



**BROWN**  
Alpert Medical School

**The Warren Alpert Medical School of Brown University  
Bylaws**

Reviewed February 2020



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- Warren Alpert Medical School of Brown University Faculty Handbook*
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## **Organizational Structure and Governance**

The Division of Biology and Medicine (composed of the Warren Alpert Medical School [AMS] and the Program in Biology) is led by the Senior Vice President of Health Affairs and Dean of Medicine and Biological Sciences. This individual reports to the President and Provost of Brown University.

Within the University Corporation, which governs the entirety of Brown University, the Division is overseen by the Brown Medical School Corporation Committee. The governing body of the Division of Biology and Medicine (composed of the Medical School and the Program in Biology) is the Biomedical Faculty Council. The Council reviews and formulates recommendations on academic policy matters, and interdepartmental and supra-departmental affairs, often after consultation with its standing committees.

### **Academic Departments**

The Division of Biology and Medicine is home to five basic biology departments, fourteen clinical departments and two hybrid departments (comprised of both basic science and clinical faculty). Each department is administrated by a chair, who serves a five-year term and is appointed by the Provost on the recommendation of the Dean of Medicine and Biological Sciences.

The basic biology departments are:

- Ecology and Evolutionary Biology
- Molecular Biology, Cell Biology and Biochemistry
- Molecular Pharmacology, Physiology and Biotechnology
- Molecular Microbiology and Immunology
- Neuroscience

The clinical departments are:

- Anesthesiology
- Dermatology
- Diagnostic Imaging
- Emergency Medicine
- Family Medicine
- Medicine
- Neurology
- Neurosurgery
- Obstetrics and Gynecology
- Orthopedics
- Pediatrics
- Psychiatry and Human Behavior
- Radiation Oncology
- Surgery



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The hybrid departments are:

- Pathology and Laboratory Medicine
- Medical Science



### **Medical Faculty Executive Committee**

The Medical Faculty Executive Committee (MFEC) serves as a central steering committee for the hospital-based faculty of the Warren Alpert Medical School. The MFEC charge includes matters of particular concern to the medical faculty including grievances. The MFEC membership includes faculty representatives from all of the health systems that are part of the Medical School. Ex-officio members of the committee include the Dean of Medicine and Biological Sciences, the Senior Associate Dean for Academic Affairs, the Associate Dean for Clinical Affairs, the President of the University (or a representative), and representatives from the administration of each hospital or hospital system. The rules governing the composition of MFEC are as follows:

The Vice-Chair must be elected from the faculty at large. The Vice-Chair shall be a faculty member at senior rank (Associate or Full Professor). The elected member would join MFEC for a term of three years, with Year 1 as Vice-Chair, Year 2 as Chair, and Year 3 as Past-Chair. The duties of the Vice-Chair include the following: learn duties from the Chair, advise the Chair and assist with goal implementation, learn to navigate the Brown system, and establish goals for the following year as Chair. The duties of Chair include the following: set goals of the MFEC, establish committees, and train the Vice-Chair for the position. The duties of Past-Chair are as follows: provide “institutional memory” and continuity for the MFEC, advise Chair and Vice-Chair, and assist with goal implementation.

MFEC membership should include 15-20 faculty (exclusive of Deans and ex-officio members), which includes three officers (Vice-Chair, Chair, Past-Chair).

The Nominations Subcommittee of the MFEC will solicit nominations from voting faculty members at large for open positions on the MFEC. The committee will make every attempt to ensure that candidates on the electoral slate are distributed across the four faculty tracks: Research, (Research), Teaching, and Undeclared. Hospital affiliation and department will be important factors in developing the electoral slate. The Nominations Subcommittee will work to ensure fair and broad representation. This plan was developed with two goals: 1) to provide a widely dispersed faculty with fairly easy access to a committee member, and 2) fair representation across a variety of faculty characteristics.



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### **Clinical Faculty Advisory Committee**

The Clinical Faculty Advisory Committee (CFAC) shall serve as the primary representative committee for the Clinical Faculty (that is, those faculty members in the Clinician Educator and Clinical tracks). It shall address matters that are of concern to the Clinical Faculty, and have the opportunity to review policies and procedures of the medical school relating to appointments, reappointments, and promotions of the Clinical Faculty and to make recommendations to the Dean or designee when necessary. The CFAC will make recommendations to the Dean or designee concerning recognition of the Clinical Faculty for exemplary service to the Alpert Medical School. It shall provide consultation to the MFEC concerning grievances of or relating to the Clinical Faculty.

There shall be three officers (Chair, Vice-Chair, and Past-Chair) and thirteen faculty members. The Dean or designee shall attend meetings of the CFAC as an ex-officio member. A Subcommittee on Nominations will be established by the CFAC. The Dean reserves the right to review the membership of the CFAC. Every other year, a Vice-Chair shall be elected by a plurality of the thirteen members from a slate proposed by the Subcommittee on Nominations and will serve a term of two consecutive years. At the end of this term, the Vice-Chair will then serve a two-year term as Chair of the CFAC, and then another two-year term as Past-Chair.



## **Biology Chairs and Center Directors**

### **Charge**

The Biology Chairs and Center Directors Advisory Committee (BCCDAC) shall serve as the primary representative committee for the Program in Biology Faculty (that is, those faculty members in the university tenure track, the Lecturer track, and the (Research) track in the basic sciences) to the Dean of Medicine and Biological Sciences (herein, Dean).

It shall address all matters that are of concern to the Biology Faculty, and will make recommendations to the Dean or designee when necessary.

It shall have the opportunity to review policies and procedures of the Division of Biology and Medicine relating to appointments, reappointments, and promotions of the Biology Faculty and to make recommendations to the Dean or designee when necessary.

It shall also make recommendations to the Dean or designee concerning recognition of the Biology Faculty for exemplary service to the Alpert Medical School, and to the Program in Biology.

### **Membership**

There shall be one representative (typically the chair of the department) for each of the five basic science departments in Biomed, the hybrid Pathology and Laboratory Medicine department, along with Center Directors whose home departments are in Biomed and who hold a Medical Science appointment, or who have joint appointments in a Biomed based department.

The Dean or designee shall attend all meetings if at all possible.

Meetings will be held monthly and will be normally chaired by the Senior Associate Dean for the Program in Biology.

The Dean reserves the right to review and, if needed, modify the membership of the Biology Faculty Advisory Committee.



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## Health Affairs Coordinating Committee (HACC)

### **Mission**

Develop and support a world class Academic Medical Center that is committed to providing complete patient care and community outreach, is committed to excellence in its clinical, research and educational missions, and makes material contributions to the healthcare in the State of Rhode Island.

### **Goals**

The HACC will:

1. Work in a coordinated manner to maximize the quality, quantity and content of interactions among relevant parts of Brown and its affiliated hospitals (AH) and faculty.
2. Work in a coordinated manner to maximize the quality, quantity and content of interactions among relevant parts of Brown and health-related units of State and regional governments such as the Rhode Island and Massachusetts Departments of Health.
3. Work in a coordinated manner to maximize the quality, quantity and content of interactions among relevant parts of Brown and nearby schools of nursing, physician assistant programs, and other health education programs.
4. Serve as a clearing house and location for discussion and coordination of proposed new and ongoing interactions between Brown and its AH, faculty, state government agencies, and health education programs.
5. Work in a collaborative manner to ensure that Brown speaks with one voice when interacting with its AH, faculty, state government agencies and local health education programs.
6. Serve as an advisory group for Brown University's Senior Vice President for Health Affairs, Provost, and President on the complexities and possibilities stemming from local and regional issues of physician and hospital alignment.





### **BioMed Space Policy Committee**

Laboratory space to support externally funded research studies in the Program in Biology is provided by the University as a valuable and limited resource requiring active management and continuous stewardship. This is especially true in times when prospects are minimal for incremental growth in research space. The principles and practices outlined in this policy document provide important guidance on the allocation of laboratory-based research space and its continuous oversight to assure effective and optimal use in addressing the research mission of Brown University.

#### **Guiding Principles**

- The Provost is ultimately responsible for the allocation of research space to the Division of Biology and Medicine and to other schools and units. The Dean of the Division of Medicine and Biological Sciences has immediate authority over the allocation of research space (including core facility space) for the Program in Biology and its six constitutive departments. Research space will be allocated based on programmatic needs and priorities as determined by the Dean. The department chairs and a new Divisional Space Committee will advise the Dean on research space utilization. The Divisional Space Committee will consist of faculty representatives from each department who will be chosen by the Dean and who will serve on a rotating basis. The committee will include the Director of the Department of Facilities Planning & Operations in the Division.
- A database of assigned research space in the Program in Biology is maintained by the Department of Facilities Planning & Operations in the Division. As research space or “shared department research space” (see below) is re-assigned within the department, the Department of Facilities Planning & Operations is to be notified of all such changes. In addition, any space assigned to faculty who are outside the Program in Biology must be reported in a timely fashion to the Department of Facilities Planning & Operations so that appropriate oversight is maintained of all building occupants.
- If additional research space is needed to conduct a new externally funded research program, the research space needs should be entered on the relevant PSAF in consultation with the department chair and department manager. (Note that the Brown University Proposal Summary and Approval Form [PSAF] is an internal routing document created by the Office of Sponsored Projects [OSP] that collects and tracks information regarding proposals being submitted by faculty, students and staff.) This document serves as the official institutional record for the University. The information is used to create reporting for Federal agencies, senior officers and internal departments. It is critical that the information provided on this form is complete and accurate to the best of the Principal Investigator’s (PI) knowledge.
- At the time that research space is assigned to individual faculty, the amount of space assigned is based on actual and anticipated near-term need of the research program. For external recruitments, research space assignments typically incorporate an element of market competitiveness. The chair of the relevant department, in



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consultation with the department's local space committee and senior faculty, is expected to fully justify the recommendation for initial space assignment.

- Research space changes within a department should be reported by the chair or department manager to the Department of Facilities Planning & Operation.
- The Program in Biology may choose to subsidize research or research support activities (e.g., Core Research Facilities) that do not generate sufficient indirect cost recovery to fully support the infrastructure and operating costs associated with space usage, based on research priorities and operating budgets.
- Within the Division of Biology and Medicine, the Office for Finance & Planning has developed the Academic Impact Report (AIR) to assist in the evaluation of research space utilization. The information in these reports is updated approximately annually in the months following the close of the academic and fiscal year. The reports for each department are available online to department chairs, and individual faculty can request their individual reports from the chair.
- Each year, the Office for Finance & Planning together with the Department of Facilities Planning & Operations intend to generate a departmental space map including individual labs and research support space on a floor by floor basis that reflects data on levels of external research support. In line with national standards, indirect cost recovery dollars assigned to the Division of Biology and Medicine by the Office of Sponsored Projects (OSP) will be the primary basis for comparison of research space utilization in these reports. Optimal use of research space includes shared use of resources, facilities and, wherever possible, instrumentation. General common departmental space and research space used by more than one PI will require departmental documentation to be filed by the chair with the Department of Facilities Planning & Operations. Research support space that has been categorized, in some cases in the past, as “departmental” space will now be listed as such only if the space is truly communal and/or supports a departmentally supervised shared access facility or instrumentation (e.g., a specialized microscope room available and accessible to all researchers in the department). Research support space shared among a small group of faculty will be reviewed annually for usage, and the corresponding proportion of shared support space used will be added to the assigned research space of individual faculty for purposes of calculating research productivity.
- It is recommended that each department form an active departmental space committee that meets regularly to assist the chair in periodically evaluating the use of the available assigned and shared research space and to review any requests for changes within the department. A department's request to the Divisional Space Committee for research space outside the department must include a thorough and detailed assessment of the use of the research and shared support space in the department, and a rationale for the need of additional space. Any faculty whose appropriately detailed requests for reassignment of research space are denied at the departmental level can appeal to the Dean who will then assess the situation, and if appropriate form an advisory committee to make an independent recommendation. The final authority rests with the Dean.



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- Any proposals for space renovations must follow, as appropriate, either division (Department of Facilities Planning & Operations) or University (Space Committee) review and approval processes to ensure that strategic needs and priorities are met. Within the space managed by the Division, renovation requests should utilize BioMed's Capital Request Form (see [http://biomed.brown.edu/facilities/requesting\\_project](http://biomed.brown.edu/facilities/requesting_project)). Within the Division, there will be a default preference for a flexible open lab design in any new renovations.
- Research space and materials must adhere to all health and safety regulations and procedures as defined by the office for Environmental Health & Safety at Brown University.
- Research conducted in University facilities must only support University interests and relationships, except in the case of Facility Use Agreements that have been appropriately reviewed and approved by the Office of the Vice President for Research (OVPB). See <http://research.brown.edu/policies/facilities.php> for more details. All research conducted in University facilities must adhere to University conflict of interest policies.
- Research space assignments must adhere to all University policies and procedures that prohibit discrimination.
- In a manner similar to the management of research laboratory space, Division supervised, Controller Office approved Core Facilities (e.g., Leduc BioImaging Core; for complete list, see <http://biomed.brown.edu/research/facilities>) will be assigned research support space based on programmatic needs that are regularly reviewed by the Dean's Office. Any requests for reassignment of space should be accompanied with appropriate justification from the Facility's user committee and/or advisory committees. All such requests should be forwarded to the Director of Research Operations & Major Proposal Coordinator in the Program of Biology.

### **Commitments to Faculty for Research Space**

Faculty are expected to formulate and conduct a robust program of academic research as part of their professional activities. Therefore, the Division will strive to provide a member of the faculty with sufficient research space to support these activities with a minimum amount of space (approximately four work stations) allocated in the absence of external funding. However, the Dean must balance the needs of individual faculty with the needs of the other faculty and the overall programmatic needs and priorities of their units.

### **New Faculty**

When new faculty join the University, the Division will communicate, in writing, any commitment for space to the new faculty. A commitment for research space should be as detailed as possible, including the following:

- The general characteristics of the space to be provided (e.g. square footage, presence of chemical hoods, and presence of specialized utilities).
- The location of the space, if identified, will be provided on a floor plan.
- The plan for identifying space in the future, if it has not been identified at the time of hire.



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- Any plans to renovate the space, including a realistic timeline, budget where appropriate, and source of funds.
- Any time limits for the occupancy of the space.
- The terms under which the assigned space may be re-allocated in the future.

Typically, there would be no adverse research space reassignment within the initial academic appointment of four years. The departmental and Dean's reviews for subsequent re-appointment would provide an opportunity for reassessment of the initial space allocation relative to overall progress and performance. Typically, a strong recommendation to re-appoint would be accompanied by a continued commitment to the initial research space allocation for the balance of the tenure probationary period.

In general, allocation of approximately 750 sq. ft. of laboratory space along with ~250 sq. ft. of supporting research space should be sufficient to support a wide range of research activities within the context of the Program in Biology.

### **Current Faculty**

The research space usage of current faculty members will be periodically reviewed by the Divisional Space Committee to determine if the faculty member has a shortage or excess of research space, or if the space is in need of reconfiguration or renovation. Re-evaluations and re-assessments may be called for in situations where new hires or other planned renovations require a broader assessment of whether existing departmental assignments of individual labs are of the "right" size or not. In addition, using a three year (fiscal year) moving window of indirect cost recovery for analysis, departments will be notified by the Dean when it has been determined that any regular faculty with assigned research space has brought in external research support at a level that is below a value to be determined each year by the Dean of Medicine and Biological Sciences. Additional faculty productivity metrics to be used in the departmental review and by the Divisional Space Committee review are described below. The department would then notify that faculty member that a review is taking place and that a reassignment to smaller space may be necessary. In such cases, the Division will make every effort to minimize disruption to ongoing funded research activities and to provide the affected faculty with a minimum amount of research space to continue to pursue research efforts aimed at obtaining external funding.

### **Sponsored Research**

It is the responsibility of the Dean to provide adequate space (as identified on the Proposal Summary & Approval Form) for the duration of any sponsored project conducted by the faculty. When the Division indicates on the PSAF that space is available and specifies the building and rooms, the sponsor is assured that space necessary to conduct the research will be made available. The lead-time involved in submitting proposals may dictate that units "hedge their bets" in terms of the assignment of space. Therefore, in some cases, the space identification may include the phrase "or equivalent space, as available." Careful review of the research space identification portion of the PSAF by all units involved in the proposal is essential (including involved units that are not the one submitting the proposal).



It is incumbent on principal investigators to identify and seek approval for all significant new space requirements at the time of proposal submission.

### **Reallocation of Research Space**

In some cases, the reallocation of research space may result in the displacement of equipment or other infrastructure. The unit should work with the current faculty occupant to properly relocate or dispose of these items. The Division or department is not obligated to compensate the faculty member for investments the faculty may have made in the space during the time of occupancy.

### **Emeritus Faculty**

Emeritus faculty may be provided with research space at the discretion of the unit, if space is available and if the emeritus faculty remains actively engaged in research that aligns with the programmatic needs and priorities of their unit. Priority for research space should not be given to emeritus faculty, however.

### **Research Space Productivity Measures and Annual Review**

A common need across many academic units and within the Offices of the Provost, Vice President for Research, and Dean of Medicine and Biological Sciences is to better understand how research space is used. Having quantitative and qualitative metrics and measures in place helps units to assign, allocate, and optimize use of this space for current and anticipated research needs.

Productivity measures for dedicated research space may vary, depending on factors that are deemed most important or valued by each unit or discipline, and may or may not be directly linked to the level of financial activity. Therefore, financial measures should only be one part of the overall assessment of research space productivity allocation and assignment.

### **Primary Financial Measure of Space Productivity**

The primary basic metric for measuring research space usage, regardless of discipline, will be based on indirect costs recovery. Calculations are based on financial and space data from the Dean's office that are specifically coded as research, as follows:

Indirect costs (\$) / sq. ft.

Other types of quantitative or qualitative information may assist in assessments of research space productivity and assignments or to establish internal target goals to support their needs and priorities. Examples of additional information that the Division may consider include the following (not in any particular order):

- Total externally-sponsored research expenditures (direct & indirect costs) (\$) / sq. ft.
- Total research expenditures (direct & indirect costs) (\$) / sq. ft., regardless of funding source.



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- Quality and impact of the research being conducted (e.g., data from individual Academic Impact Reports that are updated annually and available through department chairs).
- Alignment of the research activity with the strategic priorities of the Division.
- Number of people (e.g., postdocs, graduate students, undergraduate researchers) participating in the research.
- Proportion of effort dedicated to research (versus instruction or service).
- Proportion of the research activity supported by external awards.
- Type of research conducted in the space (e.g., theoretical, computational, heavy equipment).
- Active pursuit of extramural funding.
- Previous funding history.

### **Additional Considerations for the Allocation or Reassignment of Research Space**

When allocating or reassigning research space, it is important to consider the following questions to optimize existing research space and avoid unnecessary renovation or construction costs:

- Will the new allocation bring the space into alignment with the long-term programmatic needs and priorities of the unit?
- Is the new allocation part of a long-term plan for research space management?
- Will the new allocation offer opportunities for the renovation or upgrade of existing space?
- Does the new allocation offer the opportunity to “right size” departmental or individual space allocations?
- What is the length of the space commitment? Is this commitment explicit or implicit?
- What one-time and recurring costs are associated with the new allocation? Will the research activity ultimately support the costs that directly result from its execution or will subsidies be needed?
- Are there opportunities to co-locate similar types of research to share core or common space and equipment?
- Are there opportunities for interdisciplinary collaboration as a result of the space allocation?
- How will space assignments, equipment placement and/or infrastructure plans affect health, fire, environmental, and life safety and compliance?



## **Biomed International Affiliations Committee (BIAC) Charter**

### **Mission**

Improving health in the world through biomedical research, training, education and service, by creating and sustaining collaborative partnerships founded in mutual respect and equity.

### **Purpose**

The Biomed International Affiliations Committee ("Committee") will assist the Dean of Medicine and Biological Sciences in fulfilling its responsibilities of establishing, overseeing and reviewing policies and procedures related to new and renewals of existing international partnerships. The Committee will review new requests and renewals of existing international partnerships and will make recommendations to the Dean if they should move forward.

### **Roles and Responsibilities**

The Committee will develop, approve and formalize all policies and procedures related to the establishment of new MOUs and the review and approval existing partnership agreements. The Committee shall formally report its activities to the Dean at once a semester or more often if necessary. The Committee will review and update memorandum of understanding (MOU) policy and procedures annually and will adapt as needed.

The Committee will oversee the review process for all new and renewal MOUs, after an initial screening by the Global Health Initiative. Agreements approved by the Committee will be sent for review and approval to the Dean of Medicine and Biological Sciences and the Office of Global Engagement. If approved at all levels, the MOU will be presented to the Provost for final approval.

Meeting Frequency. Monthly meetings will be held until the Committee formalizes the process and procedure for establishing new and renewal MOUs. Thereafter, the committee will meet two to six times per year to review new and renewal MOU applications and review established policies and procedures.

### **Quorum**

Quorum is a minimum of half of current number of members +1 necessary to enact and/or implement decisions. All voting outcomes are determined by a simple majority.



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### **Continuing Medical Education (CME) Advisory Committee**

#### **Mission**

The Brown Continuing Medical Education Advisory Committee will provide guidance on developments in continuing medical education (CME) and continuing professional development (CPD), identifying areas in which a need for education and training exists. The committee will advise the CME Office about changes in the health care environment as well as Maintenance of Certification (MOC) and Maintenance of Licensure (MOL) requirements which affect themselves and their colleagues. As needed, committee members will serve as reviewers of CME content, advise on management of conflicts of interest, and review/evaluate policies addressing the ACCME Criteria and Standards. The Advisory Committee will meet twice annually.

#### **Membership**

The Advisory Committee is comprised of Brown Faculty and representatives of the Rhode Island Medical Society, the Rhode Island Department of Health, and other appropriate stakeholders.





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### **Brown Council for Diversity in Medicine**

#### **Mission**

To build a culture and climate that continually strengthens our core values of diversity and inclusion.

#### **Goals**

The Brown Council for Diversity in Medicine will:

1. Work in a coordinated manner to formulate, facilitate and integrate efforts to improve diversity and address diversity/inclusion related issues at AMS and among its trainees, staff, faculty, and affiliated hospitals and partners.
2. Work in a coordinated manner with the leadership of the medical school and affiliated partners to prioritize initiatives that support the goals of the Diversity and Inclusion Action Plan.
3. Serve as an advisory group to The Warren Alpert Medical School Office of Diversity and Multicultural Affairs and the Office of the Dean of Medicine and Biological Sciences on the complexities and possibilities of the initiatives outlined in the Diversity and Inclusion Action Plan.
4. Provide oversight and monitoring of the implementation of the Diversity and Inclusion Action Plan.

The Council is intended to: provide a forum to identify current diversity and inclusion activities within each clinical department, and share these activities and ideas so that we may all learn from them; eliminate perceived (and real) barriers to diversity and inclusion; educate and empower committee members to be able to evoke change within their departments; create a centralized knowledge base about the status of diversity and inclusion activities within each department; and create a unified vision of what diversity and inclusion looks like at AMS.



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### **Office of Women in Medicine and Science**

The mission of the Office of Women in Medicine and Science is to advance the academic progress and professional development of its women faculty, house officers, students and trainees through education, advocacy, mentoring and networking. Our goals to fulfill this mission are:

- To provide opportunities for women to acquire the skills and strategies necessary for their professional advancement;
- To assure that women attain senior faculty ranks and leadership positions;
- To monitor the status of women in medicine and science at Brown in order to ensure equality of participation, professional advancement, and compensation;
- To identify and address barriers to professional advancement;
- To communicate widely the successes of women in medicine and science;
- To stimulate collaboration with external partners;
- To promote excellence in clinical care, education and research in women's health;
- To acknowledge and promote the importance of diversity, humanism, varied career paths, personal wellness and a healthy, balanced life for all faculty.



## **Care New England Affiliation Committee**

### **Membership**

Care New England and the Warren Alpert Medical School have established an Affiliation Committee. This committee is coordinated by the President/CEO of Care New England and the Senior Vice President for Health Affairs/Dean of the Medical School. This committee meets on a regularly scheduled basis to address issues related to medical student and resident education, research, faculty issues and recruitment, as well as strategic initiatives that impact the medical school and CNE. The Senior Associate and Associate Deans and the Chief Operating Officers of the affiliated CNE hospitals join these meetings. Brown and CNE legal officers also join these meetings on a frequent basis. In addition, other healthcare or AMS administrators attend as needed. The Dean/SVP and President /CEO also have monthly one-on-one meetings to address issues that need to be discussed in a more confidential manner before they are brought to the broader affiliation committee.

