

## **STUDENT HANDBOOK**

### **Section I: Introduction and Overview**

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The policies in this handbook represent an evolution of the practices and emerging traditions of the medical school 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.

No educational institution can effectively function without rules that govern its conduct and operation. The Warren Alpert Medical School of Brown University has promulgated policies, procedures, and guidelines related to student affairs that are designed to ensure that all members of our academic community know what is expected and are treated fairly. This manual incorporates into one volume those policies, procedures, and guidelines that most directly pertain to students.

Policies, no matter how carefully crafted, cannot fully anticipate all situations. The medical school prides itself on its flexibility and responsiveness to individual needs. Policies must often be interpreted in light of unique circumstances where the spirit of the policy outweighs the letter of the policy. If a student believes that individual circumstances justify a different action than that indicated by a certain policy, he or she should discuss this with the appropriate administrator.

If any confusion exists concerning any of these policies, questions should be directed to Alexandra Morang or Emily Green for student affairs or to Linda Gillette for Financial Aid. If there is still an unresolved issue or concern, this should be referred to Allan Tunkel, MD, PhD, Associate Dean for Medical Education. Email communications are welcome. In situations requiring confidentiality, students should meet with the appropriate individual.

Brown University does not discriminate on the basis of sex, race, color, religion, age, handicap, status as a veteran, national or ethnic origin, or sexual orientation in the administration of its educational policies, admission policies, scholarship and loan programs, or other administered programs.

## Section II: Policies on the Requirements for the MD Degree

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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 have changed. Thus, the section below reflects the present configuration of pre-clinical courses.

### MD 2019 First Year, First Semester

COURSE	CREDITS	GRADING OPTION	COURSE LEADER(S)
BIOL3640 Doctoring I	2	S/NC	S. Warriar, K. Dodd
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 and Policy I	1	S/NC	E. Tobin-Tyler, G. Anandarajah
MED2010 IMS-I: Health Systems and Policy I (PC-PM students only)	1	S/NC	E. Tobin-Tyler, G. Anandarajah

## MD 2019 First Year, Second Semester

COURSE	CREDITS	GRADING OPTION	COURSE LEADER(S)
BIOL3650 Doctoring II	2	S/NC	S. Warriar, K. Dodd
BIOL3652 IMS-II: Brain Sciences	2	S/NC	J. Roth, N.S. Potter, J. Donahue, G. Tung, B. Connors, D. Berson, C. Harrington, E. Lowenhaupt
BIOL3653 IMS-II: Microbiology/Infectious Diseases	1	S/NC	T. Salazar-Mather, J. Lonks, A. Pop-Vicas
BIOL3665 IMS-II: Supporting Structures	1	S/NC	S. Schwartz, J. Katarincic, L. Robinson-Bostom, R. DeLellis, D. Patel
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	E. Feller, M. Mello

**MD 2019 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 and Policy II	1	S/NC	E. Tobin-Tyler
MED2045 Quantitative Statistics	1	S/NC	D. Anthony
MED2980 Independent Study in Population Medicine	1	S/NC	P. George

**MD 2018 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, S. Elisseou
BIOL3662 IMS-III: Cardiovascular	1	S/NC	D. Burr, E. Keating, R. DeLellis, D. Patel
BIOL3663 IMS-III: Pulmonary	1	S/NC	M. Jankowich, E. Gartman, R. DeLellis, D. Patel
BIOL3664 IMS-III:	1	S/NC	S. Hu, K. Richmond, R. DeLellis,

<b>COURSE</b>	<b>CREDITS</b>	<b>GRADING OPTION</b>	<b>COURSE LEADER(S)</b>
Renal			D. Patel
BIOL3674 IMS-III: Endocrine Sciences	1	S/NC	G. Gopalakrishnan, C. Tessier, R. DeLellis, D. Patel
BIOL3674 IMS-III: Human Reproduction	1	S/NC	B. Cronin, A. Stuckey R. DeLellis, D. Patel

### **MD 2018 Second Year, Second Semester**

<b>COURSE</b>	<b>CREDITS</b>	<b>GRADING OPTION</b>	<b>COURSE LEADER(S)</b>
BIOL3670 Doctoring IV	2	S/NC	S. Rougas, S. Elisseou
BIOL3672 IMS-IV: Hematology	1	S/NC	E. Wittels, A. Taber, L. Dumenco, D. Patel
BIOL3673 IMS-IV: Gastroenterology	1	S/NC	H. Rich, M. LeGolvan, D. Patel
BIOL5885 Doctoring V: Clinical Skills Clerkship	1	S/NC	P. George, S. Rougas

## 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, with one-week intervening vacations spanning 22 months, from May of Year 3 through April of Year 4. You may take established courses at Brown or other universities or design independent studies with an approved faculty sponsor, but 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 Associate Dean for Medical Education.

### MD Class of 2016: 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:

**Core Clerkships:** the **42 weeks of specialty-specific clerkships** listed below are taken only after the student has completed the Clinical Skills Clerkship. The six core clerkships must be completed by the end of Quarter 4B of Year 3.

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

**Electives: a minimum of 38 weeks of clinical electives, 26 weeks of which must be taken at Brown.** The 38 weeks of electives must include the following:

- 4 weeks of a **sub-internship**
- 6 weeks of a **surgery or surgery-related 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.
- 8 or more weeks of **selectives**, which are clinical electives which include direct patient contact, under the direct personal supervision of Brown faculty

### MD Class of 2017: 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:

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

- 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/Neurology
- 6 weeks, Clerkship in 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 **surgery or surgery-related 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.
- 8 or more weeks of **selectives**, which are clinical electives which include direct patient contact, under the direct personal supervision of Brown faculty

**Add/Drop:** Students are permitted to add or drop clerkships no less than 30 days prior to the start of the clerkship. For clinical electives (including away rotations) and independent study projects, adds and drops in Oasis must be made at least 2 weeks prior to the start date of the course. Courses cannot be retroactively added or dropped.

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, in which case it counts toward the eight-week selective requirement, or at an approved host institution.

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 must be approved by the Associate Dean for Medical Education. More information is available at <http://brown.edu/academics/medical/education/clinical-curriculum-overview/advanced-clinical-mentorship>

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

summative OSCE is a graduation requirement and exam results appear on the Medical Student Performance Evaluation (MSPE).

### **Independent Study**

Students can complete an Independent Study project during their elective block 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 and registration in Oasis must be obtained three weeks prior to the start of the independent study project. Further details available at:

<http://brown.edu/academics/medical/education/clinical-curriculum-overview/independent-programs>

### **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 library books, and repayment of emergency short-term loans.
- All required courses must be completed by the 4th Friday in April prior to graduation in May.
- **USMLE Step 1\***: must be taken by all AMS medical students. Medical students may not take the USMLE Step 1 examination until they have successfully completed all preclinical

courses. All students are strongly encouraged to take Step 1 prior to beginning clerkships. **All medical students must pass the USMLE Step 1 examination prior to graduation.** 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 2CK examination prior to January 1 of their final year. Starting with the MD Class of 2018, students must pass the 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 students must take Step 2CS no later than April 1st prior to graduation. Because of limited site and date availability, students are **strongly advised** to register for the Step 2CS examination during the spring of Year 3 and take the examination during the summer or fall of Year 4 (prior to December 1st).
- Any exceptions to these rules will be made at the discretion of 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.

For other pertinent policies, see Section V and Section XII of the AMS Student Handbook.

## **Section III: Grading and Academic Performance Policies**

### **Grade Options**

For the MD Class of 2017 and subsequent classes of medical students, all AMS courses in Years 1 and 2 will be graded on a Satisfactory (S)/No credit (NC) basis, and all clinical courses in Year 3 and 4, including clerkships, will be graded on an Honors (H)/Satisfactory (S)/No Credit (NC) basis. All grades are recorded as such on the student's unofficial and official student transcripts. Passing grades for courses that have an 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 basic science courses are assigned by the Directors of the Preclinical Curriculum (first year or second year) in consultation with the course leader(s). Grades in the Doctoring courses are determined by the individual course leaders. Grades in clerkships and clinical electives are determined by Clerkship Directors and Clinical Elective Directors, respectively.

Grades are determined according to the following guidelines:

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

**Satisfactory (S):** The student has completed all course or clerkship requirements at or above the minimum standard of performance.

**No Credit (NC):** The student's overall performance in a course or clerkship is below the minimum standard of performance. Grades of NC are reported to the Medical Committee of Academic Standing and Professionalism (MCASP).

Additional (temporary) grading options for all courses and clerkships are as follows:

**Existing Deficiency (ED):** This temporary grade indicates that the student has performed below the minimum standard of performance in certain components of the course or clerkship, but that overall performance was deemed satisfactory. This grade option is used when a course or clerkship leader(s) 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) should discuss the deficiencies with the student, develop a plan and timetable for correction, and communicate this plan to the Director(s) of the Preclinical Curriculum, the Doctoring course leader, the Clerkship Director or Clinical Elective Director, as appropriate. The 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). An ED grade not remediated within one year of the beginning of the course, clerkship or rotation may be changed to an NC, in which case the student may be required to repeat the entire course, clerkship or rotation. Grades of ED are reported to the Medical Committee on Academic Standing and Professionalism.

**Incomplete (I or INC):** Under exceptional circumstances outside of the student's control (such as illness or a family emergency), a student who is unable to complete all of the required course work, clerkship, or rotation requirements may be given a grade of incomplete ("I") by the Director(s) of the Preclinical Curriculum, the Doctoring course leader, the Clerkship Director, or Clinical Elective Director. Normally, course work not completed within one year will result in the grade being changed to No Credit (NC).

