are made aware of additional resources available including the Learning and Accessibility Specialist, OSA Mary B. Arnold Mentors, ODMA, and counseling through counseling and psychological services (CAPS).

IMS Course Remediation
The Student Handbook contains detailed information about the grading policy as well as the academic standing pathway. Refer to the schematic at the end of this section for information about timing of remediation and the link to academic standing. IMS course remediation is either through

retaking a locally-designed or National Board of Medical Examiners (NBME) examination or through repeating the semester (if there are two or more course NCs in a single semester).

Doctoring Course Academic Support
The Doctoring courses at AMS teaches clinical skills through two primary settings: 1) small groups led by two faculty members, and 2) community mentor sessions overseen by clinical preceptors. Weekly meetings throughout the academic year offer the unique opportunity to witness and support the academic progress of students as they work towards achieving competency in the Nine Abilities. Specifically, one of the key roles of small group faculty members is to evaluate student performance and identify students that may need additional academic support. Through their weekly observations of students, assessments are made regarding a student's skills, knowledge, and attitudes. Faculty meet with students individually at the mid-semester mark to provide reinforcing and constructive feedback and to assist students in setting academic goals.

If at any time a small group faculty member (or a community mentor) identifies a concern in a student's performance and/or participation, they notify the course leaders. Based on the level of concern, the course leaders will either offer specific guidance on how they can best support the student within the structure of the course (such as setting specific goals or providing feedback with a timeline for improvement) or meet with the student themselves (see 'Doctoring Course: Remediation' below). Regular follow up ensues until goals are met.

If a student does not pass an OSCE (Objective Structured Clinical Examination) or does not achieve competency goals in the Nine Abilities at mid-semester or the final semester evaluations, they meet with course leaders to review their performance and discuss a remediation plan.

- Doctoring Peer Mentor Program

  The goal of the Doctoring Peer Mentors (DPMs) is to provide peer support to Year 1 medical students during important curricular milestones in the first semester of Doctoring. The goal of the program is to: 1) develop a cadre of Year 2 near-peer mentors equipped to provide clinical skills feedback and facilitate small group discussions, 2) provide near-peer mentorship to Year 1 students navigating a variety of new curricular experiences during Doctoring, and 3) develop opportunities for additional clinical skills practice for Year 1 medical students. Rising Year 2 students can nominate a peer or self-nominate at the end of the Year 1 based on their contributions to Doctoring small group discussions and their organizational, interpersonal, and clinical skills. Four individuals are selected to serve as coordinators and an additional cohort of students are selected to serve as DPMs. Two to four DPMs are assigned to 17 of the 18 Doctoring small groups and the four coordinators are assigned to the final 18th Doctoring small group. DPM responsibilities include the following:

  - Meet with designated Year 1 small group faculty and student mentees at the beginning of the semester to introduce the program
  - Send email check-in correspondences to students during the semester and prior to the first community mentor and Assisted Living Facility (ALF) visits
  - Participate in two mock OSCEs

- Facilitate optional small group debriefs on difficult topics for Year 1 medical students throughout the semester

Doctoring Course: Remediation

Recognizing that a learner who is struggling to meet the course competencies often needs focused support, remediation plans are designed to meet the specific learning style and/or needs of the student. They consist of a discussion with course leaders to 1) review course, small group faculty, or mentor feedback, 2) describe and clarify specific deficiencies, and 3) collaborate to develop a remediation plan.

Remediation plans can include any or all of the following action items:

- Practicing clinical skills with standardized patients and/or course leaders
- Submitting additional or repeat assignments (e.g., case write-ups or reflective writing assignments)
- Working with a Doctoring Coach (see below)
- Working with a peer-mentor
- Referral to the AMS LAS
- Referral to the OSA

Upon completion of the remediation plan, students often meet with course leaders to discuss their progress and identify any ongoing concerns or additional support needed during the course.

Doctoring Coaches

Doctoring coaches are faculty members who serve in an additional capacity within the Doctoring Program. The main responsibility of a Doctoring coach is to work with students whom course leaders have identified as being at high risk for not meeting course requirements as a result of a deficiency in a specific area. Coaches will complement the existing course curriculum by assisting identified students in making progress toward a specific course objective outside of the traditional course structure. Students who are referred to the Doctoring coaches will generally fall into one of the following categories:

- Students who have been identified by their small group faculty or community mentor as having key deficiencies that are not improving or after utilizing already available course resources
- Students who have failed an OSCE and require additional coaching outside of the normal remediation process with course leaders
- Students who have failed a Doctoring course and require additional coaching outside of the normal remediation process with course leaders

Clerkships and Post-clerkship:
Many of the same processes identified for the pre-clerkship phase (both IMS and Doctoring) exist in the clerkship and post-clerkship phases as well. Students are required to meet with their Clerkship Director (or the clerkship director designee such as another faculty attending physician) at the midpoint of each clerkship to review areas of strength and areas that may need improvement. Students take Shelf exams at the end of each clerkship - these scores are released to students within one week (and typically within three to four days) so that students who struggled on an exam are identified and linked with the LAS at AMS or with peer tutoring through the OME. In addition, students may also meet with their Mary B. Arnold Mentor or a team member in the OME, OSA, or ODMA to discuss other options for support.

OME Peer Tutoring Program

- The OME provides a year-round robust peer-tutoring program, at no cost for all medical students, in Years 1 through 4. Students are informed about the Peer Tutoring program during Orientation in Week 1 of medical school. Students request a peer tutor by completing a Qualtrics form via a link on each class Canvas site. Once a form is completed, an email is routed to the OME.

- If the student requesting a tutor is in the fall semester of Year 1, the Head Tutors make the link to an available Year 2 tutor. The Head Tutors are Year 2 students who are selected by OME leadership. If the student requesting a tutor is in the spring semester of Year 1 or beyond, a link is made by the OME to an available Year 2, Year 3, or Year 4 medical student tutor.

- At the end of each academic year, the OME selects eligible peer tutors from the Year 1 class based on exam scores. Eligible peer tutors are sent an invitation to tutor and asked which course(s) they would like to tutor in. This information is then entered into a tutoring database that is used to create links with tutees as needed.

- In addition to having tutoring available, the OME reaches out to students who are at-risk academically to offer tutorial support.

Student Support Group
The charge of the Student Support Group is to determine how the medical school can best support students who are struggling for academic, personal or professional reasons, to assist in longitudinal monitoring of student progress, and to develop timely, appropriate, actionable plans for students. The group meets weekly and is comprised of members of the OSA, OME, and ODMA. The group reviews the student body, with members of the group bringing forward for discussion students who are having academic difficulty, students for whom professionalism concerns have been raised, or students about whom a member is concerned. Each week the group reviews student progress by class. Data considered include failing grades, professionalism forms and concerns, and concerns raised about student well-being. Discussions of the group are confidential and information-sharing outside of the group meeting is strictly on a need-to-know basis (e.g., discussions with Records & Registration regarding a student's need for time away from medical school).

- Academic progress: The group reviews student progress by class. Data considered include non-passing grades, requests for exam extensions, and narrative performance

evaluations. The discussion focuses on ways by which to support these students, and determines who will be responsible for follow up with the student. For further details, see the AMS policies on grading and academic progress in the Student Handbook.

- Professionalism: The group reviews student professionalism. Data considered include evaluations, faculty concerns, and professionalism forms submitted. The group reviews the issue, comes to consensus about whether a form should be issued, and if so, who will be responsible for discussing the issue with the student. For further details, see the AMS policy on professionalism in the Student Handbook.

- Well-being: Each week, the group discusses any concerns about students' well-being, if behavioral or social issues are raised by the student or faculty. The discussion focuses on ways by which to support the student, and again determines who will be responsible for follow up with the student.

- Relationship to other groups: The Student Support Group is the operational arm of the Competency Committee, which tracks student progress on the curriculum's Nine Abilities longitudinally. The Student Support Group identifies need, puts supports in place for students with need, and reports to the Competency Committee for tracking purposes to ensure that each student is achieving the competencies of the medical school.

Monitoring of Student Performance Evaluation Ratings

- Student Performance Evaluations (SPEs) completed by faculty evaluators are used longitudinally throughout medical school to assess competency in the Nine Abilities (AMS's medical education competencies). The Nine Abilities each contain multiple sub-Abilities, which are observable, measurable outcomes-based objectives AMS students must be able to demonstrate by the time of graduation.

- SPEs contain quantitative ratings on each of the Nine Abilities that are taught within each course, clerkship, clinical elective, and sub-internship. All SPEs are measured on a 5-point Likert-type scale as follows: (1) Critical Deficiency, (2) Below Expectations, (3) Meets Expectations, (4) Exceeds Expectations, and (5) Far Exceeds Expectations. SPEs also include a qualitative component that addresses strengths and opportunities for improvement. *Summative* SPEs are completed at the end of the course. These differ from the *formative* SPEs that occur at mid-course, such as in the Histology and Microbiology/Infectious Diseases courses or the mentor SPEs in the Doctoring curriculum.

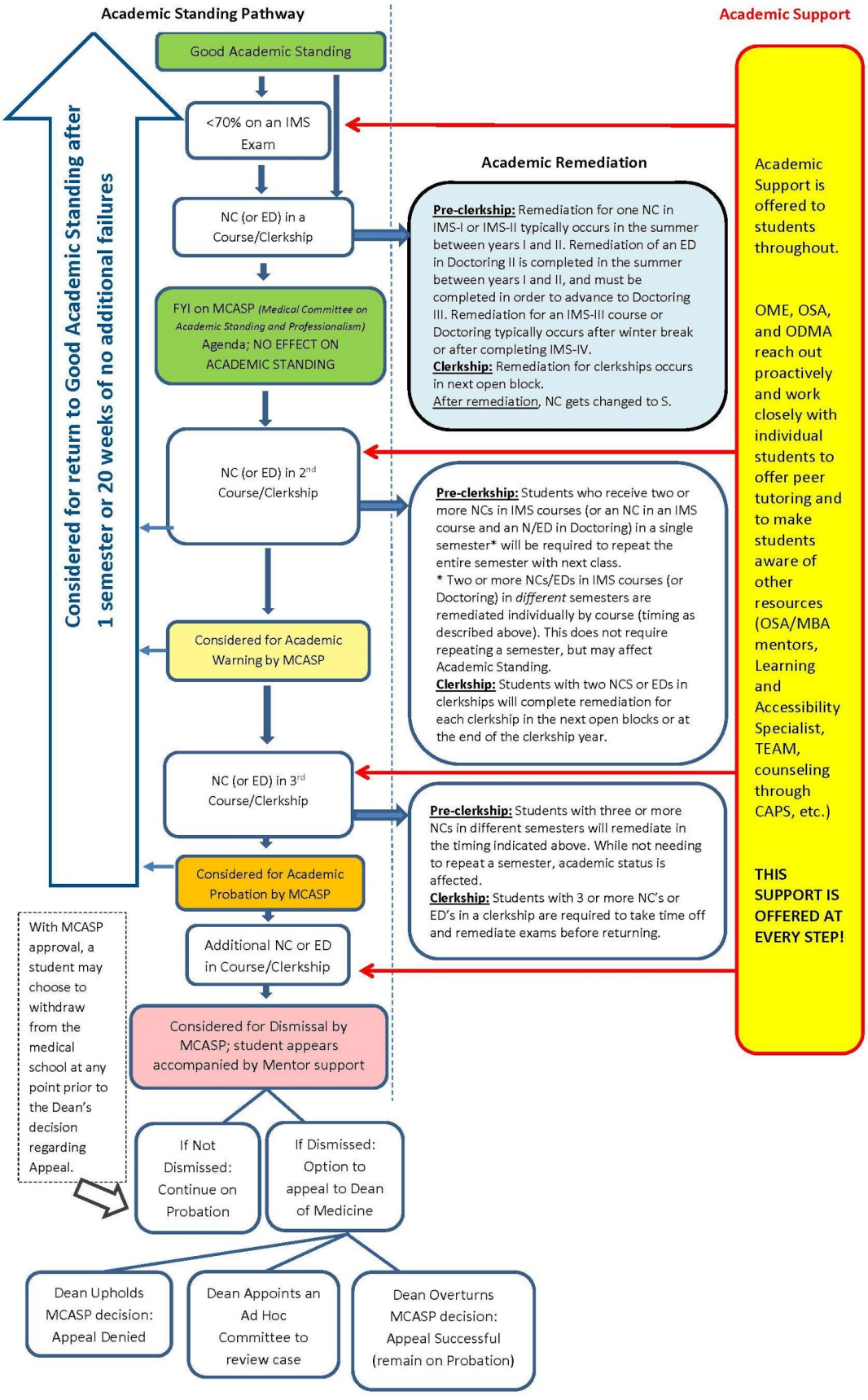
- Each month, the Associate Dean for Medical Education and the Director of Assessment and Evaluation review data for any students who receive a (1) Critical Deficiency or (2) Below Expectations on a *summative* SPE. The review of data may include reaching out to the faculty evaluator for more information. All data is tracked longitudinally.