### **Charge**

The Affiliation Committee will generally meet on a monthly basis and will have an agenda prepared in advance.

The parties agree to bring to the Affiliation Committee any strategic initiatives they are in the process of considering that is likely to directly and materially impact the academic program of the Medical School or its faculty or the clinical programs of Butler Hospital, Women and Infants (W&I) Hospital, Kent Hospital or any Brown affiliated entity.



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### **Lifespan Affiliation Committee**

#### **Membership**

Lifespan and the Warren Alpert Medical School have established an Affiliation Committee that meets once a month. The Dean/Senior Vice President for Health Affairs and members of the Dean's team including the Senior Associate Dean for Medical Education have regularly scheduled meetings with the Lifespan President and CEO and other senior Lifespan leaders. These meetings address issues related to medical student and resident education, research, faculty issues and recruitment, as well as strategic initiatives that impact the medical school and Lifespan. The Senior Associate and Associate Deans and the Chief Operating Officers of the Lifespan affiliated hospitals join these meetings. Other healthcare or AMS administrators attend as needed. The Dean/SVP and President /CEO also have monthly one on one meetings to address issues that need to be discussed in a more confidential manner before they are brought to the broader affiliation committee.

#### **Charge**

The Affiliation Committee generally meets on a monthly basis and will have an agenda prepared in advance.

The parties agree to bring to the Affiliation Committee any strategic initiatives they are in the process of considering that is likely to directly and materially impact the academic program of the Medical School or its faculty or the clinical programs of Rhode Island Hospital, The Miriam Hospital, Bradley Hospital or any Brown affiliated entity.



### **Providence Veterans Affairs Dean's Committee**

The Dean's Committee at the Providence Veterans Affairs Medical Center (PVAMC) has the primary responsibility for advising the Providence VA Medical Center Director, and the Under Secretary for Health of the Department of Veterans Affairs, on the development, conduct and evaluation of all education and research programs conducted at this medical center under the aegis of the Warren Alpert Medical School of Brown University. PVAMC has also established an Affiliation Partnership Council (APC) that incorporates representatives from all affiliated academic partners. The APC is the umbrella advisory committee for all affiliation relationships with a VA facility.

Academic partnerships are designed to provide clinical training opportunities for health care trainees. Throughout the decades since its inception, these partnerships continue to improve health care for veterans, enhance the nationwide supply of health professionals, assist in recruitment and retention of quality staff at VA facilities, and create patient care environments enhanced by clinical research and scholarship

#### **The Dean's Committee**

- Will cooperate with VA Medical Center personnel in establishing medical internship, residency, and student clerkship programs and in determining their scope, organization, standards of performance, and the adequacy of facilities.
- Will advise and assist the medical center in meeting all accreditation requirements for the center's affiliated programs, making recommendations to the Medical Center Director for correction of deficiencies and, in general, act to maintain our affiliated educational programs at a high level of quality.
- Will solicit the cooperation of all medical school department chairs to ensure all VHA policies and regulations concerning time and attendance of part-time physicians and conflict of interest are complied with. This discussion will occur on an annual basis in conjunction with the nomination of all candidates for graduate education and training on an as needed basis to cover all changes to VHA policies and regulations in a timely fashion.
- Will collaborate with the Medical Center Director, Chief of Staff, Associate Chief of Staff for Research & Education, as appropriate, and chiefs of clinical services in the supervision of affiliated training programs and the activities of the attending staff at the Providence VA Medical Center.
- Will advise the Medical Center Director on research activities and the integration of research programs with other medical activities through interaction with the medical center's Research and Development Committee.

The Dean's Committee meets tri-annually and the APC meets annually.



## AMS Admissions Committee

### **Mission**

To annually recruit and enroll a diverse class of highly qualified students committed to supporting and promoting the health of individuals and communities through leadership, clinical excellence, and research.

We seek to enroll students who demonstrate substantial promise for success in medical school, who share a commitment to the values and goals of our institution, and who are likely to emerge as leaders in medicine.

The admissions process is guided by a systematic and holistic review of applicants that considers four principal characteristics: academic and scholarly achievement; evidence of leadership; maturity and self-awareness; and demonstrated service to one's community. These qualities are viewed within the context of the resources that are available to the applicant and the challenges the individual has overcome in the pursuit of a medical education. Evidence of a strong commitment to medicine, personal integrity, and compassion are also considered. Academic records, recommendations, essays, and interview assessments are the primary measures used in the evaluation process.

### **Membership**

The Warren Alpert Medical School of Brown University (AMS) Admissions Committee consists of faculty members representing a variety of medical fields, four to eight current students, and the director of admissions. Current membership consists of 53 faculty members, six current students, and one administrator. The Committee is co-chaired by two faculty Assistant Deans of Admissions.

### **Responsibilities**

The full AMS Admissions Committee makes admission decisions about the Standard (ST) route of admission, and selected members also serve on subcommittees that review candidates for admission through two other routes of entry: the Post-baccalaureate Linkage (PBL) Program and the Early Identification Program (EIP). Some faculty committee members serve on both the AMS Admissions Committee and the Program in Liberal Medical Education (PLME) Advisory Selection Committee which makes admission decisions for candidates applying through the eight-year baccalaureate/MD program. Candidates for transfer admission/advanced standing are reviewed by a subcommittee comprised of the Senior Associate Dean for Medical Education in conjunction with faculty committee members who have extensive involvement with the medical education program. An Executive Committee, which consists of the two Assistant Deans of Admissions, the Director of Admissions, and five experienced faculty committee members, meets annually, and more often as needed, to review admissions policies and procedures, and approve changes/updates.

All members interview candidates, provide interview reports, and attend committee meetings, providing votes used to generate a rank list of candidates. All committee members participate in



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initial and ongoing training on the policies, procedures, and selection criteria for admission to the school, including information on holistic admission practices, implicit bias training, and the Brown University Conflict of Interest and Commitment Policy (<https://www.brown.edu/about/administration/policies/conflict-interest-and-commitment-20065>).

The admission decisions of the AMS Admissions Committee are final and not subject to appeal. The selection of individual medical school students is not subject to review or approval by any other office at the medical school or the university and is not influenced by political or financial factors.

**The AMS Admissions Office** provides administrative and logistical support to the AMS Admissions Committee, and coordinates and manages all activities required to recruit highly qualified students. In all communication and interactions with the public, premedical students and advisers, applicants, committee members, and admitted candidates, the AMS Admissions Office seeks to embody the institution's commitment to community service, free inquiry, and mutual respect.

### **Admissions Committee Charge**

The Warren Alpert Medical School of Brown University (AMS) Admissions Committee evaluates applicants to the MD Program and makes final admission decisions. The selection of individual medical school students is not subject to review or approval by any other office at the medical school or the university and is not influenced by political or financial factors.

### **Role**

The AMS Admissions Committee provides a systematic evaluation process for applicants to the MD Program. The full AMS Admissions Committee makes admission decisions for those applying through the Standard (ST) route of entry. Members read applicant files, interview candidates, and vote at Committee meetings generating a ranked list of candidates. All members have equal voting rights at Committee meetings and must be present to vote. A quorum is defined by the number of members present, whether electronically or in person, at a committee or subcommittee meeting, provided that the number of faculty members constitutes the majority of voting members. Applicant selection criteria derive from the medical school mission, vision and values (<https://www.brown.edu/academics/medical/about-us>).

Selected experienced members serve on subcommittees that review and interview candidates for admission through the Post-baccalaureate Linkage (PBL) Program, and the Early Identification Program (EIP), by the same process outlined above. An Executive Committee, which consists of the two Assistant Deans of Admissions, the Director of Admissions, and five experienced faculty committee members, meets annually, and more often as needed, to review admissions policies and procedures and approve changes/updates.

Candidates for transfer admission/advanced standing are evaluated by a subcommittee consisting of the Senior Associate Dean for Medical Education and other Admissions Committee members who are also faculty in the Office of Medical Education and Continuous Quality Improvement.



Transfer admission is not a route of entry, and no seats are set aside for this purpose, but requests are considered for compelling/compassionate reasons on a space available basis. If the capacity exists to consider the request, and the candidate is found to be competitive/comparable with current medical school students, the subcommittee provides interviews and makes a recommendation as to whether to admit the student. Admission recommendations are forwarded to the AMS Admissions Executive Committee for final decision.

*Relationship to the eight-year combined baccalaureate/MD degree (Program in Liberal Medical Education or PLME):* Some faculty on the AMS Admissions Committee also serve on the PLME Advisory Selection Committee which makes admission decisions for candidates being considered for the eight-year baccalaureate/MD program. The PLME Advisory Selection Committee, in conjunction with the Brown Undergraduate Admissions Office, reviews and evaluates applicants to the eight-year combined baccalaureate/MD degree program and makes final admission decisions.

The PLME Academic Affairs Committee (PLME AAC), a subcommittee of the Medical Committee on Academic Standing and Professionalism (MCASP), meets twice a year to review the individual progress of PLME students during the pre-medical school years of the continuum. Selected members of the AMS Admissions Committee attend the PLME AAC during discussions of students in the final year of their undergraduate portion of the eight-year continuum (usually year four) to review each PLME student's academic progress. Only students who meet the PLME promotion requirements are promoted to the medical school years of the continuum. PLME students eligible for promotion to the medical school years are subject to the same technical standards and criminal background check as all incoming medical school students.

All AMS Admissions Committee members and PLME Advisory Selection Committee members are required to adhere to The Brown University Conflict of Interest and Commitment Policy (<https://www.brown.edu/about/administration/policies/conflict-interest-and-commitment-20065>).

### **Membership**

The AMS Admissions Committee consists of faculty members representing a variety of medical fields, four to eight current students, and the Director of Admissions. The exact size of the committee and its subcommittees may fluctuate from year to year, although at all times faculty members constitute the majority of voting members on the committee and at all meetings. The committee is co-chaired by two faculty Assistant Deans of Admissions.

The PLME Advisory Selection Committee is composed of the Associate Dean of Medicine (PLME) who also acts as the chair, two Assistant Deans of Medicine (advising), the Senior Associate Dean for Medical Education, the Associate Dean for Minority Recruitment and Retention, faculty/alumni members, and current PLME students in year seven or eight of the continuum.





The chairs are designees of the Dean of Medicine and Biological Sciences. The members on these committees may be self or peer nominated, or recruited to serve, and are selected and appointed by the chairs.

### **AMS Admissions Office**

#### **Charge**

The Warren Alpert Medical School (AMS) Admissions Office provides administrative and logistical support to the AMS Admissions Committee, and coordinates and manages all activities required to recruit and enroll highly qualified students.

#### **Role**

The AMS Admissions Office provides primary administrative and logistical support for the AMS Admissions Committee and for the admissions process through the Standard, Post-baccalaureate and Early Identification routes of entry, and coordinates with the PLME Office and the Brown Undergraduate Admission Office regarding entry through the eight-year baccalaureate/MD degree program.

The Admissions Office manages the receipt and processing of applications, coordinates the flow of applications through an organized review process, runs interview days and recruitment events, provides logistical support for AMS Admissions Committee meetings, and communicates decisions to applicants.

The office serves as the first point of contact for admissions inquiries from internal and external constituencies including the public, premedical students and advisers, applicants, and admitted candidates prior to matriculation.

The office implements the policies and procedures adopted by the AMS Admissions Committee and certifies the completion of pre-matriculation requirements for incoming students. The office ensures compliance with Brown University and AAMC policies pertaining to the admission of students including the handling of applicant and student data. The AMS Admissions Office advises the AMS Admissions Committee and other internal constituencies on current best practices in medical school admission.



## Medical Curriculum Committee

### Authority

The Medical Curriculum Committee (MCC) serves as the final decision-making body regarding the medical curriculum as stated in the Warren Alpert Medical School of Brown University (AMS) bylaws and as supported by the Dean of Medicine and Biological Sciences. As stated in Liaison Committee on Medical Education (LCME) accreditation requirements, the MCC ensures continuous oversight of the medical education program.

### Charge

The MCC is charged with the oversight, review of curricular content and integration, and evaluation of the medical education program. The MCC utilizes a multi-modal assessment approach including student performance in courses and clerkships and on national board examinations, quality of faculty teaching, course ratings, residency match data and residency director survey results for program evaluation. This quantitative and qualitative data is used for continuous quality improvement – including the refinement, innovation, and strategic planning of the medical education curriculum.

### Roles and Responsibilities

*Overall Curriculum Review.* The MCC reviews the following metrics annually to determine efficacy of the educational program as a whole:

- Direct Assessment of Student Knowledge and Skills: United States Medical Licensing Examination (USMLE) Step 1, Step 2 Clinical Knowledge (CK), and Step 2 Clinical Skills (CS) scores; National Board of Medical Examiner (NBME) subject “shelf” exam scores; locally designed exam scores; performance assessments (Objective Structured Clinical Examinations or OSCEs); Program Director assessment of residency performance
- Indirect Assessment of Student Attitudes: American Association of Medical Colleges (AAMC) Graduation Questionnaire (GQ); AMS Student Climate Survey
- Descriptive Assessment: Student advancement and graduation rates; NRMP Match Results; and specialty choices

In addition, the MCC annually reviews the Nine Abilities (i.e., “competencies”) and sub-Abilities (i.e., “medical educational program objectives”) with respect to the AMS mission, national standards, and linkage to course content and objectives as well as assessment. The MCC provides oversight of the entire four-year curriculum as a whole and ensures that sufficient assessment opportunities exist to allow for competency determination in each domain. The MCC reviews each of the required courses/clerkships (as described in the section below), each curriculum phase (pre-clerkship, clerkship, post-clerkship), and the four-year medical education program as a whole. The comprehensive curriculum review includes the outcomes listed above as well as the mapping of the Nine Abilities and sub-Abilities with respect to both teaching and assessment. In addition, in the pre-clerkship years, the MCC monitors the amount of self-directed learning and active learning. The MCC also reviews and approves the required clinical



experiences (including rates of completion), inpatient/outpatient balance, compliance of student duty hours, and site comparability in the clerkships.

*Course/Clerkship Outcome Review.* Each course/clerkship is reviewed in-depth by the Subcommittee on Years 1 and 2 (pre-clerkship courses and pre-clerkship electives) or the Subcommittee on Years 3 and 4 (clerkships, sub-internships, clinical electives) on an annual basis. The respective Subcommittee provides input on the pre-clerkship course/clerkship review summary form that is presented to the Curriculum Refinement, Innovation, Strategic Planning – Continuous Quality Improvement (CRISP-CQI) committee. The CRISP-CQI committee works with course leaders and faculty to refine recommendations. These forms are then presented to the MCC. The MCC evaluates the instructional format, assessment methodology, student performance on assessments, faculty ratings, and course ratings for each of the courses/clerkships and provides additional recommendations for improvement. These suggestions are recorded and used in meetings with course directors in planning for the following academic year.

*Course/Clerkship Content Review.* Each course/clerkship has course-level objectives that have been linked to the Nine Abilities (i.e., competencies) and sub-Abilities (i.e., medical education program objectives). Each respective Subcommittee reviews this linkage annually, in addition to the student assessment measures, grading system, and content syllabus for each course/clerkship. CRISP-CQI then presents findings to the MCC along with recommendations. These processes ensure vertical and horizontal integration of course/clerkship content across the entire 4-year curriculum.

*Electives.* The respective Subcommittees provide a recommendation to the MCC to approve, conditionally approve, or not to approve pre-clerkship electives, clinical electives, and sub-internships. The MCC has final authority on these decisions.

*Meeting Schedule.* The MCC meets each month (August through June) to review the curriculum as a whole, approve electives and sub-internships, and review pre-clerkship courses and clerkships on an ongoing basis. Committee members are required to attend at least 80% of scheduled meetings.

### **Membership Categories, Term Limits, and Voting**

*Chair.* The MCC is chaired by a senior faculty member as appointed by the Senior Vice President for Health Affairs and Dean of Medicine and Biological Sciences.

*Office of Medical Education and Continuous Quality Improvement.* The Senior Associate Dean for Medical Education (non-voting member), the Associate Dean for Medical Education (non-voting member), Assistant Dean for Medical Education with focus on year one, Assistant Dean for Medical Education with focus on year two, Associate Director for Year 1, Director of the Doctoring Program, and Director for Assessment and Evaluation serve on the MCC.



*Office of Student Affairs.* The Associate Dean for Student Affairs and Director of Career Development serve on the MCC.

*Office of Faculty Development:* The Director of Faculty Development serves on the MCC.

*Office of Diversity and Multicultural Affairs.* The Associate Dean for Diversity and Multicultural Affairs serves on the MCC.

*Program in Liberal Medical Education.* The Associate Dean of Medicine for the Program in Liberal Medical Education and Visiting Students serves on the MCC.

*Staff.* The Head of Health and Science Information Services serve on the MCC.

*Faculty.* A total of 12-14 Brown University faculty members, from both the basic science and clinical departments of the medical school, are appointed by the Dean on recommendation by the Senior Associate Dean for Medical Education to serve as non-permanent members of the MCC. Faculty are selected based on their commitment to teaching at the medical school along with their knowledge of and commitment to medical education. Broad representation among departments and specialties is sought for balance on the MCC. Annually, a call for interest to serve on the MCC is sent to Brown Faculty from the Senior Associate Dean for Medical Education. Faculty members provide their Curriculum Vitae and their rationale for wanting to serve on the committee.

*Students.* Student representatives from the Program in Liberal Medical Education (PLME), each medical school class in years one through four, and dual-degree programs (e.g., PC-PM, MD/PhD) serve on the MCC for one year. Students may be selected to serve more than one year (i.e., student representative for year one becomes student representative for year two) at the discretion of the Student Senate.

*Term Limits.* The length of service for voting, non-permanent members on the MCC is limited to three years, but can be renewed at the request of the Senior Associate Dean for Medical Education. A member must have attended at least 80% of the previous year's meetings in order to be considered for term renewal.

*Voting Procedures.* The MCC follows a modified version of "Robert's Rules." All MCC members listed above, with the exception of the Senior Associate Dean for Medical Education and the Associate Dean for Medical Education, are eligible to vote for a total of 34 voting members. Each student class is allotted one vote (Year 1, Year 2, Year 3, and Year 4) although multiple representatives may be present. Likewise, each student program is allotted one vote (PLME, PC-PM, MD/PhD). Votes are registered via a show of hands.

A motion may be brought to the attention of the committee by one of the voting members. The motion must be seconded by another voting member. The motion is then opened up for discussion by the committee. Once the discussion ends, the Chair will call for a vote on the



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motion at hand. Any motion brought to the floor requires a quorum of 50% plus one additional member (in 2019-20, 18 voting members are required for a quorum). A member of the committee may delegate their vote to another member of the committee (in their absence) to meet this quorum requirement provided they have reviewed the relevant material beforehand. A motion is passed when voting members cast a majority vote. If a majority vote is not achieved, the motion does not pass, and a new motion must be made by a voting member, seconded, discussed, and voted upon, in order to reach a decision.

Any voting member on the MCC may move to table an agenda item when appropriate. The motion must then be seconded, discussed, and voted upon. The subsequent agenda will include discussion regarding the tabled item.

### **Committee Communications**

MCC meeting minutes are recorded and sent out with the agenda and supporting materials one week prior to the next meeting. Minutes are approved at the start of each meeting. The Office of Medical Education and Continuous Quality Improvement is responsible for the creation and management of the MCC agenda, minutes, and supporting materials. Materials are posted in a Google Drive and are accessible by individuals with a Brown University Google account.

### **Subcommittees**

There are four standing Subcommittees of the MCC: The Curriculum Refinement, Innovation, and Strategic Planning – Continuous Quality Improvement (CRISP-CQI) Committee, the Subcommittee on Educational Faculty Development, the Subcommittee on Diversity and Inclusive Teaching and Learning, and the Administrative Policy Committee. Each Subcommittee has a formal charge, role, and membership list. The Subcommittees report findings and recommendations to the MCC, with the MCC having the final decision-making authority.



**The Curriculum Refinement, Innovation, and Strategic Planning - Continuous Quality Improvement Committee (CRISP-CQI)**

**Charge/Role**

CRISP-CQI oversees the Subcommittee on Years 1 and 2, Subcommittee for Years 3 and 4, the Clerkship Directors Committee, and the Subcommittee on Scholarly Concentrations, and provides a summary of recommendations to the MCC for final approval to ensure central oversight of the curriculum on an ongoing basis. This committee has oversight of the following:

*Curricular Evaluation.* The CRISP-CQI Committee engages in the ongoing evaluation of required courses and clerkships, pre-clerkship electives, clinical electives, sub-internships, and Scholarly Concentrations based on feedback from the Subcommittees on Years 1 and 2, Years 3 and 4, the Clerkship Directors Committee, and the Subcommittee on Scholarly Concentrations. This includes review of instructional format, course/clerkship content, assessment of student performance, assessment of faculty teaching, and course/clerkship ratings, including quantitative scores and qualitative feedback. As part of the evaluation process, the CRISP-CQI Committee reviews the alignment of the competencies and medical education program objectives (i.e., Nine Abilities and sub-Abilities) with the course content objectives and session-level objectives for all required courses/clerkships.

*Continuous Quality Improvement and Ongoing Compliance with LCME Accreditation Elements.* CRISP-CQI is responsible for the ongoing monitoring and compliance with LCME accreditation Standards. The CRISP-CQI Committee works with other major stakeholder offices such as Student Affairs and Diversity and Multicultural Affairs for continuous quality improvement.

**Relationship to the Curriculum Committee**

CRISP-CQI reports to the MCC on a monthly basis.

**Meeting Schedule**

The CRISP-CQI Committee meets twice each week during the months of August through June. In July, meetings are held as members are available. One weekly meeting is reserved for ongoing compliance with LCME accreditation Standards. The second meeting is reserved for issues specific to the Warren Alpert Medical School in the realm of continuous refinement, improvement, and strategic planning of the medical education program.

**Membership**

The CRISP-CQI Committee is chaired by the Associate Dean for Medical Education. Leadership from the Office of Medical Education and Continuous Quality Improvement represents all class years and includes the Associate Dean for Medical Education/Director of the Clinical Curriculum (Years 3 and 4), the Assistant Dean for Medical Education (Year 1), the Assistant Dean for Medical Education (Year 2), the Associate Director for Year 1, the Director of Assessment and Evaluation, and the Director of Doctoring. Each of the members also either chairs or is a member of the MCC, the Subcommittee for Years 1 and 2, the Subcommittee for Years 3 and 4, the Clerkship Directors Committee, and/or the



Subcommittee on Scholarly Concentrations. These subcommittees are engaged in the process of reviewing, evaluating, and providing feedback on required courses and clerkships, as well as pre-clerkship electives, clinical electives, sub-internships and the Scholarly Concentrations program.

### **Subcommittee on the Program in Educational Faculty Development (PEFD)**

#### **Charge/Role**

The Program provides programming and services to support the instructional practice of faculty and residents who teach medical students in required and elective portions of the four-year medical education curriculum. Programming includes a series of annual workshops across eight Core areas of medical education (Presentation and Lecturing Skills, Clinical Teaching, Teaching the Challenging Learner, Small Group Facilitation, Using Technology in Teaching, Mentoring and Advising, Inclusive Teaching, and Evaluation and Effective Feedback). Faculty earn a Certificate of Participation for attending five Core Series workshops with a three-year period. Other programming includes a monthly Medical Education Journal Club, annual half-day and full-day educational seminars, an annual MedEd Talks event, and an annual Medical Education Scholarship Poster Session. Consultative services include teaching observation and feedback sessions, sessions in which faculty can practice upcoming talks ahead of time and receive feedback, and curriculum development consultation sessions. Faculty earn Advanced Medical Education Training status if they complete the Certificate of Participation, attend an additional six hours of programming that is focused on instructional skill-building (within a total time frame of five years), and participate in a teaching observation and feedback session.

The PEFD provides financial support for faculty to attend educational conferences and to complete medical education projects on a rolling application basis. The PEFD also provides additional support to the educational initiatives of AMS in the form of educational materials such as faculty guides (Teaching in a Small Group: A guide for small group facilitators at the Warren Alpert Medical School of Brown University; Lecturing in the Preclinical Curriculum: A guide for faculty lecturers; Creating Inclusive Curricula: Considerations for review of curricular materials for inclusivity, diversity, and bias-free instruction), and educational videos (Developing Teaching Scripts: A useful framework for [newish] medical educators).