**Approved Withdrawal (W):** In rare cases, the notation of W may be entered in Oasis by the AMS Registrar to indicate 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.

## **Transcripts**

The grades of H/S/NC (or S\*) are entered into the University's Official Banner Transcript by the AMS Registrar's office. An unofficial transcript is also maintained by the medical school's Registrar's office. This unofficial transcript contains information about temporary grades and grade changes.

When a student receives an NC in a course or clerkship, a remediation plan is put into place by the Director(s) of the Preclinical Curriculum and the course leader(s) or the clerkship director(s). In the preclinical years, remediation typically entails mandatory tutoring sessions followed by a remediation exam, or a repeat of the entire course. After a course or clerkship has been successfully remediated or repeated, the new grade of "S" replaces the original grade of "NC" on the official student transcript. The grade of Honors is only available under very extraordinary circumstances, and at the discretion of the Clerkship Director(s), when the original grade was either NC or ED.

Temporary grades of ED or I are noted on the unofficial transcript and are changed to an "S" on both the official and unofficial student transcripts after appropriate course work has been completed.

## **Grade Determination/Appeal**

The Director(s) of the Preclinical Curriculum and the course leader(s), the Clerkship Director(s) or the Clinical Elective Directors are responsible for determining how students will be evaluated and how grades will be 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 Preclinical Curriculum and the course leader(s), Clerkship Director(s) or Clinical Elective Directors. While there is no formal avenue of appeal of a grade within the medical school beyond the judgment of the Director(s) of the Preclinical Curriculum and the course leader(s), Clerkship Director(s) or Clinical Elective Directors, the Associate Dean for Medical Education may be asked to provide input into particularly contentious discussions regarding grade assignments.

## **Grading Policy for Preclinical Courses: Overview**

The preclinical courses 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.

## **Grading Policy Preclinical Courses: Semester I**

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

## **Grading for Doctoring I**

**BIOL3640** Doctoring I (2 credits), S. Warriar, K. Dodd

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, s/he 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, s/he may be required to repeat the entire course. This determination is made by the Doctoring course leader(s). All NC and ED grades are brought to the attention of the Medical Committee on Academic Standing and Professionalism (MCASP).

## **Grading for IMS-I**

- **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** IMS-I: Health Systems and Policy I (HSP-I) (1 credit), E. Tobin-Tyler, G. Anandarajah
- **BIOL3645** IMS-I: General Pathology (1 credit), L. Dumenco, A. Kane; Course Lab Leaders: J. Ou, L.C. Hanley

**Examinations:** There will be six integrated examinations during Semester I. Each exam will contain questions from 3 to 4 of the IMS-I courses. Course scores will be cumulative throughout the semester. HSP-I course grades are based upon grades on online quizzes as well as two field notes/reflections, and completion of several online IHI (Institute for HealthCare Improvement) 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(s) of the Preclinical 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).

**Small Group Sessions:** Small group sessions and labs are important components of the IMS-I Human Anatomy I, Histology, General Pathology, 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 following Nine Abilities: Ability I: Effective Communication, Ability III: Using Basic Science in the Practice of Medicine, Ability V: Lifelong Learning, and Ability VI: Professionalism. 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 home page of the Canvas website and receive permission from the Director(s) of the Preclinical Curriculum or Doctoring Course Coordinator for permission to miss a small group, case-based or team based learning (TBL), 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, s/he may receive an ED 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(s) of the Preclinical Curriculum 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), s/he will be brought to the attention of the Medical Committee on Academic Standing and Professionalism (MCASP). The Director(s) of the Preclinical 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, s/he 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. Exceptions will be considered by the Associate Dean for Medical Education in unusual circumstances.

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. Such determination is made 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 Preclinical 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. PC-PM students will also be enrolled in MED2030 Research Methods in Population Medicine. **All semester II courses are graded with S/NC options.**

### **Grading for Doctoring II**

**BIOL3650** Doctoring II (2 credits), S. Warriar, K. Dodd

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**

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, N.S. Potter, J. Donahue, G. Tung, B. Connors, D. Berson, C. Harrington, E. Lowenhaupt
- **BIOL3653** IMS-II: Microbiology/Infectious Diseases (1 credit) T. Salazar-Mather, J. Lonks, A. Pop-Vicas
- **BIOL3665** IMS-II: Supporting Structures (1 credit), S. Schwartz, J. Katarincic, L. Robinson-Bostom, R. DeLellis, D. Patel
- **BIOL3655** IMS-II: Human Anatomy II (1 credit), D. Ritter
- **MED2030** Research Methods in Population Medicine (1 credit) E. Feller, M. Mello

**Examinations:** There will be one to two 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 Preclinical Curriculum (first year) in conjunction with the IMS course leader(s). **Students who receive a failing grade in an IMS-II course will receive an NC and be brought to the attention of the MCASP.** The Director of the Preclinical Curriculum (first year) and the course leader(s) will determine the remediation plan which may consist of summer remediation or retaking of the entire course.

**Small Group Sessions:** Small group sessions and labs are important components of the IMS-II Brain Sciences, Micro/ID, Supporting Structures, Human Anatomy II, 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 following Nine Abilities: Ability I: Effective Communication, Ability III: Using Basic Science in the Practice of Medicine, Ability V: Lifelong Learning, and Ability VI: Professionalism. 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 home page of the Canvas website and receive permission from the Director(s) of the Preclinical Curriculum or the Doctoring Course Coordinator 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, s/he may receive an ED 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 Preclinical Curriculum (first-year) in conjunction with the IMS course leader(s), or by the Doctoring course leader. See Section IV: Attendance Policy of the AMS Student Handbook for more details.

Students in the PC-PM program will take Research Methods in Population Medicine during the second semester of Year 1. Grading for this course will include online quizzes, participation in small group and completion of assignments. The grading for this course will be S/NC.

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 (and MED2030 for PC-PM students), s/he will be brought to the attention of the Medical Committee on Academic Standing and Professionalism (MCASP). The Director of the Preclinical Curriculum (first-year), the IMS course leader(s), the Director of the PC-PM Program, 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, s/he will be required to repeat the course the following year. Students will be permitted to take only one remediation examination. Exceptions will be considered by the Associate Dean for Medical Education in unusual circumstances.

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 both Doctoring I and Doctoring II in order to proceed to Year 2.**

## **PC-PM Summer Courses 2016 (for PC-PM Students only):**

All courses are mandatory S/NC:

- **MED 2040** Health Systems and Policy II (1 credit), E. Tobin-Tyler
- **MED2045** Quantitative Statistics (1 credit), D. Anthony
- **MED2980** Independent Study in Population Medicine (1 credit)

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). Grades are determined based on examination scores and upon small group attendance and participation.

### **Grading for Doctoring III and IV**

- **BIOL3660** Doctoring III (2 credits), S. Rougas, S. Elisseou
- **BIOL3670** Doctoring IV (2 credits), S. Rougas, S. Elisseou

All four semesters of the Doctoring Course are graded S/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, s/he 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, s/he 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**

- **BIOL3662** IMS-III: Cardiovascular (1 credit), D. Burt, E. Keating, R. DeLellis, D. Patel
- **BIOL3664** IMS-III: Renal (1 credit), S. Hu, K. Richmond, R. DeLellis, D. Patel
- **BIOL3663** IMS-III: Pulmonary (1 credit), M. Jankowich, E. Gartman, R. DeLellis, D. Patel
- **BIOL3654** IMS-III: Endocrine Sciences (1 credit), G. Gopalakrishnan, C. Tessier, R. DeLellis, D. Patel

- **BIOL3674** IMS-III: Human Reproduction (1 credit), B. Cronin, A. Stuckey, R. DeLellis, W. Bowen
- **BIOL3672** IMS-IV: Hematology (1 credit), E. Wittels, A. Taber, L. Dumenco, D. Patel
  - **BIOL3673** IMS-IV: Gastroenterology (1 credit), H. Rich, M. LeGolvan, D. Patel

**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 Preclinical Curriculum (second-year) 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 and be brought to the attention of the MCASP.** The remediation plan is determined by the Director of the Preclinical Curriculum (second-year) and the course leader(s). This remediation most often consists of a period of tutoring and independent study followed by a remediation examination.

**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) and Doctoring. Epidemiology small groups are integrated into several IMS courses as well. 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 following Nine Abilities: Ability I: Effective Communication, Ability III: Using Basic Science in the Practice of Medicine, Ability V: Lifelong Learning, and Ability VI: Professionalism. Small group faculty evaluations are posted in OASIS, the internal registration and evaluation system for AMS. Small groups count for 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 home page of the Canvas website and receive permission from the Director(s) of the Preclinical Curriculum or the Doctoring Course Coordinator 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, s/he may receive an ED 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 Preclinical Curriculum (second-year) and the IMS course leader or the Doctoring course leader(s). See Section IV: Attendance Policy of the AMS Student Handbook for more details.

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. The MCASP will consider options for remediation based upon the recommendations of the Director of the Preclinical Curriculum (second year) and the course leader(s) in consultation with the Associate Dean for Medical Education. If a student fails a special remediation examination, s/he will be required to repeat the course the following year. Students will be permitted to take only one remediation exam. Exceptions will be considered by the Associate Dean for Medical Education in unusual circumstances.