- Each year, the Competency Committee reviews data for the students identified by the Associate Dean for Medical Education and the Director of Assessment and Evaluation. The Assistant Deans for Medical Education provide additional student data around exam remediations (mapped to Ability III) and any students that should not be reviewed by the

Competency Committee for other reasons (taking a year off, etc.). The Competency Committee includes members from the OME, OSA, and basic science and clinical faculty.

- The Competency Committee reviews student data to identify and recommend next steps for students who are identified to be at-risk for not achieving competency in one or more Ability/Abilities. In addition, the Competency Committee recommends students' progression to the next year and for graduation to the Medical Committee on Academic Standing and Professionalism (MCASP). Any individual student issues are shared with their Mary B. Arnold Mentor.

[Remediation schematic is on the following page.]


Academic Standing Pathway
Academic Support
Good Academic Standing
<70% on an IMS Exam
NC (or ED) in a Course/Clerkship
FYI on MCASP (Medical Committee on Academic Standing and Professionalism) Agenda; NO EFFECT ON ACADEMIC STANDING
NC (or ED) in 2nd Course/Clerkship
Considered for Academic Warning by MCASP
NC (or ED) in 3rd Course/Clerkship
Considered for Academic Probation by MCASP
Additional NC or ED in Course/Clerkship
Considered for Dismissal by MCASP; student appears accompanied by Mentor support
Considered for return to Good Academic Standing after 1 semester or 20 weeks of no additional failures
Academic Remediation
Pre-clerkship: Remediation for one NC in IMS-I or IMS-II typically occurs in the summer between years I and II. Remediation of an ED in Doctoring II is completed in the summer between years I and II, and must be completed in order to advance to Doctoring III. Remediation for an IMS-III course or Doctoring typically occurs after winter break or after completing IMS-IV.
Clerkship: Remediation for clerkships occurs in next open block.
After remediation, NC gets changed to S.
Pre-clerkship: Students who receive two or more NCs in IMS courses (or an NC in an IMS course and an N/ED in Doctoring) in a single semester* will be required to repeat the entire semester with next class.
* Two or more NCs/EDs in IMS courses (or Doctoring) in different semesters are remediated individually by course (timing as described above). This does not require repeating a semester, but may affect Academic Standing.
Clerkship: Students with two NCS or EDs in clerkships will complete remediation for each clerkship in the next open blocks or at the end of the clerkship year.
Pre-clerkship: Students with three or more NCs in different semesters will remediate in the timing indicated above. While not needing to repeat a semester, academic status is affected.
Clerkship: Students with 3 or more NC's or ED's in a clerkship are required to take time off and remediate exams before returning.
Academic Support is offered to students throughout.
OME, OSA, and ODMA reach out proactively and work closely with individual students to offer peer tutoring and to make students aware of other resources (OSA/MBA mentors, Learning and Accessibility Specialist, TEAM, counseling through CAPS, etc.)
THIS SUPPORT IS OFFERED AT EVERY STEP!
With MCASP approval, a student may choose to withdraw from the medical school at any point prior to the Dean's decision regarding Appeal.
If Not Dismissed: Continue on Probation
If Dismissed: Option to appeal to Dean of Medicine
Dean Upholds MCASP decision: Appeal Denied
Dean Appoints an Ad Hoc Committee to review case
Dean Overturns MCASP decision: Appeal Successful (remain on Probation)

SECTION IV: ATTENDANCE AND OTHER RELATED POLICIES

Excused Absences and Approved Exam Extensions/Rescheduling

Note: Do not make travel or conference plans until you have determined whether or not an absence will be excused.

See Policy No. 12-04 for excused absences.

How to Obtain an Excused Absence
See Policy No. 12-04, under the same section title.

Note: If ill, students SHOULD NOT come in to school but should contact Health Services. They will be granted an excused absence with appropriate documentation from Health Services.

Requirements

IMS I-IV

- Lectures: Attendance at medical school lectures is strongly encouraged, but not required.

- All Small Group sessions, Team-and Case-Based Learning, and Laboratory Sessions are required activities whether held in person or virtually. Timely attendance is mandatory. All absences must be excused and more than one excused absence per course is strongly discouraged. Students need to request an excused absence on the Canvas website and receive permission from the Director of the Year 1 Curriculum or the Director of the Year 2 Curriculum to miss a small group, team and case-based learning, or laboratory session. If granted an excused absence, students must then notify their small group leader(s) and perform the make-up work for that session. If a student misses two or more small group, team and case-based learning, or laboratory sessions (even if excused) within a course, the student may receive a grade of NC in the course and may be required to remediate the deficiency by special accommodation or by retaking the course. A pattern of unexcused absences across courses may result in a professionalism report (see Section V of the AMS Student Handbook for more information about professionalism) and may be brought to the attention of the Student Support Committee and/or MCASP.

- "Golden Ticket" for IMS I-IV: Once during each of Years 1 and 2 of medical school, students are permitted to request a single exemption to the AMS policy on excused absences. Known as the "Golden Ticket" policy, students may have a single unexcused absence in each of Year 1 and 2 *without incurring the usual penalty* for an unexcused absence (A "Golden Ticket" absence does not contribute towards a potential NC in a course or towards a professionalism report - see above paragraph). "Golden Tickets" are applicable to IMS courses only (not Doctoring or PC-PM courses), and the policy does not apply to exams or exam extension/rescheduling requests. For example, you cannot use your Golden Ticket in order to miss a scheduled exam, or as a means to request an exam extension. Students who wish to utilize their Golden Ticket exemption must follow the procedures outlined above in **How to Obtain an Excused Absence**.

Doctoring I-IV
For all components of the Doctoring courses, timely attendance and active participation are mandatory.

- Lectures, Small Group Sessions, and OSCEs: All absences must be excused (this process is initiated by completing a "request for excused absence form" on the Canvas website) and more than one absence per course is strongly discouraged. If granted an excused absence by the Director of the Doctoring Program, students must also notify their small group leader(s).

All missed work (excused or unexcused) must be completed (see below). A pattern of unexcused absences may result in a professionalism report and will be brought to the attention of the Student Support Committee and/or the MCASP.

- Mentor Sessions: Attendance, participation, and documentation are mandatory. Any missed session must be made up before the end of the semester. Students cannot complete more than two mentor sessions on any given day (maximum of an eight-hour shift), and only one such "double-shift" is permitted. [Please note that there is a make-up mentor session scheduled at the end of most semesters to provide flexibility for those students with an absence during the semester]. Documentation is both a method of tracking attendance and clinical experiences, and is an important professional skill for health care providers. Students with incomplete documentation of their mentor sessions will receive a professionalism report. Students are encouraged to confirm that mentor sessions are successfully submitted by the respective deadline; a grade cannot be submitted until satisfactory completion and logging of mentor sessions.

Clerkship Rotations
Each Year 3 Clinical Clerkship has clearly defined standards for lecture attendance and daily participation in clinical activities. These standards are specific to the clerkship. Of note, Clerkship Directors have agreed that all students will be expected to work at their usual clinical assignments on the final Thursday of each rotation, which is the day before the final exam. Although some students might not have scheduled obligations that afternoon, no Year 3 student will be dismissed early from scheduled obligations to study. Unexcused absences can result in a grade of ED or NC. See Section III of this Handbook.

Primary Care-Population Medicine Program
Primary Care-Population Medicine Program courses are required activities. Timely attendance and active participation are mandatory. To be absent, students must request an absence from the appropriate curriculum Director (by year) by filling out the absence form located on the Canvas page for a student's class year. Students must work with the course leader to determine the need for make-up work. Unexcused absences may result in a grade of No Credit (NC) for the course.

Sub-Internships and Elective Rotations
Although electives vary in duration, no more than 20% of an elective can be excused (for example, the equivalent of four days over a typical four-week elective). If additional time off is requested, the elective director should work with the student to develop a revised educational plan for the elective. For the required two-week sub-internship, no more than two days can be excused.

At the discretion of the sub-internship or elective director, any missed days can be made up on a schedule as determined by the sub-internship or elective director or, if that is not possible, the student may receive reduced credit. If a student does not complete the plan for missed days by the time grades are due, the student will receive a grade of Existing Deficiency (ED). This can be changed after the student completes the makeup work designated by the course leader. If the student does not complete the plan for missed days within one year or by April 1st of the graduating year for Year 4 students, the student will receive No Credit (NC) for that sub-internship or elective.

If the sub-internship or elective does not allow time off for residency interviews, this should be stated in the course description. A student should discuss future excusable absences with the course leader as soon as the student is aware of their need for excused time. The student should contact the OME and/or Student Affairs for guidance in planning their schedule to minimize the chance of these issues arising during a sub-internship or elective.

Make Up Work

IMS: Students missing a required IMS small group, team-based and case-based learning, or laboratory session must complete a written make-up assignment, the content of which will be determined by the Director of the Year 1 Curriculum or the Director of the Year 2 Curriculum in conjunction with their small group faculty leader. Make-up assignments must be completed before a student can successfully pass an IMS course.

Doctoring: Students missing a required Doctoring session are responsible for any material covered in their absence and must work collaboratively with the Director of the Doctoring Program, and their two small group faculty leaders or community mentor, to make up the missed work in a timely fashion. Make-up assignments must be completed before a student can successfully pass a Doctoring course.

Clinical Rotations: Excused absences may require commensurate make-up activities, the details of which will be explicitly determined by the Clerkship Director, in the case of a clinical clerkship, by the elective leader in the case of a clinical elective, or the sub-internship director in the case of a sub-internship.

Primary Care – Population Medicine Program (PC-PM): Students missing a required PC-PM session are responsible for any material covered in their absence and must work collaboratively with the appropriate course leader to make up the missed work in a timely fashion. Make-up assignments must be completed before a student can successfully pass a PC-PM course.

Holidays

Election Day: On Election Day (the first Tuesday after the first Monday in the month of November), all curriculum (pre-clerkship, clerkship, electives) will end by 6 pm so that students may vote in person should they choose to do so. Students will be encouraged to vote through any of the available options, including voting in person or voting through an absentee ballot.

Martin Luther King Jr. Day: All students, regardless of clinical site, will have Martin Luther King Jr. Day as an observed holiday.

Juneteenth (June 19th): All students, regardless of clinical site, will have Juneteenth as an observed holiday.

Weekend and Holiday Schedules for Clerkships and Other Clinical Rotations: The University and its clinical sites do not adhere to the same holiday schedules. This may complicate weekend and holiday scheduling for clinical rotations. The policy agreed to by the medical school and our hospital partners regarding weekend and holiday scheduling is as follows:

- It may not be possible for students to predict their weekend and holiday work schedule far in advance. Students' clinical assignments and/or call schedules are generally not finalized until a rotation is about to begin. If students have scheduling questions about upcoming clerkships or clinical rotations, they should contact the appropriate Clerkship Coordinator or Course Administrator via e-mail as early as possible. Occasionally (but without guarantee), clinical assignments can be adjusted in advance to accommodate important scheduled events (such as an upcoming wedding). It may not be possible to accommodate requests after clinical assignments have been made.

- For all Monday holidays, students should make plans as though they will have to work except for Martin Luther King Jr Day and Juneteenth. If students are on a rotation at an institution that observes a Monday holiday and they are not scheduled to work, then they will be off. If the institution does not observe the Monday holiday, then students will be expected to work.

- Students will be expected to work on July 4 if they are working on a service that has a call rotation and their team/service is working.

- Years 3 and 4 students are expected to work a full day on the Wednesday before Thanksgiving. All Years 3 and 4 AMS students are off for four days at Thanksgiving, including the holiday itself and the following Friday/Saturday/Sunday, regardless of which clinical rotation they are on. All students are expected to return for a normal workday on the Monday following Thanksgiving.

- Students in Years 3 and 4 have a minimum of one week of vacation for the Winter break. The exact schedule varies from year to year and is posted on the class calendars. Depending on the schedule, students may be required to work on New Year's Eve and/or New Year's Day.

Student Level of Responsibility on Clerkships

See Policy No. 09-03.

Medical students should not participate in the clinical care of other medical students or visiting students in any capacity in any year of medical school.