#### **Relationship to the Curriculum Committee**

The PEFD reports to the MCC with ongoing updates, including a more comprehensive annual report regarding their programming, services and support for faculty. The Director of the PEFD is a voting member of the Curriculum Committee.

#### **Meeting Schedule**

The Oversight Committee for the PEFD, comprised of educators and administrators across specialties, meets quarterly.

#### **Membership**

Programs and services of the PEFD are open to all faculty and residents. The PEFD Oversight Committee is chaired by the Director of Faculty Development. Members of the Oversight



Committee include the Senior Associate Dean for Academic Affairs, the Senior Associate Dean for Medical Education, staff from the Continuing Medical Education Office, a representative from the University's Sheridan Center for Teaching and Learning, Assistant/Associate Deans for Medical Education, and faculty from the departments of Pediatrics, Emergency Medicine, Internal Medicine, Family Medicine, Pathology, and Psychiatry.

### **Committee on Diversity and Inclusive Teaching and Learning (CDITL)**

#### **Charge/Role**

Curriculum Review. With input from the Office of Medical Education and Continuous Quality Improvement (OME-CQI) and OSA, the CDITL regularly reviews the curriculum with regards to diversity and inclusion. This includes, but is not limited to, race, ethnicity, religion, sex, sexual orientation, gender identity, veteran status, age, ability, and social economic and geographic background. The CDITL reviews multiple aspects of the curriculum through a careful review of the different ways in which bias manifests in biomedical knowledge production, practice, and training. As potential biases and inaccuracies are identified within the curriculum, the CDITL provides recommendations on curricular change to correct inaccuracies, and suggests faculty development to improve future iterations of the curriculum. The CDITL consults and engages with experts from Brown University and elsewhere as necessary.

#### **Relationship to the Curriculum Committee**

The CDITL reports to the MCC with ongoing updates, including a more comprehensive report annually.

#### **Meeting Schedule**

The CDITL meets monthly (August through June) to review the curriculum and discuss the overall learning environment with regards to issues pertaining to diversity and inclusion within the formal curriculum.

#### **Membership**

The CDITL is chaired by the Associate Dean for Diversity and Multicultural Affairs. Members from the Office of Diversity & Multicultural Affairs (ODMA) include the Assistant Dean for Diversity, the Assistant Director of ODMA, and the Diversity Fellow. Members from the Office of Medical Education and Continuous Quality Improvement include the Associate Dean for Medical Education, the Assistant Deans for Medical Education, Director for Assessment and Evaluation, and the Director of Doctoring. Other members of the committee include the Senior Associate Dean for Medical Education, the Senior Associate Dean for Academic Affairs, the Associate Dean for Student Affairs, the Director of Faculty Development and faculty from departments across the University. Members of the subcommittee also include pre-clerkship and clerkship students, as well as housestaff representatives.





## **Administrative Policy Committee**

### **Charge/Role**

*Policy review:* The Administrative Policy Committee regularly reviews the policies and procedures of the medical school. This occurs via two mechanisms: the first is via an annual review of the student handbook; the second is on an as-needed basis when questions or concerns about a particular policy arise. Any member of the committee can bring forward a policy item for review by the group; the group then, through discussion, decides whether a change in policy is recommended. The final authority on whether to change or adopt a particular policy rests with the Medical Curriculum Committee.

*Policy implementation/ dissemination:* Part of the Committee's decision is whether a particular policy addition or change should be adopted immediately, or at the start of the next academic year (the time at which the handbook is regularly updated). If the decision is made to change or add a policy immediately (after the Medical Curriculum Committee approves), members of the committee (generally, the Associate Dean for Medical Education and/or the Associate Dean for Student Affairs) compose and send an email to the affected classes to ensure that students are made aware of the change.

### **Relationship to Other Committees**

The committee is responsible for making recommendations to the Medical Curriculum Committee. The Administrative Policy Committee reports to the MCC with ongoing updates, including a more comprehensive report annually after proposed revisions to the student handbook are made. Decisions that involve the core clerkships are brought to the monthly Clerkship Directors meeting to ensure that the clerkship faculty are in agreement with and aware of the decision(s). For decisions that may involve other offices or individuals not present at the Committee meeting, members of the Committee discuss the issues with the appropriate people in between meetings, and bring any additional information important to the decision back to the Committee.

### **Meeting Schedule**

The Administrative Policy Committee meets monthly.



## Clerkship Directors Committee

### Charge

The Clerkship Directors Committee reviews the clinical phase of the medical education program with a specific focus on the required clerkships. In addition to reviewing curricular content, student assessment, and comparability across educational sites, this committee creates and refines policies and procedures surrounding the student experience in the clinical years.

### Role

*Review of the Clinical Curriculum.* On an annual basis, a presentation on the clinical phase of the curriculum as a whole is presented to the Clerkship Directors. This allows for review of course ratings, clinical faculty ratings, and student performance ratings across the required clerkships, and the sub-internships and clinical electives.

*Review of Required Clerkships.* Each of the required clerkships (Internal Medicine, Family Medicine, Pediatrics, Obstetrics and Gynecology, Surgery, and integrated Neurology and Psychiatry) is reviewed in-depth by the Medical Curriculum Subcommittee on Years 3 and 4. The results of the in-depth review are presented to the Clerkship Directors Committee for feedback on an annual basis. The review includes student feedback via quantitative ratings of the clerkship overall and individual clerkship components, as well as qualitative strengths and opportunities for improvement. The Clerkship Directors Committee also reviews the current academic year initiatives for each clerkship to foster collaboration, integration of content, and sharing of best practices. Experience logs are reviewed and approved annually to ensure appropriate content and rates of completion. The Committee also reviews the balance between inpatient and outpatient experiences for each of the required clerkships. Lastly, a substantive half-day review of two clerkships is completed annually and the findings from the report are presented to the Clerkship Directors Committee.

*Review of the Student Assessment Data.* On an annual basis, the Clerkship Directors Committee reviews the assessment of students across clerkships by viewing scores on student performance evaluations completed by clinical faculty across clerkships, scores on NBME subject (“shelf”) examinations, student performance on the Objective Structured Clinical Examination (OSCE), the distribution of honors grades across clerkships; and data on the Entrustable Professional Activities (EPAs) in the sub-internships and clinical electives.

*Comparability Across Sites.* The Clerkship Directors Committee ensures that students receive comparable experiences across educational sites. This includes reviewing the curriculum content taught at each site, completion of experience logs across sites, and student assessment data by site (student performance evaluations completed by clinical faculty, scores on NBME subject [“shelf”] examinations, distribution of honors grades across clerkship sites, and student performance on the OSCE). Student quantitative ratings of the clerkship overall and clerkship components, as well as qualitative strengths and opportunities are delineated by site when reviewed by the Clerkship Directors Committee.



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*Policies and Procedures.* The Clerkship Directors Committee creates and refines existing policies and procedures that impact the student experience in the clinical phase of the curriculum. Any member of the Committee may bring a new policy or policy revision before the group for discussion and voting. A modified version of Robert's Rules guides the process of voting on policy changes.

### **Meeting Schedule**

The Clerkship Directors Committee meets each month from August through June.

### **Membership**

The Clerkship Directors Committee is chaired by the Associate Dean for Medical Education.

Clerkship Directors include representation from Family Medicine, Internal Medicine, Pediatrics, Obstetrics and Gynecology, General Surgery, Psychiatry and Neurology.

Clerkship Coordinators include: representation from Family Medicine, Internal Medicine, Pediatrics, Obstetrics and Gynecology, General Surgery, Psychiatry and Neurology.

Members from the Medical School include: The Senior Associate Dean for Medical Education; the Assistant Deans for Medical Education; the Director of Assessment and Evaluation; the Associate Dean of Student Affairs; the Director of Faculty Development; the Director of Administration; and the Director of Career Development.



## **Medical Committee on Academic Standing and Professionalism (MCASP)**

### **Committee Mission**

The mission of the MCASP is to uphold the academic and professionalism standards of the Warren Alpert Medical School of Brown University, while providing fair and consistent consideration of issues of academic performance and professionalism that are brought before the Committee, and acknowledging the humanity and development of our learners.

### **Responsibilities**

The MCASP shall have the following responsibilities: implementing promotion policies and procedures for medical student evaluation in all phases of the curriculum; monitoring students' progress through the entire curriculum; recommending students for graduation; identifying and dealing with all cases of academic deficiency, as well as cases of ethical misconduct (both academic and professional); placing students on academic warning or probation, and returning students to good academic standing; issuing professionalism warnings and citations as appropriate; granting extensions to the requirements that medical school be completed within a certain number of years; and dismissing students from the medical school.

The MCASP does not create the policies it implements. Policies relevant to MCASP functioning are created and approved by the Administrative Policy Committee, and recorded in the Student Handbook (<https://www.brown.edu/academics/medical/download/medical-student-handbook>).

The MCASP will also oversee the academic progress of students through the Program in Liberal Medical Education (PLME). A subcommittee of the MCASP, the PLME Academic Affairs Committee (AAC), will review the academic progress and performance of all PLME students at the end of each regular semester during their undergraduate years and is empowered to place students on academic warning based on the established criteria of that committee.

Recommendations to place a PLME student on academic probation, or to dismiss a student from PLME, may also be made by the PLME Academic Affairs Committee, but must be approved by the MCASP. The PLME AAC recommends an action to the MCASP in the form of a motion.

### **Membership**

The MCASP shall consist of 12-14 Brown faculty members from the basic science and clinical departments of the medical school. Directors of Brown residency programs are not eligible to serve. Directors of courses or clerkships who serve on the committee must recuse themselves from decisions that involve academic or professionalism issues related to those courses/clerkships. Members will be invited to serve on the Committee by the Senior Associate Dean for Medical Education. Committee members will be asked to commit to attend at least two-thirds of scheduled meetings annually in order to ensure consistency of deliberations.

If a student is presented to the MCASP for review and a MCASP member has any personal or professional conflict of interest with regard to the status of the student, the faculty member will recuse him/herself from the discussion and voting.



The Associate Dean for Student Affairs and other members of the Office of Student Affairs (as appropriate), the Associate Dean for Diversity and Multicultural Affairs, and the Associate Dean of Medicine for the Program in Liberal Medical Education (PLME) shall be ex-officio non-voting members of the committee. The role of non-voting members is to provide longitudinal information regarding student performance, behavior, and circumstances to help contextualize committee decisions. Non-voting members also work with students to prepare them for appearances before the committee, and to inform them of committee decisions. If a non-voting member is unable to appear at a committee meeting, they may send a representative.

### **Chair**

The Senior Associate Dean for Medical Education shall act as the non-voting committee Chair. For certain complex student issues, the Chair may convene a subcommittee of voting and non-voting members, who are charged with submitting a report and making recommendations to the MCASP.

In the absence of the Senior Associate Dean for Medical Education, the Associate Dean for Student Affairs will serve as the Chair of the MCASP.

### **Term**

The length of service for voting members shall be three years and can be renewed at the request of the Senior Associate Dean for Medical Education. A member must have attended at least two-thirds of the previous year's meetings in order to be considered for term renewal.

### **Meeting Frequency**

Meetings of the Committee shall be held monthly. Additional meetings may be called by the Chair, the Dean, or by petition of one-third of the members of the Committee. Meetings may be cancelled if there are no agenda items or when votes may be registered electronically.

### **Meeting Agenda and Minutes**

An agenda and minutes for the Committee meeting shall be prepared by the Director of Academic Records and the MCASP Chair. The agenda and supporting materials shall be distributed to Committee members at meetings. Due to the confidential nature of meeting content, the agenda and the meeting minutes shall not be distributed outside of the Committee meetings except under extraordinary circumstances as defined by the Chair.

Each agenda item will include details regarding the student's current academic and professionalism standing, and each of the Committee's decision options. For example, "The student is currently on academic probation. S/he will be considered for return to good academic standing or return to academic warning."

Each agenda item will include all previous considerations of a student, including dates and decisions. Any previous considerations of undergraduate students in the PLME program by the MCASP will be included for those students once in medical school.



Supporting documents may be provided by the student. Supporting documents may include written statements prepared by the student, letters from physicians or other health care providers, or letters of support from advisors or mentors.

In rare circumstances, and with the approval of the Associate Dean for Student Affairs, a student may request to postpone consideration of their case by MCASP. These circumstances may include the timing of a required examination just preceding or following the scheduled MCASP meeting, or a medical issue. The agenda will reflect this request and indicate the date on which the student case will be considered.

### **Voting Privileges**

Each member of the committee shall have one vote and must be present in person to cast that vote. Under exceptional circumstances, members may vote by contemporaneous electronic participation.

### **Quorum**

A quorum shall consist of a majority of the voting members of the committee.

### **Processes and Decision Making**

The MCASP follows a modified version of “Robert’s Rules” (consistent with the processes of the Medical Curriculum Committee of AMS). Each meeting will begin with the approval of the previous meeting’s minutes. A motion to approve the minutes must be made by a voting member, and seconded by another voting member.

Committee decisions regarding students are initiated by a motion by a voting member of the Committee. The motion must be seconded by another voting member. At that point, the motion is open for discussion. When no further discussion is to be had, the Chair will call for a vote on the motion at hand. If the motion does not pass, a new motion must be made by a voting member, seconded, discussed, and voted upon, in order to reach a decision.

Votes are registered via a showing of hands. A decision is recorded when the majority of voting members endorse a motion.

A voting member of the Committee may move to table an agenda item when appropriate. The motion must be seconded, discussed, and voted upon. Subsequent agendas will include the decision to table the item.



## **Committee on the Learning Environment (COLE)**

### **Charge**

The mission of the Committee on the Learning Environment (COLE) is to affirm the medical school's commitment to shaping a culture of teaching and learning that is rooted in respect for all.

### **Role**

*Executive Committee:* The Executive Committee reviews students reports of mistreatment to determine how best to support the student's experience of mistreatment, and to determine next steps in addressing the issue with the faculty member (or department, if needed).

*Advisory Board:* COLE serves as an advisory board to the Executive Committee and to the Office of Student Affairs, and also ensures that medical school initiatives to improve and monitor the Learning Environment operate in coordination with University policies and procedures (e.g., Title IX). The Executive Committee brings forward to the advisory board for discussion themes/patterns that have been seen in student reports to discuss challenges and solutions. The Executive Committee also brings forward for discussion issues that have arisen in addressing student reports (e.g., a student requests that a report not be discussed with a faculty member until the student graduates, but the executive committee feels that the issue should be addressed sooner).

*Relationship to other committees:* COLE reports to the Senior Associate Dean for Medical Education. An annual report on the Learning Environment is presented to the Medical Curriculum Committee for review and input.

*Meeting Schedule:* COLE meets quarterly. The Executive Committee of COLE meets monthly, with ad hoc meetings more frequently if needed.

### **Membership**

The Chair of COLE is the Associate Dean for Student Affairs. Members of the Executive Committee of COLE include the Associate Dean for Student Affairs, the Senior Associate Dean for Medical Education, the Associate Dean for Medical Education, the Associate Dean for Diversity and Multicultural Affairs, and the Senior Associate Dean for Academic Affairs. Members of COLE's advisory board include the members of the Executive Committee, the Associate Dean for Student Affairs, the Director of Faculty Development, the Deputy Title IX Coordinator for Medical Students, six pre-clerkship and clinical faculty from a variety of departments, the Director of Graduate Medical Education for Lifespan, the Executive Chief of Medicine for Care New England, and three student representatives from each class. Two students serve as liaisons between COLE and the Medical Student Senate as well as between COLE and the University's Bias Review Team. Minutes are taken by the Administrative Coordinator of the Office of Student Affairs.



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**Note:** Additional information about COLE can be found in the policies and procedures on the Learning Environment.





## Student Support Group

### Charge

The mission 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 the longitudinal monitoring of student progress; and to develop timely, appropriate, actionable plans for individual students.

### Role

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:* Each week 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:* Each week, 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. 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.

*Meeting Schedule:* The Student Support Group meets weekly.



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### **Membership**

Membership of the Student Support Group is intentionally small and limited to representatives from the Office of Student Affairs (OSA), the Office of Medical Education and Continuous Quality Improvement (OME-CQI) and the Office of Diversity and Multicultural Affairs (ODMA) with significant student support roles. Members are tasked with communicating bi-directionally with other relevant individuals and offices of the AMS. Members of the Student Support Group include the Associate Dean for Student Affairs, the Assistant Director of Student Affairs, the Associate and Assistant Deans for Medical Education, the Associate Dean for Diversity & Multicultural Affairs, the Director of Career Development, the Learning Specialist, and the Assistant Director of the Doctoring Program.



## Faculty Appointments and Promotions

Faculty appointed in clinical and public health departments will ordinarily have a medical degree from a World Health Organization-accredited medical school or a doctoral degree or terminal degree from an accredited institution. Some departments may require board certification for specific ranks. Departments may consider persons for clinical appointment who do not hold doctoral degrees, but who play a prominent role in the public health sector and in the teaching or research activities of the department.

Research Scholar/Teaching Scholar/(Research) Faculty Titles (renewable terms, non-tenured faculty).

Faculty with the titles listed below are physicians, research scientists, or health or allied science professionals whose primary professional efforts are as employees of Brown or of an affiliated organization(s). Faculty with the titles listed below under Section A are voting members of the Brown University faculty in accordance with the Faculty Rules and Regulations of Brown University.

Teaching Scholar Track, Research Scholar Track, and (Research) Track

### Instructor of ():

A faculty member who has completed training in his/her area of specialization and will have demonstrated the potential to interact effectively through teaching, advising, and/or mentoring undergraduates, graduate students, medical students, postdoctoral trainees, or residents and fellows and who has demonstrated an interest in scholarship.

Appointment at this rank is limited to two 2-year terms depending on the needs of the department.

### Assistant Professor of ():

A faculty member who has demonstrated ability as a teacher, advisor, and/or mentor of undergraduates, graduate students, medical students, postdoctoral trainees, residents, or fellows and who has demonstrated potential for scholarship in their chosen discipline. Faculty must designate their track by the beginning of the third term.

Appointment at this rank is limited to three 3-year terms depending on the needs of the department.

### *Teaching Scholar Track*

### Associate Professor of ():

A faculty member who has a major educational role in a University-sponsored or affiliated program and who exhibits excellence and innovation in teaching. The individual must have a national reputation in his/her area of expertise. A continuous record of scholarship since the last appointment or promotion is expected. Excellent clinical skills will be given positive consideration. Service contributions to the University, its affiliates or the profession will be given positive consideration where a substantial role can be documented.



Appointment at this rank is for a term of up to 5 years that may be renewed depending on the needs of the department.

Professor of ():

A faculty member who has exceptional teaching skills and who has continued to lead educational programs. Excellence and innovation in teaching is expected. The individual must have a national reputation as an educator in his/her area of expertise. A continuous record of scholarship since the last appointment or promotion is expected. Excellent clinical skills will be given positive consideration.

Service contributions to the University, its affiliates, or the profession will be given positive consideration where a substantial role can be documented.

Appointment at this rank is for a term of up to 5 years that may be renewed depending on the needs of the department.

*Research Scholar Track*

Associate Professor of ():

A faculty member who has established an independent or collaborative, productive research program, supported by external, peer-reviewed grants and having reasonable assurance of continuity and productivity. A continuous record of highly regarded research publications since the previous appointment or promotion is required. The individual must have a national reputation in his/her area of research. A demonstrated record of excellence in teaching, advising, and/or mentoring is expected.

Excellent clinical skills will be given positive consideration. Service contributions to the University, its affiliates and the profession will be given positive consideration where a substantial role can be documented.

Appointment at this rank is for a term of up to 5 years that may be renewed depending on the needs of the department.

Professor of ():

A faculty member who has established an independent or collaborative productive research program supported primarily by sustained, significant external, peer-reviewed grants. For faculty in disciplines where collaborative, team-based research is the norm, the contribution should be substantive and distinct. A continuous record of highly regarded research publications since the last appointment or promotion is required. The individual must have an international reputation in his/her area of research. A record of excellence in teaching, advising, and/or mentoring is expected. Excellent clinical skills will be given positive consideration. Service contributions to the University, its affiliates and the profession will be given positive consideration where a substantial role can be documented.

Appointment at this rank is for a term of up to 5 years that may be renewed depending on the needs of the department.



*(Research) Track*

**Instructor of () (Research):**

A faculty member who has demonstrated research potential. Appointment at this rank is limited to one 2-year term.

**Assistant Professor of () (Research):**

A faculty member who has demonstrated potential or ability for conducting high-quality research as evidenced by scholarly publication in peer-reviewed journals, grant funding, and/or professional service to the outside scientific community.

Appointment at this rank is for a term of up to 3 years that may be renewed depending on the needs of the department.

**Associate Professor of () (Research):**

A faculty member who has established an independent or collaborative, productive research program, with a reasonable assurance of continuity or productivity. The individual must have a national reputation in his/her area of research. Teaching, advising, and/or mentoring and service contributions to the University, its affiliates or the profession will be given positive consideration where a substantial role can be documented.

Appointment at this rank is for a term of up to 5 years that may be renewed depending on the needs of the department.

**Professor of () (Research):**

A faculty member who has established an independent or collaborative program of high-quality productive research supported by sustained, significant, external, peer-reviewed grants and who has continued to demonstrate research productivity since the previous appointment or promotion. For faculty in disciplines where collaborative, team-based research is the norm, the contribution should be substantive and distinct. An international reputation for research in his/her area of expertise is required. Teaching, advising, and/or mentoring and service contributions to the University, its affiliates and the profession will be given positive consideration where a substantial role can be documented.

Appointment at this rank is for a term of up to 5 years that may be renewed depending on the needs of the department.

*Clinical Faculty Titles*

Faculty who hold clinical titles may be physicians, or health and allied science professionals who may be community-based practitioners, or employees of affiliated organizations or Brown University. Clinical faculty are obligated to provide a minimum 100 hours of annual teaching, advising, mentoring and/or service to their department or to Brown University. Clinician Educators are employees of Brown or of an affiliated organization and are obligated to provide a minimum of 200 hours of annual teaching, advising, mentoring and/or service to their department or to Brown University. Faculty with titles listed below under



Section B have voting rights only within their department and the Medical School, and/or School of Public Health in accordance with the Faculty Rules and Regulations of Brown University.

Clinical faculty have the prefix "Clinical" before their title: Clinical Assistant Professor of Pediatrics. Clinician Educator faculty have "Clinician Educator" following their title: Assistant Professor of Pediatrics, Clinician Educator.

#### *Clinical Track*

##### Clinical Instructor of ():

A faculty member who participates in academic activities and interacts effectively with undergraduates, graduate students, medical students, postdoctoral trainees, residents or fellows through teaching, advising, and/or mentoring.

Appointment at this rank is for a term of up to 3 years that may be renewed depending on the needs of the department.

##### Clinical Assistant Professor of ():

A faculty member who has documented ability in teaching, advising and/or mentoring or as a contributor to a clinical or research program.

Appointment at this rank is for a term of up to 3 years that may be renewed depending on the needs of the department.

##### Clinical Associate Professor of ():

A faculty member who has demonstrated a high level of skill in teaching, advising, and/or mentoring, and as a practitioner, and who has contributed actively to clinical or research programs. The individual must have a regional reputation in his/her area of expertise. Scholarly activity will be given positive consideration. Service to the University, its affiliates or to the profession will be given positive consideration where a substantial role can be documented.

Appointment at this rank is for a term of up to 5 years that may be renewed depending on the needs of the department.

##### Clinical Professor of ():

A faculty member who has demonstrated excellence in teaching, advising, and/or mentoring, and as a practitioner, and who has contributed actively to clinical or research programs. The individual must have a national reputation in his or her area of expertise. Evidence of scholarly activity is required.

Service to the University, its affiliates or to the profession will be given positive consideration where a substantial role can be documented.



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Appointment at this rank is for a term of up to 5 years that may be renewed depending on the needs of the department.

### *Clinician Educator Track*

#### Instructor of (), Clinician Educator:

A faculty member who participates in academic programs and interacts effectively with undergraduates, graduate students, medical students, postdoctoral trainees, residents or fellows through teaching, advising and/or mentoring.

Appointment at this rank is for a term of up to 3 years that may be renewed depending on the needs of the department.

#### Assistant Professor of (), Clinician Educator:

A faculty member who has documented ability in teaching, advising, and/or mentoring, and as a practitioner, and who has contributed to a clinical or research program.