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 brought to the attention of the MCASP and 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 be brought to the attention of the MCASP. The Director of the Preclinical Curriculum (second-year) and the IMS course leader(s) or the Doctoring course leader(s) will determine the remediation plan (which may consist of required tutoring and independent study followed by a remediation or retaking of the entire course). If a student is allowed to remediate this 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, s/he may be required to repeat the course the following year. Students will be permitted to take only one remediation examination. Exceptions will be considered by the Associate Dean for Medical Education in unusual circumstances.

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 brought to the attention of the MCASP and will be required to repeat the entire semester, even if they have already passed one of the Semester IV courses. Students will not be allowed to repeat Semester IV for a third time.

**Students must successfully complete all preclinical courses before progressing to Year 3 clinical clerkships.**

### **Timing of the USLME Step 1 Examination**

The Offices of Medical Education and Student Affairs will provide regular information sessions on USMLE Step 1 preparation during Year 2. Students are provided with a minimum of 6 weeks of independent preparation time after completion of Year 2 courses to prepare for taking the USMLE Step 1 Exam. All students are encouraged to take Step 1 prior to beginning clerkships. **The medical school will not permit students to take the Step 1 exam before they**

**have successfully completed all preclinical coursework including IMS I-IV and Doctoring I-IV.**

### **Clinical Skills Clerkship (CSC)**

**BIOL5885** Clinical Skills Clerkship (1 credit) P. George, S. Rougas

This first, non-specialty-specific transition clerkship will prepare rising third-year students for the transition from the preclinical to the clinical curriculum. Performance is based on participation in small groups and an OSCE. Grading options for this three-week course, that is offered annually each April/May, are S/NC (Satisfactory/No Credit). All students must take and pass the CSC before then can proceed on to any of their specialty-specific clinical clerkships.

### **Grading Policies Years 3 and 4: Clinical Clerkships, Sub-Internships, and Electives**

Each of the six required Year 3 clinical clerkships (Family Medicine, Internal Medicine, Obstetrics & Gynecology, Pediatrics, Psychiatry/Neurology, and Surgery) are graded using H/S/NC options (Honors/Satisfactory/No Credit). In Year 4, sub-internships and elective rotations are graded using H/S/NC options (Honors/Satisfactory/No Credit).

### **Grading for Third-Year Clinical Clerkships:**

- **BIOL5800:** Family Medicine: D. Anthony, J. White
- **BIOL3001:** Internal Medicine: M. Fagan, A. Charles, B. Gentileco, S. Saraf
- **BIOL4900:** Obstetrics & Gynecology: B. Hampton, B. Allen
- **BIOL4500:** Pediatrics: R. Rockney, B. Alverson
- **BIOL5315/BIOL5325:** Psychiatry-Clinical Neuroscience: starting with MD2017, separate grades will be given for the Psychiatry (BIOL5315) and Neurology (BIOL5325) components: P. Gupta, C. Harrington, E. Lowenhaupt, L. Wendell,
- **BIOL3900:** Surgery: E. Ryder, M. Connolly

Specifics regarding the mechanisms for assigning grades for each course will be made available during Year 3 orientation sessions, as well as at the start of each clerkship. Common assessment methods used during clerkships include assessment of students' clinical performance with direct observation of patient interactions by clinicians, OSCEs, presentations, and National Board of Medical Examiners (NBME or Shelf exams. All clerkships award Honors at a target level of 28% (<30%) of students across the academic year. This level may vary considerably during an individual clerkship but is consistent across clerkships during an academic year for a class of medical students.

If a student's performance is unsatisfactory in any component of a clerkship, s/he 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 a clerkship, s/he may be required to repeat the clerkship. Students who require remediation in a single clerkship may be allowed to progress to a subsequent clerkship. Students who require remediation in more than one clerkship may be brought to the attention of the Clerkship Directors. Students who receive a grade of NC or ED in one or more clerkships will be brought to the attention of the MCASP.

**Longitudinal Integrated Clerkship:** Selected students will be permitted to take a Longitudinal Integrated Clerkship (LIC) during Year 3. The clerkship directors, in consultation with the Director of the LIC, are responsible for assigning grades to students in the LIC. The aforementioned grading policies for the traditional clerkship apply to the LIC, with the exception that all final grades in the LIC are assigned at the end of Year 3.

**The Fourth-Year Objective Structured Clinical Examination:** After completing all of their core clinical clerkships, every medical student must take a summative Objective Structure Clinical Examination (OSCE) at the start of Year 4. At AMS, the Fourth-Year OSCE assesses student competency in clinical skills using trained standardized patients. After completing this high-stakes S/NC exam that is modeled after and prepares students for the USMLE Step 2 Clinical Skills (CS) exam, students receive detailed written feedback on their performance. If a student does not pass this exam, s/he will receive additional instruction and practice time with standardized patients, typically under the supervision of the Director of the Clinical Skills Suite. Students are allowed to remediate this exam one time. If students do not pass on this remediation attempt, they will be required to schedule further practice sessions and complete another remediation. However, their MSPE (Medical Student Performance Evaluation) will indicate they passed the required Fourth-Year OSCE on their third attempt.

### **Grading for Fourth-Year Electives**

**Sub-internships:** During Year 4, students must complete at least one sub-internship. The grade is determined by direct observation of the student's clinical performance by the supervising residents and attending physicians. Grading options for this required course are H/S/NC (Honors/Satisfactory/No Credit).

**Electives:** The grade is determined by the direct observation of the student by the supervising attending physician and/or resident. Grading options for electives are H/S/NC (Honors/Satisfactory/No Credit). Students who require remediation in a single elective may be allowed to progress to a subsequent elective rotation. Students who receive a grade of NC or ED in one or more electives will be brought to the attention of the MCASP. S/he will be required to remediate the deficiency before receiving a final grade.

## Section IV: Attendance Policy

### Excused Absences and Approved Exam Extensions

**Do not make travel or conference plans until you have determined whether or not an absence will be excused.** An excused absence or exam extension may be granted for the following reasons:

- **Illness:** An excused absence 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 due to illness requires a note from Health Services or your physician.
- **Presentation at a meeting/conference:** An excused absence may be granted for students presenting at a conference. Conference attendance, without presentation responsibilities, does not meet the requirements for an excused absence.
- **Leadership activity:** An excused absence may be granted if you are representing Brown in a leadership capacity at a conference or meeting (for example, as the president of our 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.
- **Major life event:** An excused absence may be granted in light of a major life event such as a death in your immediate family, the wedding of an immediate family member, or other major event. The granting of an excused absence in these instances will be considered on a case by case basis.
- **Religious holidays:** An excused absence may be granted on a case by case basis, but students may be required to make up the time excused.

### How to Obtain an Excused Absence

In the preclinical years (Year 1 & 2), all excused absences for IMS course activities must be approved by Dr. Luba Dumenco (Year 1) or Dr. Paul George (Year 2). All excused absences for Doctoring course activities must be approved by Julia Noguchi, Assistant Director of the Doctoring Program.

In order to obtain an excused absence, please submit a "request for an excused absence" on the Canvas website. Both to maximize your own learning and to help with planning, please request approval 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 Dr. Dumenco (Year 1), Dr. George (Year 2), or Ms. Noguchi (Doctoring). In the case of illness, an absence will be approved retroactively with appropriate documentation. Please make sure to provide the required note from Health Services

or your healthcare provider to Lisa Blangeard in the Office of Medical Education within two days of your return.

In order to reschedule a Doctoring mentor session, please start by working directly with your mentor. Note that there is a scheduled make-up mentor session at the end of each semester. If you are not able to reschedule a mentor session either with your regular mentor or one of the mentor's clinical colleagues, then please contact the Assistant Director of the Doctoring Program (Julia Noguchi) 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**, please email requests/notification re: absences to the clerkship director and cc: the clerkship coordinator.

Absences from clinical **electives** (as opposed to required clerkships) need to be arranged directly with the course leader and adhere to the excused absence policy. If a student misses extensive time, they may not receive credit for the elective.

A pattern of repeated absences may be brought to the attention of the Associate Dean for Medical Education.

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

In the preclinical years (Years 1 & 2), all extension requests for IMS exams must be approved by Dr. Luba Dumenco (Year 1) or Dr. Paul George (Year 2). Extension requests for Doctoring OSCEs must be approved by Julia Noguchi.

Clinical Clerkship exam extensions during Year 3 must be approved by Alexandra Morang who will work in collaboration with the student and the clerkship team on rescheduling any exams.

In order to obtain an exam extension, please contact the appropriate person via email. Both to maximize your own learning and to help with planning, please request approval as far in advance as possible, two weeks at a minimum.

### **Requirements**

#### **Integrated Medical Sciences (IMS) I-IV**

- **Lectures:** Attendance at medical school lectures is strongly encouraged but not required.
- **Small Group sessions, Team-and Case-Based Learning, and Laboratory Sessions are required activities:** Timely attendance and active participation are 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 Preclinical Curriculum (Year 1 or 2) 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, s/he 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 citation (see Section V of the AMS Student Handbook for more information about citations) and will be brought to the attention of the Associate Dean for Medical Education.

- **“Golden Ticket” for IMS I-IV:** Once during each year 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 the two preclinical years *without incurring the usual penalty* for an unexcused absence (A “Golden Ticket” excused absence does not contribute towards a potential NC in a course or towards a professionalism citation- see above paragraph). “Golden Tickets” are applicable to IMS courses only (not Doctoring courses), and the policy does not apply to exams or exam extension 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 (initiate this process 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, Julia Noguchi, 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 citation and will be brought to the attention of the Associate Dean for Medical Education.