Performance of Pelvic Examinations

AMS follows the recommendations made by the Association of Professors of Gynecology and Obstetrics, with support from the American Association of Medical Colleges and endorsement from the American College of Obstetricians and Gynecologists, the American College of

Osteopathic Obstetricians and Gynecologists and the American Urogynecology Society regarding teaching pelvic exams to medical students. All faculty are instructed to follow these guidelines when having medical students take part in clinical care. We believe it is of utmost importance to the future health care of women that students understand how to provide comprehensive care to women. Learners in the clinical setting, including in the operating room when the patient is under anesthesia, should only perform a pelvic examination for teaching purposes when the pelvic exam is:

- Explicitly consented to;
- Related to the planned procedure;
- Performed by a student who is recognized by the patient as a part of their care team; AND
- Done under direct supervision by the educator.

Performance of Procedures

Medical students will have many opportunities to participate in or perform procedures on patients under appropriate supervision. However, there may be circumstances when a medical student may decline to participate in or perform procedures that are in direct conflict with the student's own beliefs and values. If this situation arises, the student must discuss their concerns and intentions with the supervisor. Faculty should not allow the student's decision to adversely affect the student's performance appraisals, grades, or other privileges generally afforded to medical students. When there is a compelling reason that otherwise mandates the student's involvement, the supervisor is to make this clear while being respectful of the student's beliefs. Students and faculty are encouraged to discuss their values and beliefs when it can be anticipated that conflicts may occur, and avoid placing patients in potentially difficult and embarrassing situations. However, refusal to participate in a procedure or practice does not excuse the medical student from being knowledgeable about that procedure or practice in question. Faculty may include questions designed to ascertain students' knowledge about such procedures on examinations. Students may not decline to answer these questions on the grounds of their sincerely held beliefs. They may, however, refuse to perform such procedures even if they are included in a performance-based evaluation. The student and the faculty should discuss alternative ways to assess essential knowledge or skills that the examination seeks to measure. The Associate Dean for Medical Education may be consulted to aid this process.

Medical Student Duty Hour Policy in the Clerkship and Post-Clerkship Phase

See Policy No. 08-08.02.

SECTION V: POLICIES AND PROTOCOLS ON ACADEMIC STANDING AND PROMOTION

See Policy No. 10-03, subsection 3.1.2 for MCASP committee charge and composition.

Mechanisms for appeal of MCASP decisions are described in Policy No. 03-05.02, subsection 3.3.2.1.

The MCASP makes decisions based upon each student's individual situation. In general, the Committee will adhere to the guidelines outlined in the referenced policies for decisions related to academic standing.

Academic Standing

Policies relating to **Academic Standing**, **Return to Good Standing**, and **General** information can be found in Policy No. 10-03, subsection 3.1.2.

Professionalism

Policy No. 03-05.02, subsection 3.3.2.1 contains the policy on **Professionalism**, including *Appeal of Decision to Dismiss* and *Appeal of Professionalism Citation*.

Special Considerations Relating to the MD/PhD Dual Degree Program

See Policy No. 10-03, subsection 3.1.3.

SECTION VI: MEDICAL STUDENT STANDARDS OF BEHAVIOR

For **Medical Student Standards of Behavior** and procedures for **Reporting Violations**, see Policy No. 03-05.02, subsection 3.3.2.2.

The Academic Code

AMS students are expected to adhere to Brown University's Academic Code, which may be found here. See also Policy No. 03-05.02, subsection 3.3.2.2.

SECTION VII: THE LEARNING ENVIRONMENT

See Policy Nos. 03-04 (Anti-discrimination) and 03-05.01 (Principles of the Learning Environment).

How is feedback defined in the learning environment?
In order for our students to receive guidance and to improve their skills throughout their education, the learning environment must include honest and constructive feedback. Such feedback should be provided in a helpful, specific and accurate manner, focused on behaviors and opportunities to improve and, when negative, given privately and respectfully. Those providing feedback should do so mindful of the goal of helping the student to improve. Those receiving feedback should do so graciously, with the assumption that it is given generously and in good faith. Similarly, when students are asked to evaluate their teachers, they should be thoughtful with their word choice and provide feedback that is specific and with the goal of helping their teachers to improve their skills.

How is mistreatment defined in the learning environment?
See Policy No. 03-06.

How are other issues with the learning environment ("curricular opportunities") defined?
See Policy No. 03-06.

What are some examples of behaviors that promote a positive learning environment?
An individual (e.g., faculty member, staff member):

- Demonstrates an openness to adapt practice and language to create an environment that is welcoming to all students
- Conducts interactions in a manner free of bias and prejudice
- Provides a clear description of expectations for all participants at the beginning of all educational endeavors, rotations and assignments
- Encourages an atmosphere of openness in which students will feel welcome to ask questions, ask for help, make suggestions, and respectfully disagree
- Provides timely and specific feedback in a constructive manner, appropriate to the level of experience/training, and in an appropriate setting, with the intent of guiding students towards a higher level of knowledge and skill that:
    - Focuses such feedback on observed behaviors and desired outcomes, with suggestions for improvement
    - Focuses such feedback on performance rather than personal characteristics of the student
- Encourages an awareness of faculty responsibilities towards all individual learners in a group setting
- Bases rewards and grades on merit, not favoritism

- Gives a lecture using appropriate terminology and statistics with respect to race, gender, and other identifying characteristics

A student:

- Conducts all interactions in a manner free of bias or prejudice of any kind

- Acknowledges course or rotation expectations and the responsibility for fulfilling those requirements to the best of one's ability

- Asks for feedback from professors, residents, nurses, and attending physicians, and:
    - Accepts such feedback in a professional manner and incorporates such feedback into future efforts so as to achieve the desired educational outcome
    - Understands that feedback is given with the intention of helping to further professional growth

- Provides feedback – usually written, but potentially verbal - to peers and supervisors, when such feedback is likely to enhance those individuals' skills as physicians or teachers

- Engages in professional, respectful behavior towards learning opportunities (e.g., arrives on time for rotations or small groups; appears interested in material)

- Addresses professional responsibilities in a timely fashion

What are some examples of behaviors that do not promote a positive learning environment?
An individual (e.g., faculty member, staff member):

- Questions or otherwise publicly addresses students in a way that would be considered by others to be humiliating, dismissive, ridiculing, berating, embarrassing or disrespectful

- Asks students to perform personal chores (e.g., running errands)

- Tells inappropriate stories or jokes (e.g., ethnic, sexist, racist)

- Behaves in an aggressive manner (e.g., yelling, throwing objects, cursing, threatening physical harm)

- Denies educational opportunities to students

- Makes disparaging comments about students, faculty, patients or staff

- Touches students in a sexual manner

- Takes credit for a student's work

- Retaliates against a student for raising a concern about mistreatment or the learning environment

- Gives a lecture using inappropriate terminology or statistics with respect to race, gender, or other identifying characteristics

- Demonstrates difficulty adapting practice and language to best care for all patients

A student:

- Questions or otherwise publicly addresses colleagues in a way that would be considered by others to be humiliating, dismissive, ridiculing, berating, embarrassing or disrespectful
- Tells inappropriate stories or jokes (e.g., ethnic, sexist, racist)
- Makes disparaging comments about students, faculty, patients or staff
- Does not take learning seriously (i.e., consistently arrives late for rotations or small groups, appears disinterested in material)
- Communicates disrespectfully or in an untimely fashion with staff, colleagues, and teachers
- Does not address professional responsibilities in a timely fashion

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

Summary
See Policy No. 03-06.

Discrimination and Harassment (Title VI)

See Policy No. 03-04.

Other Resources

See Policy No. 03-06.

SECTION VIII: ACCESS TO RECORDS AND POLICIES ON CONFIDENTIALITY

Student Records

There are three (3) student information systems used at the medical school. Information about each system is listed below. The first two systems are specific to the medical school. The third system (Banner) is Brown University's official student information system.

Every student can view their own information. Administrative access to this information is tightly controlled in accordance with Family Educational Rights and Privacy Act (FERPA) guidelines.

EMSR
The Electronic Medical Student Record (EMSR) is a secure online system for storing information about AMS students. EMSR is the repository for documents including time away request forms, student status change forms, MCASP letters, and MSPEs. Information stored in EMSR for every student includes:

- AMCAS application information
- Academic (good standing/academic warning/academic probation), professionalism (good standing/warning/citation) and non-academic (active/LOA/ASP) status
- Emergency contact information
- USMLE and clerkship exam scores
- Dates of background checks and completion of HIPAA, Universal Precautions, BLS, and ACLS trainings.

OASIS
OASIS is a registration and evaluation system designed specifically for medical student information. Student evaluations and grades are submitted electronically in OASIS and students can view their student performance evaluations and grades in OASIS.

Years 1 and 2 students use OASIS for evaluating courses, lecturers, small group leaders, and Doctoring mentors. Grades and student performance evaluations are stored in OASIS. Course registrations and grades are submitted first to OASIS and then uploaded to Banner (see below).

Years 3 and 4 students use OASIS to evaluate courses and faculty, add and drop electives and to schedule electives via a lottery. Grades and student performance evaluations are stored in OASIS. Years 3 and 4 students can also view progress towards meeting clinical course requirements. Course registrations and grades are submitted first to OASIS and then uploaded to Banner (see below).

Banner
Banner is Brown University's official student information system. Information stored includes course registrations and grades, as well as financial aid awards and charges and payments on student accounts. Official transcripts are produced from Banner. Requests to order an official transcript can be submitted online at this page. Unofficial transcripts can be produced by the Records and Registration staff upon request.

Access to Student Records
See Policy No. 11-05.

Notification of Rights under FERPA for Postsecondary Institutions
The federal Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records.

- The right to inspect and review a student's education records within 45 days of the day the University receives a request for access.

- The right to request the amendment of education records the student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.

- The right to provide written consent before the University discloses personally identifiable information from a student's education records, except to the extent that FERPA authorizes disclosure without consent.

- The right to file a complaint with the U.S. Department of Education concerning alleged failures by the University to comply with the requirements of FERPA. The name and address of the Office that administers FERPA is:

  Family Policy Compliance Office
  U.S. Department of Education
  400 Maryland Avenue, SW
  Washington, DC 20202-5901

Evaluations

All AMS courses use evaluation forms distributed from and stored in OASIS. Faculty are required to complete evaluations about student performance. Students are asked to complete evaluations about courses and faculty in all required courses and clerkships.

Student Performance Evaluations
During Years 1 and 2, students receive clinical evaluations in the Doctoring Program from both small group faculty and mentors. Likewise, small group faculty complete student performance evaluations in small-group and laboratory sessions in the IMS courses. For clerkships, sub-internships, and some clinical electives, students are evaluated by multiple physicians. For these rotations, students receive a summary evaluation for their performance in the course. This electronic document is a compilation by the course leader of the evaluations completed by individual attending and resident physicians. The final evaluation is not simply based on an average of the individual evaluations, but is determined upon careful review by the course leader who has the discretion to assign more significant weight to specific aspects of individual evaluations. This may be of particular importance when issues of professionalism have been identified. Students can view their summary, but not their individual, evaluations in OASIS.

For independent studies, away rotations, and most AMS clinical electives, students are evaluated by one physician who completes the evaluation based either on direct observation or on feedback provided by other attending and resident physicians.

Final grades for the seven core clerkships are due 30 days after the clerkship ends. Final grades for electives and sub-Internships are also due 30 days after the rotation ends. Students can view their student performance evaluation in OASIS once they have completed their faculty and course evaluations.

Faculty Teaching Evaluations

Students are required to complete faculty teaching evaluations in all four years of medical school for individual lecturers, small group teachers, Doctoring mentors, and clinical faculty including residents, attending physicians, and course leaders. The name of the medical student is automatically redacted in OASIS so that their identity is masked from the individual faculty member, the course leader, and course administrator.

For the policy respecting the release of faculty evaluations to faculty, see Policy No. 13-06.

Faculty use teaching evaluations to become better educators. Teaching evaluations are also a critical component of the university's academic promotions process. Outside of this formal, confidential process, students are encouraged, but not required, to bring any concerns about their teachers to appropriate course leaders or AMS administration. Students should also refer to Section VII on the Learning Environment at AMS regarding other mechanisms by which to report concerns about their teachers.

Course Evaluations

Course evaluation forms are distributed at the end of every course in Years 1-4. Course leaders and administrators can view aggregate reports of the course evaluation data. As with faculty evaluations, the identity of individual students is automatically redacted to ensure that the feedback is confidential.

Course leaders and administrators use course evaluations to look for patterns as a way to improve and refine their curriculum and courses for future students. For example, if a student rates a component of a course as a 1, which is the lowest point on the 5-point rating scale (1= Poor, 2 = Fair, 3= Good, 4 = Very Good, 5 = Excellent), notification is automatically sent to the Associate Dean for Medical Education for review and intervention, if needed. The identity of the student who completed that course evaluation is redacted by OASIS.

See Policy No. 13-03 for timeliness for students to complete course evaluations and the consequences of noncompliance with this policy.

