

 <p><b>BROWN</b> Alpert Medical School</p>	<p><b>Academic and Learning Environment Policies</b></p>	<p><b>POL NO.: 03-00, includes:</b>  POL No.: 03-03  POL No.: 03-04  POL No.: 03-05.01  POL No.: 03-05.02  POL No.: 03-06</p> <hr/> <p>Effective Date: July 1, 2019</p>
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**1.0 Policy Purpose**

The purpose of this policy is to govern the academic and learning environment for The Warren Alpert Medical School of Brown University (AMS) students and those with whom students associate (e.g. other students, faculty). Academic and Learning Environment policies contain policies related to the following:

- Diversity Categories (Element 3)
- Anti-discrimination (Element 4)
- Learning environment/professionalism (includes student behavior) (Element 5)
- Mistreatment (Element 6)

Such policies are in place to ensure compliance with Liaison Committee on Medical Education (LCME) requirements for re-accreditation, and correspond to elements contained in Standard 3 (Academic and Learning Environments).

**2.0 To Whom the Policy Applies**

This policy applies to all AMS community members.

**3.0 Policy Statement**

**3.1 Diversity Categories (POL No. 03-03)**

For the purposes of recruitment and retention activities, AMS defines the following diversity categories - Black/African American and Hispanic/Latino (as seen in the LCME Standard on the Academic Environment) - as the focus of these efforts. However, AMS policy around the elements of diversity and the broader issues of diversity and inclusivity are contained within the Diversity and Inclusion Action Plan (DIAP). AMS recognizes that the definition of underrepresented in medicine (URiM) is dynamic and based on regional and national demographics. As such, AMS reviews its designated diversity categories and related programming and initiatives on an ongoing basis.

**3.2 Anti-Discrimination Policy (POL No. 03-04)**

Medical students who experience discrimination on the basis of race, color, or national origin should also refer to the Learning Environment policies and procedures (Section VII of the AMS Student Handbook) for more information about resources (both confidential and otherwise) as well as reporting mechanisms. The medical school’s [Office of Diversity and Multicultural Affairs](#) can advise and support students on issues related, but not limited to, race, ethnicity, religion, sex, sexual orientation, gender identity, veteran status, age, socio-economic and geographic background, and

students may also access Brown's Title VI office through the [Office of Institutional Equity and Diversity \(OIED\)](#). Discrimination and harassment reports can be made to OIED by completing the [Incident Reporting form](#) and emailing it to [oied-intake@brown.edu](mailto:oied-intake@brown.edu).

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. (See Pol No. 03-05.01.)

To promote this goal, AMS upholds the expectation that medical students will be treated appropriately and with dignity. Respect is to be demonstrated toward all students, regardless of sex, gender identity or expression, race, color, religion, age, disability status, status as a veteran, national or ethnic origin, sexual orientation or any other category protected by applicable law. Under no circumstances will AMS consider it acceptable practice for faculty or staff to demonstrate bias, prejudice, exclusion or other unprofessional behavior\* such as humiliation towards our students. A respectful learning environment also includes the use of appropriate language, through attention to cultural sensitivity (e.g., referring to students by their preferred pronouns; using respectful terminology when referring to race or other identifying characteristics of a particular group of people). Students are held to the same professional standards (see Sections V and VI of the AMS Student Handbook) of respect towards all colleagues, faculty and staff in the learning environment. (See also Section VII: The Learning Environment of the AMS Student Handbook for examples of positive and incongruent behavior/treatment.)

Students in the medical school have the right to file a report alleging that they are being subjected to prohibited discriminatory treatment in a program or activity of the University based on their disability status. For more information about the reporting process, please visit the [Student and Employee Accessibility Services \(SEAS\) website](#), call SEAS at 401-863-9588, or email [SEAS@brown.edu](mailto:SEAS@brown.edu).

***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.*

See also [Brown University Discrimination and Harassment Policy](#).

*\*Such unacceptable behavior includes the creation of a concern of "retaliation" for the filing of a complaint about mistreatment.*

### **3.3 Learning Environment (POL No. 03-05.01) / Professionalism (POL No. 03-05.02)**

#### **3.3.1 Principles of the Learning Environment (POL No. 03-05.01)**

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.