- **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 more flexibility for those students with an absence during the semester, for whatever reason. Documentation is both a method of tracking attendance and clinical experiences and an important professional skill for health care providers. Students with incomplete documentation of their mentor sessions will not receive a passing grade for the course.

### **Clinical Rotations**

Each 3<sup>rd</sup> year 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.

### **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 Dr. Luba Dumenco (Year 1) or Dr. Paul George (Year 2) 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 (Julia Noguchi), 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 and facilitated by the Clerkship Coordinator, in the case of a 3<sup>rd</sup> year clerkship, or by the course leader in the case of a clinical elective.

### **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:

- Depending on the clinical service to which you are assigned, please be aware that you will be working on some weekends and holidays.
- It may not be possible for you to predict your 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 you have any scheduling questions about your upcoming clerkship or clinical rotation, please 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, you should make plans as though you will have to work. If you are on a rotation at an institution that observes a Monday holiday, and you are not scheduled to work, then you will be off. If the institution does not observe the Monday holiday, then you will be expected to work.
- You will be expected to work on July 4 if you are working on a service that has a call rotation and your team/service is working.
- Year 3 students are expected to work a full day on the Wednesday before Thanksgiving. All AMS third-year students are off for four days at Thanksgiving including the holiday itself and the following Fri/Sat/Sun, regardless of which clinical clerkship they are on.
- Clinical clerkships are not scheduled for the December break. However, clerkships typically start before New Year's Day and depending on your schedule, you may work on New Year's Eve and/or New Year's Day.

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

The Medical Committee on Academic Standing and Professionalism (MCASP) is comprised of ten to twelve AMS faculty members. 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 this review, the MCASP determines whether the student is 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.

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 a 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. Students are notified of decisions made by the MCASP in writing. Mechanisms for appeal are described below.

The MCASP makes its 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 have received a grade of Satisfactory in all courses/clerkships/rotations in the period under review will be recommended for promotion.
- 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 MCASP for informational purposes only. Those students may be promoted with the condition that the curriculum component be satisfactorily remediated on a schedule determined by the administration in consultation with the curriculum directors.
- 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 or clinical elective director to determine the appropriate timing of any remediation. Remediation must be completed within 1 year. Students will only be allowed to take a special remediation examination once. Exceptions will be considered by the Associate Dean for Medical Education in unusual circumstances.
- If a student fails a special remediation examination, s/he will be required to repeat the course, clerkship or clinical rotation the following year, and this second NC will also be brought to the attention of 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 a second time, the student will be brought to the attention of MCASP to be considered for dismissal.
- 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 ND or ED in one or more courses, clerkships and/or clinical rotations while on academic warning, will be brought to the attention of 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 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 the preclinical years, 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 MCASP to be considered for dismissal.
- Students being considered for dismissal will be given an opportunity to appear before the MCASP in order to respond to questioning and present information as to why they should not be dismissed. The MCASP may also invite other individuals to appear for the purpose of providing information to the Committee. The student may be accompanied by a Brown University faculty member or staff advisor, but may not be accompanied by an attorney. The student will be informed of the Committee's decision in a letter from the Associate Dean for Medical Education. The student will be informed in the letter that he or she has the right to appeal any decision to the Dean of Medicine.
- If a student has appeared before the MCASP based on 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 who have received a grade of Satisfactory in all courses in the preclinical curriculum will be recommended for promotion to Year 3. Students may not proceed to Year 3 until they have successfully completed all preclinical requirements.
- Grades of NC or ED that are remediated and converted to Satisfactory will still count towards consideration by MCASP for subsequent placement on academic warning or probation, or towards consideration for dismissal should the student receive additional NC or ED grades.

### **General**

- Students who are on academic warning or probation will be considered by MCASP for return to good academic standing following one full semester (Years 1 and 2) or two full quarters (Years 3 and 4) during which the student is fully engaged in and registered for courses, clerkships or rotations, and passes all courses or rotations during that time period. 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 warning or probation for the period of time deemed appropriate by the Committee.
- A student who has not remediated a failure (NC) or existing deficiency (ED) in a required course, clerkship or rotation within two years of the original grade submission will be brought to the attention of MCASP to be considered for dismissal.

- 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.

## **Professionalism**

In general, the committee will adhere to the following guidelines for decisions related to issues of professionalism:

Issues of professionalism can be documented in two ways: a brief reporting form (the “Professionalism Report Form”) that can be completed by individuals within the community (e.g., staff, faculty, residents, students); or through an OASIS evaluation for the core clerkships in which any of the four questions regarding professional behavior are answered with a “No”.

First reports of unprofessional behavior are submitted to the student’s advisor and will be placed in the student’s confidential file. Anonymous reports will not be accepted. If the person making the report is a medical student, s/he may request that his/her name be kept confidential. Single reports of unprofessional conduct will be dealt with on a case-by-case basis at the advisor’s discretion. Any behavior that rises to the level of a violation of the Academic Code will automatically be dealt with via the University processes.

Two or more reports of unprofessional behavior will be considered a pattern and will be brought to the attention of the Associate Dean for Medical Education and to the MCASP. The student in question will be alerted when their behavior is discussed at the MCASP and may be asked to meet with the Associate Dean prior to that MCASP meeting. The Associate Dean will communicate any relevant MCASP actions to the student.

The MCASP will determine if the pattern of behavior warrants a “Citation.” A Citation 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 advisor will act as a resource for the student in writing an appropriate response and outlining a plan.

The Citation will also indicate that if the response is not received within an appropriate time frame (as determined by the MCASP and the advisor), and/or the remediation plan is not enacted within an appropriate time frame (as determined by the MCASP and the advisor), the Citation may be included as part of the student’s Medical Student Performance Evaluation (MSPE). The Citation may also be included in the MSPE in particular instances at the discretion of the Associate Dean for Medical Education.

## **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 notification of the Committee's decision, to the Dean of Medicine, requesting reconsideration of the decision. Note: MCASP decisions to place students on academic warning or academic probation 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 either (1) reconsider the matter, (2) direct the matter to the MCASP for reconsideration and issuance of a recommendation to the Dean, or (3) sustain the decision of the MCASP. If the matter is referred back to the MCASP, the MCASP will review the appeal and transmit its recommendations to the Dean. The Dean will, either through his/her own reconsideration or through reconsideration and recommendation by the MCASP, review the appeal in a manner he/she determines is appropriate under the circumstances, and may, at his or her discretion, interview the student. 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 completes the first and second years of medical school prior to entry into a graduate program. Following his/her 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 at the time of completion of MD Year 2. 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. Such an appeal will 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 clerkships.
- 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 our medical profession. This duty dictates certain standards of professional behavior for medical students (and doctors) which include but are not limited to:

**Honesty.** Cheating on examinations, falsifying applications or data on medical records, 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.

**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, adhering to clinical schedules in a punctual and responsible manner, and using appropriate and constructive language in written communications and evaluations of courses, clerkships, and faculty presenters. For more information, please see Section V of the AMS Student Handbook.

**Health.** Specific illnesses that impair performance include, but are not limited to, active drug and/or alcohol addiction, severe depression and other psychiatric illnesses and, occasionally, 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.

**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 based on this information 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.

**Social networking.** The medical school strongly advises students to exercise caution when using social networking tools such as Facebook, Twitter, Tumblr, You Tube, and blogs. These tools,

while useful for interaction around social causes or political movements, can also create professional and ethical dilemmas regarding relationships with patients, patient confidentiality and patient trust in care providers. Additionally, they 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

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, the administration of 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 to the Associate Dean for Medical Education. Reports about suspected health issues may be made to the Student Health Council rather than the administration. Anonymous reports will not be accepted but the anonymity of the reporter will be guaranteed. There will be no adverse consequences to the reporter for reports submitted in good faith, whether or not the suspicions are validated. Reports about faculty or other physicians, as appropriate, should be directed to preceptors, clerkship supervisors, hospital administrators, the Associate Dean for Medical Education or the Physician Health Committee of the RI Medical Society.

In cases where medical students violate the above standards of behavior, the Associate Dean for Medical Education may request that the Medical Committee on Academic Standing and Professionalism (MCASP) review pertinent information and meet with the student in order to determine an appropriate course of action. The MCASP has the authority to place a student on 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 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**

Alert medical 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 Standing Committee that a medical student is in violation of the academic code, additional sanctions may be assessed by the MCASP. The hearing materials before the Standing Committee will be forwarded to the MCASP for consideration. The Chair of the Standing Committee shall participate as a non-voting member of the MCASP. 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 a Brown University faculty or staff advisor, 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.

## **Section VII: Brown University Student Rights and Responsibilities**

The Student Rights and Responsibilities section of the Office of Student Life's website (<http://www.brown.edu/about/administration/student-life/rights-responsibilities>) provides information about the Brown community's expectations regarding the behavior of its members. The Principles of the Brown University Community articulate four main values upon which our policies and regulations are based: individual integrity, respect for others, respect for University resources, and respect for the values of teaching, learning, and scholarship. We believe that adherence to these principles supports the overall academic mission of the University. Violations of these principles are handled through the Student Conduct Procedures and the guidelines governing the Academic Code, which are designed to address behaviors that impede the educational activity of the University or that infringe upon the rights of others.