Medical Student Performance Evaluation (MSPE)

The MSPE is a composite summary letter of evaluation from the medical school for medical students applying to postgraduate (residency) training programs. This evaluation is compiled by the Associate Dean for Student Affairs on behalf of AMS, and is aligned as closely as possible with the guidelines laid out by the AAMC. In preparation for compiling the MSPE, it is expected that the Associate Dean will meet with the student to discuss the student's background, academic record, interests, activities, and professional goals. In addition to gathering information during meetings, the Associate Dean is expected to review a student's academic record and CV. Narrative comments from clerkship, elective, and sub-internship evaluations are included without editing except for grammatical corrections, and in some cases, for length. If a student believes that these comments are not an accurate reflection of their performance, the student should discuss this with

the Director of the Year 3 and 4 Curriculum and the Clerkship Director(s), Sub-internship Directors, or Clinical Elective Directors as a first step. If students wish to appeal their
beyond this discussion, they may submit their appeal to the "Grades and Records Appeal Committee," a sub-committee of the Medical Committee on Academic Standing and Professionalism. This committee will hear a student's appeal and offer final judgment on whether a change to the comments is warranted and would thus be reflected in the MSPE.

If a student wishes to request that someone other than the Associate Dean for Student Affairs compile their MSPE, they may request that from the Associate Dean for Diversity and Multicultural Affairs.

SECTION IX: UNDERSTANDING OF AND RESPECT FOR DIFFERENCES

Diversity and Inclusion at AMS

AMS recognizes, supports, develops and maintains a diverse faculty, workforce, and student population. AMS is an educational community composed of students, residents, fellows, faculty, other healthcare professionals, and staff who aim to support all medical students in achieving their fullest potential while providing quality patient care. The principle of our educational community is the promotion of a positive learning environment through respectful education of all community members, recognizing that an appreciation for diversity is an essential component of medical education. AMS's mission and vision statements can be found here.

Diversity may include, but is not limited to, race, ethnicity, religion, sex, sexual orientation, gender identity, ability status, veteran status, age, political ideology, and socioeconomic and geographic background. Our commitment ensures respect for diversity, broad representation at all levels, and consistency and compliance with Brown's policies on non-discrimination.

For further information, consult the Division of Biology and Medicine's Diversity Statement and AMS's Diversity and Inclusion Action Plan.

Honoring Free Speech and Setting Standard

The medical school recognizes the diverse beliefs and values among its students and strives to avoid statements and actions that may offend or disparage any student, staff member, faculty member, or other members of the AMS community. This position does not diminish the rights of free speech of faculty, administrators, or students; rather it sets a standard for respectful dialogue and action.

All members of the medical school community will be guided by mutual concern for each other's dignity, integrity, needs, and feelings. This tenet demands sensitivity and responsibility. For further information consult the Brown University Code of Conduct, University Code of Student Conduct, and the Principles of the Learning Environment of The Warren Alpert Medical School of Brown University; see also AMS's anti-discrimination policy.

SECTION X: POLICIES ON WRITING ORDERS, MEDICAL LIABILITY INSURANCE, HEALTH INSURANCE, AND OTHER HEALTH POLICIES

Writing Orders and Medical Liability Insurance

The University's medical liability insurance covers AMS students when registered for educational purposes, but only while acting in their capacities as students, and only while engaged in educational activities or experiences that are part of the approved medical school curriculum.

It is ideal in medical education to allow Year 3 and 4 medical students to write or enter orders on the inpatients they are following. This practice must be viewed as an educational activity and not as a service activity. As a learning experience, teaching occurs when a supervising physician (either resident or attending) reviews the orders, discusses them with the student, provides constructive feedback, and countersigns the orders.

Under these circumstances, students are covered by the University's medical liability insurance. The key conditions are that 1) the student is functioning under the direct supervision of a licensed physician, and 2) the orders are countersigned **before** they are executed.

The University's medical liability insurance also covers AMS students when they are doing clinical electives at institutions other than Brown's affiliated hospitals, so long as the above guidelines are followed and the clinical elective **has been approved as part of the curriculum** and will fulfill an MD degree requirement.

The medical liability insurance also covers students for any injury that results to a patient as a consequence of a student's actions in carrying out the usual and customary functions of a medical student in the course of caring for a patient. This includes taking a history, conducting a physical examination, and performing procedures of an investigatory or therapeutic nature. However, the same conditions apply and the student must be functioning under the direct supervision of a licensed physician.

Particular prudence should be exercised in the performance of procedures. It is customary for students to become proficient in certain basic procedural skills such as phlebotomy, placing intravenous catheters, inserting urinary catheters and nasogastric tubes, doing lumbar punctures and obtaining other bodily fluids and tissues of a relatively simple nature, and minor surgical procedures. Other activities that are customarily conducted by students may include administering skin tests and relatively nontoxic medications by injection, and applying dressings, splints, and casts. Even when conducting these procedures, the student should be closely and personally supervised by a licensed physician while gaining proficiency. After proficiency has been obtained, the student must perform these procedures only when they have been ordered by a supervising licensed physician. It is important for students to inform their supervising physician when they have not attained proficiency in a given procedure in order to receive close, personal supervision, even though it is the supervising physician's responsibility to ascertain the student's competence and provide appropriate supervision.

In situations that go beyond the usual and customary functions of medical students, it is imperative that the procedure is conducted under the direct, close, and personal supervision of a licensed physician. This would include such activities as major surgery, reduction of fractures, invasive

procedures (e.g., bone marrow biopsies, organ biopsies, central line placement, thoracentesis, endotracheal tube insertion), and administration of relatively toxic substances (e.g., intravenous narcotics, chemotherapeutic agents, provocative tests, general anesthetics).

Students should refuse to do these procedures without the direct, close, and personal supervision of a licensed physician.

Students should also refuse to obtain informed consent from patients for any procedure. This is the responsibility of the physician performing the procedure. Students are encouraged, however, to be present when the physician discusses the procedure with the patient as part of the informed consent process, in order to become acquainted with how this extremely important process occurs.

Students must always wear their identification name tags when dealing with patients and staff in the hospital. Students must identify themselves as medical students and sign all notations they make with the identification that they are medical students (e.g., John Smith, AMS III).

The best way to avoid being involved in a malpractice suit is to always act professionally, respect the rights of patients and treat them respectfully and kindly, act prudently, know the limits of your competence, and don't be afraid to say "I don't know," or "I'm not comfortable doing such-and-such." Listen to what staff nurses say and don't do something they don't want you to do.

If a student is involved in a medical malpractice action, legal representation is provided by the University's Office of General Counsel, provided the student has acted within the guidelines specified above.

Please note: students on leave of absence (LOA) are not eligible for Brown's medical/professional liability insurance during their time away from medical school.

Health Services Fee and Health Services Resources

Health Services Fee

All medical students must pay a Health Services fee each semester, with the exception of students on approved leave of absence (LOA) or Academic Scholar Program (ASP). This fee, which is separate from the charge for student health insurance, covers most general medical care at Health Services, including primary care by provider staff, use of Brown Emergency Medical Services, nursing services, 24/7 medical advice and campus-wide health promotion services. The fee also covers access to Brown Counseling and Psychological Services, which provides assessment of problem situations, short-term psychotherapy, and crisis intervention.

Students in the Academic Scholar Program are eligible to use Health Services as long as they have paid the Health Services fee. When students complete the application form, they can indicate whether or not they would like to use Health Services while on ASP. Students who select this option will have the Health Services fee added to their student account.

Health Services records are confidential and are not released to anyone, including family, legal guardians and faculty, without written authorization from the student. There are a few exceptions when release of specific information without a student's expressed consent is necessary in emergencies or is required by law. Additional information can be found on the Health Services website.

Student Health Insurance
Health insurance is not included in the Health Services fee. All students must have separate health insurance to cover services not provided by the health fee, such as lab, x-ray, pharmacy, hospital expenses and care received by community providers. All active students are automatically enrolled in the Brown Student Health Insurance Plan (SHIP). This plan is designed specifically to complement the services provided by Health Services. The University's Insurance and Purchasing Services Office is responsible for the student health insurance plan.

Students who are covered under a comparable health insurance plan and wish to waive SHIP may complete an online waiver form. The student must verify that the plan provides adequate coverage that is accessible in the Providence area. The deadline for completing the waiver is July 31st. Please be aware that not all insurance plans will cover the testing routinely required by clinical sites of medical students (e.g., titers, vaccinations).

International Students: it is particularly important that international students verify that their insurance plan provides adequate coverage that is accessible in the Providence area before waiving the Student Health Insurance Plan.

Students on Leave of Absence (LOA) who need health insurance will need to purchase insurance directly from the Insurance and Purchasing Services Office. Students not previously enrolled in the student health insurance program at Brown are not eligible to purchase coverage while on LOA.

Students enrolled in the Academic Scholar Program (ASP) who need health insurance are eligible for Brown's student health insurance.

Long Term Disability Insurance
Disability insurance coverage is provided by the medical school to all active, full-time medical students.

Other Health Policies

Needlestick/Bloodborne Pathogen Exposure Guidelines
See Policy No. 12-08.02.

Non-exposure-related accidents and injuries occurring while in the clinical setting
Students who are involved in an accident, or who are injured while in a clinical setting as part of their educational program, should go immediately to the nearest Emergency Department or to Health Services for attention and treatment. If needed, OSA will consider paying for costs related to injuries that are not covered by a student's insurance company (a submission to insurance must be made in order to qualify for financial support from OSA). The same process outlined in Policy No. 12-08.02 should be utilized to submit a request for payment.

Immunizations
Rhode Island state law (R23-1-IMM/COL) and Brown Health Services require all medical students to have received the following vaccines and blood tests. Please be aware that these requirements may exceed recommendations from the Centers for Disease Control and Prevention (CDC).

- A record of two MMR vaccines and positive serological tests for immunity to Measles, Mumps and Rubella. History of disease is not acceptable. A copy of the lab report must be submitted to Health Services.

- Positive serological test for immunity to Varicella (chickenpox). History of disease alone is not acceptable. A copy of the lab report must be submitted **OR** a record of Varicella vaccine, two doses, at least one month apart.

- A record of Hepatitis B vaccine, three doses. If series is complete, a Hepatitis B Surface Antibody titer must be done with a copy of the lab report submitted.

- One dose of adult Tdap (Tetanus/Diphtheria/Pertussis). If last Tdap dose is more than 10 years old, then a Tetanus Diphtheria booster is also required.

- Tuberculosis testing (see Tuberculosis Screening policy below).

- Annual influenza vaccine is required for all students. Influenza vaccines are offered at onsite clinics at the medical school each fall, and are available at Health Services or through some of the hospital Employee Health departments.

- Brown University requires COVID-19 vaccines for all students who will be on campus or engage in any level of in-person instruction, whether in the U.S. or abroad. **The final dose of their COVID-19 vaccine must be received by July 1, 2021**. After receiving their final vaccine dose, students are required to upload their COVID-19 vaccination card via the Health and Wellness Patient Portal. Medical and religious exemptions will be granted and reasonable accommodations provided under applicable law. See Brown Health Services for more information.

Brown Health Services reviews student immunization records annually to ensure they have met the Rhode Island Department of Health and Brown University requirements. AMS is notified by Brown Health Services of students who are not in compliance.

Tuberculosis Screening Policy

The Centers for Disease Control and Prevention (CDC) and the National TB Controllers Association have released updated recommendations for tuberculosis (TB) screening, testing, and treatment of health care personnel. These guidelines require annual screening for TB risk and symptoms as well as TB education for all health care workers. Annual placement of a Mantoux TB skin test or PPD is no longer mandatory for established health care workers who are at low risk of disease.

Effective April 1, 2020, in alignment with the updated recommendations, a revised Brown University TB protocol was implemented. Initial TB screening upon hire or program entry using a two-step PPD placement protocol remains in effect. Thereafter, Brown Medical Students and Health Services employees will be required to complete an annual screening protocol that includes a risk assessment, symptom checklist, and educational module to be in compliance with the Brown University TB protocol. Should any screening questions or symptom review suggest a possible exposure or infection, the medical student or health care worker will be directed to either Health Services or their primary care provider for further assessment.

Health Services continues to provide clinical assessment including chest x-ray, treatment for latent tuberculosis infection (LTBI), and certification of completion of LTBI treatment for all eligible students and can offer referral to the Lifespan RISE Clinic when needed. TB screening including PPD placement or IGRA blood testing will remain available to all students and Health Services employees if required by other organizations which may have different requirements.

This new annual TB assessment will be sent to you via your Health Services Patient Portal. Please complete the TB assessment promptly as this will ensure you remain eligible to participate in educational programs and employment without limitations. Health Services will convey your status to the medical school as always.

Drug Testing
AMS does not require drug testing of its students. If an AMS clinical affiliate requires this testing, AMS will pay for testing for its students.