To promote this goal, AMS upholds the expectation that medical students will be treated appropriately and with dignity. Respect is to be demonstrated toward all students, regardless of sex, gender identity or expression, race, color, religion, age, disability status, status as a veteran, national or ethnic origin, sexual orientation or any other category protected by applicable law. Under no circumstances will AMS consider it acceptable practice for faculty or staff to demonstrate bias, prejudice, exclusion, or other unprofessional behavior\* such as humiliation towards our students. A respectful learning environment also includes the use of appropriate language, through attention to cultural sensitivity (e.g., referring to students by their preferred pronouns; using respectful terminology when referring to race or other identifying characteristics of a particular group of people). Students are held to the same professional standards (see Sections V and VI of the AMS Student Handbook) of respect towards all colleagues, faculty, and staff in the learning environment.

Some behaviors that are not congruent with this principle may be unintentional, and we strive to create an environment in which those and other concerns will be addressed and corrected in a thoughtful manner.

Given our shared values for optimal learning and quality patient care, the AMS Principles support all members of our community in achieving their goals as excellent learners, teachers, and medical professionals. AMS will continue to promote a positive learning environment through ongoing discussions with members of the educational community and oversight of its system for reporting concerns about our learning environment.

*\*Such unacceptable behavior includes the creation of a concern of “retaliation” for the filing of a complaint about mistreatment.*

### Conclusion

Through these principles on the learning environment at AMS, we affirm our commitment to shaping a culture of teaching and learning that is rooted in respect for all. The Learning Environment procedures will outline the steps by which mistreatment or other concerns with the learning environment are handled in our institution.

*Any questions related to the Learning Environment should be directed to the Associate Dean for Student Affairs.*

***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.*

### 3.3.2 Professionalism and Medical Student Behavior (POL No. 03-05.02)

#### 3.3.2.1 Professionalism. Medical Committee on Academic Standing and Professionalism (MCASP) will adhere to the following guidelines for decisions related to issues of professionalism:

Issues of professionalism are documented via a brief reporting form (the “[Professionalism Report Form](#)”) that can be completed by individuals within the community (e.g., staff, faculty, and residents). These forms can be filled out directly by an individual or may be filled out on behalf of an educational unit. For example, if a clinical preceptor indicates on a rotation evaluation that a student does not meet expectations in the realm of professional behavior, a Professionalism Report Form may be completed by members of the Student Support Committee using that information and issued on behalf of that preceptor or rotation.

First reports of unprofessional behavior are submitted to the Associate Dean for Student Affairs. Anonymous reports will not be accepted. Single reports of unprofessional conduct will be dealt with on a case-by-case basis, with the main intent of providing formative feedback to the student. If the reported behavior is egregious, it may be brought to the attention of the MCASP for discussion of whether the student should be placed on Professionalism Warning, receive a Professionalism Citation, or be considered for dismissal. Per the processes outlined on the Professionalism Report Form, the student will meet with the Associate Dean for Student Affairs and both will sign the form indicating that they have discussed the behavior in question and any plans for remediation of the behavior. The signed report will be placed in the student’s Electronic Medical Student Record (EMSR), which is an internal system that does not report out to external individuals or programs.

When a student’s behavior raises concern about a potential violation of the Academic Code, MCASP will review the report and consider as it would any other professionalism issue. In these cases, MCASP may also elect to refer to the University’s Standing Committee on the Academic Code for additional sanctions such as a transcript notation.

Generally speaking, professionalism lapses are considered separately from academic failures. However, in certain cases where a professionalism issue is repeated or pervasive in nature, it may also adversely impact a student’s grade in a course or clerkship.

Two or more reports of unprofessional behavior will be considered a pattern and will be brought to the attention of the MCASP. The student in question will be alerted when their behavior is discussed at the MCASP, and may be asked to meet with the Associate Dean and/or their faculty mentor prior to that MCASP meeting. The Associate Dean will communicate any relevant MCASP actions to the student as soon as possible following the meeting.

