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| Reviewed by Phase 1: 6/13/18 | Responsible University Officer: Associate Dean of Undergraduate Medical Education |
| Reviewed by Phase 2: 6/1/18 | Policy Owner: Assistant Dean for Foundational Sciences Assistant Dean for Clinical Sciences |
| Reviewed by Curriculum Committee: 5/30/18 | |
| Dean's Final Approval: 7/11/18 | Policy Contact: Assistant Dean for Foundational Sciences Assistant Dean for Clinical Sciences |

Conflict of Interest/Roles Policy

| POLICY HISTORY | |
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| Review Date: | Change Description: |
| 5/22/18 | Updated to include procedures |
| Review History: | Change Description: |
| 2/22/13 | Initially Approved by Curriculum Committee |
| 4/28/14 | Reviewed and Reapproved by Curriculum Committee |

POLICY STATEMENT

Faculty or residents must not be placed in the position of supervisor/evaluator for medical students when there might be any conflict of interest. Conflicts of interest may include but are not limited to family/personal relationships or providing medical/psychiatric services to the student.

REASONS FOR POLICY

LCME Element 1.2 Conflict of Interest Policies

A medical school has in place and follows effective policies and procedures applicable to board members, faculty members, and any other individuals who participate in decision-making affecting the medical education program to avoid the impact of conflicts of interest in the operation of the medical education program, its associated clinical facilities, and any related enterprises.

LCME Element 12.5 Non-Involvement of Providers of Student Health Services in Student Assessment/Location of Student Health Records

The health professionals who provide health services, including psychiatric/psychological counseling, to a medical student have no involvement in the academic assessment or promotion of the medical student receiving those services. A medical school ensures that medical student health records are maintained in accordance with legal requirements for security, privacy, confidentiality, and accessibility.

PROCEDURES

If a faculty member or resident is placed in a situation in which they have a dual role as care provider and as a teacher/assessor of a student, they must recuse themselves from the evaluator role. Examples of such situations include faculty/residents serving as small group leaders or as team leaders within clinical learning experiences. If a faculty member serves as a course or clinical experience director they should not accept students in that program as patients. When a student has a pre-existing therapeutic relationship as a patient of a faculty member who directs a course or clerkship, or is the only faculty member qualified to serve in that educational role, the patient-provider relationship need not be disrupted. In these situations, the faculty member must discuss the situation with the student and arrange for an alternative means of assessment in the course or clinical experience.