Pre-existing Bloodborne or Respiratory Disease Policy*:*
See Policy No. 12-08.03.

Other Training Requirements
All medical students are required to be compliant with the following requirements:

- N95 respirator training and fit-testing: annually
- Respiratory Medical Evaluation form: completed once prior to the start of Year 1
- Completion of HIPAA training modules: every two years
- Blood-borne Pathogen/Universal Precautions training: provided during Year 1 orientation and again during the Clinical Skills Clerkship (CSC) prior to the start of Year 3
- BLS training: two-year certification; training is provided during Year 1 orientation and a refresher course given during the CSC
- ACLS training: two-year certification; training is provided during the CSC
- Additional trainings and forms as required by our clinical partners

Please note: non-compliance with any of these requirements and immunizations can result in an interruption of your clinical rotations or Doctoring mentor sessions until you have been cleared to resume these activities. Additionally, non-compliance with these requirements without reasonable explanation may result in documentation of a professionalism issue.

Additional Health Resources at Brown
Health Promotion: Telephone (401) 863-2794
Located on the third floor of Health Services, Health Promotion provides confidential appointments for drug or alcohol concerns, nutrition and eating concerns, and other health-related topics for Brown students.

Counseling and Psychological Services (CAPS) provides crisis intervention, short-term individual therapy, group therapy and referral services. The office is located in room 512 of Page-Robinson Hall located at 69 Brown Street on the main campus, and its phone number is (401) 863-3476. Laurice Girouard, MSW, LICSW, is a CAPS therapist with an office at AMS and a role designated specifically for medical students. For an appointment with Ms. Girouard, students should call CAPS and let the front desk know that they are medical students who would like to see her. CAPS also has therapists available by phone after hours at the same phone number.

SECTION XI: POLICIES ON TIME AWAY FROM MEDICAL STUDIES

Students may need to take time away from their academic activities for a variety of professional and personal reasons. While on approved time away from the medical school, the student is responsible for monitoring their Brown email account and responding to emails from administrators. Students in the Academic Scholar Program (ASP) must continue their compliance with all immunization requirements as well as their HIPAA and N95 requirements. Students on leave of absence (LOA) are encouraged to remain compliant with immunizations. Students on time away should be aware of these requirements to ensure that they are compliant upon their return.

Leave of Absence

If the time away is likely to be extensive or indeterminate, if a student is planning to be a student or fellow at another institution or program, or if personal reasons require that time away is necessary, a leave of absence (LOA) should be considered. LOA is the designation for time away that involves 1) formal enrollment in another degree-granting program, or 2) a formal separation from the University for personal or medical reasons. No tuition charges are incurred while on LOA, and students are not eligible for financial aid.

A LOA is a period of temporary non-enrollment for no less than one semester and up to one year. Students considering a leave of absence should consult with their longitudinal faculty mentor, the Associate Dean for Student Affairs, the Director of Financial Aid, and the Assistant Director of Academic Records.

Students in the clinical years do not have to apply for LOA if they need time away from their studies, but are able to complete their 80 weeks of required clinical work within the 100 weeks provided without a change in graduation date. Students in Years 3 and 4 must be enrolled in at least 12 weeks/credits of clerkships or electives in order to maintain half time status and be eligible for financial aid.

The following policies and procedures pertain to leaves of absence:

- The Brown University Registrar will be notified of a student's change in status.
- The Association of American Medical Colleges will be notified of a student's change in status.
- Dates of leaves of absence will be noted on the official transcript and MSPE.
- A leave of absence is granted for a minimum of one semester and generally does not encompass more than one academic year. Leaves of absence for graduate studies may encompass more than one academic year with the approval of the Senior Associate Dean for Medical Education, the Associate Dean for Student Affairs, and the Director of Financial Aid.
- Leaves of absence are a period of non-enrollment and should be semester-based, meaning that the start and end dates should align with the start and end dates of the semester at AMS. Exceptions to semester-based leave will only be permitted for established programs that do not follow our semester start and end dates, including

formal enrollment in another degree-granting program or formal involvement in external academic programs and experiences (such as Doris Duke Foundation Fellowship, Howard Hughes Medical Institute Fellowship, and the NIH Medical Research Scholars Program). Other exceptions to semester-based leave will only be considered for extenuating circumstances and must be approved by the Senior Associate Dean for Medical Education. When exceptions are granted, tuition may be pro-rated to reflect the coursework for which the student is registered for the semester. Leaves that are not semester-based must also be discussed with the Assistant Director of Academic Records and the Director of Financial Aid so that students understand the implications their enrollment plans will have on their financial aid and loan repayment.

- Requests for extensions of the original leave of absence may be made by contacting the Senior Associate Dean for Medical Education who may grant the request if it is believed that a further period of LOA will serve the best interest of the student and/or the medical program. Such requests should be made at least 30 days prior to the expiration date of the original LOA. The current AMS policies state that "a candidate for the degree of Doctor of Medicine must complete all requirements for that degree within six years of admission to the medical school." If a student will need more than six years to complete the graduation requirements, then a request for a waiver of this requirement must be made to the MCASP.

- At the end of the leave of absence, a student will be readmitted to the medical school without application, unless there were other contingencies placed on readmission (e.g., involving psychological or medical issues in which readmission is contingent upon adherence to an evaluation and treatment plan).

- If a student does not return to the medical school upon expiration of a leave of absence, the student will be withdrawn from the university.

- Students on LOA are on inactive status and are not covered under Brown's liability insurance and will not have access to student health services or the fitness facilities.

- Students on LOA are not eligible to work as a student employee for the Medical School or for any other department at Brown.

- In order to obtain health insurance while on LOA, students need to work directly with the Insurance and Purchasing Services Office (InsuranceOffice@brown.edu; 863-9481). Students not previously enrolled in Brown's student health insurance program at Brown are not eligible to purchase coverage.

Leave of Absence for Medical (including Psychiatric) Reasons

Students with medical (including psychiatric) issues that are interfering with their ability to participate in the medical curriculum may request a medical leave of absence. The same policies and procedures described above apply to a medical leave of absence. The following specific guidelines are also followed for medical leaves of absence:

- When a student is identified by their longitudinal faculty mentor, a faculty member, or a staff member as possibly suffering from medical problems, that individual should notify

the Associate Dean for Student Affairs and/or the Senior Associate Dean for Medical Education.

- The Associate Dean for Student Affairs and/or the Senior Associate Dean will request a meeting with the student. If the student declines to meet, the situation will be handled administratively. For example, the Senior Associate Dean may place the student on a medical leave of absence.

- After a meeting with the student, should the Senior Associate Dean feel the problem is of such duration or severity as to affect academic or professional performance, or might require treatment unable to be successfully undertaken during medical school, the Senior Associate Dean may place the student on a medical leave of absence. In order to make this decision, the Senior Associate Dean may request that the student have an evaluation by a physician, with the fee to be paid by the Office of Student Affairs. By signed consent of the student, information will be given to the Associate Dean for Student Affairs and the Senior Associate Dean to permit proper educational planning.

- Should treatment be recommended by the consultant, such treatment will be at the expense of the student (typically covered by health insurance). Information about treatment will be kept confidential.

- Refusal of recommended consultation or monitoring programs will be considered a violation of procedures designed for the best interests of the student, patients, and the community at large, and will be dealt with administratively; that is, the Senior Associate Dean may place the student on a medical leave of absence.

- Refusal of recommended treatment, where treatment is felt necessary for the continuation of student status, will also be considered as adversely affecting the student's continued status, and again, the Senior Associate Dean may place the student on a medical leave of absence.

- Once in treatment, the student is to be evaluated as would any other student, on the basis of the student's functioning in the medical curriculum. Should the progress of the student in treatment be questioned, a re-evaluation by the original evaluator would be recommended.

- Should treatment (e.g., therapy) be recommended for psychological issues, the student will be encouraged to select a therapist other than the psychiatrist conducting the initial evaluation. However, should the student and the evaluating psychiatrist mutually agree to continue that relationship into therapy, a different psychiatrist will be designated to conduct any further evaluation, as noted above.

Readmission Process after a Medical Leave for Medical (including Psychiatric) Reasons

If the student is placed by the Senior Associate Dean on a medical leave of absence, the following guidelines will be followed in considering readmission:

- A student returning from a medical leave of absence should be reexamined by the original evaluator to determine if the student's recovery is sufficient to permit a

recommendation for readmission. If the original evaluator is unavailable or the student desires a different evaluator, then the student will be allowed to choose a second evaluator recommended by the Physician Health Program (PHP); this might include the professional staff of Brown's Office of Counseling and Psychological Services in the case of medical leave for psychological issues. Students may also be referred to the Physicians Health Program for ongoing monitoring.

- With the consent of the student, the recommendation of the evaluator will be transmitted to the Senior Associate Dean for Medical Education, who has the authority to make the final decision about readmission.

- The following expectations prevail in determining if students are ready to return to the university following a medical leave of absence:

- The student must be free of any medical (including psychiatric) symptoms which interfere with competent functioning in the curriculum. The student must be able to participate in the curriculum without detracting from the goals and welfare of other students, without making excessive or unreasonable demands on university support systems and personnel, and without interfering with the student's capacity to provide competent patient care.

- "Excessive or unreasonable demands" are defined as interruption of the daily workload of one or more academic or hospital departments which results from a student's misconduct, frequent requests for service, or from behavior which causes individuals in the university or hospitals to interrupt their usual operations on behalf of the student.

In order to determine whether or not a student is able to return following a medical leave, the following evaluations will be made:

- An assessment of the current medical (including psychiatric) state of the student.

- An assessment of the appropriateness of the student's academic plans.

- An assessment of the general activities of the student during the time away from Brown, to determine their contribution to the student's readiness to return.

- An opinion on the need for reexamination at a specified later date (this reexamination being independent of any ongoing treatment which the student may or may not continue to receive after returning to Brown).

- The provider's concurrence with the student's plans to return to the university.

- Any plans for the student's follow-up care.

- Whether any medication has been a part of the student's treatment and, if so, its purpose, dosages and duration of use.

Pregnancy and Parenting during Medical School

Alpert Medical School is committed to supporting all students in meeting their degree requirements. Pregnant and parenting students face unique challenges during medical education, and accommodations for these students will vary depending on timing within the curriculum. Given the unique intersection between the cumulative medical curriculum and the uncertainties of pregnancy and the timing of a child's arrival, no one policy can address accommodations for every pregnant or parenting student. A student interested in accommodations or time off for pregnancy or parenting-related issues should communicate with an AMS administrator, usually the Associate Dean for Student Affairs, for guidance and to develop a plan for requesting accommodations and time off from medical school, if needed.

Leave of Absence for Graduate Studies

The same policies and procedures are followed for a leave of absence for graduate studies as those that pertain to leaves of absence in general. However, students pursuing an advanced degree, particularly a Ph.D., may request (from the Senior Associate Dean of Medical Education) a leave of absence for longer than one year in order to allow them to complete a course of study that typically requires a longer period to complete. As with leaves of absence in general, students on approved extended leaves of absence are readmitted without application. Students who were granted permission to go on leave of absence to enroll in a degree-granting program are required to submit a copy of their transcript that shows receipt of the degree upon completion of that program. Students may be required to submit periodic reports of their progress and their plans, including transcripts and letters from officials of the other institution, as a condition of their extended leave of absence.

Academic Scholar Program (ASP)

Medical students may be excused from attending classes to participate in an approved research activity or other scholarly endeavor under Brown faculty supervision for a designated period of no less than one semester and no more than two years. Participation in the ASP should always be semester-based in which the start and end dates align with the start and end dates of the AMS semesters. Exceptions will only be considered under very unusual circumstances and must be approved by the Senior Associate Dean for Medical Education, and must also be discussed with the Assistant Director of Academic Records and Director of Financial Aid so students understand the implications on their financial aid and loan repayment. Students cannot be enrolled in another degree-granting program or credit-bearing course while in the ASP.

While in the ASP, the student maintains full-time student status, has access to all student services (email account, building card access, and library services) and is charged 1/40th of tuition per semester. If a student requires access to Brown Health Services during the ASP, the student may request access through the Assistant Director of Academic Records, and a Health Services fee will be charged to the student's account. Students on ASP status are certified as full-time students to agencies that might otherwise require repayment of their student loans. Questions regarding financial aid and loan repayment while in the ASP should be directed to the Director of Financial Aid.

If the student's ASP is approved, the student will be enrolled in an independent study course (BIOL 7170) for each semester of the project and can receive up to 1 credit per semester, with a maximum

of 2 credits for projects of one year or greater in length. The project is graded on a Satisfactory/No Credit basis only; a grade of Honors is not available. The final grade is based on the submission of a final paper and a completed evaluation form from the student's faculty mentor. During the project, the student must submit a progress report once a semester to the Senior Associate Dean for Medical Education.