Appointment at this rank is for a term of up to 3 years that may be renewed depending on the needs of the department.

#### Associate Professor of (), Clinician Educator:

A faculty member who has demonstrated substantial involvement and documented recognition as excellent in teaching, advising, and/or mentoring, and as a practitioner, and who has made important contributions to a clinical or research program. The individual must have a regional reputation in his/her area of expertise. Scholarly activity is required. Service to the University, its affiliates or to the profession will be given positive consideration where a substantial role can be documented.

Appointment at this rank is for a term of up to 5 years that may be renewed depending on the needs of the department.

#### Professor of (), Clinician Educator:

A faculty member who has demonstrated substantial involvement and documented recognition as an excellent teacher, advisor, and/or mentor, and as a practitioner, and who has made important contributions to a clinical or research program. The individual must have a national reputation in his or her area of expertise. Scholarly activity is required. Service to the University, its affiliates or to the profession will be given positive consideration where a substantial role can be documented.

Appointment at this rank is for a term of up to 5 years that may be renewed depending on the needs of the department.

### Tenure Track and Lecturer Titles

These appointments and promotions are reviewed by the *Tenure, Promotions, and Appointments Committee (TPAC)*. The Brown University Handbook of Academic



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Administration should be consulted regarding criteria for these and other University faculty appointments.

### Other Titles

Faculty with the following titles are non-voting members of the Brown University faculty:

#### *Visiting Titles*

##### Visiting Assistant/ Associate/Professor of (Dept.):

Visiting faculty members generally are scholars on leave from their home institutions who serve at Brown University for a period of time. Visiting faculty serve in an academic capacity, either research, teaching, advising or mentoring in conjunction with a member of the Brown University faculty. Visiting designation may also be given to an individual who temporarily fills a vacancy on the full-time faculty or in some cases prior to an individual joining the full-time faculty for whom such an appointment is appropriate in terms of facilitating the transition to Brown University. The designation "Visiting" shall precede the faculty rank the appointee holds at their home institution.

#### *Adjunct Titles*

##### Adjunct Assistant/ Associate/Professor of (Dept.):

Adjunct faculty generally are primarily employees of other institutions or organizations who provide specific educational, research, or consulting services to the University and/or the affiliated hospitals. These activities typically are limited to specific and defined functions and/or service to the department. Determination of rank for adjunct faculty is subject to the same requirements as other categories of faculty titles. Normally, adjunct faculty are appointed for one to three-year terms that may be renewed depending on the needs of the department.

#### *BioMed and Public Health Titles*

Division of Biology and Medicine and the School of Public Health departments may appoint non-- doctoral professionals; holders of these positions do not have voting privileges within Brown University.

#### Teaching Associate

Individuals must have an active role in teaching undergraduates, graduate students, medical students, residents and/or fellows. This teaching role must meet a significant, unique and ongoing teaching need best provided by an individual with professional experience, which does not require a doctoral degree. A Master's degree or equivalent skills, education and experience are required.

#### Senior Teaching Associate

An individual with at least five years of service as a Teaching Associate with a documented record of significant accomplishment in contributing to the teaching programs of their department.

#### Research Associate





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Individuals must have an active, significant role in research which may include scholarly productivity. Significant contributions to the planning, design and operation of research programs is expected. A Master's degree or equivalent skills, education and experience are required.

### Senior Research Associate

An individual with at least five years of service as a Research Associate or the equivalent, and with a documented record of reporting on original research in their field of expertise, while participating in the research effort of their department.

### Investigators

Investigators must have a Ph.D. or M.D. (or equivalent), and must have post-doctoral research experience equivalent to that of a faculty member holding the rank of Instructor or Assistant Professor. Individuals must demonstrate research potential. Appointment is for a term of 1 year that may be renewed depending on the needs of the department.



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### Organization of The Warren Alpert Medical School of Brown University

The relationship between the Warren Alpert Medical School (the “Medical School”) and its affiliated organizations are described in individual affiliation agreements. The affiliation agreements include:

1. Policies on employment and compensation for faculty employed by affiliated institutions<sup>1</sup>
2. Program planning affecting educational offerings of the University and patient care in the affiliated institutions
3. Scholarly aspects of faculty careers and the role of research in clinical departments
4. The relationship between the affiliated institute’s leadership and the clinical department Chairs in departments whose faculty are located in multiple institutions
5. Graduate medical education (“GME”)<sup>2</sup> and the responsibilities of the University and the affiliated institutions for those Brown-affiliated GME programs

### Departmental Leadership

Each Department is headed by a Chair appointed by the Dean of Medicine and Biological Sciences for a renewable term. The Chair serves as the Department's chief academic officer and reports to the Dean of Medicine and Biological Sciences on all academic and departmental administrative matters. The Chair oversees all faculty appointments, evaluations, reappointments, promotions, and terminations. The Chair implements University and Division of Biology and Medicine (“the Division”) policies. The Chair is responsible for the academic quality of the faculty in the Department, the professional development of faculty, and for the Department's adherence to the principles of diversity and inclusion.

Each Department is responsible for:

1. Developing an academic plan for research, teaching and clinical services
2. Developing a formal system of faculty teaching evaluation, and implementing this system
3. Annual review of junior faculty and review of senior faculty at mid-term of reappointment or promotion

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<sup>1</sup> “Affiliated institutions”: hospitals, clinics, and /or other healthcare organizations affiliated with The Warren Alpert Medical School

<sup>2</sup> “GME” or “GME programs”: residency, research fellowship, teaching fellowship



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4. Initiating faculty appointments, reappointments, and promotions
5. Medical student education and course evaluation
6. Graduate Medical Education
7. Participation in undergraduate and graduate programs

Each Chair is expected to develop the collegial structure and review mechanisms that enable the department to meet its commitments to research, teaching, advising and/or mentoring, and clinical service. In general, the administration of hospital resources and the management of GME programs are controlled by hospital administration.

### **Roles and Responsibilities of Clinical Department Chairs**

The Department Chair is the Department's chief academic and administrative officer, responsible to both the faculty of the Department and to the University. These dual roles require that the Chair interpret University policies to the members of the department and ensure their effective execution and at the same time represent individual and group concerns of department members to hospital administration and the University.

### **University and Medical School Administration**

The Chair is expected to lead the development and enhancement of departmental clinical, educational, and research activities, in accordance with the vision and mission of the Alpert Medical School and its teaching affiliates.

The Chair is responsible for maintaining the quality of the faculty by protecting their interests and rights as individuals and as professionals, scholars and educators and for supporting their professional development. The Chair is responsible for annual evaluation of junior faculty and periodic evaluation of senior faculty members of the department. The Chair supervises procedures for recruiting, interviewing and appointing new faculty members and for the department's adherence to the principles and purposes of diversity and inclusion.

The Chair is responsible for the development of departmental recommendations regarding contracts for faculty other than for him/herself and receives and evaluates all requests for leaves. The Chair is responsible for all aspects of departmental administration, including space, finances, support and mentoring of faculty and trainees, and clinical activities. The Chair is expected to serve as a role model for the department by demonstrating institutional citizenship through participation in governance and in committee activities of the department, the medical school, the affiliated hospitals, the University, and the profession at large. The Chair will also serve as role model for and champion of diversity, equity, and inclusion and the assurance of a



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safe and respectful work environment.

The Chair's accomplishments are expected to be excellent with regard to clinical, educational, and scholarly activities and will thus provide an example for faculty and trainees.

In order to ensure the effectiveness of Clinical Department Chairs, each Chair will undergo a formal review of his or her performance one-year before the end of their terms, as described below. The Dean of Medicine and Biological Sciences makes recommendations for Chair reappointments to the Provost.

### **Vision, Leadership and Strategic Planning**

The Chair is expected to provide visionary leadership of the department and to oversee the departmental strategic planning so as to improve the quality of the clinical, educational, and research programs. Such planning should be in accord with the overall visions for the University, the Medical School, and the affiliated hospitals. The Chair is also responsible for the academic development of the Department, the performance of its faculty in the principal areas of academic endeavors and the status of each of the teaching affiliates that is under the jurisdiction of the Department.

### **Educational Programs**

The Chair is responsible for all educational offerings of the Department. The following delineates these responsibilities further.

#### *For Undergraduate and Medical Program Courses*

Under the oversight of the Medical Curriculum Committee, and in consultation with the Dean of Medicine and Biological Sciences and the Senior Associate Dean for Medical Education, the Chair appoints course leaders; approves new courses; and initiates, plans, and coordinates joint hospital and campus educational efforts.

#### *For Graduate Medical Education (GME)*

The Chair holds ultimate responsibility for the educational quality of the University affiliated residencies and fellowships for which the Department is home. The Chair works closely with the sponsoring institution and its GME committee to ensure quality of these programs. In the case of multiple-site residency training programs in one Department, it is the individual Chiefs of Service who are responsible while the Department Chair serves as the overall leader. In order for a residency or fellowship program to be a "Brown" program, the Chair of the Brown Department sponsoring the Residency or Fellowship program must comply with the relevant policies and



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procedures. (See Policy on Approval and Continuance of Brown Graduate Medical Education Programs)

### *For Continuing Medical Education (CME) Courses*

The Chair approves all CME offerings by the Department and works with the Associate Dean for Clinical Affairs, as appropriate.

### **Clinical Programs**

The Chair is responsible for the overall planning and assessment of the quality of clinical programs within the Department and for attending to the Department's service delivery capability insofar as it affects the academic program of the Department. This task normally is carried out in cooperation with the Chiefs of Service, the Division Directors and, as appropriate, the leaders of specialty programs within the discipline. The Chair, in conjunction with the Dean of Medicine and Biological Sciences, may be actively involved in the development and implementation of faculty practices within the Department.

### **Research Programs**

The Chair has the overall responsibility for research activities within the Department, an important aspect of which is protecting the faculty's interests as professional scholars and promoting their professional development. The Chair is responsible for evaluating the Departmental research programs. Department Chairs also identify cooperative research activities and facilitates implementation with other Sections and Departments. The Chair is expected to build the departmental research base and to increase the departmental research funding. Recognizing that a faculty member's research may be conducted through an affiliate hospital and/or the University, the Chair works to facilitate these arrangements.

### **Other Scholarly Activities**

The Chair is responsible for fostering faculty participation in other scholarly activities, including engagement with professional societies, publications, advocacy work, and other innovative contributions.

### **Academic Plans**

In cooperation with the Medical School administration, the Chair participates in strategic planning, which includes departmental academic programs. Final approval of academic plans is the responsibility of the Dean of Medicine and Biological Sciences.





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### **Faculty Administration**

#### *Recruitment*

The Chair is responsible for organizing searches for new or replacement faculty positions within the Department. For academic faculty, this requires a Brown University approved search or a pre-select exception. Searches may be carried out in consultation with the hospital's Chief of Service in that Department, the Division Directors, the administrative representatives of the affiliated hospitals and the Office of Biomedical Faculty Administration. The Chair is responsible for approving search plans for all faculty positions within the Department and for obtaining hospital administrative approval if appropriate.

#### *Faculty Evaluation and Record Maintenance*

The Chair will maintain all faculty files including all recommendations regarding faculty actions and teaching evaluations. The Chair is responsible for ensuring that a faculty evaluation system is in place and that the evaluation process is followed and monitored.

#### *Annual Reviews*

The Chair is responsible for annual evaluation of all academic track faculty at the rank of Instructor or Assistant Professor and for mid-term and reappointment review of all Associate and Full Professors.

#### *Appointments, Reappointments, Promotions, Terminations*

The Department Chair is responsible for managing all faculty appointments, reappointments, and promotions according to Alpert Medical School Policies and Procedures. Faculty actions will be processed in a timely fashion. In case of retirement, resignation or death of a member of the faculty, it is the Chair's responsibility to notify the Office of BioMed Faculty Administration in a timely fashion.

#### *Faculty Development and Mentoring*

The Chair is expected to foster career development of faculty members and to provide faculty with appropriate and timely mentoring either personally or through senior Departmental faculty. Formal mentoring programs are encouraged.



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### **Grievance Procedures**

The Chair is responsible for initial grievance procedure actions within the Department except where he/she is involved; in this case the responsibility for initial actions rests with the Dean of Medicine and Biological Services. The Chair also is responsible for the administration of [University policies](#) on Equal Employment Opportunity and Affirmative Action within the Department.

### **Departmental Budgets**

#### *Administrative Budget*

The Chair is responsible for the development and management of the Department's administrative budget.

#### *Faculty Salaries*

The Chair monitors faculty salaries in the department and, along with the Chief of Service, assures that salaries are maintained within current applicable guidelines agreed upon by the University and the affiliated hospitals. For Brown-paid faculty in clinical departments, salaries are determined by the Chair in consultation with the Executive Dean of Medicine for Administration.

### **Space Utilization**

The Chair is responsible for recommendations concerning the space required to accomplish the academic plan of the Department. The Department Chair is responsible for presenting space requirements on campus to the Dean of Medicine and Biological Sciences. Space requirements in the hospitals are presented to the appropriate officer(s) in the relevant teaching hospital partner.

### **Safe, Inclusive, and Respectful Work Environment**

The Chair is expected to lead the Department's commitment to diversity, equity, and inclusion. The Chair oversees activities that fulfill the Diversity and Inclusion Action Plan (DIAP) formulated by the department and works with the Associate Dean for Diversity and Multicultural Affairs to adapt the department DIAP to address specific departmental needs. The Chair is ultimately responsible for facilitating and maintaining a safe and respectful work environment for faculty, staff, house staff, students, and other trainees.



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### Other Administrative Duties

The Chair is responsible for recommending to the Dean of Medicine and Biological Sciences the appointment of Associate Chair(s) and/or division directors. The Department Chair convenes meetings of the Department faculty. The Chair makes committee assignments within the Department and recommends Department faculty for committee assignments outside the Department. The Department Chair maintains records of department faculty research reports and publications. The Chair develops and reports on the Diversity and Inclusion Action Plan for the Department. The Chair reports to the Dean of Medicine and Biological Sciences on the academic status of the Department.

### **Performance Review for Clinical Department Chairs (see Appendix)**

**The performance of the Chair and the Department will be reviewed periodically by the Dean of Medicine and Biology Sciences (DMBS) and the Health System President.** These reviews typically take place at the mid-point and in the year prior to reappointment. The purpose of the Chair Review is to assess the academic and clinical performance of the Department and the Chair's leadership. It will also provide a basis to formulate and evaluate short and long term goals for the Department. Clinical Department Chairs are also subject to review for renewal of their faculty reappointment; a concurrent review of his or her faculty appointment must take place and must be positive in order for a Chair to continue in the role.

Chairs prepare a succinct Report (no more than five pages) that focuses on the topics outlined below. It should describe the strengths, weaknesses and needs of the Department. This Report is submitted *no later than two weeks* before the scheduled Review meeting with the DBMS and the health system president.

### **Roles of Chiefs of Service and Division Chiefs**

The Chief of Service and/or Division Chief evaluates the academic performance and progress of the faculty under her or his jurisdiction, and submits these reviews to the Department Chair under the procedures established for each Department. In consultation with the Department Chair, the Chief of Service and/or Division Chief reviews faculty salaries, receives and evaluates requests for academic leaves, and organizes regular and timely evaluations of the faculty in their service area.



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Function	Chief of Service/Division Chief	Department Chair
<b>Vision, Leadership and Strategic Planning</b>	Develops plan in collaboration with CEO and Department Chair	Reviews/approves/submit to the Dean of Medicine and Biological Sciences
<b>Medical Faculty Affairs</b>	Initiates and advises Department Chair on faculty recruitment, appointments, promotions, evaluation, and retention.	Reviews/recommends to Dean of Medicine and Biological Sciences (junior faculty) and to the Dean and CMFA (senior faculty)
<b>Faculty Salaries</b>	Makes recommendations based on faculty member's performance	Reviews to assure compliance with University/affiliated hospitals' guidelines and equity issues.
<b>Medical Student Education</b>	Under the direction of the Medical Curriculum Committee oversees pre-clinical and clinical programs within the University and Departmental guidelines, at the direction of the Chair	Develops and implements guidelines, evaluates quality, coordinates with other educational programs (e.g. standard curriculum in multi-site clerkships).
<b><u>Graduate Medical Education Programs</u></b>	<ul style="list-style-type: none"> <li>Serves as Site Director or designates the Site Director(s)</li> <li>In Conjunction with the Program Director, ensures educational quality and adherence to credentialing authority, sponsoring institution and University standards</li> </ul>	Chair is responsible for oversight for department GME programs
<b>Research Programs</b>	Promotes and supervises research programs at affiliated institutions	Promotes the development of research programs in the affiliated institutions that collectively result in the appropriate breadth and depth for University



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	Department. Fosters interaction and cooperation of related research efforts among the University and its affiliated institutions.
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### Departmental Promotions Committees

The committee membership should be representative of the department faculty with regard to gender, institutional employer, and discipline. The committee is responsible for establishing departmental Standards and Criteria in conjunction with the Chair. The committee is also responsible for reviewing all candidates for senior level appointment and promotion to the rank of Associate Professor and Professor in all tracks, as well as Assistant Professors in the Research Scholar and Teaching Scholar Tracks in the final year of the third term. The committee reviews the dossiers for promotion and votes on the action. A written summary of the committee's review plus the vote is then forwarded to the Department Chair. The summary should include the reasons for abstentions, recusals, and negative votes. Only Professors can vote on appointments and promotions to the rank of Professor. Professors and Associate Professors may vote on appointments and promotions to Associate Professor. Committee members who are closely associated with candidates should recuse themselves from voting.

### Standing Committees

#### Medical Faculty Executive Committee (MFEC)

The Medical Faculty Executive Committee (MFEC) serves as a central steering committee for the hospital-based faculty of the Warren Alpert Medical School. Its charge includes investigation of matters of particular concern to the medical faculty, including grievances. The MFEC membership includes faculty representatives from all of the hospitals that are part of the Medical School. Ex-officio members of the committee include the Dean of Medicine and Biological Sciences, the Dean of Medical Faculty Affairs, the President of the University (or his/her representative), and representatives from the administration of each hospital or hospital system. MFEC membership can be viewed on the [University Faculty Governance site](#).

#### Biology Curriculum Committee

The charge of this committee is to review and recommend new undergraduate and graduate-level courses, consider curricular changes and oversee the programs and policies leading to



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fulfillment of undergraduate concentrations in the Biological Sciences. This committee makes its recommendations to the Program in Biology Faculty, to the College Curriculum Council, and in matters concerning graduate-level courses, to the Graduate Council.

### **Continuing Medical Education Advisory Committee**

The charge of this committee is to assist the Continuing Medical Education Office in the development of standards and policies necessary to produce high quality educational programs. Its responsibilities include needs assessment, long-range planning, and consideration of ethical issues and co-sponsorship issues in Continuing Medical Education.

### **Medical Committee on Academic Standing & Professionalism (MCASP)**

The charge of this committee is to implement promotion policies and procedures for medical student evaluation in all phases of the curriculum. MCASP monitors students' progress, and approves students' promotion from one phase of the curriculum to the next. MCASP reviews all cases of academic deficiency and cases of ethical misconduct (both academic and professional). After deliberation, the committee recommends action, including warnings, probation, return to good academic standing, and dismissing students from the Medical School. For students with extenuating circumstance, MCASP may grant extensions to the requirements that Medical School be completed within a certain number of years. Each spring, it recommends students for graduation and awards.

The MCASP will also oversee the academic progress of students through the Program in Liberal Medical Education (PLME). A subcommittee of the MCASP, the PLME Academic Affairs Committee (AAC), will review the academic progress and performance of all PLME students at the end of each regular semester during their undergraduate years and is empowered to place students on academic warning based on their established criteria. Final decisions to place PLME students on academic probation or to dismiss from PLME may also be made by the PLME Academic Affairs Committee, but must be approved by the MCASP. The PLME AAC may recommend action to the MCASP, which is done as a motion.

### **Medical Curriculum Committee**

The charge of this committee is to review and approve new courses, evaluate all Medical School required courses and clerkships, consider and approve major curricular changes, and supervise the implementation of the curriculum leading to the medical degree. The PLME AAC will oversee PLME undergraduates' educational planning and accomplishments while they are still formerly enrolled in the College, and will report to the Dean of the College, the FCEL, as well as to the Dean of Medicine and Biological Sciences, Senior Associate Dean for Medical Education, the



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Medical Curriculum Committee, and the Medical Committee on Academic Standing and Professionalism.

In addition to these standing committees, various ad hoc committees or working groups will be appointed by Medical Curriculum Committee or the Dean of Medicine and Biological Sciences for special purposes.

### **Clinical Faculty Advisory Committee (CFAC)**

The mission of the Clinical Faculty Advisory Committee (CFAC) is to represent the clinical and clinician educator track faculty and to acknowledge and promote their essential role in the success of the academic/educational enterprise at the Warren Alpert Medical School of Brown University.

### **Office of Women In Medicine and Science (OWIMS) Advisory Board**

Office of Women in Medicine and Science (OWIMS) Board members provide input on program planning, attend Board meetings and OWIMS events, and encourage female and male colleagues to attend programming. The mission of OWIMS is to advance the academic progress and professional development of its women faculty, house officers, students and trainees through education, advocacy, mentoring and networking. Faculty are invited to apply for the OWIMS Board in the fall semester and the current Board elects new members to serve a 3-year term from January to December with the option for one term renewal. The OWIMS Board meets approximately quarterly.

### **Committee on Medical Faculty Appointments (CMFA)**

The Committee on Medical Faculty Appointments (CMFA) is the University review body for faculty actions for non-tenure track faculty in the Medical School Clinical Departments and for (Research) faculty in Biology departments. This committee is chaired by the Senior Associate Dean of Academic Affairs who reports directly to the Dean of Medicine and Biological Sciences on behalf of the committee. The Dean provides his/her review of the candidates to the Provost for approval by the President and Corporation.

## **Faculty Promotions and Appointments**

### **At the Department Level**

The promotion dossier is reviewed first at the department level. The Division Director and Chief meet with the faculty member, and with the Department Chair to determine if the dossier is complete, goals have been met, and that the faculty member is ready for promotion review. The



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annual review is part of this process. In many departments, the departmental promotions committee initially reviews the faculty dossier and makes recommendations to the Chair as to whether the candidate should proceed with promotion. Departments are encouraged to use the promotion criteria materials developed by BMFA outlining the [Faculty Standards and Criteria for Faculty Ranks and Tracks](#).

### *Junior Level Promotions*

Regardless of track, junior level promotions (Instructor to Assistant Professor) are based on the recommendation of the Department Chair to the Senior Associate Dean for Academic Affairs.

### *Senior Level Promotions*

Promotions to Associate Professor and Professor in all faculty tracks are reviewed by the Department Promotions Committee, the Department Chair, CMFA, the Dean of Biological and Medical Sciences, the Provost, and the President of the University to determine that all criteria and University guidelines have been met.

[Senior-level appointments / promotions dossier](#) (for senior-level dossiers)

**STEP 1:** The departmental promotions committee reviews all candidates for senior level promotion. The committee solicits letters from external referees asking for their assessment of the candidate. The committee meets to review the promotions dossier, and votes on the appointment or promotion. A written summary of the discussion, including the vote, is forwarded to the department chair. The reasons for abstentions, recusals, or negative votes should be explained in the summary.

Only Professors may vote on professorial appointments and promotions. Professors and Associate Professors may vote on promotions to Associate Professor. Committee members who are closely associated with candidates are required to recuse themselves from voting.

**STEP 2:** The department chair reviews the candidate's dossier and the promotions committee recommendation. The chair either forwards the dossier with a recommendation to move forward to CMFA or determines that the candidate is not ready for appointment or promotion. The Chair can recommend that the candidate be considered for another track. The Chair is asked to present the dossier to CMFA as part of the CMFA review process.





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### **[Navigating Promotions for Clinical Department Faculty at Brown University](#)**

#### *Process*

Once a candidate's dossier has been reviewed and approved at the departmental level, the department administrator electronically submits the dossier to the Academic Affairs Coordinator to launch the CMFA review.

CMFA meets semimonthly between September and May. CMFA members vote on each candidate and their recommendations are forwarded to the Dean for review. The Dean presents each candidate to the Provost for review. The Provost submits recommendations to the President who, in turn, submits the recommendations to the Corporation. The appointment/promotion is not final until the Corporation has voted. The effective date for the appointment or promotion is usually July 1 and is for a five year renewable term.

