

# COLLEGE OF MEDICINE POLICY MANUAL

Reviewed by Phase 1: 6/13/18	<b>Responsible University Officer:</b> 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
<b>Reviewed by Curriculum Committee:</b> 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	
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.

# Conflict of Interest/Roles Policy

This arrangement likely would involve identifying a different faculty member to provide the assessment in the course or clinical experience. This also would apply to familial relationships. This policy serves to secure and protect the integrity of the learning environment.

In the beginning of each academic year, a survey is sent to all MS1 and 2 students defining conflict of interest and asking them whether a conflict of interest exists with any of the faculty members or residents who are in the position to supervise and/or evaluate them for the year. The survey specifically directs students to review their group assignments for all required courses that contain longitudinal student groups and/or laboratory experiences where student groups (with less than 20 students) have the same facilitator for at least four sessions. If a student identifies a conflict of interest, they are moved to a different small group.

All required clinical experiences in MS1 and 2 utilize surveys requesting feedback on faculty members or residents who supervise and/or evaluate a medical student. Likewise, faculty and/or residents evaluate the medical students. Both surveys include a question asking if a conflict of interest exists. If the student identifies a conflict of interest, but the faculty member does not, the evaluation will be investigated. If the faculty member identifies a conflict of interest (with or without the student), the evaluation will be dropped.

All MS3 evaluation surveys requesting feedback on faculty members or residents who supervise and/or evaluate a medical student and all clinical evaluation forms used by faculty and residents to evaluate medical students include a question asking if a conflict of interest exists. If the student identifies a conflict of interest, but the faculty member does not, the evaluation will be investigated. If the faculty member identifies a conflict of interest (with or without the student), the evaluation will be dropped. In addition, if a conflict of interest arises during the year or is newly identified, students are advised to notify the course or clerkship coordinator to begin a review process.

Each course and clerkship director also must have a mechanism for students to request reassignment in cases of conflicting roles.

This policy will be distributed and reviewed with faculty, residents and students annually. Conflicting roles must be reported to the immediate supervisor or coordinating faculty member. This person then is responsible for ensuring the above procedures are enacted.

## DEFINITIONS

Any related enterprises: Any additional medical school-sponsored activities or entities.

## FAQ

There are no FAQ associated with this policy.

## APPENDICES

There are no appendices associated with this policy.

## **RELATED INFORMATION**

- Policy on Rotations/Electives with Family Members <u>http://www.upstate.edu/com/document/rotations-electives with family members.pdf</u>
- LCME Functions and Structure of a Medical School <u>http://lcme.org/publications/</u>

## SIGNATURE

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Signature Dean of the College of Medicine

7/11/18

Date