The MCASP will determine if the pattern of behavior warrants a Professionalism Warning (“Warning”). A Warning will take the form of a letter to the student (1) expressing concern regarding the pattern of behavior and (2) asking the student to respond to MCASP by writing a brief reflection on the behavior in question, including a concrete plan for remediating the issue. The student’s faculty mentor and the Associate Dean for Student Affairs will act as resources for the student in writing an appropriate response and outlining a plan.

The Warning will indicate that if the student's response is not received within an appropriate time frame (as determined by the MCASP and the Office of Student Affairs), the remediation plan is not determined to be sufficient, and/or the remediation plan is not enacted appropriately and within an explicit time frame (as determined by the MCASP and the Office of Student Affairs), the student may receive a Professionalism Citation ("Citation") that, per AAMC guidelines, will be included as part of the student's Medical Student Performance Evaluation (MSPE).

In certain circumstances, when the behavior in question is considered egregious in nature, MCASP may decide to bypass the Warning stage and issue the student a Professionalism Citation. Per AAMC guidelines, the Citation will be included as part of the student's MSPE.

If a student who has received a Professionalism Warning receives an additional Professionalism Report, that student will be considered by the MCASP for a Professionalism Citation that, per AAMC guidelines, will be included as part of the student's MSPE.

If the MCASP issues a Professionalism Citation after MSPEs have been distributed but prior to the Match, an addendum to the student's MSPE will be created and the revised MSPE will be distributed via ERAS. If the MCASP issues a Professionalism Citation after the Match, a letter describing the Citation will be sent to the student's Residency Program Director.

If a behavior is particularly egregious, or if a student has received a Professionalism Citation and subsequently has another instance of unprofessional behavior documented via a Report Form, the student will be considered by the MCASP for dismissal from medical school.

Though an internal designation, once placed on Professionalism Warning, a student may not be returned to Good Professionalism Standing. Once a Professionalism Citation has been issued by MCASP, no mechanism exists by which that Citation may be removed from the student's record.

3.3.2.2 Medical Student Standards of Behavior. Medical students acquire skills and knowledge not only for their own benefit but also for the benefit of another party – their patients. The duty to act in the best interest of the patient is the fundamental ethical principle of the medical profession. This duty dictates certain standards of professional behavior for medical students (and physicians) which include, but are not limited to, the following:

*Mutual Trust.* Medical students are required to learn about their patients' values, traditions, and beliefs as they relate to the care and treatment options available to the patient. The goal is to develop mutual trust between patients and medical students and to develop effective student-patient relationships. The oath that AMS students take upon becoming a physician articulates this kind of trust: "*The health and dignity of my patient will ever be my first concern. I will not permit consideration of race, gender, sexual preference, religion, nationality, or social standing to come between me and my duty to anyone in need of my services.*" In the case of an irresolvable conflict between the ethical beliefs and values of a medical student and a patient, the medical student needs to avoid argument, judgment of the patient's personal integrity, or any action that would cause the patient to avoid seeking appropriate medical treatment and care. The student

should seek to understand the patient's value system. The sensitive medical student avoids making assumptions based on stereotypes or preconceived ideas, and asks questions of patients about their beliefs, values, and lifestyle in a respectful, open, and empathetic manner. The medical student's role is to explain the options available to the patient thoroughly and objectively, giving appropriate time and emphasis to each option while remaining sensitive to the patient's value system. Should a patient wish to pursue an option of treatment or care that the student cannot carry out or arrange because of the student's own beliefs and values, the student must discuss the situation with his/her supervisor to assure appropriate follow-up.

*Professionalism.* As future physicians responsible for the well-being of patients, medical students are held to very high standards of professional behavior. The professional behavior expected of medical students includes, but is not limited to, fulfilling all academic and extra-curricular commitments, responding to communications from AMS faculty and staff in a timely manner, notifying the appropriate personnel about anticipated absences within a reasonable time frame, complying with immunization and other training requirements, adhering to clinical schedules in a punctual and responsible manner, using appropriate and constructive language in verbal and written communications and evaluations of courses, clerkships, and faculty presenters, and treating all community members (fellow students, staff, faculty, and patients) with respect. For more information, please see Section V, subsection "Professionalism" of the AMS Student Handbook.