Brown strives to sustain a learning environment that supports individual exploration, creativity, and accomplishment and that promotes and protects the free exchange of ideas. Your familiarity with the information on these web pages will allow you to participate fully in Brown's learning environment. If you have any questions about the content of these web pages or the expectations of Brown students, please contact us at the Office of Student Life ([OSL@brown.edu](mailto:OSL@brown.edu); 863-3145).

Yolanda Castillo-Appollonio

Associate Dean of Student Life and Director of Student Conduct

- ***Principles of the Brown Community***  
<http://www.brown.edu/about/administration/student-life/student-conduct/principles-brown-university-community>
- ***Code of Student Conduct***  
<http://www.brown.edu/about/administration/student-life/code-student-contact/code-student-conduct>
- ***Policies and Regulations Governing Specific Areas of Student Life***  
<http://www.brown.edu/about/administration/student-life/student-conduct/policies-regulations>
- ***Brown University Mediation Project (BUMP)***  
<http://www.brown.edu/about/administration/student-life/code-student-contact/brown-university-mediation-project-bump>
- ***Filing a Student Conduct Complaint***  
<http://www.brown.edu/about/administration/student-life/student-conduct/filing-student-conduct-complaint>
- ***Student Conduct Case Statistics***  
<http://www.brown.edu/about/administration/student-life/student-contact/community-notification-judicial-proceedings>
- ***Protest and Demonstration Guidelines***  
<http://www.brown.edu/about/administration/student-life/student-conduct/policies-regulations/protest-demonstration-guidelines>
- ***Student Conduct Procedures***  
<http://www.brown.edu/about/administration/student-life/student-conduct>

## **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 are specific to the medical school. The third system (Banner) is Brown University's official student information system.

Every student can view his/her information. Administrative access to this information is tightly controlled.

**EMSR** (<https://apps.biomed.brown.edu/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 letters of recommendation, MCASP (Medical Committee on Academic Standing and Professionalism) action letters, MSPE (Medical Student Performance Evaluation) letters, and student status change forms. Another component of EMSR is a student portfolio, which is the only component of EMSR that is maintained by the student. Information automatically stored in EMSR includes:

- AMCAS application
- Academic status
- Emergency contact information
- USMLE scores
- Certification dates such as HIPAA, BLS, ACLS and N95 respirator fitting
- Student portfolio and Scholarly Concentration information

**OASIS** (<https://oasis.med.brown.edu>)

OASIS is a registration and evaluation system designed specifically for medical student information. Student evaluations and grades are submitted electronically to OASIS. Students can view their evaluations and grades once they have completed all required faculty and course evaluations.

First- and second- year students use OASIS for evaluating lecturers, small group leaders, and Doctoring mentors. Student grades and evaluations are also stored in OASIS.

Third- and fourth- year students use OASIS to evaluate courses and faculty, add and drop electives and to schedule clerkships and sub-internships via the lotteries. Grades and student performance evaluations in clinical rotations are stored in OASIS. Third and fourth year 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** (<https://selfservice.brown.edu>)

Banner is Brown University's official student information system. Information stored includes course registrations, grades, biographical data, and financial aid and student account information regarding charges and payments. Official transcripts are produced from Banner. Requests to order an official transcript can be submitted online at <http://www.brown.edu/about/administration/registrar/academic-transcript-requests>

Unofficial transcripts can be produced by the AMS Office of Records & Registration staff upon special 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).

When students meet with advisors or members of the administrative staff, memos summarizing that meeting may be prepared and uploaded to EMSR. Students may view all 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 AMS Registrar's office. If a confidential file is being kept, a flag in EMSR will indicate that additional information is on file in the Registrar'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' education 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 their education records contain information that is inaccurate or misleading may discuss their file with the Associate Dean for Medical Education. If the Associate Dean concludes that the student's request has merit, the student's EMSR will be amended. If not, the student may add his or her own written comments to the record and/or request a formal hearing. Procedures for such a hearing are described under Section X of the AMS Student Handbook.

### **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 under secure conditions, limiting access, shredding rather than throwing away sensitive documents, not leaving sensitive documents exposed on desktops, not discussing sensitive information on the telephone when unauthorized persons are present, and not gossiping.

### **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. EMSR and Banner are compliant with the following guidelines:

- 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, except preclinical electives, use online evaluation forms. Faculty are required to complete evaluations about student performance. Students are also required to complete evaluations about courses and faculty before receiving final grades in all required courses and clerkships. At AMS, the evaluation forms are distributed by and stored in OASIS.

### **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. Student performance evaluations during years 3 and 4 vary widely depending on the course. For clinical clerkships and sub-internships, 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 of assigning 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.

Students who wish to review individual formative evaluations should start by contacting the appropriate course administrator. The faculty and residents who complete these evaluations are instructed that students are not able to view any individual evaluations that would identify who wrote what comments. In the event that students do review individual evaluations, the course teams may share the role of the evaluator (intern, resident, attending, etc.) who completed the evaluation but will keep the specific names of the evaluators anonymous.

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

At AMS, final grades should be available approximately four to six weeks after a course ends. For all courses, students can view their student performance evaluation in OASIS once they have completed their faculty and course evaluations (see below).

### **Faculty Teaching Evaluations**

Students are routinely 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. On individual faculty evaluations, 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 only 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. Course administrators can see what percentage of students enrolled in a course have completed their evaluations, as well as which students have completed evaluations and which have not.

Faculty use teaching evaluations to become better teachers. Teaching evaluations are also a critical component of the university’s academic promotion process. Outside of this formal,

anonymous process, students are encouraged, but not required, to bring any concerns about their teachers to appropriate course leaders, the Directors of the Preclinical Curriculum (Drs. Luba Dumenco and Paul George), and/or the Director of Medical Education (Richard Dollase, EdD).

### **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. In addition, student feedback about clinical electives is summarized and uploaded to the OASIS course catalog where it serves as a resource for medical students choosing electives in future years.

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. If a student rates a component of a clinical clerkship as a 1, the lowest point on the rating scale, notification is automatically sent to the course leader(s) for review and intervention, if needed. The identity of the student who completed that course evaluation is automatically redacted.

### **Mistreatment Forms**

Mistreatment forms are a special type of course evaluation and are used in every core clerkship. If a student reports a problem using the mistreatment form, notification is automatically sent to the following people: the Director of Career Development (Ms. Alexandra Morang); the Director of Counseling Resources (Dr. Christine Montross); and the Associate Dean for Medical Education (Dean Allan Tunkel).

The identity of the student is not revealed at any time during this process.

Data are used by the medical school's administration to identify and address both individual incidents as well as patterns of reported mistreatment. Dr. Montross is available for individual and private meetings for any medical students who have any concerns about mistreatment.

### **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 written by one of the Careers in Medicine Faculty or a member of the Postgraduate Referral Committee on behalf of the Medical School. Students are assigned to a faculty member to write the MSPE during the spring of their third year.

In preparation for writing the MSPE, it is expected that the letter writer will meet with the student to discuss the student's background, academic record, interests, activities, and professional goals.

In addition to information gathering during personal advising meetings, letter writers are expected to review a student's academic record and biography in preparation for writing a draft of the MSPE. The institution's goal is that the MSPE provide a realistic assessment of each student's qualifications for residency. Narrative comments from the clerkship directors and supervising faculty on clinical rotations are included to allow the residency program to judge the applicant's qualifications. The completed MSPE will also include graphs to provide residency programs with information on the student's performance relative to the performance of their peers. While students are encouraged to review the draft of their MSPE for accuracy, final decisions as to the letter's content will be made by the letter's author in consultation with the Director of Career Development.

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

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

In keeping with Brown University's mission, the Warren Alpert Medical School recognizes, supports, develops and maintains a diverse faculty, workforce, and student population. Dimensions of diversity include, but are not limited to, race, ethnicity, religion, sex, sexual orientation, gender identity, veteran status, age, and socio-economic 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.

### **Respect for Beliefs**

Medical students at Brown adhere to a wide range of sincerely held conscientious, ethical, religious, and philosophical beliefs. The patients with whom the medical students interact likewise reflect diverse value systems and traditions. The Alpert Medical School recognizes and respects the beliefs, values and traditions of patients, health care providers, and medical students.

### **A Position of Mutual Trust**

Medical students are required to learn about their patients' particular values, traditions, and beliefs as these relate to the care and treatment options available to the patient. Neither the student nor the patient is expected to violate his or her sincerely held moral beliefs. The goal is sensitivity and respect necessary to develop mutual trust between the patient and medical student and to develop an effective student-patient relationship. The oath that Brown 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."*

## **When Patients Question Students**

When a patient asks the medical student's opinion or advice about a concern or problem, the student should explore with the patient the basis for the question with the goal of providing accurate information, clarification, and support.

## **When Values Conflict and Cannot Be Resolved**

### ***Patient's Rights***

In the case of an irresolvable conflict between the ethical beliefs and values of the medical student and the 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.

### ***Student's Rights***

A medical student may decline to participate in or perform procedures that are in direct conflict with the student's own beliefs and values. When this situation arises, the student must discuss his/her 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. The Associate Dean for Medical Education will hear concerns of students and faculty about unresolved situations and take appropriate action to achieve mediation and reconciliation.

Refusal to participate in a procedure or practice does not excuse the medical student from being knowledgeable about that procedure or practice in question, or from informing a patient about that procedure as one option among others. 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, and the Dean is to be consulted if the student and the faculty member cannot reach an agreement.