#### *Mandatory Review*

Assistant Professors in the Research Scholar and Teaching Scholar tracks in their third three year term **MUST** be reviewed for promotion. This third term is called the "up or out" term. Promotion review occurs during the second year of the third term (year 8) as Assistant Professor. If it is determined that a faculty member is unlikely to be promoted in their assigned track they may be given the option to switch to a track without an "up or out" term limit. This requires that the faculty member meet the criteria for appointment in that track.

#### *Waiver Notice*

Assistant Professors in the Research Scholar and Teaching Scholar tracks in the eighth year of their appointment may request to waive the one year written notice of a non-renewal through their Department Chair. This request is reviewed by the Senior Associate Dean for Academic Affairs. A written response will be sent to Chair and faculty member.

#### *Annual Review of Academic Faculty*

The annual review process for faculty is intended to provide timely evaluation of faculty academic performance and to set expectations for future performance. By establishing clearly defined, mutually agreed upon goals, a faculty member can apportion her or his effort in a manner consistent with the defined objectives. The assessment of performance provides the feedback which allows both the faculty member and her or his Service Chief and Department Chair to determine if the previously agreed upon goals



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were achieved. This process of retrospective review and prospective goal setting is intended to call attention to the academic role, and to facilitate advancement.

Affiliated institution employment, subject to institution review, is also an integral component of the faculty appointment. While elements of employer review are beyond the scope of the faculty review, the faculty review includes teaching, research and University service.

All full-time faculty in the Research Scholar, Teaching Scholar and (Research) tracks, at the rank of Instructor and Assistant Professor, shall undergo an annual review of their academic achievements.

All full-time faculty in the Research Scholar, Teaching Scholar and (Research) tracks, at the rank of Associate Professor and Professor shall undergo a similar review at the mid-point of their term of appointment.

The review will take place within the Department in which the faculty person holds her or his appointment. In the case of a joint appointment, the primary Department shall be responsible for the review. The secondary Department Chair may be represented at their discretion.

To initiate the review process, the faculty member's immediate supervisor will meet with the faculty member to discuss her or his past year's accomplishments and to agree upon the goals for the following year. The immediate supervisor will then discuss the goals and assessment with the appropriate Chief of Service. If necessary, further discussion will be held with the faculty member. The immediate supervisor or Chief will complete a department review form or the BioMed Faculty Administration [faculty review form](#) and forward this to the Department Chair. The Chair of large departments may wish to appoint an Annual Review Committee and delegate the "final review" to this committee.

When agreement is reached on the review, the supervisor, chief or committee will forward this document to the Department Chair for additional comments and approval. Once approved by the Chair, the review will then be forwarded to the faculty member. The faculty member may add a written comment as part of the final report, and these comments shall become a part of the official record. The faculty will then sign the review and return it to the Department Chair. The Chair is responsible for insuring that the review is maintained in the faculty member's departmental file.



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The annual review process will evaluate the past year's performance by comparing the faculty member's accomplishments against a set of objectives enunciated at the time of the previous years' review. In the case of a first-year review, expectations should be established in writing for the first year of employment by the faculty person's Chief of Service and immediate supervisor in consultation with the Department Chair.

Clinical accomplishments relevant to the academic goals of the Department are germane to the annual review process and should be cited.

The review process must be completed by the end of each academic year. A copy of the review should be sent to BioMed Faculty Administration.

### *Term Extensions*

Individuals whose career path has been interrupted by illness, maternity leave, parental issues/ leave, adoption, caring for a sick child or other close family member, career changing circumstances, or other serious circumstances may request up to three one-year extensions. These requests must be approved by the Department Chair and the Senior Associate Dean for Academic Affairs. The requests must be submitted within one year of the qualifying event.

### *Termination/Non-Renewal of a Faculty Appointment*

Faculty appointments may be terminated at any time based on the recommendation of the Department Chair. All faculty should be notified of the termination or non-renewal of their appointments by the Department Chair in advance of receiving notification from BMFA. In recommending termination or non-renewal of a faculty appointment, the Department Chair should submit a complete and concise departmental recommendation delineating the basis for the termination/nonrenewal.

Among the possible grounds for termination/non-renewal of a faculty appointment are the following (***this list is not all-inclusive***):

- Services no longer needed by the Department or Alpert Medical School
- No longer providing the required number of teaching or service hours
- Failure to improve teaching after receiving notice of need for improvement
- Scientific misconduct
- Academic misconduct
- Not adhering to University rules, regulations and policies regarding faculty conduct



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- Unprofessional behavior
- Failure to provide required or adequate documentation for reappointment
- Provision of false documentation relevant to reappointment
- Failure to fulfill established academic departmental responsibilities

Teaching Scholar, Research Scholar, (Research), and Clinician Educator faculty appointments are all contingent on the faculty member maintaining their employment in a Brown-affiliated institution. If a faculty member in any of these tracks is no longer employed by an affiliate institution, their faculty appointment in this track will terminate. In this instance, the Department Chair, at her or his discretion may or may not consider switching the faculty member to the Clinical track, which does not have the employment by an affiliated institution requirement. (Research) faculty employment may be contingent on external funding. In the situation where a faculty member loses funding during their term appointment, their faculty appointment may be terminated without notice.

If it is anticipated that a faculty appointment will not be re-renewed at completion of the current term, the faculty member should receive advance notice 12 months before the expiration of their term (if in a 3 or more year term appointment), or by 9 months before the expiration of their term (if in a fewer-than-three-year term). Such notice should be provided by the Department Chair.

### *Emeriti*

Faculty may be recommended by the Dean of Medicine and Biological Sciences for designation by the Corporation as emerita/emeritus (e.g. Professor of Medicine Emeritus) upon their retirement.

Upon retirement, faculty at the rank of Professor or Associate Professor shall be recommended to the Corporation for the emerita/emeritus title.

Other faculty, e.g. Assistant Professors, may be recommended for emerita/emeritus status by their Department Chair provided that they have served a minimum of fifteen (15) years at Brown University, and upon approval by the Dean of Medicine and Biological Sciences and the Corporation.

### *Secondary Appointments*

Each faculty member is recruited with a primary appointment in a Department. Secondary appointments can be considered when a department wishes to recruit an individual with the intent of meaningful interaction with another department including:



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- Participating in meaningful research activities between the two departments
- Maintaining an active program of scholarship consistent with the criteria of the Department granting the secondary appointment for the academic rank of the faculty member
- Participating in regularly scheduled educational activity for trainees (post-graduate trainees and/or medical students) between the departments. (Evaluations relating to this teaching role are to be included in the faculty member's dossier at the time of reappointment or promotion).
- Participating actively in seminars and faculty meetings sponsored by the secondary Department

The primary and secondary appointment must be at the same faculty rank and will carry the same term end date as the primary department appointment. Department recommendations will be forwarded to the Office of BioMed Faculty Administration which will process the faculty action at the University level.

### Guiding Principles of Professional Behavior

The mission statement of the Warren Alpert Medical School of Brown University exhorts the members of the Medical School community to view medicine “as a noble profession rather than a trade to be learned.” We seek to graduate physicians who are socially responsible and committed to improving health care in their community, the nation and the world. We also affirm that “our graduates must be scientifically well-educated, but capable of approaching problems from a variety of perspectives, drawing upon the methods of analysis of the humanist, the social scientist and the behavioral scientist.” To these ends, we strive to create and sustain a learning environment that nurtures the full development of our intellectual and professional values. The Guiding Principles of Professional Behavior is informed by the altruistic tradition of medicine and proclaims our highest aspirations regarding what it means to be a professional in the context of our academic and clinical environments.<sup>3</sup>

#### Patient Advocacy

Our first responsibility is to provide the most appropriate care for each individual while respecting that patient's values. Socially responsible physicians also should improve the health

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<sup>3</sup> The Guiding Principles is a vision statement of our professional beliefs. It is not intended to be a code of conduct for the Medical School community.



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of families and advocate for better health care for all. Students and faculty participate in community outreach and advocacy and cultivate respect for cultural diversity. Faculty serve as role models and mentors for students, residents and fellows in striving to improve health care in the community, and to ensure that all patients regardless of their socioeconomic position receive quality health care.

### **Respect for Others**

Professionalism requires recognition of and respect for other persons. In the clinical setting, we are respectful and responsive to patients, their families, peers and our healthcare colleagues. In the academic context, faculty and administrators demonstrate respect by teaching or communicating in a thoughtful and sensitive manner. Students, residents and fellows reciprocate by participating constructively in teaching sessions and by providing and responding to appropriate feedback to and from faculty and administrators.

### **Ethical Practice**

In maintaining the public trust, all members of the Medical School community strive to sustain the highest standards of academic and personal honesty, compassion, integrity, altruism, and dependability. The Medical School promotes moral development by acting ethically and by setting and maintaining the highest ethical standards for faculty, staff and students. We take responsibility not only for our own behavior but that of our professional colleagues. In daily conduct with patients and with each other, we are fair and truthful. We act in a compassionate manner. In our professional communications, we report accurately and objectively, particularly when documenting patient care and in conducting research. When appropriate, we provide complete disclosure of self-interest and avoid and appropriately manage conflicts of interest.

### **Self-Care and Self-Awareness**

Recognizing that devotion to the profession can only be sustained in a life that is meaningful and balanced, the Medical School expects its members to attend to their own health, emotional and social needs, and well-being. Reflective professionals are aware of their obligation to themselves, their family, their community and patients to maintain good health. They are thoughtful about what in their lives has personal meaning including their professional and personal values, priorities and commitments.

### **Autonomy and Academic Freedom**

The Medical School respects the autonomy of patients, students, residents and fellows. In caring for patients, we honor and uphold the principles of informed consent and shared decision-making. We understand and respect the professional boundaries of the physician/patient and the teacher/student relationships. Our trainees are encouraged to shape their own learning—to



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develop leadership skills and to pursue career and outside interests. As a community, we support the exercise of freedom of speech and academic freedom. Such free and open communication may be required to advocate effectively for patient care.

### **Lifelong Learning**

As members of the Warren Alpert Medical School of Brown University community we have a continuing commitment to excellence in clinical practice and in scholarship. We are committed to lifelong learning through participation in continuing education, and to facilitating ongoing opportunities for students, residents, fellows and faculty to participate in professional development that enhances innovation and creativity in their teaching and scholarship.

### **Statement of Faculty Responsibilities**

The purpose of this statement is to describe the general principles that guide research, teaching, clinical care and service by faculty members and to identify specific responsibilities that are associated with these principles. More specific information may be found in the "Standards and Criteria for Rank" found in the [Handbook on Academic Administration](#). Faculty members are urged to consult these documents which are available from the Department Chair or BMFA.

The Division of Biology and Medicine is part of a University in which scholarship, teaching, and clinical expertise are important obligations of faculty. An appointment as a faculty member is based on the achievements and promise of an individual as a scholar, a teacher, and a clinician, and carries the commitment to a career in which these activities are fully integrated. Faculty members also are expected to contribute to the governance of the University, the Medical School, the Department, and to the affiliated organizations. The final authority on University affairs is the Corporation of Brown University, but the Corporation relies on the faculty to recommend the policies of teaching, research, and governance that define the Medical School and the University. The policies are implemented by the Senior Administration (President, Provost, and Deans) to serve the mutual benefit of the University, Medical School, and the scholarly community.

Although faculty members generally are expected to be equally committed to scholarship, including research, teaching, and clinical excellence, faculty members may, on occasion or in different intervals of their careers, devote considerably more time to one of these areas or to administration. Chairs of Departments and Directors of Institutes, Programs and Centers, in consultation with the Dean of Medicine and Biological Sciences and Associate Deans, are expected to oversee the distribution of research, teaching, and clinical responsibilities for individual faculty members to maximize the effectiveness of the academic unit. Chairs and



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Directors also are expected to judge the degree to which the faculty members meet their responsibilities, and to make recommendations to the Dean of Medicine and Biological Sciences.

### **Faculty Disciplinary Actions**

Medical School faculty are members of an academic community in which integrity and trust are as important as professional competence and scholarly achievement. Standards for faculty conduct are consistent with those of the University and the broader professional community. These standards have worked over time to meet and respond to contemporary concerns as well as long held medical community standards of conduct. This document pertains to non-tenure track faculty in clinical departments. This document does not replace existing policies requiring employment of academic faculty by affiliated organizations.

General Principles observed in addressing allegations subject to disciplinary action:

- Medical School faculty maintain academic and professional standards consistent with the highest traditions of teaching, research, and patient care
- Medical School faculty are responsible to the public, to the academic community and to affiliated institutions and agencies
- Enforcement of the standards is necessary to protect the rights and reputations of all individuals, including those alleged to have engaged in misconduct and the individual who has made the allegation
- Allegations will be resolved carefully and objectively providing appropriate opportunity for all parties with legitimate interests to be heard as promptly as possible

### **Grounds for Disciplinary Action**

Disciplinary procedures provide an administrative mechanism to determine whether actions by a faculty member breach the standards. Grounds for disciplinary action include, but are not limited to, the following:

- Incompetent performance of professional duties
- Neglect of academic duty
- Misconduct in research, including falsification, fabrication, or theft of data or samples
- Unauthorized use of privileged information
- Abuse of authorship
- Significant failure to comply with federal, state, or University rules governing research
- Conviction of a felony





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- Unprofessional conduct sanctioned by a lawfully constituted authority, such as, but not limited to, loss of the license to practice or limitations on license to practice medicine in Rhode Island or elsewhere
- Sanction by a professional entity such as a hospital, grant- funding agency, or professional society
- Unlawful conduct that obstructs the orderly functioning of the Medical School
- Gross personal misconduct
- Other egregious conduct that violates the [Faculty Rules and Regulations](#) of Brown University

### **Scope of Sanctions**

University sanctions for violations of the standards of conduct should be commensurate with the seriousness of the misconduct. Conduct which is egregious, willful, repeated, or in violation of law may be grounds for immediate suspension or termination. Disciplinary actions against faculty may include the following:

- Reprimand (with or without notice to the faculty member's file)
- Probation (always noticed to the faculty member's file)
- Suspension (always noticed to the faculty member's file)
- Dismissal (always noticed to the faculty member's file)

### **Procedures for Addressing Allegations of Misconduct**

1. Any allegation of misconduct brought to the attention of the Dean must be in written form with sufficient detail for the nature of the alleged misconduct to be identified. No anonymous complaints will be accepted, although at the complainant's request, reasonable efforts to maintain anonymity will be made. Strict confidentiality will be maintained regarding all proceedings until a decision has been reached regarding disciplinary action(s), if any. The Department Chair will be notified unless there is a compelling reason why this should not occur.
2. Allegations may be submitted by individuals, organizations or entities. Formal notification of sanction by the State or another organization shall not require a separate complaint.
3. The Dean or designee (e.g. Senior Associate Dean/Department Chair) will review all allegations of misconduct and determine whether it is appropriate to initiate a formal investigation. If the allegation involves the Chair, the Dean or another uninvolved designee (e.g. Associate Dean) will review the allegations. The Dean's designee will report to the Dean regarding the review of the allegations. Review of allegations will be completed within 30 business days of the complaint.
4. If the matter involves behavior at an affiliated organization, the Dean will have the option of asking the affiliated organization to investigate the allegation and report their findings to the



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- Dean or the Dean may decide that the University should perform its own investigation. The decision about faculty status remains with the Dean.
5. If the matter involves competence to hold a valid license to practice medicine, the Dean will refer the matter to the Board of Licensure and Discipline of the relevant state. The decision about faculty status remains with the Dean.
  6. If the matter involves scientific misconduct, then the existing University policy on scientific misconduct will be followed.
  7. If after the review by the Dean and his/her designee described above, it is determined that a matter is appropriate for University investigation, the Dean will notify the faculty member and the Department Chair of the charge in writing. The faculty member will be invited to respond in writing regarding the allegation(s).
  8. The Dean will convene an ad hoc Investigation Committee composed of at least three faculty members at or above the faculty rank of the faculty member under discussion, at least two of whom must be members of a different department. The faculty member will have the right to appear before the Investigation Committee as part of the investigation procedure. The faculty member may be accompanied by another Brown faculty member, if it is so desired. Faculty may not be accompanied by legal counsel at meetings of the ad hoc Investigation Committee. The Investigation Committee will report in writing to the Dean regarding the validity of the charges.
  9. Upon receipt of the report of the Investigation Committee or the results of the investigation by another body, the Dean may take one of the following actions:
    - a. The Dean may find that there is no basis in the charge and close the matter.
    - b. The Dean may uphold the charge.
    - c. If the misconduct is minor, a reprimand may be issued.
    - d. If the misconduct is serious, the Dean will determine the sanction, as defined above.
  10. If the Dean is not able to come to a decision, the Dean shall forward the report of the Investigation Committee along with a report to the Provost of the special circumstances precluding the Dean from making a decision.
  11. The Dean will report the decision regarding faculty status to the Provost who will review the action and report to the President. The Provost may agree or disagree with the recommendation of the Dean.
  12. If the faculty member under discussion contests the Dean's review, then the matter will be referred to the Provost who will reach a decision and determine the disciplinary action to be taken, if any. The faculty member has 30 business days after notification of the action on faculty status to appeal the Dean's decision to the Provost.
  13. If the allegation involves misconduct on the part of the Dean, the matter will be referred by the individual who has received the complaint to the Provost, who will investigate and resolve the matter.
  14. The faculty member has the right to appeal in accordance with Brown University's Grievance Procedures (See section on [Medical Faculty Executive Committee](#)). Any appeal must take place within 30 days of a final decision on faculty status by the Dean and/or the Provost.



## **Warren Alpert Medical School of Brown University Faculty Handbook**

*The policies and procedures described herein pertain to clinical departments in the Division of Biology and Medicine.*

15. The ultimate authority for determination of whether the individual remains on the faculty rests with the President and the Corporation.

### **Notifications Regarding Findings**

The Dean will notify any governmental agencies or offices in accordance with requirements for such notifications. Notices include, but are not limited to, the following:

- Federal regulations relating to research require notice to the Office of Scientific Integrity of plans to conduct an investigation
- If the faculty member has an appointment with a university affiliated organization, the Dean will inform the organization of any disciplinary actions taken
- If the faculty member is licensed to practice, the Dean will inform the State of any disciplinary actions taken

## **PERFORMANCE REVIEW of the DEPARTMENT and CHAIR**

### **I. GENERAL**

A. What were your major goals when you began your current term of appointment?

1. Which of these goals has been met? What obstacles were overcome in doing so?
2. Which goals have not been met? What obstacles prevent you from accomplishing as yet unmet goals?

B. What do you want to accomplish in the next two-years? Be specific and describe resources needed in the next five years.

### **II. RESEARCH**

A. Describe the strengths and weaknesses of the research program.

1. Describe the Department's record of external grant funded research by year over the last five years and specify the percentage of research funded by federal grants, foundations, and industry partners? What percentage of this research was funded by the NIH, Department of Defense, Department of Veterans Affairs, or NSF?
2. Discuss the number, subject and outcome of **new** grant applications (both intramural and extramural) since the last performance review.
3. Enumerate the yearly number of peer-reviewed publications from the Department for each of the last three years.

B. Which three departments in other medical schools do you consider the Department's academic peers and why?

C. Describe the department's strategic plan for research growth and long-range goals. What are the plans for growing the research enterprise and for increasing extramural funding? Which are (is) the most "successful" research programs in the Department and what is the "stage" of development of these (this) programs? i.e., nascent, mature, or senescent?

### **III. EDUCATION**

A. Describe the strengths and weaknesses of the educational program.

1. Discuss the current status of GME accreditation. If there were deficiencies at the most recent ACGME review, describe them and the rectification plan.
2. Report on results of postgraduate education.
  - a. The proportion of residents/fellows who will be pursuing an academic career and proportion of senior residents who will be matriculating to a fellowship;
  - b. The performance of residents on in-service examinations and the performance of current and graduate residents on Board-certification examinations.
  - c. The percentage of residents and fellows who are women and/or members of historically underrepresented groups.
  - d. The percentage of residents and fellows who stay in the Brown system after training.

B. Describe the department's strategic goals and objectives for education and training.

*Information provided by the Dean's office*

1. *Alpert Medical School Education*
  - a. *Faculty Teaching Roles;*
  - b. *Student Evaluation of Instructors;*
  - c. *Core Clerkship Evaluations*
2. *Residency and Fellowship Training*
  - a. *Biannual GME filing and GME program metrics*
3. *PhD candidates and Post-doctoral Trainees*

#### **IV. FACULTY**

A. Describe the strengths and weaknesses of the Faculty, major leadership changes and recruitment needs. In so doing, report

1. Frequency of department-wide faculty meeting(s).
2. Proportion of academic track Assistant Professors who have had a career ("annual") review with you (or Division Chief) in the last 12 months.
3. Faculty recruitments since the last performance review. Specify the percentage of new faculty who are women and/or members of historically underrepresented groups.
4. Faculty departures since the most recent performance review and results of exit-interviews. Specify the percentage of departed faculty who are women and/or members of historically underrepresented groups.
5. Plans for faculty recruitment and program expansion/development.

B. Describe the Departmental plan for faculty career development and programs that enhance faculty productivity.

C. Please list faculty awards from national level professional organizations and nominations for Honor Professional Societies. Examples include: Association of American Physicians; American Society for Clinical Investigation; American Academy of Arts & Sciences; National Academy of Medicine (formerly, Institute of Medicine); American Association for the Advancement of Science (Fellow Program); Lasker Award.

D. Discuss the diversity of the Departmental faculty and trainees, and how it compares to its national peers.

1. Total number of faculty; number of women faculty; number of faculty from historically under-represented groups.
2. Total number of trainees; number of women trainees; number of trainees from historically under-represented groups.
3. Mentoring and Promotions: *(Information provided by the Dean's Office)*
  - a. *Promotions in the past year;*
  - b. *Faculty by Track/Rank (years at current rank)*

4. Recruitment (Completed and Open Search results) and Departures

5. Other Faculty accomplishments and highlights

**V. CLINICAL SERVICE**

A. Describe the strengths and weaknesses of Department's clinical operations, and how the Department will address challenges and opportunities related to improving the quality of care, access, and patient satisfaction scores.

B. Describe the Department's strategic goals for patient care, clinical service, and community service.

*Information provided by Hospital Administration*

*1. Critical Operations Data, e.g., Discharges and Lengths of Stay, Budgeted v. Actual; Outpatient Volumes, Budgeted vs. Actual*

*2. Quality Improvement Programs: National quality measures; Satisfaction Scores: inpatient and outpatient; Hospital Improvement Initiatives*

**VI. DIVERSITY AND INCLUSION ACTION PLAN**

A. Describe the Departmental plan to utilize best practices to enhance diversity among both faculty and trainees.

B. Describe the Departmental plan to utilize best practices enhance inclusion of under-represented groups in departmental educational, research, and clinical activities.

C. Describe your department's progress in fulfilling the goals of your Diversity and Inclusion Action Plan.

**VII. PERSONAL ACCOMPLISHMENTS OF THE CHAIR**



**BROWN**  
Alpert Medical School

## **Medical Student Handbook**

**2019-2020**

*Last revision 12.18.2019*

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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 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.



## 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.

The courses listed below represent the requirements for the current first and second year classes. Students in prior classes have been required to complete equivalent coursework. However, course titles and numbers may have changed. Thus, the section below reflects the present configuration of Year 1 and Year 2 courses.

**Note for all clinical rotations including Doctoring, clerkships, sub-internships, and elective courses:** Students may be placed at sites that require transportation by car, and should plan accordingly.