*Honesty.* Cheating on examinations, falsifying applications or data on medical records, cutting and pasting of another person's notes into a patient chart, and other forms of intellectual dishonesty are wrong not only because such behavior violates intrinsic academic integrity, but also because such behavior may be deleterious to patients.

*Health.* Specific illnesses that impair performance may include, but are not limited to, active drug and/or alcohol addiction, severe depression and other psychiatric illnesses and sometimes, physical illnesses. It is not permissible for students to interact with patients while impaired by these conditions. It is the policy of the medical school to encourage recognition of illness which leads to impairment in medical students and to support treatment so that those students may continue their education successfully and without stigma. The medical school considers students' insight into their own health, and willingness to seek help for any existing conditions, to be an element of professionalism.

*Boundary violations with patients.* It is never appropriate to have a sexual relationship with a current patient. Knowledge acquired during the doctor-patient relationship should never be used for any purpose other than therapeutic. A romantic relationship with a patient is always inappropriate. Relationships with other students, staff and faculty are not addressed in this policy, but are addressed by [University policies](#). Below is an excerpt from Brown University's Title IX policy regarding prohibited intimate relationships.

Relationships of a sexual or intimate nature between individuals where one individual has power, supervision or authority over another are prohibited by Brown University. Relationships of a sexual or intimate nature between individuals who are faculty and staff must be disclosed on a Conflict of Interest Form and may require a Management Plan.

In the academic context, Prohibited Conduct under this policy often involves the inappropriate personal attention by an individual who is in a position to exercise professional power over another individual. This could include an instructor who determines a student's grade or who can otherwise affect the student's academic performance or professional future; a tenured professor whose evaluation of a junior colleague can affect the latter's professional life; or a coach who can affect the participation of a student-athlete. Taking advantage of one's power, supervision or authority over another is unacceptable and may create a hostile environment for the individuals involved and the community at large that seriously undermines the atmosphere of trust essential to the academic enterprise.

Amorous relationships that might be appropriate in other circumstances have inherent dangers when they occur between an instructor or officer of the University and a person for whom they have a professional responsibility (*i.e.*, as instructor, advisor, evaluator, supervisor, coach, mentor). Implicit in the idea of professionalism is the recognition by those in positions of authority that in their relationships with students, faculty or staff there is an element of power. It is incumbent upon those with authority not to abuse, nor to seem to abuse, the power with which they are entrusted.

As defined in Section VIII of the AMS Student Handbook, an essential element of consent to sexual contact is that it be freely given. Freely given consent might not be present, or may not even be possible, in relationships of a sexual or intimate nature between individuals where one individual has power, supervision or authority over another.

Any member of the Brown University community with questions, concerns or doubts about the appropriateness of an actual, anticipated or suspected relationship should consult with the appropriate Dean, Deputy Title IX Coordinator, and/or the Title IX Program Officer.

*Criminal activities.* These include, but are not limited to, selling or dealing drugs, driving while under the influence of alcohol or drugs, child abuse, violence against others, possession of child pornography and sexual activities resulting in legal designation as a registered sex offender. Such behavior is incompatible with medical professionalism.

*Dress code.* Medical students and physicians are expected to dress in ways consistent with the expectations of the medical profession, particularly when working in clinical settings. During Years 1 and 2, these standards will be communicated to students by the Doctoring faculty or staff; during Years 3 and 4, students are expected to abide by the policies of the hospitals and practices in which they are working.

*Social networking and use of social media.* The medical school strongly advises students to exercise caution when using social networking tools such as Facebook, Twitter, Tumblr, You Tube, Instagram, SnapChat, websites, and blogs. These tools, while useful for interaction around social causes or political movements, can create professional and ethical dilemmas regarding relationships with patients, patient confidentiality and patient trust in care providers. Additionally, they can contribute to a blurring of the line between professional contexts, in which you

represent Brown and the medical profession generally, and other more personal interactions. AMS students must be cognizant of the “social contract” between physicians and the public that holds medical professionals to high standards of behavior.