### ***Class Excuse for Religious Observance***

Medical students are to be excused from class exercises when they conflict with religious holidays. To the extent feasible, the medical school will try to avoid scheduling classes in a way that they consistently fall on holidays of any religious group. However, such avoidance is not always possible or practical. The medical school will in those cases make reasonable accommodation for students. Students should contact their course leaders well in advance of their anticipated absence to make alternative arrangements. This applies to classroom exercises, laboratory assignments, and clinical assignments.

### ***Honoring Free Speech and Setting Standard***

The medical school recognizes the diverse beliefs and values among its students, including those who are nonreligious and strives to avoid statements and actions that may offend or disparage any student or faculty member. 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 *Principles of the Brown University Community* (<http://www.brown.edu/about/administration/student-life/student-conduct/principles-brown-university-community>)

## **Section X: Appeal and Grievance Procedures**

This section of the handbook dealing with appeal and grievance procedures only applies to areas not covered in previous sections. These areas include sexual harassment, assault and accommodations for disabilities.

The purpose of an appeal mechanism is to ensure the integrity of the system; the purpose is not to get a second opinion or substitute the judgment of one person for another. The hearer of an appeal makes that determination based on whether there were any procedural errors or errors in judgment by the original decision making body or individual. Procedural errors must be both serious and material. Minor deviations from established protocols do not constitute grounds to overturn a decision, nor do serious deviations if they did not materially affect the outcome; that is to say, the same decision would be arrived at even if no deviations in procedure had occurred. The hearer would determine if an error in judgment had occurred if evidence showed that the

decision was inconsistent with established practice, rules, guidelines, or policies. The evidence supporting an error in judgment must be clear and convincing; that is, if that evidence was presented to a group of reasonable persons, at least 75 percent of those persons would conclude that an error in judgment had been made. This is a higher standard of evidence required for the original decision, in which only a preponderance of the evidence agreed to by a simple majority was necessary.

## **Medical Student Grievance Procedures**

### **Informal Mediation**

A student who believes he/she has been treated unfairly should first attempt to resolve the difficulty through discussion with the other person involved. If the matter cannot be resolved through direct discussion, or the student prefers not to contact the person directly and the student wishes to pursue the matter further, he or she must then discuss the matter with the Associate Dean for Medical Education. The Associate Dean will discuss the matter informally with the parties and attempt to resolve it by mediation.

If a mutually satisfactory solution is not achieved by mediation and the student wishes to pursue the matter further, then the student may pursue the formal grievance procedure described below. If not, no further action is taken.

### **Formal Grievance Procedure**

A written appeal must be filed with the Associate Dean for Medical Education. This appeal must ask for review of the question and must specify the grievance alleged, the reasons for the student's belief that he or she was aggrieved, and the remedy sought.

If the Associate Dean determines that sufficient information exists to warrant a review, he/she shall refer it to an Appeal & Grievance Committee that will be convened by the Associate Dean. This committee will consist of three faculty members identified by the Associate Dean. If it is a decision by the Associate Dean that is being contested, then the appeal is made directly to the Dean of Medicine and Biological Sciences.

If an Appeal & Grievance Committee is convened, the committee shall hear the student, consider the information, confer with other persons concerned, and prepare a report of findings. Committee recommendations shall be made by simple majority vote of the members and shall be transmitted to the Associate Dean, who shall determine the course of action to be taken. A memorandum of what was done shall be prepared for the official record, either by the Associate Dean or by a designated member of the committee, and a copy given to the student.

## **Sexual Harassment, Misconduct and Assault, Gender Equity, and Racial and Ethnic Discrimination**

### **Brown University's Sexual Harassment Policy:**

<http://www.brown.edu/academics/medical/student-affairs/policy-and-procedure/sexual-harassment-policy>

### **Brown University's Sexual Misconduct Policy and Title IX resources:**

<http://www.brown.edu/about/administration/title-ix/home>

### **Brown University's Discrimination/Harassment Policy and Grievance Procedures**

<http://www.brown.edu/about/administration/institutional-diversity/reports-and-policies>

Medical students who are aware of or have experienced an incident of sexual harassment or sexual assault should promptly report the matter, either through informal or formal mechanisms. The informal mechanism allows the student to receive personal guidance and support. Dr. Christine Montross, (Christine\_Montross@Brown.edu) is a consultant to the Office of Student Affairs on issues of student mistreatment, sexual harassment and gender equity. She also serves as the faculty advisor for the Student Health Council which is a peer support and advising group.

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.

Medical students with any level of concern or need for clarification pertaining to these areas are encouraged to contact these individuals/offices or any member of the medical school administration to discuss their options. Included in that discussion will be a description of the reporting mechanisms made available by the University.

Students may directly initiate formal grievance procedures, whether or not they go through an informal channel first, by filing a written grievance. If a sexual harassment charge is being made against a student, faculty or staff member, the grievance should be filed with a Sexual Harassment Information Liaison at 863-3145. An Administrator on Call can be reached on a 24-hour basis by calling 863-4111.

Sexual Harassment Information Liaisons and other University personnel (including Deans, Advocates and Harassment & Assault Crisis Coordinators) are required to report incidents which are brought to their attention by students to the designated Title IX Program Officer, Amanda Walsh ([Amanda\\_Walsh@brown.edu](mailto:Amanda_Walsh@brown.edu)), for alleged sexual harassment by students, faculty members, and staff. 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.

If the investigation 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 the Office of Campus Life and Student Services in the case of a student. Sanctions may range from written reprimands to separation from the University.

### **Student Disability Grievance/Appeal Procedure**

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. The grievance procedure is as follows:

The student who believes he/she has been discriminated against should first discuss the problem with the person, the person's supervisor or head of the department in question. At the request of either party, the supervisor or department head under whose jurisdiction the matter may fall may participate. Communicating with Student and Employee Accessibility Services (SEAS) at this stage in the process would be an alternative to communicating directly with the party or parties of concern.

If the student does not believe the problem has been equitably resolved, the student may then file a written complaint to Mary Grace Almandrez, Brown University's ADA/504 Compliance Officer. The ADA/504 Compliance Officer hearing the grievance shall conduct an inquiry into the matter as deemed appropriate and establish procedures and schedules for inquiry and resolution. The Dean/Officer shall have the discretion to appoint an individual(s) to review the matter and render an opinion as to the resolution of the matter. The ADA/504 Compliance Officer will then make a final decision, which will then conclude the matter with such implementation or corrective action as may be prescribed. For more information about the appeal/grievance process, go to <http://www.brown.edu/campus-life/support/accessibility-services/appealgrievance-procedures>

All parties should seek to act promptly. In general, the parties should seek to complete each phase of the process within ten working days, it being understood that particular matters may take longer for a variety of reasons (e.g., complexity of the matter, availability of people).

Note: This procedure is to be used when the matter does not fall within the jurisdiction of other functional review and grievances mechanisms (e.g., the Non-Academic Disciplinary Code, the Financial Aid Awards Review Board).

Additional resources for students can be found on the [Student and Employee Accessibility Services \(SEAS\)](#) website.

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

### **Medical Liability Insurance**

It is ideal in medical education to allow third- and fourth-year 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 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 who are not enrolled in the Academic Scholar Program (ASP) or on LOA must pay a Health Services fee each semester. 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 enrolled in the ASP are eligible to use Health Services as long as they have paid the Health Services fee via their student account. At the time these students apply for the ASP, they should request access to Health Services on the ASP approval form or notify the Office of Records and Registration at [ams-student-records@brown.edu](mailto:ams-student-records@brown.edu).

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 (parent or spouse) may complete an online waiver form. When evaluating your plan, you must verify that your plan provides adequate coverage that is accessible in the Providence area. Information is sent to students each May with instructions on how to waive out of the plan. Students must complete an online waiver form annually at [www.universityhealthplans.com](http://www.universityhealthplans.com). The deadline for completing the waiver is June 1st. 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. In order to verify coverage, students should work

directly with the Insurance and Purchasing Services Office to request coverage during their time away.

More information is available at <http://www.brown.edu/about/administration/insurance/>

### **Accidents and Injuries While in the Hospital**

Students who are involved in an accident or who are injured while in one of the affiliated hospitals as part of their educational program should go immediately to the hospital's Employee Health department for attention and treatment. This is particularly important in accidents and injuries involving needle sticks or other possible contamination incidents. The Employee Health staff is familiar with the testing and/or treatment protocols utilized under these circumstances. Students should also notify the Associate Dean for Medical Education as soon after the incident as conveniently possible.

If the accident occurs outside of an affiliated hospital, such as in a doctor's office or community health center, students should obtain the needed health care in the most expeditious manner possible, and then contact the Associate Dean for Medical Education. Students may also call Brown Health Services for advice at (401) 863-3953.

### **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.
- Tdap (Tetanus/Diphtheria/Pertussis) booster within the past 10 years.
- Tuberculosis testing is required within the past 6 months. Accepted testing includes the PPD skin test (two-step testing will be required during the first year, if applicable, and will be performed at Brown); or a TB blood test, either QuantiFERON-TB Gold In-Tube test or T-Spot TB test.
- In addition, all medical students are required to have an annual influenza vaccine. 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 non-compliant students.

### **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
- Bloodborne Pathogen/Universal Precautions training: provided during 1<sup>st</sup> year orientation and again during the Clinical Skills Clerkship (CSC) prior to the start of 3<sup>rd</sup> year
- BLS training: 2-year certification; training is provided during 1<sup>st</sup> year orientation
- ACLS training: 2-year certification; training is provided during the CSC

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.