### MD 2023 First Year, First Semester

COURSE	CREDITS	GRADING OPTION	COURSE LEADER(S)
BIOL3640 Doctoring I	2	S/NC	D. Chofay, S. Mitta
BIOL3642 IMS-I: Scientific Foundations of Medicine	1	S/NC	T. Salazar-Mather
BIOL3643 IMS-I: Histology	1	S/NC	J. Ou, L.C. Hanley
BIOL3644 IMS-I: Human Anatomy I	1	S/NC	D. Ritter
BIOL3645 IMS-I: General Pathology	1	S/NC	L. Dumenco, A. Kane, J. Ou, L.C. Hanley
BIOL3656 IMS-I: Health Systems Science I	1	S/NC	G. Anandarajah, E. Tobin-Tyler, K. Monteiro, P. George
MED2010 IMS-I: Health Systems Science I (PC-PM students only)	1	S/NC	G. Anandarajah, E. Tobin-Tyler, K. Monteiro, P. George

**MD 2023 First Year, Second Semester**

<b>COURSE</b>	<b>CREDITS</b>	<b>GRADING OPTION</b>	<b>COURSE LEADER(S)</b>
BIOL3650 Doctoring II	2	S/NC	D. Chofay, S. Mitta
BIOL3652 IMS-II: Brain Sciences	2	S/NC	J. Roth, K. Stavros, J. Donahue, G. Tung, J. Stein, A. Halt, E. Brannan
BIOL3653 IMS-II: Microbiology/Infectious Diseases	1	S/NC	T. Salazar-Mather, J. Lonks, C. Cunha
BIOL3665 IMS-II: Supporting Structures	1	S/NC	S. Schwartz, D. Jenkins, L. Robinson-Bostom, S. Chai, J. Hart
BIOL3655 IMS-II: Human Anatomy II	1	S/NC	D. Ritter
MED 2030 Research Methods in Population Medicine (PC-PM students only)	1	S/NC	M. Mello, K. Monteiro

**MD 2023 First Year, Summer Semester (PC-PM students only)**

<b>COURSE</b>	<b>CREDITS</b>	<b>GRADING OPTION</b>	<b>COURSE LEADER(S)</b>
MED2040 Health Systems Science II	1	S/NC	J. Borkan, E. Tobin-Tyler
MED2045 Quantitative Statistics	1	S/NC	D. Anthony
MED2980 Independent Study Thesis Research	1	S/NC	M. Mello, M. Zonfrillo

**MD 2022 Second Year, First Semester**

<b>COURSE</b>	<b>CREDITS</b>	<b>GRADING OPTION</b>	<b>COURSE LEADER(S)</b>
BIOL3660 Doctoring III	2	S/NC	S. Rougas, R. Merritt
BIOL3662 IMS-III: Cardiovascular	1	S/NC	D. Burt, E. Keating, L.C. Hanley
BIOL3663 IMS-III: Pulmonary	1	S/NC	E. Gartman, M. Jankowich, M. Garcia-Moliner
BIOL3664 IMS-III: Renal	1	S/NC	S. Hu, K. Richmond, M. Birkenbach
BIOL3674 IMS-III: Endocrine Sciences	1	S/NC	G. Gopalakrishnan, M. Canepa
BIOL3674 IMS-III: Human Reproduction	1	S/NC	R. Allen, V. Snegovskikh, C. Paquette
MED2046: Leadership (PC-PM students only)	1	S/NC	P. George

## MD 2022 Second Year, Second Semester

COURSE	CREDITS	GRADING OPTION	COURSE LEADER(S)
BIOL3670 Doctoring IV	1	S/NC	S. Rougas, R.Merritt
BIOL3672 IMS-IV: Hematology	1	S/NC	A. Taber, J. Reagan, L. Dumenco
BIOL3673 IMS-IV: Gastroenterology	1	S/NC	H. Rich, M. LeGolvan
BIOL5885 Doctoring V: Clinical Skills Clerkship	1	S/NC	S. Warriar, R. Merritt, P. George, S. Handley

### Course of Study—3rd and 4th Years

All students must complete at least 80 weeks of instruction. Each 12-month academic year is divided into 4 quarters of 12 weeks each, with one-week intervening vacations spanning 22 months, from May of Year 3 through April of Year 4. A minimum of 68 weeks must be spent at Brown. Anyone with compelling reasons for an exception to the rule of 68 weeks at Brown must request a waiver from the Senior Associate Dean for Medical Education.

### MD Classes of 2020 and 2021: Year 3 and 4 Requirements

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

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

#### Block Clerkships:

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

**Longitudinal Integrated Clerkship (LIC):** The 44 weeks for students in the LIC include inpatient experiences in Internal Medicine (3 weeks), Surgery (2 weeks), Obstetrics and Gynecology (2 weeks), Pediatrics (2 weeks), and Psychiatry/Clinical Neuroscience (4 weeks: 2 weeks each of psychiatry and neurology). The remaining 31 weeks are spent in the outpatient setting with half-day experiences each week in Internal Medicine, Surgery, Obstetrics and Gynecology, Pediatrics, Psychiatry, Neurology, and Family Medicine.

**Electives: a minimum of 36 weeks of clinical electives, 24 weeks of which must be taken at Brown.** The 36 weeks of electives must include the following:

- 4 weeks of a **sub-internship**
- 6 weeks of a **surgical elective**. A 4-week surgery sub-internship can fulfill both the sub-internship requirement as well as count as 4 out of the 6 weeks of the surgery-related electives.

**Sub-internship:** Students must include at least four weeks of an approved sub-internship within the clinical course of study in Year 4. This may be taken at Brown or at an approved host institution, as long as the away sub-internship meets the guidelines established for a sub-internship at AMS, which are outlined in Appendix B.

**Advanced Clinical Mentorship:** Students may complete an optional Advanced Clinical Mentorship (ACM) during their last year (Year 4) of medical school. The ACM is a maximum of 12 weeks in duration and consists of one-half day per week at a single outpatient site. Students receive one week of credit for completing 12 sessions. Any modifications to the ACM, including whether any component begins in Year 3, must be approved by the Associate Dean for Medical Education. ACM requests must be submitted at least 7 weeks prior to the desired start date. ACMs may not begin before Quarter 3 of Year 3.

Students must complete an Advanced Clinical Mentorship (ACM) within 24 weeks. If a student is unable to complete the ACM within this time period, the Office of Records and Registration will contact the student and ask for a plan of completion, which will be reviewed by the Associate Dean for Medical Education for consideration. If approved and the student does not complete the ACM within this time window, the student will be withdrawn from the ACM and no grade/credit will be awarded. The ACM must be completed between November 1<sup>st</sup> of a student's 3<sup>rd</sup> year and October 31<sup>st</sup> of a student's 4<sup>th</sup> year.

Students may each enroll in and complete one ACM. If capacity allows, and under extraordinary circumstances, students may request to enroll in and complete a second ACM. Such requests will be considered by the Associate Dean for Medical Education.

**The Fourth-Year Objective Structured Clinical Examination:** After completing all of their specialty-specific clinical clerkships, every medical student must take an Objective Structured Clinical Examination (OSCE) at the start of Year 4. See Section III for more details. Passing this summative OSCE is a graduation requirement.

**Independent Study:** Students can complete an Independent Study project during their elective blocks in Year 3 and in Year 4. Independent studies require that the student submit a proposal

and obtain approval from a Brown faculty sponsor. Independent studies cannot be done concurrently with any other course. Approval must be obtained four weeks prior to the start of the independent study. Students can complete up to 12 weeks of independent study during the third and fourth year. Requests for an exception to policy in order to complete up to 16 weeks of independent study must be approved by the Associate Dean for Medical Education. Requests for an exception to policy in order to complete more than 16 weeks of independent study must be approved by the Senior Associate Dean for Medical Education.

**Further Requirements for the Awarding of the MD Degree:**

- Every candidate for the degree of Doctor of Medicine must satisfactorily complete the 8 quarters comprising Years 3 and 4 as a matriculated medical student at Brown University and pay 8 quarters of tuition. If approved, students may also use time in addition to the 8 quarters for the Academic Scholar Program (ASP) and/or leave of absence (LOA). See Section XII for more details on taking approved time away from AMS.
- AMS students are expected to be enrolled full time unless they are on approved time away (ASP or LOA) from Brown University.
- A candidate for the degree of Doctor of Medicine must complete all the requirements for that degree within six years of admission to the medical school (nine years for MD/PhD candidates). Exceptions to this rule may be made only with the consent of the Medical Committee on Academic Standing and Professionalism (MCASP). The maximum period of six years (and nine years for MD/PhD candidates) includes the time spent on an approved ASP or LOA status.
- The Medical Committee on Academic Standing and Professionalism (MCASP) will recommend granting of the medical degree to candidates who have fulfilled the academic requirements.
- Students will be allowed to receive their diploma only if all tuition and fees have been fully paid and other obligations fulfilled, such as return of pagers and repayment of emergency short-term loans.
- All required courses must be completed by the 4th Friday in April prior to graduation in May. Exceptions to this rule must be approved by the Medical Committee on Academic Standing and Professionalism.
- **USMLE Step 1\***: Starting with the class of MD'20, all medical students must **take and pass** Step 1 within 6 months of the end of Year 3 (November 1 of fourth year). If they do not pass the exam, they will not be permitted to continue with Year 4 rotations and must take time away from medical school until they have done so. Medical students may not take the USMLE Step 1 examination until they have successfully completed all Year 1 and Year 2 courses. All students are strongly encouraged to take Step 1 prior to beginning clerkships. Students will be permitted to take the Step 1 examination no more than three times. Failure to pass the examination after a third attempt will lead to dismissal from AMS; dismissal can be appealed to the MCASP (see Section V for policy regarding

dismissal).

- **USMLE Step 2 CK\***: All medical students must take the USMLE Step 2 CK examination prior to January 1 of their final year. Students must pass Step 2 CK in order to graduate; students will be permitted to take the examination no more than three times. Failure to pass the examination after a third attempt will lead to dismissal from AMS; dismissal can be appealed to the MCASP (see Section V for policy regarding dismissal).
- **USMLE Step 2 CS\***: All medical students must take the USMLE Step 2 CS examination prior to January 1 of their final year. Because of limited site and date availability, it is strongly recommended that students schedule their Step 2 CS date no later than July 1 and take it prior to November 1 of their final year.
- **4<sup>th</sup> Year Survey**: All graduating students must complete the 4<sup>th</sup> Year Survey administered by the Office of Medical Education and Continuous Quality Improvement in April of their final year.
- **Internship Prep Courses (IPC)**: All fourth-year students must complete nine Internship Prep Courses of their choosing, plus an IPC Wrap Up Session. Students who cannot take the IPC onsite will need to complete a virtual IPC, as agreed upon by the Associate Dean for Medical Education.
- \*Students who do not pass Step 1 or Step 2 (CK or CS) on their first attempt must meet with a designated member of the administration prior to being certified to retake the exam.



### **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. 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 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 Integrated Medical Sciences (IMS) curriculum, this grade is used when a student fails the course final examination in 2nd year (grade on final examination less than 70%) or has a final total score below passing (again less than 70%) in the first year. 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 and 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 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 of Academic Standing and Professionalism (MCASP). Note, 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 and Continuous Quality Improvement.

Additional grading options for all courses are as follows:

**Existing Deficiency (ED):** 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 that 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, or clinical elective course leader 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), or clinical elective course leader(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 curriculum, as appropriate. The course leader(s), clerkship director(s), or clinical elective course leader(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, or clinical elective. Grades of ED are reported to the Medical Committee on Academic Standing and Professionalism. Note: A grade of ED cannot be used in non-clinical courses such as 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 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. 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 and is entered in OASIS by the Director of Academic Records.

### **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 by the AMS Office of Records and Registration (R&R). 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.

When an original grade is either NC or ED, the grade of Honors is only available under very extraordinary circumstances.

### **Grade Determination/Appeal**

The 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 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 Integrated Medical Sciences I-IV and Doctoring I-IV. Each semester of IMS consists of 2-5 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 in this document.

### **Year 1**

#### **Grading Policy for Year 1 Courses: Semester I**

There are five IMS-I courses (SFM, Histology, Human Anatomy I, Health Systems Science I and General Pathology) and one Doctoring course (Doctoring I) in Year 1 Semester I. **All Semester I courses are graded with S/NC (Satisfactory/No Credit) options.** PC-PM students will also be enrolled in HSS I, but with a unique course number (MED2010).

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

#### **Grading for Doctoring I**

**BIOL3640** Doctoring I (2 credits), D. Chofay, S. Mitta

Grading for Doctoring I will be based upon performance in small groups, objective structured clinical examinations (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), T. Salazar-Mather
- **BIOL3643** IMS-I: Histology (1 credit), J. Ou, L.C. Hanley
- **BIOL3644** IMS-I: Human Anatomy I (1 credit), D. Ritter
- **BIOL3656 (PC-PM MED 2010)** IMS-I: Health Systems Science (HSS) I (1 credit), G. Anandarajah, E. Tobin- Tyler, K. Monteiro, P. George

- **BIOL3645 IMS-I: General Pathology (1 credit)**, L. Dumenco, A. Kane, L.C. Hanley, J. Ou

**Examinations:** There will be six 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 I 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).

If a student arrives at an exam (including OSCE) room after the official start of the exam, a Professionalism Form will be issued, unless there is an extenuating circumstance communicated in advance to the appropriate curriculum director. If a student is more than 10 minutes late, the student may not be allowed to sit for the exam and/or may not receive the full amount of the time for exam.

**Small Group Sessions:** Small group sessions and labs are important components of the IMS-I Human Anatomy I, Histology, General Pathology, HSS I, 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 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 Assistant 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: Attendance Policy of the AMS Student Handbook 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 Medical

Committee on Academic Standing and Professionalism (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 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 IMS-II courses (Brain Sciences, Microbiology/Infectious Diseases, Supporting Structures, 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), 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), J. Roth, K. Stavros, J. Donahue, G. Tung, J. Stein, E. Brannan, A. Halt
- **BIOL3653** IMS-II: Microbiology/Infectious Diseases (1 credit), T. Salazar-Mather, J. Lonks, C. Cunha
- **BIOL3665** IMS-II: Supporting Structures (1 credit), S. Schwartz, D. Jenkins, L. Robinson-Bostom, S. Chai, J. Hart
- **BIOL3655** IMS-II: Human Anatomy II (1 credit), D. Ritter
- PC-PM students only: **MED2030 Research Methods in Population Medicine (1 credit)** M. Mello, K. Monteiro

**Examinations:** There will be two to three integrated examinations in each course. The Anatomy component includes two lab practical exams. 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.

If a student arrives at an exam (including OSCE) room after the official start of the exam, a professionalism form will be issued, unless there is an extenuating circumstance communicated in advance to the appropriate curriculum director. If a student is more than 10 minutes late, the student may not be allowed to sit for the exam and/or may not receive the full amount of the time for exam.

This policy applies to all examinations including remediation exams, make-up exams, exams taken with standard timing, and exams taken with approved accommodations.

**Small Group Sessions:** Small group 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 Medical Curriculum Committee 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 Assistant 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: Attendance Policy of the AMS Student Handbook 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 Medical Committee on Academic Standing and Professionalism (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 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), J. Borkan, E. Tobin-Tyler
- **MED2045** Quantitative Methods (1 credit), D. Anthony
- **MED2980** Independent Study Thesis Research (1 credit), M. Mello, M. Zonfrillo

**For the grading policy regarding progression through the PC-PM Program (and the MD/MPA program), see Primary Care-Population Medicine (PC-PM) (MD-ScM) and MD/MPA Grade Policy and Progression at the end of this document.**

#### **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), S. Rougas, R. Merritt
- **BIOL3670** Doctoring IV (1 credit), 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 and IV

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), D. Burt, E. Keating, L.C. Hanley
- **BIOL3663** IMS-III: Pulmonary (1 credit), M. Jankowich, E. Gartman, M. Garcia-Moliner
- **BIOL3664** IMS-III: Renal (1 credit), S. Hu, K. Richmond, M. Birkenbach
- **BIOL3654** IMS-III: Endocrine Sciences (1 credit), G. Gopalakrishnan, M. Canepa
- **BIOL3674** IMS-III: Human Reproduction (1 credit), R. Allen, V. Snegovskikh, C. Paquette
- **BIOL3672** IMS-IV: Hematology (1 credit), A. Taber, J. Reagan, L. Dumenco,
- **BIOL3673** IMS-IV: Gastroenterology (1 credit), H. Rich, M. LeGolvan
- PC-PM students only: **MED2046** Leadership (1 credit), P. George

**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 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.

If a student arrives at an exam (including OSCE) room after the official start of the exam, a professionalism form will be issued, unless there is an extenuating circumstance communicated in advance to the appropriate curriculum director. If a student is more than 10 minutes late, the student may not be allowed to sit for the exam and/or may not receive the full amount of the time for exam.

**Small Group Sessions:** Small group 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 Assistant Director of the Doctoring Program for permission 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, I, 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: Attendance Policy for more details.

Students in the PC-PM program will take MED2046 Leadership during the first and second semester of Year 2. Grading for this course will include participation in small group 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 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 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. 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.

### **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 program or MPA courses, the student will be withdrawn from the PC-PM or MD/MPA program. If the second grade of NC occurs during the third year 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 Year 3 and 4**

Students should refer to individual clerkship syllabi 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.

For both **Shelf exams and OSCEs**: If a student does not pass a clerkship Shelf exam or OSCE, the student will receive a grade of existing deficiency (ED) in the clerkship. The student will be permitted to retake the exam one time. If the student successfully remediates the exam, the student's grade will be changed to a satisfactory (S). The student will not be eligible for a grade of Honors. Students who fail three shelf examinations will need to take time away from medical school (either as part of the Academic Scholars Program or as a Leave of Absence) in order to remediate these examinations prior to returning to the clinical curriculum. If the student is participating in a clerkship at the time of their third failure, they will be permitted to finish that clerkship, but will be encouraged to delay taking that shelf examination and will receive an Incomplete in that clerkship. The Offices of Student Affairs, Medical Education and Continuous Quality Improvement, Records & Registration, and Financial Aid will work with the student to determine the appropriate timing and plans for remediation and time away.

If the student does not successfully remediate the Shelf exam or OSCE on retake, the student will receive a grade of No Credit (NC) in the clerkship, and will need to repeat the clerkship. The student will not be eligible for a grade of Honors.

If a student arrives at an exam (including OSCE) room after the official start of the exam, a professionalism form will be issued, unless there is an extenuating circumstance communicated in advance to the appropriate curriculum director. If a student is more than 10 minutes late, the student may not be allowed to sit for the exam and/or may not receive the full amount of the time for exam.

If a student does not pass the clinical portion of a clerkship the clerkship director, in consultation with the Director of the Clinical Curriculum, will develop a remediation plan for the student.

This remediation plan may include repeating part or all of a clerkship.

**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 Office of Medical Education and Continuous Quality Improvement. 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 years of the AMS curriculum, students are encouraged to pursue a broad range of elective courses. This is enabled by pre-clerkship electives in the first two years and clinical electives in the last two years 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 the Office of Medical Education and Continuous Quality Improvement, the Office of Student Affairs, and their faculty mentors and specialty advisors to discuss an elective plan across all four years.

**Records review and challenges**

*Course and Clerkship grades and data:*

The Director(s) of the Year 1, Year 2 and Years 3 and 4 Curriculum, along with 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 or evaluation is not an accurate reflection of their performance should discuss this with the 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 sub-committee of the Medical Committee on Academic Standing and Professionalism. This committee will hear a student's appeal and offer final judgement 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 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 the Medical School, 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 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 sub-committee of the Medical Committee on Academic Standing and Professionalism. This committee will hear a student's appeal and offer final judgement 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 & Multicultural Affairs is available as another option.

**Separation of the provision of health services to students from assessment of students:**

Providers of health and psychiatric/psychological services to a medical student will have no involvement in the academic assessment of or in decisions about the promotion of that student.

**Narrative Assessment Policy:**

*Pre-Clerkship Integrated Medical Science (IMS) Courses:*

The Subcommittee on Years 1 and 2 identifies courses in the pre-clerkship IMS curriculum that meet the criteria for having an adequate amount of student-faculty interaction to enable an appropriate narrative assessment of student knowledge and skills and makes recommendations to the Medical Curriculum Committee (MCC). The MCC reviews the recommendation and has final authority on which courses meet the criteria for the use of narrative assessment. After MCC approval, Curriculum Refinement, Innovation and Strategic Planning - Continuous Quality Improvement (CRISP-CQI) discusses the use of student performance evaluations (SPE) in the course with the course leader(s).

IMS courses meet the criteria for narrative assessment if there are 5 or more small groups with sufficient faculty-student contact between the start and end date of the course. These courses are required to use an end-of-course SPE. SPEs in the IMS curriculum are completed by small group faculty and include ratings on the Abilities mapped to the respective course, and narrative assessments of the student's overall strengths and opportunities for improvement.

*Pre-Clerkship Doctoring Courses:*

All Doctoring courses utilize SPEs with narrative assessment components at the mid-point of the course and at the end of the course, with the exception of Doctoring IV. Doctoring SPEs include ratings on the Abilities mapped to the respective course, and narrative assessments of the student's overall strengths and opportunities for improvement.

*Clerkships and Courses in the Clinical Years:*

All third year required clerkships, sub-internships, and clinical electives are required to use SPEs with narrative assessments at the end of the course/clerkship. Clinical SPEs include ratings on all Abilities, and narrative assessments of the student's overall strengths and opportunities for improvement.

**Policy on Mid-Course Formative Feedback**

Pre-clerkship courses that include 5 or more small group sessions (with sufficient faculty-student contact) include one session in which students receive mid-term feedback (either via OASIS or verbally as a small group). This is monitored on an ongoing basis by using OASIS in the first year courses and MyProgress in second year courses. For first and second year courses, any course with a mid-course feedback component has an item on the course evaluation asking students if they received mid-course feedback. All clerkships provide mid-course feedback using a paper form (with the exception of Surgery, which uses MyProgress). Reports are provided by course to the Subcommittee on Years 1 and 2, Subcommittee on Years 3 and 4, CRISP-CQI, and the Medical Curriculum Committee (MCC).

## Section IV: Attendance Policy

### 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.***

An excused absence or exam rescheduling may be granted for the following reasons:

- **Illness:** An excused absence or exam extension may be granted if you are ill. For your own sake and the sake of others, you should not attend classes, see patients, or take exams if you are sick. An excused absence or exam extension due to illness requires a note from Health Services or your treating healthcare provider.

Please note that medical appointments should be scheduled during non-course/rotation times whenever possible. If not possible, students should reach out to the appropriate curriculum director (for Year 1, Year 2 and Years 3/4) for an excused absence. In addition, we want students to be able to access appropriate health care. Regularly scheduled appointments with a healthcare provider (for example, weekly therapy appointments) are considered an academic accommodation (not an approved absence for reasons of illness) and appropriate documentation must be submitted to the Learning & Accessibility Specialist in a timely manner in order to obtain approval. The Learning & Accessibility Specialist will then provide guidance for communicating these accommodations to the appropriate course/rotation personnel.

- **Presentation at a meeting/conference:** An excused absence or exam extension/rescheduling may be granted for students presenting at a conference. Conference attendance, without presentation responsibilities, does not meet the requirements for an excused absence or exam extension/rescheduling. Note: for clerkships, students must give six weeks advanced notice regarding a presentation at a meeting/conference to the clerkship coordinator to request permission for this absence or extension/rescheduling.
- **Leadership activity:** An excused absence or exam extension/rescheduling may be granted if you are representing Brown in a leadership capacity at a conference or meeting (for example, as the President of the AMS SNMA chapter, or as an elected representative from Brown on an AMSA committee). Conference attendance, without leadership responsibilities, does not meet the requirements for an excused absence or exam extension/rescheduling. Note: for clerkships, students must give six weeks advanced notice regarding leadership responsibilities at a meeting/conference to the clerkship coordinator to request permission for this absence or extension/rescheduling.
- **Major life event:** An excused absence or exam extension/rescheduling may be granted in light of a major life event such as a death in the immediate family, the wedding of an immediate family member, or other major event. The granting of an excused absence or exam extension/rescheduling in these instances will be considered on a case by case

basis.

- **Religious observances and holidays:** An excused absence or exam extension/rescheduling may be granted on a case by case basis.

### **How to Obtain an Excused Absence**

The AMS policy states that students should try to schedule medical appointments during non-course/rotation times when possible, but that AMS will support them in accessing health care as needed when this is not possible. As such, one time needs (such as an appointment with a specialist that cannot be scheduled during a non-course/rotation time) are handled on a case-by-case basis by the appropriate administrator: permission should be requested through the usual mechanisms for other absences. These requests would go to the appropriate curriculum dean in all years. If a student has concerns regarding the response received through the usual mechanisms, they can reach out to either the Associate Dean for Student Affairs or the Associate Dean for Medical Education for additional assistance.