Specifically, students are prohibited from sharing personal expressions, in the form of text, photos, images or video, that:

- Violate patient confidentiality
- Violate the doctor-patient relationship
- Depict illegal activities
- Depict activities that are not congruent with the professional standards expected of medical students and physicians

Students are strongly discouraged from sharing personal expressions in the form of text, photos, images or videos that could impair a student’s ability to form a therapeutic relationship with patients or to have a professional relationship with medical colleagues and supervisors. In short, AMS expects students, like physicians, to maintain a high level of professionalism in their non-medical public life.

#### Reporting Violations

There is an ethical imperative to report medical students and physicians who are in violation of these standards. Reports about students may be made using the professionalism reporting form or evaluations as part of the process described in Section V of the AMS Student Handbook, or directly to the Associate Dean of Student Affairs, or the Associate or Assistant Deans of Medical Education. Anonymous reports will not be accepted, but the confidentiality of the reporter may be protected. There will be no adverse consequences to the reporter for reports submitted in good faith, whether or not the concerns are validated. Students cannot fill out professionalism forms for other students, but are encouraged to discuss concerns with a member of the AMS administration.

Concerns about faculty or other physicians, as appropriate, can be directed to preceptors, course or clerkship directors, the Associate Dean of Student Affairs, the Senior Associate or Associate Dean of Medical Education, or the Physician Health Program of the Rhode Island Medical Society. If the behavior of a physician has resulted in an improper interaction with a medical student, a mistreatment form (see Section VII: The Learning Environment, of the AMS Student Handbook) may be filled out at the discretion of the medical student, and the report will be handled by the Executive Committee of the Committee on the Learning Environment (COLE). Students cannot fill out professionalism forms for other students, but are encouraged to discuss concerns with a member of the AMS administration.

In cases where medical students have violated the above standards of behavior, the Medical Committee on Academic Standing and Professionalism (MCASP) will review pertinent information and follow the processes described in Section V of the AMS Student Handbook to determine an appropriate course of action. The MCASP and the Senior Associate Dean for Medical Education have the authority to place a student on a leave of absence when the student’s behavior raises questions as to whether or not the student should be in contact with patients. If the MCASP or the Senior Associate Dean renders such a decision, the student may appeal the decision to the Dean of Medicine and Biological Sciences using the procedure described in Section V of the AMS Student Handbook.

### The Academic Code

Alpert Medical School students are expected to adhere to Brown University's Academic Code, which may be found [here](#). Under usual circumstances, these policies will be applied to medical students. In some cases (e.g., parental notification), policies intended for undergraduate students may not be appropriate for medical students.

If it is determined by the MCASP that a medical student is in violation of the academic code, MCASP will consider the violation as it would any other professionalism issue. In these cases, MCASP may also elect to refer the matter to the University's Standing Committee on the Academic Code for additional sanctions such as a transcript notation. Prior to doing so, the MCASP shall afford the student the opportunity to appear before the MCASP in order to speak and respond to questioning. The MCASP may also invite other individuals to appear for the purpose of providing information to the Committee. The student may be accompanied by their faculty mentor or another support person, but may not be accompanied by an attorney. The student will be informed of any sanctions enacted by the MCASP in a letter from the MCASP. The student will be informed in the letter that he or she has the right to appeal any decisions to the Dean of Medicine and Biological Sciences.

Further guidelines can be found in the [Academic Code Handbook](#). The Medical School will work with the University to determine due process.

Students, faculty, and staff at AMS also adhere to the [Brown University Code of Conduct](#), [University Code of Student Conduct](#), as well as to the [Principles of the Learning Environment at the Warren Alpert Medical School of Brown University](#) (see also Section VII of the AMS Student Handbook).

### 3.4 **Mistreatment Policy (POL No. 03-06)**

AMS defines mistreatment as any behavior that is harmful or offensive to an individual student and interferes with the student's learning. This may include public embarrassment or humiliation; threat of or actual physical harm; [sexual harassment or assault](#); discrimination or harassment based on race, color, religion, ethnicity or national origin, sex, gender identity or expression, sexual orientation, disability, age, or personal beliefs; psychological punishment; and the use of grading and other forms of assessment in a punitive, harassing, or discriminatory manner.