### **Additional Health Resources at Brown**

**Dr. Christine Montross, Assistant Professor of Psychiatry & Human Behavior**, is the Director of Counseling Resources at the medical school. If you believe you would benefit from psychotherapy or psychiatric treatment, or have experienced mistreatment, please contact Dr. Montross at [Christine\\_Montross@brown.edu](mailto:Christine_Montross@brown.edu). Dr. Montross can help determine the type of treatment the student is seeking, and will connect the student with an appropriate provider. All discussions are completely confidential.

### **Support for Substance Use Disorders**

Confidential support is available for students who are in recovery from substance use disorders or who are concerned about their drinking or drug use. Please contact Dean Catherine Axe, Director of Student and Employee Accessibility Services, for more information. [Catherine\\_Axe@brown.edu](mailto:Catherine_Axe@brown.edu); 401-863-9588

### **Health Promotion (401) 863-2794**

[http://brown.edu/Student\\_Services/Health\\_Services/Health\\_Education/](http://brown.edu/Student_Services/Health_Services/Health_Education/)

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 516 of J. Walter Wilson.

## **AMS Student Health Council**

See Section XIII of the AMS Student Handbook regarding the role of the Student Health Council.

# **Section XII: Policies on Leaves of Absence and the Academic Scholar Program**

## **Leave of Absence**

Students may find need to take time off from their academic activities for a variety of professional and personal reasons.

If the time away is likely to be extensive or indeterminate, a leave of absence (LOA) may 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 that does not involve project work related to the student's medical studies. No tuition charges are incurred while on LOA.

A LOA is a period of temporary non-enrollment for no less than one semester and up to one year. Students requesting a leave of absence should consult with their advisor, the Associate Dean for Medical Education, the Director of Financial Aid, and the AMS Registrar.

Students in the clinical years do not have to apply for LOA if they are still able to complete their 80 weeks of required clinical work within the 100 weeks provided without a change in graduation date.

The following policies and procedures pertain to leaves of absence:

- The Brown University Registrar will be notified of your change in status.
- The Association of American Medical Colleges will be notified of your change in status.
- Dates of all LOAs will be noted on our official transcript and Medical Student Performance Evaluation (MSPE).
- Your leave of absence is granted for a minimum of one semester and generally not to encompass more than one academic year. Leaves of absence for graduate studies may encompass more than one academic year with the approval of the Associate Dean for Medical Education, the Registrar and the Director of Financial Aid.

- Leaves of absence are a period of non-enrollment and must be semester-based; this means that the start and end dates must align with the start and end dates of the semester. Exceptions to this 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 in very unusual circumstances and must be approved by the 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 Registrar and the Director of Financial Aid so that students understand the implications their enrollment plans will have on their financial aid and loan repayment.
- You may request an extension of the original leave of absence by contacting the Associate Dean for Medical Education who may grant the request if he/she believes a further period of LOA will serve the best interest of you 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 you 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.
- At the end of the leave of absence, you will be readmitted to the medical school without application, unless there were other contingencies placed on readmission (e.g., cases involving psychological or medical issues).
- If you do not return to the medical school upon expiration of your leave of absence, you will be withdrawn from the university.
- Students on LOA are on inactive status and, therefore, will not have access to student health services or the fitness facilities.
- In order to obtain health insurance while on LOA, you will 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. Please contact the AMS Registrar if you have any questions.

### **Leave of Absence for Medical Reasons**

Students with medical problems, including those of a psychological nature, may request a medical leave of absence. The same policies and procedures described above apply. In addition, specific guidelines are followed for medical leave of absence for psychological reasons.

- When a student is identified by an advisor or faculty member as possibly suffering from emotional problems, the advisor or faculty member should notify the Associate Dean for Medical Education.
- The Associate Dean will request an interview with the student. If the student refuses to meet, the Associate Dean will handle the situation administratively. For example, the Associate Dean may place the student on a leave of absence.
- After a meeting with the student, should the Associate Dean feel the emotional problem is of such duration or severity as to affect academic or professional performance, or might require treatment, the Associate Dean may place the student on a medical leave of absence. In order to make this decision, the Associate Dean may request that the student have an evaluation by a psychiatrist chosen from a panel of consultants, fee to be paid by the Associate Dean's office. By signed consent of the student, information will be given to the Associate Dean to permit proper educational planning.
- Should treatment be recommended by the consultant to the Associate Dean, 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 health procedures designed for the best interests of the student, patients, and the community at large, and will be dealt with administratively; that is, the Associate Dean may place the student on a 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 as such, and subject to reasonable action by the Associate Dean for Medical Education, including placement of the student on a leave of absence.
- Once in treatment, the student is to be judged as any other student would be on the basis of his/her functioning in classes and in his/her expected work. Should the progress of the student in therapy be questioned, such evaluation would be by reevaluation by the original evaluator, not the therapist.
- Should treatment be recommended, the student will be encouraged to select a therapist other than the psychiatrist conducting the 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**

If the student is directed by the Associate Dean to take a medical leave of absence due to psychological reasons, the following guidelines will be followed in considering readmission:

- A student returning from a medical leave of absence for psychological reasons should be reexamined by the original evaluator to determine if her/his 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 from the list, maintained by the Associate Dean for Medical Education, of professionals available to do such evaluations. This will include the professional staff of Brown's Office of Counseling and Psychological Services.

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

The following expectations prevail in determining if such students are psychologically ready to return to the university:

- The student must be free of any psychiatric symptoms which interfere with competent functioning. The student must be able to pursue individual academic and social goals without detracting from the goals and welfare of other students or making excessive or unreasonable demands on university support systems and personnel or others with whom the student interacts in pursuit of academic and social goals including patients and hospital staff.
- "Excessive or unreasonable demands" is defined as interruption of the normal 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 other individuals in the university or hospitals to interrupt the usual operations of one or more departments on behalf of the student.

In order to determine whether or not a student demonstrates these capacities, the following evaluations will be made:

- An assessment of the current mental state of the student.
- An assessment of the appropriateness of the student's academic and social plans in consultation with the Associate Dean who will make the decision regarding readmission.
- An assessment of the student's support system—family and friends—and its part in the recovery and the potential readjustment of the student to the medical school.
- 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).

When a student has been in psychotherapy during the LOA, a written statement from the therapist should be sent to the Associate Dean for Medical Education indicating:

- The therapist'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.

Students granted a medical withdrawal for psychological reasons will receive a copy of these guidelines. Students who are hospitalized while enrolled in the university in an inpatient psychiatric facility will be subject to the same expectations whether or not a medical leave is granted.

### **Leave of Absence for Advanced Study**

The same policies and procedures are followed for a leave of absence for advanced study as those that pertain to leaves of absence in general. However, students pursuing an advanced degree, particularly a Ph.D., may request (from the 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 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.

Further details regarding applying for the [LOA can be found here](#).

### **Academic Scholar Program (ASP)**

Medical students may be excused from attending classes to participate in an approved research activity or other scholarly endeavor under faculty supervision for a designated period of no less than one continuous semester and no more than two years. Participation in the ASP must always be semester-based in which the start and end dates of the leave must align with the start and end dates of the semester. Exceptions will only be considered under very unusual circumstances and must be approved by the Associate Dean for Medical Education, and must also be discussed by the Registrar 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 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 Health Services during the ASP, he/she may request access through the medical school's registrar and a Health Services fee will be charged to the student's Banner 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, Linda Gillette, at 863-1142.

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; Honors is not available. The final grade is based on the submission of a final paper and a completed evaluation form done by the student's faculty mentor. During the project the student must submit a progress report once a semester to the 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 the faculty mentor supervising the student during the project. The proposal should include the project description, student's role and responsibilities, methods of data collection, funding source (if applicable), description of where project will be conducted, identification of who will be supervising the student, expected outcomes, and a description of how the project relates to future career plans. The proposal should be submitted to the AMS Office of Records and Registration for review and routing of approval. Final approval will be made by the Associate Dean for Medical Education.

Further details regarding the applying for the [ASP can be found here](#).

### **Process for Assessing Student's Ability to Continue in the Medical School Should Disability Occur After Matriculation at Brown University**

1. A student who develops a disability after matriculation at Brown University 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 competency requirements after a review by the Associate Dean for Medical Education, a meeting of an ad hoc committee 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 might be more appropriate to have a health professional, not directly involved in the care, serve as a consultant to the committee on the issues surrounding the disability.
3. The ad hoc committee will develop a recommendation as to the student's ability to successfully pursue a medical education based on his or her ability to meet the competency requirements of the medical program. These educational accommodations will be discussed with the appropriate course directors to be certain that there is agreement on how the student will be managed. If facilities accommodations are recommended, the committee will discuss these with the appropriate individuals to be certain that the need for the disabled student can

be provided. The committee's recommendations will be discussed with the student or his or her representative in the event the student cannot attend.

4. When the recommendation is that the disabled student can meet the medical program's competency requirements, the committee will develop a report on any educational program accommodations, that if made will still meet the competency requirements.
5. Should the decision of the committee be to recommend to the Associate Dean that the student be dropped from enrollment in the medical program, the normal due process appeals mechanism will be in effect, and the student's advisor will work with the individual as appropriate on potential alternative career options. For students in the Program in Liberal Medical Education continuum, being dropped from the program due to inability to meet the competency requirements 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.