The request for enrollment in the Academic Scholar Program requires a signed application form, project proposal, and a letter of support from an AMS faculty mentor who will supervise the student during the project and submit their final evaluation and grade. The proposal should include the project description, the student's role and responsibilities, methods of data collection, funding source (if applicable), description of where the project will be conducted, expected outcomes, and a description of how the project relates to future career plans. The proposal should be signed by the faculty mentor and the Associate Dean for Student Affairs, and then submitted to the Records and Registration staff for review and routing of approval. Final approval will be made by the Senior Associate Dean for Medical Education.

Process for Assessing Student's Ability to Continue in the Medical School Should Disability Occur after Matriculation

1. A student who develops a disability after matriculation at AMS may be identified to the Office of Student Affairs through a variety of sources, such as reporting of accident or illness by peers, family, friends, or faculty and subsequent follow-up with health professionals managing the care.

2. If the degree to which the student has become disabled raises questions related to meeting the technical standards, an ad hoc subcommittee of MCASP will be convened to discuss the situation. The student will be asked to meet with the committee members, unless the disability is so severe that the student needs to be represented by another individual. The health professional responsible for the student's care will also be asked to provide information. In some cases, it may be more appropriate to have a health professional who is not directly involved in the care of the student serve as a consultant to the subcommittee on the issues surrounding the disability.

3. The ad hoc subcommittee will develop a recommendation as to the student's ability to successfully pursue a medical education based on the student's ability to meet the technical standards of the medical program. Any needed accommodations will be discussed with the Learning & Accessibility Specialist to determine whether the student's needs can be met with reasonable accommodations. The committee's recommendations will be discussed with the student or the student's representative in the event the student cannot attend.

4. When the recommendation is that the student can meet the medical program's technical standards, the committee will recommend any needed educational program accommodations under the guidance of the Leaning & Accessibility Specialist to allow the student to meet the competency requirements.

5. Should the decision of the committee be to recommend that the student be withdrawn from enrollment in the medical program, the student's longitudinal mentor and staff in the Office of Student Affairs will work with the student as appropriate on potential alternative career options. The decision to withdraw the student from the medical program as a result of

disability can be appealed (see Section X). For students in the PLME continuum, being dropped from the program due to an inability to meet the technical standards for medical education does not necessitate the withdrawal of the student from the undergraduate college if that phase of the student's education has not been completed.

SECTION XII: REGISTRATION AND TUITION POLICIES

Registration

Add/Drop Policy
Students are permitted to add or drop electives and sub-internships with a minimum 30-day lead time prior to the start date of the rotation. Adding and dropping clerkships requires a minimum of six weeks' lead time. Courses cannot be retroactively added or dropped.

Students may ask for a waiver to the 30-day add/drop policy. This request should be made to the Associate Dean for Medical Education. These requests will be considered for the following reasons:

1. Documented late notice of an away elective. The student must provide the forwarded email from the away elective, and the email must be dated within the 30-day add/drop period). However, if documentation is provided and permission from the elective course leader is granted, the student will be allowed to withdraw from an elective within the 30-day window.

2. Illness (of oneself or a close family member) or major life event, such as a death in the immediate family.

3. Late consideration of career choice, e.g. switching from Internal Medicine to Pediatrics.

4. Recommendation from an AMS administrator to continue studying for licensing examination. The student must provide the NBME practice exam results.

Requests for schedule/clinical site changes
See Policy No. 10-09.

Completion of Course and Faculty Evaluations
Course and faculty evaluations must be filled out within 30 days of completing an elective. Students who do not complete their course evaluations on time (after receiving a warning one week prior to the due date) will receive a professionalism form. Students who receive a professionalism form for this reason will not be able to complete their course evaluations, but will be able to view their own student performance evaluations/grades.

Course Repeats and Overlaps
Students cannot register more than once for the same course. Students cannot be concurrently enrolled in multiple courses with the exception of specific longitudinal programs such as an Advanced Clinical Mentorship or programs which meet in the evening such as the Internship Preparation courses.

Advanced Clinical Mentorships
Students must complete an Advanced Clinical Mentorship (ACM) within 24 weeks. If a student is unable to complete the ACM within this time period, Records and Registration will contact the student and ask for a plan of completion. This plan of completion requires approval from the Associate Dean for Medical Education. Once approval occurs, the student must complete the ACM

within the time window given. Should the student 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 and complete one ACM. If capacity allows and under extraordinary circumstances, students may request to enroll and complete a second ACM. Such requests will be considered by the Associate Dean for Medical Education.

Tuition

- *Annual tuition* for the medical school is fixed by the Corporation of the University for a given academic year. The annual charge does not cover tuition for courses taken in the summer preceding Year 1 of medical school or between Year 1 and 2 of medical school.

- *Full-time enrollment* consists of:
  - Years 1 and 2: registration for all required courses in a given semester
  - Years 3 and 4: registration in 13 to 24 weeks of clinical courses in a given semester

- *Half-time enrollment*: 12 weeks of enrollment in a given semester (note, this is by permission only of the Senior Associate Dean for Medical Education).

- *Less-than-half-time enrollment*: less than 12 weeks of enrollment in a given semester. Note that the minimum tuition charge assessed per semester will be for a half-quarter.

Students are responsible for paying full-time tuition unless they take approved time away from the medical school. Adjustment of annual tuition charges will be made for any student in the medical school who withdraws officially or who is dismissed for academic reasons, subject to the following provisions:

- A student who leaves the medical school prior to the beginning of the semester shall not be charged tuition or fees for the semester.

  (*Note* that the semester start dates differ for Years 1 and 2 students, and for Years 3 and 4 students. Fall semester for Years 1 and 2 starts in late July/early August and starts in late April/early May for Years 3 and 4. Spring semester for Years 1 and 2 starts in January and starts in late October for Years 3 and 4.)

- A student who leaves the medical school during either Fall or Spring semester shall be eligible for a tuition refund during the first five weeks only, as follows:

First two weeks.....	80% refund
Third week.....	60% refund
Fourth week.....	40% refund
Fifth week.....	20% refund
Beyond fifth week	Not eligible for refund

- Students who receive a grade of no credit (NC) and must repeat the course are responsible for additional tuition payments during the academic period in which the course is repeated.

- Additional tuition is charged for courses taken beyond the traditional course load.

- Information about student accounts and electronic billing is found on the University Bursar's department site.

  (See also Section XIII, subsection "Withdrawal and the Return of Title IV Funds" below and Policy No. 12-02.)

Repeating Semesters

Medical Students are required to pay eight semesters of full-time medical school tuition (Section II of this Handbook). Periods of Academic Scholar Program (ASP) are not included in the eight semesters. Students who enroll in the ASP will be charged 1/40th of the tuition rate in-place for that semester. If the medical student is required to repeat an entire semester due to academic issues, **the student will not be required to pay additional tuition for that repeated semester.** The student's enrollment status would be full-time and they would be eligible for financial aid to assist with other components of the cost of attendance, such as housing and other living expenses. Note that first and second year students may repeat a course during the summer semester with permission from the AMS Associate Dean for Student Affairs in order to stay in phase with the curriculum. The student is not assessed any additional tuition charges for the summer repeated course(s).

Delinquent Student Accounts

Brown University requires payment of tuition and fees by August 1 for Semester I and by January 1 for Semester II. Account balances not paid by the deadlines are assessed a 1.5% late payment charge. In addition, students with past due balances will have a Bursar hold placed on their record, which prevents them from receiving official transcripts, receiving a diploma or registering for classes.

Accounts which are not paid in full (except those on the monthly payment plan) will be referred to the University Student Account Committee for review. The Committee's action may include cancellation of eligibility for enrollment and/or dismissal. No diploma, certificate, transcript, or letter of recommendation will be issued to any student or former student, unless all accounts are satisfactorily settled.

The Dean's designate on the University Student Account Committee will be the Senior Associate Dean for Medical Education, or an alternate person designated by the Dean of Medicine and Biological Sciences who is familiar with the student's academic and personal situation and with the authority to withdraw the student from the University.

SECTION XIII: FINANCIAL AID

General Policy Statement

While AMS tries to assist students with documented financial need, the primary responsibility for paying for one's medical education must rest with each student and their family. When the amount that a student and their family can contribute is not sufficient to meet all of the costs of attending medical school, financial aid is available from several sources. Actual aid offers depend on federal funding levels as well as on institutional resources. The University Corporation determines the tuition rate and other fees annually for the medical school. Although graduate students are considered independent for most types of federal aid, the medical school does not recognize the status of the independent student in the awarding of institutional funds, regardless of the student's age, marital status, or number of years which the student has been self-supporting. This policy ensures that institutional funds are allocated to students who have demonstrated limited family resources to help students with educational costs.

In accordance with federal laws and applicable regulations, Brown University does not discriminate on the basis of sex, race, color, religion, age, handicap, status as a veteran, sexual orientation, or national or ethnic origin in the awarding of financial assistance.

Eligibility for Financial Aid

To be eligible for financial aid in the Medical School, a student must be enrolled at least half-time in a degree-granting program and must be making satisfactory academic progress toward a degree as defined in Section V of this Handbook. ***Students who attend on a less than half-time basis are not eligible for federal or institutional financial aid***. If students drop courses throughout the semester resulting in less than half-time enrollment, their aid for the semester will be canceled.

At AMS, enrollment and tuition charges are assessed each semester. AMS definitions for full-time, half-time and less than half-time enrollment are described in the previous Section XII. Please note: AMS is a full-time program and full tuition is assessed each semester unless on approved time away or special permission of the Senior Associate Dean for Medical Education. In general, enrollment for less than 12 weeks is usually considered to be less than half-time.

Students are generally only eligible for aid during periods of enrollment for which they are being charged tuition unless they are repeating an entire semester for academic reasons. In this case, aid can be offered for other living expenses. AMS scholarships and AMS loans are generally *not* available for expenses related to enrollment in courses taken by away clerkships, even though transfer of academic credit may be authorized. Students who attend AMS for less than a full academic year will have aid prorated to reflect their actual enrollment. Students are not eligible for AMS scholarships and loans during periods of enrollment in the Academic Scholar Program (ASP); however, they may be considered for federal loan funding upon request.

Students may receive up to ten semesters of AMS scholarship funding while in medical school. This is an important factor that students should consider if they wish to pursue other interests and might attend AMS for only a portion of the academic year. While the Office of Financial Aid (OFA) will pro-rate the base-loan amount, which will often allow for a portion of scholarship

funding to be retained, this pro-rated amount will count toward the ten semesters of scholarship eligibility to which students are restricted.

Students who wish to be considered for AMS need-based scholarship and loans must complete all required application materials by the deadline date. Applications must be submitted for each year the student wishes to receive AMS funding.

THE DEADLINE DATE TO COMPLETE AID APPLICATIONS EACH YEAR IS MARCH 1.

International students who do not hold a permanent resident visa are not eligible for federal financial aid programs, although institutional merit aid may be offered through the admission process to a limited number of students.

Assessing Parental Resources

Graduate and professional school students may wish to declare independence from their parents; some have been self-supporting for years. While the medical school is sensitive to the desire of students to maintain financial independence of their families, the school is not in a position to transfer financial dependence from one's parents to AMS. Therefore, *parental information is required for all students applying for AMS scholarships and loans as well as many types of federal funding, regardless of the student's age, marital status, or number of years which the student has been self-supporting.*

Parental information may be waived in exceptional circumstances. Students who have unusual family circumstances are advised to discuss their situation with the Director of Financial Aid.

Assessing Student (and Spouse) Resources

Students are expected to pay for a portion of their educational expenses. That contribution depends on several factors which are described below:

- Prior-Prior Year vs. Academic Year Income: In determining student and spouse contributions, the Federal Methodology uses prior-prior year data or income data from two calendar years prior to the academic year for which financial aid is sought. The analysis assumes a continuation of that income in the current calendar year. In many cases, that assumption will be wrong. If your income will be substantially different from one year to the next, please explain this change through the AMS financial aid application process. Years 1 and 2 students should take special care to report large decreases in income from year to year.

- Summer Earnings Expectation: Years 1 and 2 students generally are expected to contribute $1,650 from summer earnings toward their educational expenses. The summer earnings contribution is not waived for students who elect to take courses that are not required for admission to the medical school. Since Years 3 and 4 students are enrolled year round, a summer earnings contribution is not expected unless a significant block of time is free from class or clerkship requirements.

- Student's (and Spouse's) Assets: A contribution is expected from assets which the student and/or spouse own, including, but not limited to, savings, certain types of property, and

investments. Please be aware that federal regulations require assets which are held in the student's social security number or the student's spouse's social security number to be considered a resource for the student's education.