Other issues with the learning environment ("curricular opportunities") may not meet this definition of mistreatment but may raise concerns for a student. Curricular opportunities refer to issues that occur during medical student specific didactics (e.g., lectures and small groups; not teaching activities with broader audiences, such as morning report, noon conference, or grand rounds). Examples would include a lecturer who uses inappropriate terminology to describe a group of people, or a handout that includes a biased use of photographs (e.g., a handout on sexually transmitted infections [STIs] includes photographs of young patients only, thereby contributing to the assumption that only young people are impacted by STIs). Issues such as these are important to recognize, and we encourage an environment in which they can be rapidly and thoughtfully corrected. We also encourage an environment in which questions and ideas for the improvement of our curriculum can be discussed in a respectful fashion.

AMS upholds the expectation that medical students will be treated appropriately and with dignity (See POL No. 03-05.01 - Principles of the Learning Environment). Respect is to be demonstrated towards all students, regardless of sex, gender identity or expression, race, color, religion, age,

disability status, status as a veteran, national or ethnic origin, sexual orientation, or any other category protected by applicable law. Under no circumstances will AMS consider it acceptable practice for faculty or staff to demonstrate bias, prejudice, exclusion, or other unprofessional behavior\* such as humiliation towards our students. A respectful learning environment also includes the use of appropriate language, through attention to cultural sensitivity (e.g., referring to students by their preferred pronouns; using respectful terminology when referring to race or other identifying characteristics of a particular group of people). Students are held to the same professional standards (see Sections V and VI of the AMS Student Handbook) of respect towards all colleagues, faculty, and staff in the learning environment.

Some behaviors that are not congruent with principles of the learning environment may be unintentional, and we strive to create an environment in which those and other concerns will be addressed and corrected in a thoughtful manner.

*\*Such unacceptable behavior includes the creation of a concern of “retaliation” for the filing of a complaint about mistreatment.*

### Reporting

If a student wishes to report an experience of mistreatment, or report a curricular opportunity, the student should use one of the reporting forms found on the class canvas pages. (Although the links are on canvas, students should note that the forms themselves live in Qualtrics, so anonymity is possible. AMS encourages confidentiality rather than anonymity, so that a reporting student can be provided with follow-up, or more information can be obtained if necessary). Links to these forms are also available on course, clerkship, and clinical elective and sub-internship evaluations.

*Mistreatment Reports:* When a mistreatment form is submitted, it is routed directly to the Associate Dean for Student Affairs, who chairs the Executive Committee of the Committee on the Learning Environment (COLE). The Executive Committee also consists of the Senior Associate Dean for Medical Education, the Associate Dean for Medical Education, the Associate Dean for Diversity and Multicultural Affairs, the Senior Associate Dean for Academic Affairs, and the Associate Dean for Student Affairs.

The Associate Dean for Student Affairs reviews mistreatment forms as they come in to monitor for any incidents that need to be addressed by the Executive Committee immediately, or for any reports of sexual or gender-based harassment or violence that need to be forwarded to the [Title IX office](#). When a report is forwarded to that office, it ensures that Title IX will have the information for tracking purposes, and, if the reporting student provided their name and email address, that the office will send the student information about available resources. No investigation will move forward without the student’s consent unless there is a threat to community safety.

If a reporting student provides their name, a member of the Executive Committee may reach out to the student to check in, to gather more information if needed, and to provide follow-up, if appropriate.

The Executive Committee of COLE reviews all reports on a monthly basis to determine next steps and to ensure that appropriate follow up is happening on previously submitted reports. The next steps may include discussions with the reported individual; the individual’s supervisor or Department Chair; the individual’s course, clerkship, sub-internship or elective director; and/or the Assistant/Associate Dean for Medical Education as appropriate by class year.

The COLE Subcommittee on Mistreatment, a group of students and faculty who join the executive committee, meets on a quarterly basis to review a summary of reports, to discuss

follow-up, and to help implement next steps on a more systemic level (e.g., develop training sessions for students and faculty in a needed area).