For other pertinent policies, see Section X of the AMS Student Handbook:

### **Section XIII: Student Health Council**

Medical students are susceptible to alcoholism, drug abuse, and mental illness. Given their high levels of stress and access to and knowledge of drugs of abuse, medical students may be at an even greater risk for chemical dependency and mental health issues than the general population.

Recognizing its responsibility for maintaining a high quality of medical education and for promoting the overall well-being of all its members, Alpert Medical School and the Brown University Medical Student Senate have established a Student Health Council that will consist of physician faculty and medical students.

The goals of this council are to:

1. Provide peer counseling to students suffering with these issues
2. Provide help in a way that fully protects the rights and privacy of students to receive treatment
3. Assure that students are able to continue their medical education without stigma or penalty
4. Protect patients and others from the harm that impaired students may cause
5. Bring awareness to the prevalence of mental health and substance abuse issues within medical education
6. Promote student health and wellness by advocating for improvements in Alpert policies and curriculum

#### **Substance Abuse**

The council is designed to protect both students and those who find it necessary to report the impairment of a colleague. At no time during the process will the identity of the impaired student be known to anyone other than the council member to whom the report is made, the co-chairpersons and the intervention team, if necessary. Other council members will know of the student only by case number. All files will be kept at the Rhode Island Medical Society building or secure online forums, and be accessed only by the faculty and student co-chairpersons. Students referred to Student Health Council will be known by name only by the 4<sup>th</sup> year chair and the council member providing counseling. If impairment is found to exist, a treatment plan will be offered to the student. The Office of the Dean of Medicine will neither be notified nor involved if the student accepts and follows the treatment plan. Should the student refuse to accept the treatment plan or violate the treatment plan, the Dean's office will be notified.

### **Mental Health**

The Student Health Council also serves as a support to students suffering from depression or mental illness. Students can seek peer counseling from council members or consult with Dr. Christine Montross to obtain a referral for local counseling services.

Any person who has just cause for suspecting that a medical student may be impaired by substance abuse or mental illness can and should enlist the assistance of the council by contacting any of the student or faculty members of the Student Health Council. A strict code of confidentiality is maintained by the Student Health Council. For the 2015-2016 academic year the student council chairs are Lianna Karp and Tiffany Chambers. Student Health Council Chairs can be reached via email at: [studenthealthcouncil@brown.edu](mailto:studenthealthcouncil@brown.edu).

Students who have just cause for suspecting that a physician may be impaired can and should contact the Physicians Health Program of the Rhode Island Medical Society (401 528-3287).

The administration of the Alpert Medical School strongly supports the Student Health Council. The administration's position is one of support and cooperation.

Our desire is that students who are impaired by substance abuse or issues of mental health receive proper counseling and treatment and that they recover. We do not seek to punish such students. Our hope is that all students successfully overcome these challenges and complete their medical education. Our belief is that the Student Health Council offers the best available mechanism to achieve these ends.

Copies of the by-laws of the Student Health Council are available from the Medical Student Senate, the Office of Student Affairs, or the Rhode Island Medical Society.

## Section XIV: Financial Aid and Tuition Policies

### 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 his or her family. When the amount that a student and his or her family can contribute is not sufficient to meet all of the costs of attending medical school, financial aid is available from several sources. Actual awards 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 he or she has been self-supporting. This policy ensures that institutional funds are allocated to students who have demonstrated limited family resources.

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 Associate Dean for Medical Education. In general, enrollment for less than 12 weeks is usually considered to be less than half-time. Enrollment status between 7 and 12 weeks is generally defined by the AMS.

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, 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.

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.

### **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 at least six times 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.

Medical students are graded on a Satisfactory (S), No Credit (NC) basis in years 1 and 2. In years 3 and 4, students are graded on an Honors (H), Satisfactory (S), No Credit (NC) basis,

when applicable. See Section II of the AMS Student Handbook for available grading options for each course and Section III for a detailed description of AMS grading policies. Students must complete each required course, clerkship or elective in the curriculum with a satisfactory grade (or an equivalent as determined by the MCASP) in order to graduate. Therefore, grade performance as a measure of satisfactory academic progress is reviewed in the context of each course.

**Quantitative Measure: Student Pace and Maximum Time Limits**

The normal period of enrollment for the M.D. degree is four years and eight years for the MD/PhD degree. For purposes of receiving federal aid, the academic progress students will complete satisfactorily is:

- In Years 1 and 2, students must receive a passing grade in all required courses. In addition, Year 2 students must satisfactorily complete the Clinical Skills Clerkship before starting Year 3.
- The third and fourth years of the medical curriculum are considered a single 80 week continuum. Students have 100 weeks between the start of the first clerkship block, at the start of their third year and mid-May of the fourth year to complete all 80 weeks of required clerkships and electives.
- Students must pass Step 1 and take Step 2 CK and CS of the USMLE prior to graduation. Starting with the MD class of 2018, students must pass Step 2 CK in order to graduate.

Details about specific course and clerkship requirements are in Section II of the AMS Student Handbook. 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:

<u>Degree</u>	<b>Standard</b>	<b>Maximum</b>
M.D.	4	6
M.D./Ph.D.	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 M.D. 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 Associate Dean of Medical Education, and MCASP.

### **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 he/she 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:

- **Base Year vs. Academic Year Income:** In determining student and spouse contributions, the Federal Methodology uses base year data or income data for the calendar year prior to the academic year for which financial aid is sought. The analysis assumes a continuation of that income in the following 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 his/her spouse's social security number to be considered a resource for the student's education.

### **How the Student Cost of Attendance is Determined**

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, consumer price index reports (CPI) provided through the Bureau of Labor and Statistics, 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 at [Cost of Attendance](#).

### **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 level of financial need. Awards may consist of scholarship funds, subsidized loans, or 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 component. 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. The interest rate for the 2015-16 year is 5.84%. 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 Office of Financial Aid prior to making your decision.

## **Financial Aid for MD/PhD Students**

During Years I and II of the MD program, MD/PhD students are eligible for financial aid on the same terms as other medical students. 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 who complete all experimental work needed for the thesis prior to re-entry into the third year of medical school receive a full tuition scholarship in the third year, and students who successfully defend their thesis prior to entry into the fourth year receive a full tuition scholarship for the final year of medical school. Note that the tuition scholarship only covers tuition and does not cover the fees that the University charges, such as health insurance and health services fee.

## **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 OFA with written confirmation of the annual award from the outside agency. Outside awards first reduce the student's higher cost 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 his/her 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, he/she may appeal to the Associate Dean for Medical Education who has been designated by the Dean of Medicine and Biological Sciences for supervision of the OFA. The 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 OFA for additional information and application instruction.

### **Tuition Policies**

#### **Definitions**

- **Annual tuition:** such amount as is fixed by the Corporation of the University for the medical school 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.
- **Tuition Unit:** one-twelfth of the annual tuition.
- **Full-time enrollment:** for years 1 & 2, registration for all required courses. For years 3 & 4, registration in 13 to 24 weeks of clinical courses.
- **Half-time enrollment:** at least 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:

## **Years 1 and 2**

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

A student who leaves the medical school during either Semester I or II shall be eligible for a refund of the normal charge for that semester (50% of the annual charge for the medical school) during the first five weeks only as follows:

- First two weeks           80% refund
- Third week                60% refund
- Fourth week             40% refund
- Fifth week                20% refund

## **Years 3 and 4**

- The academic program for the third and fourth year of the medical school is divided into four clerkship periods (quarters) of approximately twelve weeks each.
- A student who leaves the medical school during or at the end of the first clerkship period shall be refunded 75% of the total annual charge.
- A student who leaves the medical school during or at the end of the second clerkship shall be refunded 50% of the total annual charge.
- A student who leaves the medical school during or at the end of the third clerkship shall be refunded 25% of the annual charge.
- No refund shall be made to a student who leaves the medical school during or at the end of the fourth clerkship period.

Students who have received no credit (NC) grades in coursework and must repeat the course are responsible for additional tuition payments during the academic period in which the course is repeated, unless the course is an add-on to a regular academic load, in which case no additional tuition is charged. If the course is a first or second year course, tuition is calculated on a per course basis. If the course is a clinical rotation, the tuition is calculated on a quarterly basis (e.g. the tuition charge for a 6 week clerkship would be one half-quarter).

Additional tuition is charged for courses taken beyond the traditional course load or for repetition of courses previously failed.

## **Delinquent Student Accounts**

Brown University requires payment of tuition and fees by August 1 for first semester obligations and by January 1 for second semester obligations. Students who fail to make payment in full by these deadlines will be assessed a late payment charge of 1.5% per month on any unpaid balances. In addition, outstanding balances greater than \$1,000 will prevent any student from pre-registering for any subsequent semester and may jeopardize their continued enrollment with the University.

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 will then meet with a representative designated by the Dean of Medicine shortly thereafter to review the student's account. The Committee's action may include cancellation of eligibility for enrollment and/or dismissal. No diploma, certificate, transcript, letter of honorable dismissal, or 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 Associate Dean for Medical Education, or an alternate person designated by the Dean of Medicine who is familiar with the student's academic and personal situation and with the authority to withdraw the student from the University.

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

Students must notify the AMS Registrar 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 program and satisfy other requirements as a borrower of federal loans.

When a medical student withdraws from AMS, the AMS Registrar must determine the date of withdrawal, based on the date of the student's last day of attendance. The AMS Registrar 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 he or she was scheduled to receive during the period. For a student who withdraws after the 60% point-in-time, there are no unearned funds.