Policy for Satisfactory Academic Progress for Receipt of Federal Financial Aid:
Federal regulations require that all students receiving federal financial aid maintain satisfactory academic progress (SAP). There is both a qualitative and quantitative measure for determining students' progress. **The Federal SAP policy applies to all medical students receiving federal financial aid.** SAP will be assessed at the end of each financial aid year (June 30) to determine medical students' eligibility for federal aid. The following policy presents the standards established by AMS.

Qualitative Measure: Grading Policies and Academic Promotion
The MCASP at AMS is charged with the responsibility of reviewing the academic performance of all medical students. On the basis of this review, the MCASP determines whether students are to be promoted, promoted with conditions, not promoted, placed on academic warning or probation, dismissed, graduated, or graduated contingent upon completion of certain remaining requirements.

The MCASP meets monthly throughout the academic year to discuss student academic progress. Meeting minutes and letters sent to students are also submitted to the OFA. The OFA will contact each student who has failed coursework, or is on either warning or probation, and ask for a remediation plan. The OFA will also advise these students that financial aid may be withheld if they are unable to meet the requirements of remediation within the time-frame set forth. Students who have been placed on financial aid warning/probation, and are unable to complete the required academic plan developed by their advisor within the specified timeframe, will not continue to be eligible for federal financial aid. Failure to complete the requirements in the time-frame set forth will be assessed by the OFA at the end of the financial aid year, June 30. Financial aid eligibility will be suspended for the next aid year if requirements are not met.

Maximum Timeframe
Students will be permitted a maximum timeframe to complete the medical degree:

Degree	Standard (in years	Maximum (in years)
MD	4	6
MD/PhD	8	9

The MCASP may give approval for a student to repeat a portion of the curriculum. The required number of courses, clerkships, and electives to be completed at the end of each enrollment period will vary in these cases, according to what portion of the curriculum must be repeated. In addition, a student may opt to take time away for a project that is relative to their medical education. To accommodate these circumstances, the maximum time-frame for enrollment for an MD degree is six years. The maximum period of six years includes the time spent on an approved leave of absence or during an approved Academic Scholar Program. The maximum time-frame for enrollment for an MD/PhD degree is nine years. Funding beyond the maximum time-frame may be provided only if approved by the MCASP and must be based on a student appeal due to significant mitigating circumstances.

Course Completion Requirements, Remedial Study and Course Repetition

If a student is placed on academic warning by the MCASP, students may receive federal Title IV financial aid, but will be asked to submit the remediation plan set forth by MCASP to the Director of Financial Aid. The student will be responsible for demonstrating to the Director that they have met the terms set forth in their academic plan, and within the plan's specified time- frame, to maintain satisfactory academic progress. As long as the student can demonstrate to the Director at the end of the financial aid year (June 30) that they have met the terms set forth in their academic plan, and within the specified time-frame, they are considered to be making satisfactory academic progress.

At the conclusion of each financial aid year (June 30), if the student has successfully completed the requirements for making satisfactory progress within the time-frame outlined within their plan, the student continues to be eligible for federal aid. Failure to do so at the end of the academic year, when satisfactory academic progress is assessed for all federal aid recipients, will result in suspension of financial aid until the work is satisfactorily completed. The student will receive written notification of the aid suspension. The student may appeal this decision. Refer to the "Appeals" paragraph below.

Appeals

If the student fails to meet the goals of the remediation plan, the student may submit an appeal along with supporting documentation to substantiate their appeal. It is the student's responsibility to keep the OFA informed of progress made toward meeting the plan goals.

A student whose financial aid has been suspended may appeal, based on the death of a relative, an injury or illness of the student, or other special circumstances. The student appeal should be submitted to the director of financial aid, requesting reconsideration of the aid suspension. The appeal must be submitted within three days of the date they received the written notification of aid suspension.

In general, the appeal form that the student prepares should include:

- Reasons why the student did not meet the minimum academic standards; and
- What has changed in their situation to allow them to meet satisfactory academic progress at the next evaluation.

Each appeal will be considered on its own merit. Individual cases will not be considered a precedent. The decision, once made, is final.

Determination of the Student Cost of Attendance

The cost of attendance is thoughtfully calculated annually based on many resources: market analysis of the cost of living in the Providence area, University charges approved by the Brown Corporation and periodic survey feedback from enrolled students regarding their living expenses. The student cost of attendance reflects costs only for periods of enrollment and includes tuition, fees, books and supplies, national board fees, transportation expenses, and reasonable personal and

living expenses. Federal regulations do not permit student budgets to include expenses related to the cost of purchasing an automobile or home and cannot include consumer debt that is not related to educational expenses. The cost of attendance is finalized in April, typically increases by three to 5 percent (3-5%) each year, and is displayed on the financial aid website.

Financial Aid Packages for Students Receiving Institutional Funding

Once financial need has been determined, the OFA constructs a "package" or combination of financial aid resources. The sources of aid are based upon program eligibility criteria, availability of funds, and the student's financial need. Aid packages may consist of scholarship funds, subsidized loans and unsubsidized loans.

The financial need of students who qualify for institutional funding is covered first with a fixed amount in institutional and federal loans, which is called the base loan. All need remaining, after the base loan is subtracted, is met with need-based AMS scholarship.

The amount and composition of the base loan is determined annually upon anticipated institutional resources and the projected aggregate need of financial aid applicants. The first portion of the base loan is the Federal Unsubsidized Direct Loan. This loan has a fixed rate, but is set each year and based on current market rates. It is called an unsubsidized loan because simple interest begins to accrue on this loan from the date that the funds are disbursed to the student's school account. The amount packaged in the Federal Unsubsidized Stafford Loan is determined each year and depends on other aid factors. The initial aid offer notification provides the current base loan amount.

Financial Aid Packages for Students Receiving External Funding

Students who do not qualify for institutional funding may borrow from several loan programs. The most common programs are the Federal Direct Loans, and, if necessary, alternative loans such as the Federal Graduate PLUS Loan. Together, these loans provide sufficient funds to cover the full cost of attendance each year. Students who prefer to borrow from other alternative loan programs should carefully review all of the terms of each loan program in order to make informed decisions about borrowing plans. Creditworthiness and repayment programs beyond graduation are factors to scrutinize when considering these loans. It is advisable to consult the advice of the AMS OFA prior to making your decision.

Financial Aid for MD/PhD Students

During Years 1 to 4 of the MD program, MD/PhD students receive funding to cover tuition and related fees charged by the University. Note that MD/PhD candidates are ***not*** eligible for need-based scholarship in addition to the MD/PhD tuition funding; however, federal loan funding is available to assist with living expenses. While enrolled in the PhD program, students receive fellowship or assistantship support including full tuition and fees, and a stipend for 12 months per year, for up to five years.

MD/PhD students must complete all experimental work needed for the thesis prior to re-entry into the Year 3 of medical school and successfully defend their thesis prior to entry into the Year 4 to receive the tuition and fee scholarship in Years 3 and 4.

Financial Aid for International Students

Eligibility for institutional aid is determined at the point of the admission application for candidates who are neither U.S. citizens nor U.S. permanent residents. This decision cannot be re-considered afterward. International students who are enrolled in the PLME should be aware of the AMS policy and note that financial aid will not be available to them in their medical years of study.

Outside Awards

Recipients of private loans and/or scholarships are obligated to provide the AMS OFA with written confirmation of the annual award from the outside agency. Outside awards first reduce the student's least favorable loans (e.g., Federal Graduate PLUS or Federal Unsubsidized Direct loans). Awards that exceed the amount borrowed through these loans then reduce the AMS loans and scholarship.

Appeal of Financial Aid Decisions

A medical student who feels that their application for financial aid has not been given full consideration should first discuss the matter with the Director of Financial Aid. If, after discussing the matter with the financial aid staff, the student does not feel the award is appropriate under the University guidelines, the student may appeal to the Senior Associate Dean for Medical Education. The Senior Associate Dean will consult with the Dean of the Medical School. All the matters pertaining to financial aid are confidential, and all decisions made by the Dean are final.

Withdrawals and the Return of Title IV Funds

See Policy No. 12-02.

Reinstatement

A student shall be reinstated for federal Title IV financial aid eligibility at such time as they have satisfactorily completed sufficient coursework/remediation requirements to meet the standards for progress set forth in this policy, as determined by the Senior Associate Dean of Medical Education and the MCASP.

SECTION XIV: MEDICAL STUDENT CONFLICT OF INTEREST POLICY

The Warren Alpert Medical School of Brown University

Student Conflict of Interest Policy

See Policy No. 01-02.02 and the accompanying Appendices A and B.

APPENDIX A

Technical Standards for Medical School Admission, Continuation, and Graduation

See Policy No. 10-05.

APPENDIX B

Educational Objectives and Guidelines for Approving a Sub-internship

The general purpose of a sub-internship is to immerse the student in a simulation of the experiences of a first-year resident, thereby promoting the development of clinical skills, organizational abilities, and the capacity to work as part of a medical care team, and learn an approach to integrating the demands of residency with the students of a first-year resident, thereby promoting the transition to postgraduate training.

A sub-internship should also provide the student with an opportunity to:

- Enhance the communication skills critical to patient care, including direct communication with patients and families; documentation skills; verbal and written communication with other physicians including sign out/patient handoffs; communication with non-physician team members; and participation in discharge planning.

- Advance his or her knowledge of disorders that are common in his or her chosen specialty.

- Further develop patient management skills, including the ability to perform routine but important procedures.

- Enhance the skills associated with life-long learning and the practice of evidence- based medicine (e.g., reading and interpreting the medical literature, medical informatics).

To achieve the above educational goals, a sub-internship should have the following characteristics:

- If done at a Brown-affiliated hospital, it should be supervised by a Brown faculty member based in a clinical department of the Alpert Medical School. This faculty member will take responsibility for evaluating students in the sub-internship and for evaluation of the sub-internship itself. While this individual need not be the person responsible for the clinical service in which the sub-intern participates, the sponsor should meet with the sub-intern on a regular basis (minimum weekly) during the rotation.

- For sub-internships done away, there must be a designated faculty member who assumes responsibility for evaluating the student.

- The student's role should be defined in such a way that he or she fulfills the role of a first-year trainee in the specialty. That is, patients assigned to the sub-intern should not also be assigned to a first-year trainee in the specialty. Furthermore, sub-internship experiences should be confined to rotations in which first-year trainees in the specialty participate.

- The student should be expected to assume the on-call responsibilities of a first-year trainee in the specialty.

- The educational goals and plan for the sub-internship should fulfill the requirements for certification of a minimum of three competencies, as defined by the *Nine Abilities*.

Additional requirements for a sub-internship include the following:

- The related core clerkship(s) must be successfully completed prior to the sub- internship.

- Students must be assigned for the majority of their time on the sub-internship to inpatient clinical services.

- The sub-internship must be an inpatient experience at a Brown-affiliated institution or at an institution affiliated with an accredited U.S. or Canadian Medical School. In the case of away sub-internships, the rotation must fulfill the sub-internship requirement at our institution.

- A new sub-internship must be considered and approved by the MCC prior to enrollment of any students. Away sub-internships will be considered on a case-by-case basis and approved if they are in accordance with the completed away sub- internship checklist.

APPENDIX C

Lifespan Policy Regarding Bloodborne Pathogen-infected Healthcare Workers

(see following pages)

Rhode Island Hospital Policy Manual	**Subject:** Management of bloodborne pathogen (HBV, HCV, or HIV) infected healthcare providers	**File Under:** Administration Admin-69
Issuing Department: Epidemiology & Infection Control	**Endorsement:** Infection Control Committee	**Revision Dates:** 9/93;8/99;4/02;8/08;11/10;9/13; 9/15
Original Policy Date: 2/89	**Page 1 of 6**	**Approved by:** _____ Leonard A. Mermel, DO, ScM Chairman, Infection Control Committee _____ Latha Sivaprasad, MD Senior Vice President, Chief Medical Officer _____ Barbara P. Riley, RN, MS Senior Vice President, Chief Nursing Officer

I. Purpose

This policy addresses bloodborne pathogen-infected healthcare workers (HCW) (ie, individuals with direct patient care responsibilities) in an effort to minimize the risk of provider-to-patient bloodborne pathogen transmission.

II. Policy

Although the risk of transmission of HBV, HCV or HIV from HCW to patient is extremely low, a bloodborne pathogen-infected HCW has the responsibility to take appropriate precautions to prevent pathogen transmission. The risk of transmission is related to the HCW's viral load as well as the nature of the clinical activities being performed.

Healthcare workers will not be refused employment or be terminated unless their illness interferes with job performance and/or poses a hazard to patients or other HCWs.

