

Alpert Medical School Student Handbook

Section VI: 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 of the AMS Student Handbook, section on Professionalism.

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

Health. Specific illnesses that impair performance may include, but are not limited to, active

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

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

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

Dress code. Medical students and physicians are expected to dress in ways consistent with the expectations of the medical profession, particularly when working in clinical settings. During Years 1 and 2, these standards will be communicated to students by the Doctoring 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, YouTube, 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, or directly to the Associate or Assistant Dean for Student Affairs, or the Associate or Assistant Deans of Medical Education.

Anonymous reports will not be accepted, but the confidentiality of the reporter may be protected. There will be no adverse consequences to the reporter for reports submitted in good faith, whether or not the concerns are validated.

Concerns about faculty or other physicians, as appropriate, can be directed to preceptors, course or clerkship directors, the Associate or Assistant Dean for Student Affairs, the Senior Associate or Associate Dean for 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 on the Learning Environment) may be filled out at the discretion of the medical student, and the report will be handled by the Executive Committee of the Committee on the Learning Environment (COLE).

In cases where medical students have violated the above standards of behavior, the Medical Committee on Academic Standing and Professionalism (MCASP) will review pertinent information and follow the processes described in Section V 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).

Section V: Policies and Protocols on Academic Standing and Professionalism

Professionalism

The 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, residents, students). 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 Assistant Dean for Student Affairs. Anonymous reports will not be accepted. If the person making the report is a medical student, the student may request that their name be kept confidential. 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 Assistant 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 Assistant Dean and/or their faculty mentor prior to that MCASP meeting. The Assistant 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. A Warning will take the form of a letter to the student (1) expressing concern regarding the pattern of behavior and (2) asking the student to respond to the Committee by writing a brief reflection on the behavior in question, including a concrete plan for remediating the issue. The student's faculty mentor and the Assistant 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 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.