In Years 1 & 2, all excused absences for IMS course activities must be approved by the Director of Year 1 Curriculum or the Director of Year 2 Curriculum. All excused absences for Doctoring course activities must be approved by the Assistant Director of the Doctoring Program. In order to obtain an excused absence in Year 1 or 2, students should submit a "request for an excused absence" on the Canvas website. Both to maximize learning and to help with planning, approval should be requested as far in advance as possible, two weeks at a minimum. If granted an excused absence, students must then notify their small group leader(s) and will be required to complete required make-up work. This work will be assigned by the Director of Year 1 Curriculum, the Director of Year 2 Curriculum, or the Assistant Director of the Doctoring Program. In the case of illness, an absence will be approved retroactively with appropriate documentation. The required note from Health Services or your treating healthcare provider should be submitted to the Administrative Coordinator in the Office of Medical Education and Continuous Quality Improvement, or to the Assistant Director for the Doctoring Program, within two days of return.

In order to reschedule a Doctoring mentor session, students should start by working directly with their mentor. [Note that there is a scheduled make-up mentor session at the end of each semester]. If it is not possible to reschedule a mentor session either with the regular mentor or one of the mentor's clinical colleagues, students should contact the Assistant Director of the Doctoring Program to arrange for a substitute mentor. Any physicians acting as substitute mentors who are not currently involved in the Doctoring Program must be pre-approved by the Assistant Director.

For required **clerkships**, students should email excused absence requests to the clerkship coordinator and clerkship director, with as much advanced notice as possible but, at a minimum, **six weeks in advance**. Clerkships will work with the student to determine whether the absence is approved and, if so, what makeup work might be required. Information about absence requests will be entered by the clerkship coordinators into the Request for an Excused Absence link on the class Canvas page for review by the Director of the Clinical Curriculum.

For **clinical electives and sub-internships**, students should email excused absence requests to the elective or sub-internship coordinator and elective or sub-internship director, with as much advanced notice as possible. It will be up to the elective or sub-internship director to determine if the absence request can be accommodated and whether appropriate make-up work is required. Information about absence requests will be entered by the coordinators into the absence link on the class Canvas page for review by the Director of the Clinical Curriculum. See the below section for more information on clinical electives.

A pattern of repeated absences may be brought to the attention of the Student Support Committee and/or the Medical Committee on Academic Standing and Professionalism.

### **How to Obtain an Approved Exam Extension/Rescheduling**

In Years 1 & 2, all extension or rescheduling requests for IMS exams must be approved by the Director of Year 1 Curriculum or the Director of Year 2 Curriculum. Extension requests for Doctoring OSCEs must be approved by the Assistant Director of the Doctoring Program. Due to the logistical complexity of holding make-up OSCEs, unless there is an emergency or illness, students should make every effort to attend OSCEs as scheduled.

In Year 3, students may request an extension for a clerkship exam or OSCE. If due to a medical reason, students must have a note from a physician or other treating healthcare provider documenting an illness and why this extension would be appropriate, especially if a student is able to meet the other requirements of the clerkship. All extensions must be approved by the Director of the Clinical Curriculum, in consultation with the clerkship director. If a written exam extension is approved, students may only take the written exam during their next non-clerkship block period, including elective or vacation time. OSCE make-ups must be arranged with the clerkship coordinator and may be taken within a subsequent clerkship block if space allows. Students will receive a grade of Incomplete in the clerkship until the written exam or OSCE is taken. Students may also request exam extensions for unpredictable major life events, such as a death in the family. These and all other requests will be considered on a case-by-case basis by the Director of the Clinical Curriculum and Clerkship Director. Repeated exam extension requests may result in a discussion about whether the student is able to continue with the curriculum or if there is a need for time off.

### **Requirements**

#### **Integrated Medical Sciences (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. 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 the Medical Committee on Academic Standing and Professionalism.

- **“Golden Ticket” for IMS I-IV:** Once during each of the first two years 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 Objective Structured Clinical Examinations (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 Assistant 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 Medical Committee on Academic Standing and Professionalism.

- **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 each semester 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; 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 the AMS Student 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 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 4 days over a typical 4-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 4-week sub-internship, no more than 2 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. 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 fourth year 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 Office of Medical Education and Continuous Quality Improvement 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 Assistant 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.

### **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 will have Martin Luther King Jr Day 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. 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.
- Year 3 and 4 students are expected to work a full day on the Wednesday before Thanksgiving. All AMS third- and fourth-year 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:**

The Office of Medical Education and Continuous Quality Improvement (OME-CQI), in conjunction with the Clerkship Directors (CDs), will ensure the level of responsibility delegated to a medical student is appropriate to, and not above, the student's level of training and experience. To monitor this, students answer a question on each clerkship course evaluation assessing compliance with this policy. In addition, students will be asked about this at the mid-point of each rotation, at which time they will be asked to certify they are engaging in activities appropriate to, and not above, their level of training and expertise without appropriate supervision. This will be centrally monitored and followed-up on by the OME-CQI.

CDs must ensure that non-physician health professionals who teach or supervise medical students are acting within their scope of practice. CDs will evaluate this through a variety of mechanisms, including orientation of these non-physician health professionals to clerkship objectives, teaching strategies and assessment of students. In addition, CDs will meet with non-physician health professionals once each academic year to ensure these health professionals are working within their scope of practice while teaching within the clerkships.

During all times when medical students are rotating on clerkships or elective rotations, there must be attending and/or resident supervision present in hospital, outpatient or other clinical settings.

### **Performance of Pelvic Examinations:**

The Warren Alpert Medical School 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:**

The Warren Alpert Medical School of Brown University adheres to the ACGME work hour regulations. In brief, students:

- Must not work more than 80 hours per week, averaged over a four-week time period
- Must have one day off per week, averaged over a four-week time period
- Cannot work more than 24 hours in any shift (students may spend up to another 4 hours in educational activities and/or activities related to patient safety)
- Must have 14 hours off between scheduled work and/or educational responsibilities after working a 24-hour shift
- Should have 8 hours off between scheduled work and/or educational responsibilities

The Warren Alpert Medical School asks students to track work hours on their OASIS evaluation.

## **Section V: Policies and Protocols on Academic Standing and Promotion**

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

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

Mechanisms for appeal of MCASP decisions are described below.

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

### **Academic Standing**

- Students who receive passing grades (Satisfactory or Honors) are automatically in Good Academic Standing.
- Students who have received a grade of No Credit (NC) or Existing Deficiency (ED) in one course, clerkship or clinical rotation, but who have received satisfactory grades in the remaining courses, clerkships or clinical rotations will be brought to the attention of the MCASP for informational purposes only.
- Remediation may be accomplished through a special examination, repetition of the course, approved outside courses, or by special arrangements with the curriculum directors (for more information, see Section III of the AMS Student Handbook). The student will work with the course, clerkship, sub-internship or clinical elective director to determine the appropriate remediation and its timing. Remediation must be completed within 1 year of the grade submission; however, if a student is on leave following the failure, that time is not counted as part of the year. Students will only be allowed to take a special remediation examination once. Exceptions will be considered by the Medical Committee on Academic Standing and Professionalism on a case by case basis.

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

MCASP.

- Students may not proceed to Year 3 until they have successfully completed all Year 1 and 2 requirements.
- Grades of NC or ED that are remediated and converted to Satisfactory will still count towards consideration by the MCASP for subsequent placement on Academic Warning or Probation, or towards consideration for dismissal should the student receive additional NC or ED grades.

### **Return to Good Standing**

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

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

### **General**

- A student who has not remediated a failure (NC) in a required course, clerkship or rotation within one year of the original grade submission will be brought to the attention of the MCASP to be considered for dismissal. Time spent on ASP or LOA does not count toward the one-year maximum time to remediate a failure.
- If, at the time of review, a senior medical student is scheduled to complete all requirements in the medical school by graduation, but has not yet actually done so, the MCASP may recommend that the student be graduated contingent upon the satisfactory completion of the remaining requirements.
- A student may withdraw from the medical school at any point prior to a decision by the Dean for Medicine and Biological Sciences about a student's dismissal appeal (see the section below, Appeal of Decision to Dismiss). Once a decision by the Dean has been issued, no withdrawal option will be available.
- Withdrawal from the medical school requires a written request by the medical student to be approved by the MCASP. In certain circumstances (for example, in instances of unprofessional behavior), the MCASP may vote to not allow withdrawal and the



dismissal process will proceed.

### **Professionalism**

The committee will adhere to the following guidelines for decisions related to issues of professionalism:

Issues of professionalism are documented via a brief reporting form (the “Professionalism Report Form”) that can be completed by individuals within the community (e.g., staff, faculty, 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 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 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 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 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.

### **Appeal of Decision to Dismiss**

- The student may initiate an appeal of an MCASP decision to dismiss by filing a letter, within 72 hours of receiving written notification of the Committee's decision, to the Dean of Medicine and Biological Sciences, requesting reconsideration of the decision. [Note: MCASP decisions to place students on Academic Warning or Academic Probation, or receipt of a Professionalism Warning or Professionalism Citation may not be appealed]. The letter should include a statement of the basis for the request and any documents in support of the student's request. The Dean may, at their discretion, meet with the student regarding the appeal, and either (1) reconsider the matter, (2) convene an ad hoc committee of at least three members to review the appeal (this committee will be comprised of individuals who did not hear the original dismissal case), or (3) sustain the decision of the MCASP.
- If the matter is referred to an ad hoc committee, the committee will review the appeal and transmit its recommendations to the Dean. The Dean will, either through reconsideration or through reconsideration and recommendation by the ad hoc committee, review the

appeal in a manner they determine is appropriate under the circumstances. Upon appeal, the Dean may then sustain, modify, or reverse the original MCASP decision. The decision of the Dean is final.

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

- The MD/PhD Program is a combined course of study in which the student generally completes Years 1 and 2 of medical school prior to entry into a graduate program. Following the student's graduate work, the student reenters the medical program to complete Years 3 and 4 of medical school. There are several policies that pertain to this course of study.
- Students must be in Good Academic Standing prior to starting graduate work; if not, they will not be permitted to continue on to the graduate school portion of the program. A student may appeal the implementation of this policy to the MCASP. Such an appeal must have the support of the MD/PhD Program Leadership to be considered by the MCASP.
- Students must complete all of their graduate school work prior to their return to the medical program. They must have a plan in place to complete this work and a thesis defense date approved by their PhD advisory committee prior to scheduling medical school rotations.
- Whereas MD students are expected to complete their medical course of study in 6 years, MD/PhD students are expected to complete the combined course of study in 9 years. Any extension beyond the 9 years requires that a waiver of this limit be granted by the MCASP.

## 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 VII: The Learning Environment**

The Warren Alpert Medical School of Brown University (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 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 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.

### **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?**

We define 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.

### **How are other issues with the learning environment (“curricular opportunities”) defined?**

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.

### **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**

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 listed below will outline the steps by which learning environment issues are handled at our institution.

### **Procedures**

#### **Nominating/reporting:**

If a student wishes to nominate a positive champion of the learning environment, 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 elective evaluation forms.

#### *Positive Champion Nominations:*

When a positive champion form is submitted, it is routed directly to the Associate Dean for Student Affairs and the Director of Assessment and Evaluation. Nominations are reviewed twice during each academic year, and champions recognized for their work with AMS students.

#### *Mistreatment Reports:*

When a mistreatment form is submitted, it is routed directly to the Assistant 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 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 Dean in the Office of Medical Education and Continuous Quality Improvement for further discussion and a determination of next steps. Curricular opportunities will be reviewed in aggregate at meetings of the Medical Curriculum Committee's Subcommittee on Years 1 and 2, or Years 3 and 4, as appropriate.

#### *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-Continuous Quality Improvement. 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) 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](mailto: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, as described above, 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.

### **Discrimination and Harassment (Title VI)**

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) 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).

### **Student Disability**

Students in the medical school have the right to file grievances/appeals 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 appeal/grievance process, please visit the [Student and Employee Accessibility Services \(SEAS\) website](#), call SEAS at 401-863-9688, or email [SEAS@brown.edu](mailto:SEAS@brown.edu).

### **Other resources**

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 Assistant Dean for Student Affairs.

## **Section VIII: Access to Records and Policies on Confidentiality**

### **Student Records**

There are three 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 FERPA guidelines.

### **EMSR**

The [Electronic Medical Student Record](#) (EMSR) is a secure online system for storing information about AMS students. EMSR serves as the student's official file and is maintained by the AMS Office of Records and Registration. EMSR is the repository for documents including time away request forms, student status change forms, MCASP (Medical Committee on Academic Standing and Professionalism) letters, and MSPEs (Medical Student Performance Evaluations). 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.

Year 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.

Year 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. Year 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 AMS Office of Records & Registration staff upon

request.

### **Access to Student Records**

Brown University's policies pertaining to student access to records and the protection of confidentiality comply with the Family Educational Rights and Privacy Act of 1974 (FERPA). Students may view the information contained in their own EMSR at any time.

Documents containing information of a highly confidential nature will not be uploaded to EMSR, but instead will be kept in a confidential file in the Senior Associate Dean's office. If a confidential file is being kept, a flag in EMSR will indicate that additional information is on file in the Senior Associate Dean's office. Students have the right to review all information contained in their own confidential file.

Within the medical school, only those members acting in the students' educational interests are allowed access to EMSR and OASIS. No one outside the medical school can have access to EMSR nor will the medical school disclose FERPA-protected information from the students' educational records without the written consent of students, except to personnel within the institution, officials of other institutions in which the students seek to enroll, persons or organizations providing students financial aid, accrediting agencies carrying out their accreditation function, persons in compliance with a judicial order or, in an emergency, to persons charged with protecting the health or safety of students or other persons.

Students who believe that an assigned grade, evaluation, or other part of their educational record is not an accurate reflection of their performance should discuss this with the 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, evaluation, or record beyond this first step, 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 judgement on whether a grade, evaluation, or record change is warranted. The decision of this committee is final.

### **Confidentiality**

Students have a right to expect that faculty and staff will respect their privacy and deal with sensitive information in an appropriate and professional manner. Information on an individual student's grades, performance on external examinations (e.g., USMLE), financial status, medical issues, personal problems, and similar sensitive information is handled carefully to prevent it from becoming known to unauthorized individuals.

The staff is mindful of standards of professional conduct designed to keep sensitive personal information confidential. This includes keeping confidential information secure, limiting access to student information systems, shredding rather than throwing away sensitive documents, not leaving sensitive information exposed on computers, and not discussing sensitive information when unauthorized persons are present.



## **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 that a 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. 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 evaluations/grades.

## **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 evaluations of student performance in small-group and laboratory sessions in the integrated medical science (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 one of the seven core clerkships are due 40 days after the clerkship ends. Final

grades for electives and sub-Is are also due 40 days after the rotation ends. Students can view their student performance evaluation in OASIS once they have completed their faculty and course evaluations (see below). 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 evaluations/grades.

### **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.

Faculty members can view a report of their own teaching evaluations once they have received at least three evaluations for the same course in one academic year. Faculty cannot see the identity of any individual student who has submitted an evaluation form. Evaluations of residents may be shared with the appropriate program director so that residents can improve their teaching skills; the identity of the student will be masked from the program director and the resident.

Faculty use teaching evaluations to become better teachers. 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, 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.

### **Medical Student Performance Evaluation (MSPE)**

The MSPE is a composite 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 the Medical School, 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 Assistant 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 Assistant 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 MSPE comments 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 judgement 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 & Multicultural Affairs or the Associate Dean for Medical Education.

## **Section IX: Understanding of and Respect for Differences**

### **Diversity and Inclusion at the Warren Alpert Medical School**

The Warren Alpert Medical School (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. Alpert Medical School'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](#).

## **Section X: Policies on Writing Orders, Medical Liability Insurance, Health Insurance and Other Health Policies**

### **Medical Liability Insurance**

The University's medical liability insurance covers Alpert Medical School 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 Alpert Medical School 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 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.

### **Needlestick/Bloodborne Pathogen Exposure Guidelines**

If students experience a needlestick or sharps injury or are exposed to the blood or other body fluid of a patient during the course of their clinical work, students should **immediately** follow these steps:

- Ensure that the team knows that a sharp/needle is contaminated and must be discarded - this can be an issue for the patient as well as for the student. If the student is in the OR, the student's supervisor and the circulating nurse should be made aware.
- Wash needlesticks and cuts with soap and water (15 minutes); splashes to the nose, mouth, or skin flushed with water (15 minutes) or eyes irrigated with clean water, saline, or sterile irrigants (eyewash - may require help).

- Seek medical treatment in the Emergency Department closest to where you are rotating - students should make sure that the triage team in the ED knows that they are presenting for an issue of exposure. Also, students should remember that they are presenting as **students**, \*NOT\* as employees. As such, any treatment should go through students' health insurance plans (students would not be eligible for worker's compensation).
- For students with the Brown student health insurance plan, two additional steps may be involved to ensure that the insurance plan covers the appropriate portion of the bill:
  - Coordination of Benefits: The insurer may contact a student to determine whether there is coverage under any other health insurance plans. Confirmation can be made online at [www.uhcsr.com/MyAccount](http://www.uhcsr.com/MyAccount) or by calling UHCSR customer service at 1-800-767-0700. If a bill reaches \$1,000, UHCSR will automatically send an email asking for this information. Another email reminder will be sent after 30 days. After an additional 30 days, claims will be denied and an Explanation of Benefit (EOB) sent. If this happens, students will need to provide the "other insurance" information online at [www.uhcsr.com/MyAccount](http://www.uhcsr.com/MyAccount) or, by calling UHCSR customer service at 1-800-767-0700, so that a denied claim can be re-opened and re-processed. The easiest way to resolve this issue is to download the UHC StudentResources app or to go to <https://www.uhcsr.com> and create an account. Once this "action item" is completed, bills will be paid.
  - Additionally, if the bill reaches \$1,000, an accident detail report is required. It is important that on this report it is indicated that the exposure was NOT due to an accident "on the job." (If a student states that this occurred "on the job", health insurance plans will think that the bill should be covered by worker's compensation, for which students are not eligible).
- OSA will consider paying for costs related to occupational exposures 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). To submit a request for payment, students should notify OSA in person or via email at [medstudentaffairs@brown.edu](mailto:medstudentaffairs@brown.edu) with the subject line "Reporting exposure - private and confidential." Information needed is the student's name, contact number, a brief report of the incident, a copy of the hospital bill/invoice, and the Benefits Statement from the insurance company indicating what, if any, portion of the bill has been covered by the plan. OSA will review and, if approved, pay the treating provider directly.

### **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 above 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 is required within the past 6 months. Accepted testing includes the PPD skin test (two-step testing is required at the start of your first year); or a TB blood test, either QuantiFERON-TB Gold In-Tube test or T-Spot TB test.
- 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 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.

### **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 first year
- Completion of HIPAA training modules: every 2 years
- Blood-borne Pathogen/Universal Precautions training: provided during first year orientation and again during the Clinical Skills Clerkship (CSC) prior to the start of third year
- BLS training: 2-year certification; training is provided during first year orientation and a refresher course given during the CSC.
- ACLS training: 2-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** (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 (401) 863-3476**

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. 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 Laurice, 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 in the Office of Student Affairs, the Director of Financial Aid, and the 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 Medical Student Performance Evaluation (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 Director of Academic Records, 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 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 Medical Committee on Academic Standing and Professionalism (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 Senior Associate Dean will request a meeting with the student. If the student declines to meet, the Senior Associate Dean will handle the situation 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 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 Assistant 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 PhD, 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 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 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 student's longitudinal mentor, and then submitted to the AMS Office of Records and Registration 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 the Medical Committee on Academic Standing and Professionalism 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 Learning & 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 Program in Liberal Medical Education 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 6 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 or major life event, such as a death in the immediate family or other major illness.
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**

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

For requests to change clinical sites (for example, a Doctoring or clerkship site), students may petition an individual course/clerkship coordinator and/or course leader/clerkship director to switch sites. If the switch can be accommodated from a resource perspective and enables the student to have a comparable experience, the switch will be made. Criteria for this switch include, but are not limited to: unresolvable issues that put a student's learning at risk (such as no-contact orders between peers or Title IX related issues) or learning issues more amenable to a different clinical placement. If a student disagrees with the decision made by the course/clerkship team, the student should discuss with the Associate Dean for Student Affairs, who may bring the issue to the Associate Dean for Medical Education to determine whether to intervene on the student's behalf.

### **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, the Office of 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 the first year of medical school or between the first and second years of medical school.
- **Full-time enrollment** consists of:
  - Years 1 & 2: registration for all required courses in a given semester
  - Years 3 & 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.
- **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 withdraws or goes on leave of absence from the medical school prior to

the beginning of the semester will not be charged tuition for the semester.

- A student who withdraws or goes on leave of absence from the medical school during Years 1 or 2 shall be eligible for a refund of the normal charge for that semester during the first five weeks, based on the Brown University calendar, as follows:
  - First two weeks       80% refund
  - Third week           60% refund
  - Fourth week         40% refund
  - Fifth week           20% 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](#).

### **Delinquent Student Accounts**

Brown University requires payment of tuition and fees by August 1 for first semester and by January 1 for second semester. 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 the Warren Alpert Medical School (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, as determined annually in the medical cost of attendance approved by the University Corporation. 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 the AMS Student 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. For years 1 and 2, full-time enrollment is defined as enrollment in all required courses for each semester. For years 3 & 4, full-time enrollment in a semester is defined as 2 quarters of academic study or 24 weeks. Half-time enrollment is defined as 1 quarter or 12 weeks. 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 only eligible for aid during periods of enrollment for which they are being charged tuition. AMS scholarships and 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 institutional aid 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 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 institutional funding (i.e., Alpert Medical School loans and scholarships) 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. First- and second-year students should take special care to report large decreases in income from year to year.
- **Summer Earnings Expectation:** First- and second-year 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 third- and fourth-year 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 the Warren Alpert Medical School (AMS).

### **Qualitative Measure: Grading Policies and Academic Promotion**

The Medical Committee on Academic Standing and Professionalism (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:

<b>Degree</b>	<b>Standard</b>	<b>Maximum</b>
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 SAP 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. Please refer to the Appeal Process section 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
- 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.

### **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.

### **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 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 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. An announcement is sent to all students explaining the new aid policy.

### **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 Office of Financial Aid 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 twelve



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 third year of medical school and successfully defend their thesis prior to entry into the fourth year 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 Program in Liberal Medical Education (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 who has been designated by the Dean of Medicine and Biological Sciences for supervision of the OFA. 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.

### **Emergency Loans**

Short-term, interest-free loans are available to students for emergency situations from AMS through the OFA. Students are asked to complete a short application and provide a personal check for repayment upon making the application. Funding for these loans is provided by the Office of Biomed Finance and Planning. Loans are repaid to the AMS OFA within three months from the date of issuance. There are no fees associated with these loans. Since this is a small revolving loan fund, prompt repayment is expected. Failure to repay or to make satisfactory arrangements for repayment will result in the withholding of official correspondence by the school on behalf of the student, withholding transcripts and withholding of the diploma, if necessary. Students should contact the AMS OFA for additional information and application instruction.

### **Withdrawals and the Return of Title IV Funds**

Students must notify the Director of Academic Records in writing or in person to formally withdraw from the medical school. If the student received financial aid in the form of federal loans, such as the Federal Direct or Perkins Loans, then the student must also notify the AMS

OFA. The student may be required to complete an exit interview and satisfy other requirements as a borrower of federal loans.

When a medical student withdraws from AMS, the Director of Academic Records must determine the date of withdrawal, based on the date of the student's last day of attendance. The Director of Academic Records will work with the University Offices of the Registrar and Bursar to adjust tuition and other charges following the institutional withdrawal policy for the medical school. The policy varies for students in their first or second years and those in their third and fourth years as described above.

Students who receive federal (Title IV) loan funding, such as the Federal Direct or Perkins loans, will be subject to the Title IV Refund Policy which does not necessarily follow the University's tuition refund policy. Instead, the medical school must determine the earned and unearned portions of the eligible Title IV aid as of the date the student ceased attendance based on the amount of time the student spent in attendance.

The calculation of Title IV funds earned by the student has no relationship to the student's incurred institutional charges. Up through the 60% point in each semester, a pro-rata schedule is used to determine the amount of Title IV funds the student has earned at the time of withdrawal. After the 60% point in the semester, a student has earned 100% of the Title IV funds scheduled to disburse during the period. For a student who withdraws after the 60% point-in-time, there are no unearned funds.

## Section XIV: Medical Student Conflict of Interest Policy

### Rationale

The primary goal of this policy is to create a learning environment at the Warren Alpert Medical School of Brown University (AMS) that will promote the practice of evidence-based medicine. While pharmaceuticals and medical devices are vital to medical care and the public, the industry has a primary fiduciary responsibility to deliver profits to its shareholders. The conflict between these financial interests and the ideals of medicine require close monitoring by the medical profession and its institutions of learning.