To assist bloodborne pathogen-infected HCWs in managing the risk of transmission to patients, Lifespan provides an Expert Review Panel consisting of specialists in Healthcare

Epidemiology, Infectious Diseases and/or Hepatology, Occupational Medicine and others as needed. The panel will also obtain the expertise of a practitioner in the same specialty as the infected HCW to understand the nature of the HCWs practice. The panel will carry out their responsibilities with strict confidentiality.

Practitioners may access the Expert Review Panel by contacting the Medical Director of Lifespan Employee & Occupational Health or the Department of Epidemiology and Infection Control at their affiliate.

The Expert Review Panel will also be consulted if there is suspicion of a HCW to patient transmission in order to determine the appropriate actions to be taken, including patient notification. There is an expectation that patients should be informed in the case of a possible transmission. All staff is expected to follow the policy on Management of Patients/Visitors Exposed to Possible Bloodborne Pathogens by notifying the Department of Epidemiology and Infection Control and the Risk Management Department.

The Expert Review Panel will use the guidelines in Appendix A to this policy for their recommendations. Appendix B contains answers to questions that infected HCWs may have.

Appendix reference:

Henderson DK, Dembry L, Fishman NO, Grady C, Lundstrom T, Palmore TN, Sepkowitz KA, Weber DJ; Society for Healthcare Epidemiology of America. SHEA guideline for management of healthcare workers who are infected with hepatitis B virus, hepatitis C virus, and/or human immunodeficiency virus. Infect Control Hosp Epidemiol. 2010;31:203-232.

Appendix A

TABLE 1. Summary Recommendations for Managing Healthcare Providers Infected with Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and/or Human Immunodeficiency Virus (HIV)

Virus, circulating viral burden	Categories of clinical activities[a]	Recommendation	Testing
HBV			
$<10^4$ GE/mL	Categories I, II, and III	No restrictions[b]	Twice per year
$\geq 10^4$ GE/mL	Categories I and II	No restrictions[b]	NA
$\geq 10^4$ GE/mL	Category III	Restricted[c]	NA
HCV			
$<10^4$ GE/mL	Categories I, II, and III	No restrictions[b]	Twice per year
$\geq 10^4$ GE/mL	Categories I and II	No restrictions[b]	NA
$\geq 10^4$ GE/mL	Category III	Restricted[c]	NA
HIV			
$<5 \times 10^2$ GE/mL	Categories I, II, and III	No restrictions[b]	Twice per year
$\geq 5 \times 10^2$ GE/mL	Categories I and II	No restrictions[b]	NA
$\geq 5 \times 10^2$ GE/mL	Category III	Restricted[d]	NA

NOTE. These recommendations provide a framework within which to consider such cases; however, each such case is sufficiently complex that each should be independently considered in context by the expert review panel (see text). GE, genome equivalents; NA, not applicable.

[a] See Table 2 for the categorization of clinical activities.

[b] No restrictions recommended, so long as the infected healthcare provider (1) is not detected as having transmitted infection to patients; (2) obtains advice from an Expert Review Panel about continued practice; (3) undergoes follow-up routinely by Occupational Medicine staff (or an appropriate public health official), who test the provider twice per year to demonstrate the maintenance of a viral burden of less than the recommended threshold (see text); (4) also receives follow-up by a personal physician who has expertise in the management of her or his infection and who is allowed by the provider to communicate with the Expert Review Panel about the provider's clinical status; (5) consults with an expert about optimal infection control procedures (and strictly adheres to the recommended procedures, including the routine use of double-gloving for Category II and Category III procedures and frequent glove changes during procedures, particularly if performing technical tasks known to compromise glove integrity [eg, placing sternal wires]), and (6) agrees to the information in and signs a contract or letter from the Expert Review Panel that characterizes her or his responsibilities (see text).

[c] These procedures permissible only when viral burden is $<10^4$ GE/mL.

[d] These procedures permissible only when viral burden is $<5 \times 10^2$ GE/mL.

TABLE 2. Categorization of Healthcare-Associated Procedures According to Level of Risk for Bloodborne Pathogen Transmission

Category I: Procedures with de minimis risk of bloodborne virus transmission

- Regular history-taking and/or physical or dental examinations, including gloved oral examination with a mirror and/or tongue depressor and/or dental explorer and periodontal probe
- Routine dental preventive procedures (eg, application of sealants or topical fluoride or administration of prophylaxis[a]), diagnostic procedures, orthodontic procedures, prosthetic procedures (eg, denture fabrication), cosmetic procedures (eg, bleaching) not requiring local anesthesia
- Routine rectal or vaginal examination
- Minor surface suturing
- Elective peripheral phlebotomy[b]
- Lower gastrointestinal tract endoscopic examinations and procedures, such as sigmoidoscopy and colonoscopy
- Hands-off supervision during surgical procedures and computer-aided remote or robotic surgical procedures
- Psychiatric evaluations[c]

Category II: Procedures for which bloodborne virus transmission is theoretically possible but unlikely

- Locally anesthetized ophthalmologic surgery
- Locally anesthetized operative, prosthetic, and endodontic dental procedures
- Periodontal scaling and root planing[d]
- Minor oral surgical procedures (eg, simple tooth extraction [ie, not requiring excess force], soft tissue flap or sectioning, minor soft tissue biopsy, or incision and drainage of an accessible abscess)
- Minor local procedures (eg, skin excision, abscess drainage, biopsy, and use of laser) under local anesthesia (often under bloodless conditions)
- Percutaneous cardiac procedures (eg, angiography and catheterization)
- Percutaneous and other minor orthopedic procedures
- Subcutaneous pacemaker implantation
- Bronchoscopy
- Insertion and maintenance of epidural and spinal anesthesia lines
- Minor gynecological procedures (eg, dilatation and curettage, suction abortion, colposcopy, insertion and removal of contraceptive devices and implants, and collection of ova)
- Male urological procedures (excluding transabdominal intrapelvic procedures)
- Upper gastrointestinal tract endoscopic procedures
- Minor vascular procedures (eg, embolectomy and vein stripping)
- Amputations, including major limbs (eg, hemipelvectomy and amputation of legs or arms) and minor amputations (eg, amputations of fingers, toes, hands, or feet)
- Breast augmentation or reduction
- Minimum-exposure plastic surgical procedures (eg, liposuction, minor skin resection for reshaping, face lift, brow lift, blepharoplasty, and otoplasty)
- Total and subtotal thyroidectomy and/or biopsy
- Endoscopic ear, nose, and throat surgery and simple ear and nasal procedures (eg, stapedectomy or stapedotomy, and insertion of tympanostomy tubes)
- Ophthalmic surgery
- Assistance with an uncomplicated vaginal delivery[e]
- Laparoscopic procedures
- Thoracoscopic procedures[f]
- Nasal endoscopic procedures[g]
- Routine arthroscopic procedures[h]
- Plastic surgery[i]
- Insertion of, maintenance of, and drug administration into arterial and central venous lines
- Endotracheal intubation and use of laryngeal mask
- Obtainment and use of venous and arterial access devices that occur under complete antisepsis technique, using universal precautions, "no-sharp" technique, and newly gloved hands

Category III: Procedures for which there is definite risk of bloodborne virus transmission or that have been classified previously as "exposure-prone"

- General surgery, including nephrectomy, small bowel resection, cholecystectomy, subtotal thyroidectomy other elective open abdominal surgery
- General oral surgery, including surgical extractions,[j] hard and soft tissue biopsy (if more extensive and/or having difficult access for suturing), apicoectomy, root amputation, gingivectomy, periodontal curettage, mucogingival and osseous surgery, alveoplasty or alveolectomy, and endosseous implant surgery

TABLE 2. *(Continued)*

- Cardiothoracic surgery, including valve replacement, coronary artery bypass grafting, other bypass surgery, heart transplantation, repair of congenital heart defects, thymectomy, and open-lung biopsy
- Open extensive head and neck surgery involving bones, including oncological procedures
- Neurosurgery, including craniotomy, other intracranial procedures, and open-spine surgery
- Nonelective procedures performed in the emergency department, including open resuscitation efforts, deep suturing to arrest hemorrhage, and internal cardiac massage
- Obstetrical/gynecological surgery, including cesarean delivery, hysterectomy, forceps delivery, episiotomy, cone biopsy, and ovarian cyst removal, and other transvaginal obstetrical and gynecological procedures involving hand-guided sharps
- Orthopedic procedures, including total knee arthroplasty, total hip arthroplasty, major joint replacement surgery, open spine surgery, and open pelvic surgery
- Extensive plastic surgery, including extensive cosmetic procedures (eg, abdominoplasty and thoracoplasty)
- Transplantation surgery (except skin and corneal transplantation)
- Trauma surgery, including open head injuries, facial and jaw fracture reductions, extensive soft-tissue trauma, and ophthalmic trauma
- Interactions with patients in situations during which the risk of the patient biting the physician is significant; for example, interactions with violent patients or patients experiencing an epileptic seizure
- Any open surgical procedure with a duration of more than 3 hours, probably necessitating glove change

NOTE. Modified from Reitsma et al.[3]

[a] Does not include subgingival scaling with hand instrumentation.

[b] If done emergently (eg, during acute trauma or resuscitation efforts), peripheral phlebotomy is classified as Category III.

[c] If there is no risk present of biting or of otherwise violent patients.

[d] Use of an ultrasonic device for scaling and root planing would greatly reduce or eliminate the risk for percutaneous injury to the provider. If significant physical force with hand instrumentation is anticipated to be necessary, scaling and root planing and other Class II procedures could be reasonably classified as Category III.

[e] Making and suturing an episiotomy is classified as Category III.

[f] If unexpected circumstances require moving to an open procedure (eg, laparotomy or thoracotomy), some of these procedures will be classified as Category III.

[g] If moving to an *open* procedure is required, these procedures will be classified as Category III.

[h] If opening a joint is indicated and/or use of power instruments (eg, drills) is necessary, this procedure is classified as Category III.

[i] A procedure involving bones, major vasculature, and/or deep body cavities will be classified as Category III.

[j] Removal of an erupted or nonerupted tooth requiring elevation of a mucoperiosteal flap, removal of bone, or sectioning of tooth and suturing if needed.[4]

Appendix B

Q. Should HCWs be routinely tested for HIV infection?

A. A HCW who conducts Category III procedures should strongly consider being tested for HBV, HCV, and HIV. EOHS will provide such voluntary confidential testing.

A HCW who knows that he or she is the source of a patient exposure (ie, as defined by the CDC—a percutaneous, mucous membrane or non-intact skin exposure) to his or her blood or hazardous blood or body fluid should report the exposure and should undergo testing for infection with bloodborne pathogens.

Q. Are there any medical settings in which a bloodborne pathogen-infected HCW should be routinely required to notify patients of his or her bloodborne pathogen status; and, if so, what are the specific types of circumstances requiring notification?

A. Bloodborne pathogen-infected HCWs who are adhering to this policy are not required to disclose their infection status to a patient unless the HCW is the source of an exposure for a patient (i.e., exposed to blood or other potentially contaminated bodily fluid of the HCW).

Q. Should an inadvertently exposed patient be notified of the exposure?

A. A patient who has been exposed (ie, by way of percutaneous, mucous membrane, or non-intact skin exposure) to the blood or potentially contaminated body fluid of any HCW should be notified of the exposure promptly and given clear options for follow-up testing and management (see policy Admin 67).

APPENDIX D

Directory of Referenced AMS Staff

Administrative Coordinator, Office of Medical Education: Shannon Hartman

Assistant Dean for Medical Education / Director of the Year 1 Curriculum: Thais Mather, Ph.D.

Assistant Dean for Medical Education / Director of the Year 2 Curriculum / Director, Longitudinal Integrated Clerkship / Interim Associate Dean for Medical Education: Sarita Warrier, M.D., FACP

Assistant Director of Academic Records: Manjushree Burdekar

Associate Dean for Diversity and Multicultural Affairs: Joseph Diaz, M.D., MPH, FACP

Associate Dean for Student Affairs: Roxanne Vrees, M.D.

Dean of Medicine and Biological Sciences: Jack Elias, M.D.

Deputy Title IX Program Coordinator for the Alpert Medical School: Lindsay Orchowski, Ph.D.

Director, Career Development: Alex Morang, MA

Director, Clinical Skills Simulation Center: Scarlett Handley, RN

Director of Community Engagement & Scholarship: Julia Noguchi, MA, MPH

Director, Doctoring Program: Steve Rougas, MD, MS, FACEP

Director of Faculty Development: Emily Green, MA, Ph.D.

Director of Financial Aid: Linda Gillette

Learning and Accessibility Specialist: Lorrie Gehlbach, Ph.D.

Senior Associate Dean for Academic Affairs: Michele Cyr, M.D.

Senior Associate Dean for Medical Education: Allan Tunkel, M.D., Ph.D., MACP