*Curricular Opportunity Reports:* When a curricular opportunity report is submitted, it is routed directly to the Associate Dean for Student Affairs and the Director of Assessment and Evaluation. The report is forwarded by the Director of Assessment and Evaluation to the appropriate Assistant/Associate Dean in the Office of Medical Education and Continuous Quality Improvement for further discussion and a determination of next steps.

*General:* COLE is responsible for compiling a yearly report to allow students, faculty and staff to see areas in which our learning environment could be improved, as well as ways in which it is already improving and doing well.

If a student has a concern about a member of the Executive Committee who will be receiving or reviewing the reporting forms, and is not comfortable submitting a form about that individual, the student should speak to a different member of the Executive Committee, to one of the COLE student or faculty representatives, or to another resource (listed below) to help the student decide how to address that particular issue.

### Resources

If a student is wondering whether to report an incident, or wants to discuss a reported incident, the student should consider first discussing the issue with their faculty mentor. Students can also speak with anyone with whom they feel comfortable in the Offices of Student Affairs, Diversity & Multicultural Affairs, or Medical Education. These staff and faculty can help students navigate next steps and offer support and resources.

#### *Sexual and Gender-Based Harassment and Violence (Title IX)*

Medical students who experience sexual or gender-based harassment or violence should refer to the Learning Environment policies and procedures (Section VII: The Learning Environment of the AMS Student Handbook) for more information about resources (both confidential and otherwise) as well as reporting mechanisms. Students should also refer to the Title IX office at the University. Students may contact the Title IX office directly (401-863-5140; TitleIXoffice@brown.edu) to make a report or to access support related to an incident of sexual or gender-based harassment or assault. Students may also contact the designated Deputy Title IX Program Coordinator for the medical school, Lindsay Orchowski, at 401-444-7021.

Reports submitted to the medical school through the mistreatment reporting system that are determined to fall under the purview of Title IX will be forwarded to that office for review. When the report is forwarded, the Title IX office will contact the reporting student with more information about next steps and resources - no Title IX investigation will move forward without the student's expressed desire to do so, unless there is found to be a threat to community safety. Responsible Employees (including Deans, Advisors, Faculty Mentors, and Course, Clerkship, Sub-internship, and Elective Directors) are required to report incidents of alleged sexual or gender-based harassment or violence which are brought to their attention by medical students to the designated Deputy Title IX Program Coordinator. Among other benefits, this policy enables Brown to learn about or confirm a pattern of harassment based on claims by different students that they were harassed by the same individual.

The Associate Dean for Student Affairs can serve in an advisory capacity for students experiencing a Title IX related issue. The Associate Dean for Student Affairs is a responsible employee.

If a student chooses to move forward with an investigation which leads to a finding that a violation has occurred, sanctions will be imposed by the Office of the Provost when the offender is a faculty member, by a Senior Officer in the case of a staff person, or by a trained three-person panel (including faculty, staff and students) drawn from the available Title IX Council members in the case of a student. Sanctions may range from written reprimands to separation from the University.

Additionally, there are many resources available if students want to talk through anything learning environment related in a confidential fashion, as follows:

- [Brown University Ombuds Office](#) (401-863-6145)
- For a Title IX issue - [SHARE Advocates](#) (401-863-2794) or the sexual assault response line (401-863-6000), which is available 24 hours a day
- [Office of the Chaplains and Religious Life](#) (401-863-2344)
- [Counseling and Psychological Services](#) (CAPS) (401-863-3476)
  - Laurice Girouard is the AMS-specific CAPS therapist

Any questions related to the Learning Environment should be directed to the Associate Dean for Student Affairs.