The trust placed in the medical profession by the public is subject to the perception that physicians are unduly influenced by the pharmaceutical and device industries. The pharmaceutical industry alone spends \$25 billion each year in direct marketing to physicians, including detailing by drug representatives, journal advertisements, samples, and gifts<sup>1</sup>—with the ultimate goal of changing prescribing behavior. Industry uses gifts because they work to increase sales of their products. Studies have shown that even small gifts influence prescribing behavior,<sup>2</sup> and that marketing leads to increased formulary requests<sup>3</sup> and decreased use of generic medications.<sup>4</sup> Gifts create real and perceived conflicts of interest, which patients regard as inappropriate.<sup>6</sup> Ninety-four percent of physicians accept some type of gift,<sup>7</sup> yet the majority underestimate the extent to which they are influenced by these gifts.<sup>8,9</sup>

Gifting often begins in medical school and continues throughout a physician's life. Studies on medical students and residents show a comparable amount of interaction as with practicing physicians and industry. Over 90% of students and residents report accepting a non-academic gift from an industry representative or attending an industry meal. However, over two-thirds of medical students believe that these gifts have no bearing on their future prescribing patterns. They view their peers as easier targets; 42% of students believe that their fellow physicians are affected by such gifts.<sup>10</sup>

### Policy

Students may not accept any form of personal gift from industry or any of its representatives, including educational company representatives (i.e. question bank representatives), regardless of its nature or dollar value. Students at AMS may not accept promotional materials such as pens, notepads, clocks, etc. from industry or any of its representatives. Any gifts from industry sources may not be given to a larger body, such as a department, for distribution to students. Any academic materials such as books or equipment must be donated directly to the AMS/affiliated entities and then distributed by the school/entity itself with no input from industry.

Students at AMS may not attend any meals directly funded by industry, on or off-campus, or accept complimentary tickets to sporting or other events or any other hospitality from industry. Only Accreditation Council for Continuing Medical Education ("ACCME") accredited events should be attended. The medical school's office for Continuing Medical Education (CME), the Senior Associate Dean for Academic Affairs, the Associate Dean for Clinical Affairs, and the Senior Associate Dean for Medical Education should ensure that support of educational programs for students by industry is free of any actual or perceived conflict of interest.

AMS faculty and housestaff are asked to limit their interactions with industry representatives to times when medical students are not present in their practice setting. (Note that a similar conflict of interest policy exists for AMS faculty and housestaff.)

### **Site Access by Industry Representatives**

In the past, pharmaceutical and medical device industry sales representatives have had relatively unrestricted access to large academic medical centers (AMCs), community hospitals, and physicians' offices. <sup>11</sup>The pharmaceutical industry employs about 100,000 sales representatives amounting to one pharmaceutical representative for every eight physicians. <sup>12</sup>Sales representatives may not provide complete and accurate information regarding the efficacy of their products. <sup>13</sup>Policies limiting the number and nature of interactions between resident physicians and industry representatives lead them to become more skeptical about industry-provided information. <sup>14</sup>

### **Policy**

AMS strictly limits the amount of AMS faculty and housestaff industry interaction in order to remove any potential conflicts of interest from medical education and patient care. Specifically, industry representatives will not be allowed on the AMS campus. Industry representatives will be restricted from direct contact with AMS faculty, housestaff or students on the AMS campus or in a healthcare setting. Industry representatives will be restricted from direct contact with AMS faculty or students on the AMS campus or in a healthcare setting.

As stated in the section on gifts, students at AMS should not accept any gifts (regardless of value), including meals or free samples from the industry representative. Interactions between students at AMS and representatives may be allowed in limited circumstances when the expertise of the representative is required for instruction in the use of a device and a faculty physician is present to supervise the interaction. Under these circumstances, representatives are required to identify themselves in order to distinguish themselves from clinical staff. At all times, we encourage students at Brown to seek out evidence-based unbiased sources of information about

#### *Note on Community Teaching Sites*

We recognize that enforcing a policy on industry interaction is particularly challenging with non-employed AMS faculty and housestaff who serve as mentors, and are dispersed throughout Rhode Island, Massachusetts, or in other locations. To ensure consistency within this policy, supervising AMS faculty and housestaff are instructed to minimize, if not eliminate, contact with industry representatives during sessions with students.

### **Industry Sponsored Scholarships**

Partnerships between academic centers and industry are commonplace. Studies have shown that at least ninety percent of companies conducting life-science research in the United States had research relationships with an academic institution. <sup>15</sup>Institutional administration and oversight of scholarships and other educational funds help to prevent the establishment of one-on-one relationships between industry and healthcare providers. At the same time, it is vital that AMS faculty and housestaff to have access to opportunities for educational or research funding, and AMS should be committed to providing such access.

## **Policy**

If students at AMS wish to apply for or accept educational or research funding directly from industry, they may do so if and only if the funds are unrestricted (meaning no quid pro quo agreements are made).

All other scholarships or other educational funds must be given centrally to the AMS administration/affiliated entity and should be unrestricted. The evaluation and selection of recipients of such funds should be the sole responsibility of the AMS administration/affiliated entity with no input from industry.

## **Additional Responsibilities of AMS faculty and housestaff in relation to students**

- All lecturers in the pre-clerkship curriculum (years MD1 and MD2) must open their PowerPoint presentations with a "disclosure" slide. Guidelines for these disclosures will follow standard CME practice.
- Lectures given during the clinical years (MD3 and MD4) must begin with a disclosure of conflicts of interest. Clerkship directors and faculty supervisors for other clinical rotations will assure that students are provided with information about the sponsors of all conferences. Students are not required or expected to attend conferences directly sponsored by industry.
- Content on the impact of industry, direct marketing to patients and other related issues is incorporated into the pre-clerkship and clinical curricula.
- Applications for summer assistantships (summer between years MD1 and MD2) include a COI form that must be completed by the student's designated mentor. Applications will not be considered without a completed form.

Note: This AMS COI policy and the University policy are available on the AMS website.

For any questions regarding this policy, the AMS COI committee should be consulted through the Senior Associate Dean for Medical Education. The AMS COI committee is composed of the Senior Associate Dean for Academic Affairs (Chair), Senior Associate Dean for Medical Education, Senior Associate Dean for the Program in Biology, and the Associate Dean for Clinical Affairs.

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## **Appendix A: Technical Standards for Medical School Admission, Continuation, and Graduation**

Applicants to The Warren Alpert Medical School of Brown University are selected on the basis of their academic, personal, and extracurricular attributes. In addition, all students must possess the intellectual, physical and emotional capabilities necessary to undertake the full curriculum and to achieve the levels of competence required by the faculty.

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

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

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

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

### Technical Standards for Medical School Admission<sup>1</sup>

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

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

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<sup>1</sup> Recommendations of the AAMC Special Advisory Panel on Technical Standards for Medical School Admission, approved by the AAMC Executive Council on January 18, 1979  
6/1/2016

Observation necessitates the functional use of the sense of vision and somatic sensation. It is enhanced by the functional use of the sense of smell.

**Communication:** A candidate should be able to speak, to hear, and to observe patients in order to elicit information, describe changes in mood, activity, and posture, and perceive nonverbal communications. A candidate must be able to communicate effectively and sensitively with patients. Communication includes not only speech but reading and writing. The candidate must be able to communicate effectively and efficiently in oral and written form with all members of the health care team.

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

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

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



## 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 Medical Curriculum Committee 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: Directory of Referenced AMS Staff**

**Administrative Coordinator, Office of Medical Education and Continuous Quality Improvement:** [Lisa Blangard](#)

**Assistant Dean for Student Affairs:** [Jordan White, MD, MPH](#)

**Assistant Director, Doctoring:** [Julia Noguchi, MA, MPH](#)

**Director, Assessment and Evaluation:** [Kristina Monteiro, PhD](#)

**Associate Dean for Diversity and Multicultural Affairs:** [Joseph Diaz, MD, MPH, FACP](#)

**Senior Associate Dean for Academic Affairs:** [Michelle Cyr, MD](#)

**Senior Associate Dean for Medical Education:** [Allan Tunkel, MD, PhD, MACP](#)

**Dean of Medicine and Biological Sciences:** [Jack Elias, MD](#)

**Deputy Title IX Program Coordinator for the Alpert Medical School:** [Lindsay Orchowski, PhD](#)

**Director, Career Development:** [Alex Morang, MA](#)

**Director, Clinical Skills Simulation Center:** [Scarlett\\_Handley@brown.edu](mailto:Scarlett_Handley@brown.edu)

**Director of Faculty Development:** [Emily Green, PhD, MA](#)

**Director of the Year 1 Curriculum:** [Luba Dumenco, MD](#)

**Director of the Year 2 Curriculum:** [Sarita Warriar, MD, FACP](#)

**Associate Dean for Medical Education/Director of the Years 3 and 4 Curriculum:** [Paul George, MD, MHPE](#)

**Director of Financial Aid:** [Linda Gillette](#)

**Director of Academic Records:** [Eileen Palenchar, M.Ed.](#)

**Learning & Accessibility Specialist:** [Lorrie Gehlbach](#)



## **MD/PhD PROGRAM HANDBOOK**

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## **SECTION I: ADMISSION**

Students apply to the MD/PhD program through the American Medical College Application Service (AMCAS). After the AMCAS application is received, students interested in the MD/PhD program will be invited to complete a secondary application that will include questions related to their background and interest in becoming a physician-scientist. Highly qualified applicants invited to interview for admission to the MD program will also be invited to interview for consideration for the MD/PhD program. Only those students offered admission to the MD program will be considered for admission to the MD/PhD program.

Under exceptional circumstances, medical students at the Warren Alpert Medical School of Brown University may also apply for admission to the MD/PhD program after they have begun their medical studies. Interested students should contact the MD/PhD Program Director to explore the possibility of transitioning to the MD/PhD Program. However, admission to the program through this route is not guaranteed and depends upon review of the student's credentials and the availability of a position in the program.

## SECTION II: PROGRAM OF STUDY

The MD/PhD Program enables students to attain both MD and PhD degrees over approximately eight years. The expectation is that students will first complete years 1 and 2 of medical school then undertake graduate studies. Upon completion of all PhD requirements, students will return to complete years 3 and 4 of medical school. Students interested in alternate paths should discuss their plans with the MD/PhD Program Director as early as possible.

All students admitted to the MD/PhD program are expected to complete the full training program. This includes satisfying all requirements for both the MD and PhD degrees. If this will not be possible for any reason, students must contact the Program Director immediately. Students who decide not to complete the PhD degree will no longer receive any financial support from the MD/PhD Program.

Students in the MD/PhD program are subject to the rules & regulations of the Warren Alpert Medical School and the Brown Graduate School. Students must familiarize themselves with the handbooks for the [Medical School](#), the [Graduate School](#), and the handbook specific to their PhD program. It is the student's responsibility to comply with all of regulations specified within these handbooks. This includes maintenance of good academic standing. Please consult the appropriate handbook for more information on how to maintain good academic standing. All MD/PhD students are also required to adhere to the Academic and Student Codes set forth by Brown University. Students are also expected to refrain from behaviors that constitute sexual harassment as specified by Brown University's Policy Statement on sexual or gender-based harassment, sexual violence, relationship and interpersonal violence and stalking.

### GRADUATE STUDIES

In their AMCAS application to the MD/PhD program, applicants should indicate which graduate program best fits their research background and interests. Early in year 1 of medical school, students should consult with the MD/PhD Program Director and the Director of Graduate studies for their specific graduate program to discuss selection of a research mentor. **The most important decision that a student makes during their graduate studies is selection of a research mentor.** For information about specific programs, students should visit the websites of programs of interest and view handbooks available from the [Graduate School web site](#).

Students may obtain their PhD as a member of one of the following graduate programs within the Division of Biology and Medicine:

- Biomedical Engineering
- Biotechnology
- Computational Biology
- Ecology and Evolutionary Biology
- Molecular Biology, Cell Biology and Biochemistry
- Molecular Pharmacology and Physiology
- Neuroscience
- Pathobiology

The requirements for the PhD degree for MD/PhD students can be optimized in accord with the student's past coursework and other factors. Once the student has completed their lab rotations and chosen a research mentor, the specific requirements for their PhD degree should be discussed with the mentor and the Director(s) of Graduate Studies for the student's graduate program.

The following sections address key issues related to MD/PhD graduate studies.

## **CHOOSING A THESIS LAB**

Students are required to do a lab rotation during the summer between years 1 and 2 of medical school. (If students are interested in doing a lab rotation during the summer before year 1 of medical school, they should contact the MD/PhD Program Director as early as possible.) Summer rotations between years 1 and 2 begin after the conclusion of medical school classes in year 1 and end before the start of medical school classes in year 2. Specifics of a rotation should be worked out with the faculty member. **Summer rotations should last 8-9 weeks and the time commitment should be consistent with what would be generally considered "full time".** Information about Graduate Programs and Faculty Directors can be found here: [Graduate Programs in Biology](#)

Graduate programs may require that students do a specific number of rotations. For MD/PhD students, this number can be optimized in accord with past research experiences and other factors. This should be discussed with the student's faculty mentor and the Director of Graduate Studies for the student's graduate program.

## **REGISTRATION FOR GRADUATE SCHOOL**

**For students transitioning from medical school to graduate school,** students may register at the beginning of September. Before registering for classes, students must set up an appointment with their mentor and/or the Director of Graduate Studies for their specific graduate program.

**All continuing graduate students must pre-register.** Students should register via Banner, the student information system. Pre-registration is in the preceding April for the fall semester and in the preceding November for the spring semester. Students are notified of the specific dates for registration but please consult the [Registrar's web site](#) for complete and updated information.

If students have completed all required course work and plan to only do a lab rotation, they must register for *Independent Study*. If a student fails to pre-register, the Registrar's Office will charge a late fee. Additionally, there is the risk of the student's status becoming inactive. If this happens, students will lose aid and privileges until they register and their student status is reactivated.

## **STUDENT EVALUATION**

Students are regularly evaluated by their mentor and program. When a student enters the graduate research years, the Director of Graduate Studies will meet regularly with the student to offer advice on courses and to assess progress. As the student prepares for the qualifying exam, the student will

assemble an advisory committee that will evaluate their performance on the qualifying exam and serve as their thesis committee for the remainder of their PhD studies. Note that student advising practices may differ between graduate programs. Students should check with specific graduate programs for details.

## **TEACHING ASSISTANTSHIP REQUIREMENT**

MD/PhD students are not required to perform teaching assistantships. However, students can serve as teaching assistants if they feel that this experience will be valuable to their training. The goal of the teaching assistantship is to not only provide an important service to the institution, but also to gain valuable teaching experience that will contribute to academic career development. Course assignments, whenever possible, will be based on a student's research interests and career goals and will be made by the Associate Dean for Graduate & Postdoctoral Studies in consultation with the MD/PhD program.

## **DISSERTATION/ADVISORY COMMITTEE**

Most students have selected a mentor by the beginning of their graduate years. The student and the thesis mentor then select a thesis committee, which provides insight into the specific field of research and evaluates and helps to guide the student's progress during the PhD years. For step-by-step instructions and dissertation requirements, please consult the Graduate School's [Rules and Regulations](#).

## **CLINICAL ROTATIONS DURING GRADUATE SCHOOL**

Clinical tutorials during the later graduate research years are required for all students so that they can maintain clinical competency. MD/PhD students can integrate the Family Medicine clerkship required of all MD students by seeing patients one day per week during the last two years of their PhD studies. Alternatively, students can elect to maintain clinical exposure by seeing patients in one of the hospital clinics affiliated with the medical school under the supervision of an attending physician. If students integrate the Family Medicine clerkship into their PhD studies, students will begin year 3 of medical school with Family Medicine, conducting only the didactic portion and taking the exam. The extra time in this six-week clerkship may be used to complete additional lab experiments not completed by the time of the thesis defense, although the thesis defense must be completed successfully before a student begins year 3 of medical school.

## **MONTHLY GROUP MEETINGS WITH THE MD/PhD PROGRAM DIRECTORS**

All students in the MD/PhD program are required to attend group meetings with the Program Director that are held approximately once a month. Individual schedules, particularly during the clerkship years, may prohibit attendance at some meetings. These meetings serve a variety of purposes. First, students can raise any issues pertinent to their training for discussion by the group. Second, physician-scientists from Brown University or other institutions will be invited to present their career trajectories and research at some of these meetings. Third, the Program Director may discuss issues of relevance to the students, such as transitioning between medical and graduate studies and applying for NIH F30 grants. Fourth, students in the PhD phase will be expected to do



a works-in-progress talk. Fifth, the Program Director may discuss significant changes being considered or implemented in the MD/PhD program.

## **MEDICAL STUDIES**

### **REQUIREMENTS FOR THE MD DEGREE**

**The requirements for the MD degree are identical to those for MD** students, which can be found in Section II of the Medical Student Handbook.

Further requirements for the awarding of the MD degree are as follows:

- Every candidate for the degree of Doctor of Medicine must satisfactorily complete at least the last two years of the medical school as a full-time matriculated student at Brown University.
- A candidate for the degree of Doctor of Medicine must complete all the requirements for that degree within six years of admission to the Medical School (nine years for MD/PhD candidates). Exceptions to this rule may be made only with the consent of the Medical Committee on Academic Standing and Professionalism.
- The Medical Committee on Academic Standing and Professionalism will recommend granting of the medical degree to candidates who have fulfilled the academic requirements.
- Students will be allowed to receive their diploma only if all tuition and fees have been fully paid and other obligations fulfilled, such as return of pagers and repayment of emergency short-term loans.

## SECTION III: TRANSITION PROCESSES

### MEDICAL SCHOOL TO GRADUATE SCHOOL

Students are not required to follow a prescribed sequence for the transition from the MD to the PhD years. However, the sequence of two MD years (pre-clerkship phase) followed by the PhD and then the last two MD years (clinical phase) will be considered the norm and any deviation from this sequence will require the approval of the MD/PhD Program Director. In order to ensure a smooth transition from the medical school to the graduate school, the following steps should be followed.

**Step 1:** At the beginning of the second year of the medical program, students should confirm with the MD/PhD Program Director their intention to pursue graduate studies.

**Step 2:** Arrangements to change a student's status to graduate student will be made by the MD/PhD Program Directors working in concert with the Division's [Office of Graduate & Postdoctoral Studies](#). The contact person in that office is **Tracey Cronin, Graduate Program Manager (phone 863-3281)**. This process is essential in order for students to receive a graduate stipend, tuition remission, and health insurance.

**Step 3:** If students are doing graduate work *on campus*, their box number will remain the same. If students are doing graduate work *off campus*, they should leave a forwarding address with the Bio-Med Mailroom and they will be reassigned a new box number upon their return to the medical school.

**Step 4: Once students transition to being a Graduate Student**, they must fill out an I-9 form by September 1. Students complete an [I-9 Form](#) (if they are receiving a stipend), which can be initiated in Workday and completed at the [Brown Business Center](#), Page-Robinson Hall, room 213. If needed, instructions for completing section 1 of the I-9 can be found on the [I-9 Central site](#). Students should consult a list of [acceptable documents](#).

During the transitional phase, a student's status may, for a short period, become inaccessible by computer. As a result, the student may encounter difficulties when trying to use various services on campus (library, etc.). If this happens, students should instruct the person in charge to call the Registrar's Office to verify enrollment. Be aware that this can only be done during business hours.

### RE-ENTERING MEDICAL SCHOOL AFTER COMPLETING REQUIREMENTS FOR THE PHD DEGREE

**Step 1:** As students begin planning for their thesis defense, they should contact the MD/PhD Program Director to discuss the transition. Students will transition back to medical school in mid-April in order to participate in the Clinical Skills Clerkship. **The thesis defense must be completed before the student returns to medical school.** Students will NOT receive a tuition fellowship for year 3 and 4 of medical school unless this requirement is met.

**Step 2:** MD/PhD students should be in touch in December of the year before they return to medical school with Eileen Palenchar, the Director of Academic Records. This is to ensure that: student status is changed from graduate student to medical student; students are enrolled in the Clinical Skills Clerkship; students can participate in the clerkship lottery and will be assigned a clerkship grid as are all other students. This grid, however, will have Family Medicine as the first clerkship of the third year. Students will need to bring their immunizations into compliance before starting their clerkships.

**Step 3:** Students should discuss their return to medical school with Linda Gillette, Director of Financial Aid for the medical school.

## SECTION IV: FUNDING, FINANCIAL AID AND PAYMENT

### SOURCES OF FINANCIAL SUPPORT

#### AS A MEDICAL STUDENT:

During years 1-4 of medical school, MD/PhD students are provided with a full tuition scholarship. To qualify for full tuition remission for years 3 and 4, students must satisfy all requirements for the PhD degree before beginning year 3 of medical school.

Financial support is available through a T35 training grant to support students as they conduct rotations during the summer between years 1 and 2 of medical school. **Students in year 1 of medical school are required to apply for this in the fall.** For more information on this, students should contact the MD/PhD Program Director.

#### AS A GRADUATE STUDENT:

MD/PhD students receive full support during the graduate years, which includes tuition, health fees, and a stipend for twelve months per year for up to **five years**. However, the typical length of PhD studies for MD/PhD students is four years and all students are expected to work towards the goal of completing their PhD studies within four years. (Students should consult with the graduate school for details on the stipend amount.)

**All students are required to apply for an NIH F30 grant during their PhD years.** Students may also apply for fellowships from other sources as well. Grant applications must be supervised and filed through proper university channels. Students should allow time for university review and acceptance which must be done prior to the agency deadline. Students should discuss their plans for grant applications with the Program Director and PhD advisor. Eligibility for an F30 grant is described online [here](#) and [here](#).

If a student's external fellowship award is less than the published Brown Division of Biology and Medicine stipend, the award will be supplemented so that the stipend level is the same as other Division PhD students (as long as the terms of the award do not prohibit supplementation). Students who are awarded an NIH F30 grant as a graduate student will receive a supplemental reward of \$150.00 per month during their fellowship.

### STIPEND PAYMENT INFORMATION

#### AS A MEDICAL STUDENT:

Medical students will receive a stipend during the summer between years 1 and 2 of medical school if they successfully apply for T35 training grant support during year 1. Medical students will receive a stipend during the summer after year 2 of medical school before they officially begin their graduate studies. Medical students will only receive a stipend during years 3 and 4 if they have obtained an NIH F30 grant. Stipend payments are processed by the Program Director's office and issued through the Payroll Office.

**Medical students that are receiving any payment** must have an I-9 form on file with the University in order to receive payment from the Payroll Office.

Students should notify the MD/PhD Program Director immediately if their plans concerning graduate studies change; i.e., if they decide to discontinue or extend their studies. If students plan to work in a research lab during the summer, they must inform the MD/PhD office **no later than May 1st** of the dates that they will require a summer stipend: otherwise, there may be a delay in receiving their check.

#### **AS A GRADUATE STUDENT:**

**If students do not complete the I-9, they will not receive their paycheck.**

Graduate students will receive an appointment through the Graduate School for the academic year and for the Summer. The terms for these appointments are as follows:

- Fall: Sept 1 – Jan 15
- Spring: Jan 16 – May 31
- Summer: June 1 – Aug 31

Appointment type will be determined by the funding used to support graduate student training. There are various appointment types: research assistant; fellow; trainee; teaching assistant. Payroll taxes and withholding of income taxes are dependent upon appointment type and non-US students are subject to the applicable treaties. Government regulations are quite complex and tax withholdings may vary and, thus, net pay will vary depending upon appointment. Stipends that are paid in the summer are subject to ADDITIONAL payroll taxes (FICA, etc); therefore, net pay in the summer may be lower than the academic year. Any money received from Brown may be considered taxable income and it is the student's responsibility to file appropriate tax returns. The impact of the appointment types dictate only whether taxes will be withheld, not whether the student owes taxes. This can be a complicated process and students are encouraged to consult the IRS and/or a tax specialist for specific information. Please review the [financial information](#) available from the Medical School.

## SECTION IV: GRIEVANCE PROCEDURES

Information on grievance procedures is available for [graduate](#) and [medical](#) students.

### QUICK REFERENCE GUIDE

*The following links contain lists of key administrative staff should students need assistance.*

[MD/PhD Program](#)

[Office of Graduate & Postdoctoral Studies](#) (Division of Biology and Medicine)

[Warren Alpert Medical School](#)

[The Brown Graduate School](#)