#### 4.0 Definitions

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

- 4.1 **AAMC:** Association of American Medical Colleges
- 4.2 **AMS:** The Warren Alpert Medical School of Brown University, also referred to herein as “We”
- 4.3 **Citation:** Professionalism citation that is issued when egregious behavior is not corrected, or remediation plan is determined to be insufficient to MCASP. Follows a Warning.
- 4.4 **COLE:** Committee on the Learning Environment affirms the medical school’s commitment to shaping a culture of teaching and learning that is rooted in respect for all.
- 4.5 **DIAP:** Diversity and Inclusion Action Plan (DIAP). The DIAP serves as both a policy and a plan for developing diversity and inclusion as a core value of the medical school.
- 4.6 **EMSR:** Electronic Medical Student Record is a secure online system for storing information about AMS students, and is maintained by AMS Office of Records and Registration
- 4.7 **ERAS:** Electronic Residency Application Service
- 4.8 **Match:** Residency program assignments are assigned to Year 4 students at the annual Match Day celebration.
- 4.9 **MCASP:** Medical Committee on Academic Standing and Professionalism
- 4.10 **MCC:** The Medical Curriculum Committee oversees the review of curricular content and integration, and evaluation of the medical education program to ensure continuous oversight of such program. (Formerly “MDCC.”)
- 4.11 **MSPE:** Medical Student Performance Evaluations
- 4.12 **ODMA:** Office of Diversity and Multicultural Affairs

4.13 **OSA:** Office of Student Affairs

4.14 **Warning:** Issued if a student demonstrates lapse(s), repeated, and/or pervasive behavior in professional conduct. Precedes Citation.

## 5.0 **Responsibilities**

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

Responsibilities include the department/office of the subcommittee responsible for the Standard; for Standard 3 this is primarily OSA and ODMA.

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

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

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

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

## 7.0 **Related Information**

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

### 7.1 **Related Forms:**

- Diversity and Inclusion Action Plan of AMS (November 2016)
- Data Collection Instrument for Standard 3: Academic and Learning Environments, as submitted to the LCME in July 2020.

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

- **LCME Standard 3: Academic and Learning Environments.** A medical school ensures that its medical education program occurs in professional, respectful, and intellectually stimulating academic and clinical environments, recognizes the benefits of diversity, and promotes students' attainment of competencies required of future physicians.
  - Standard 3, Element 3: Diversity/Pipeline Programs and Partnerships. A medical school has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community. These activities include the use of programs and/or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes.

- Standard 3, Element 4: Anti-Discrimination Policy. A medical school does not discriminate on the basis of age, creed, gender identity, national origin, race, sex, or sexual orientation.
  - Standard 3, Element 5: Learning Environment/Professionalism. A medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty, and staff at all locations. The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to identify positive and negative influences on the maintenance of professional standards, develop and conduct appropriate strategies to enhance positive and mitigate negative influences, and identify and promptly correct violations of professional standards.
  - Standard 3, Element 6: Student Mistreatment. A medical school develops effective written policies that define mistreatment, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing mistreatment. Mechanisms for reporting mistreatment are understood by medical students, including visiting medical students, and ensure that any violations can be registered and investigated without fear of retaliation.
- Brown University Academic Code, found [here](#).

## 8.0 Policy Owner and Contact(s)

- 8.1 **Policy Owners:** Subcommittee Standard Offices related to this policy: OSA and ODMA
- 8.2 **Policy Approved by:** Medical Curriculum Committee
- 8.3 **Subject Matter Contact:** Same as 8.1.

## 9.0 Policy History

- 9.1 **Policy Effective Date:** July 1, 2019
- 9.2 **Policy Last Reviewed:** February 2020 (03-03) and March 2020 (all others)
- 9.3 **Policy Update/Review Summary:**
  - Section 3.1: Added link to Brown University Discrimination and Harassment Policy
  - Section 3.2: Medical Student Standards of Behavior added.
  - Subsection 3.2.2.1: Added excerpt from Brown University’s Title IX policy governing intimate relationships with individuals.
  - Section 3.3: The paragraphs preceding “Procedures – Nominating/reporting:” were added to make the policy more robust. The portions entitled “Sexual and Gender-Based Harassment and Violence Title IX)” and “Discrimination and Harassment (Title VI)” were added from the Student Handbook for more robustness.
  - Added diversity categories policy based on diversity categories provided for in LCME Standard 3.3 DCI.
  - Changed “Assistant” to “Associate” Dean of Student Affairs, where appropriate.

*This policy was approved, with changes, on February 26, 2020, (for Pol No. 03-03) and March 18, 2020, (for all other policies) by the MCC. Formatted to comply with the new University Policy template.*

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