(A) PURPOSE

The purpose of this Policy is to establish guidelines regarding conflicts of interest for assessment and promotion of students. This Policy is intended to remove, as much as possible, bias in assessment of a student’s performance, assigning a student’s grade or in decisions of student promotion in accordance with the Liaison Committee on Medical Education (LCME). The LCME requires that “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.” (LCME Functions and Structure of a Medical School, effective July 1, 2016, Standard 12, Element 12.5)

Further, the LCME requires that “the medical education program has a single standard for the advancement and graduation of medical students across all locations and a fair and formal process for taking any action that may affect the status of a medical student, including timely notice of the impending action, disclosure of the evidence on which the action would be based, an opportunity for the student to respond, and an opportunity to appeal any adverse decision related to advancement, graduation, or dismissal.” (LCME Functions and Structure of a Medical School, effective July 1, 2016, Standard 9, Element 9.9) The LCME defines “fair and formal process for taking any action that may affect the status of a medical student” as “the use of policies and procedures by an institutional body (e.g., student promotions committee) with responsibility for making decisions about the academic progress, continued enrollment, and/or graduation of a medical student in a manner that ensures: 1) that the student will be assessed by individuals who have not previously formed an opinion of the student’s abilities, professionalism, and/or suitability to become a physician; and 2) that the student has received timely notice of proceedings, information about the purpose of the proceedings, and any evidence to be presented at the proceedings; his or her right to participate in and provide information or otherwise respond to participants in the proceedings; and any opportunity to appeal any adverse decision resulting from the proceedings.” (LCME Functions and Structure of a Medical School, effective July 1, 2016, Glossary of Terms for LCME Accreditation Standards and Elements)
(B) SCOPE

This Policy applies to credit-bearing courses that are contained in the College of Medicine (COM) curriculum, M1 though M4, and the Committees on Academic and Professional Progress. This policy does not apply co-curricular activities at any level, student independent study effort or student employment.

(C) DEFINITIONS

(1) **Committee on Academic and Professional Progress (CAPP)** refers to the COM Committee that evaluate students’ academic performance, assess professional readiness for continued studies and determine appropriateness of curricular leave. CAPP Phase 1 is concerned with progression of students from partner universities into the COM program. CAPP Phase 2 is concerned with current COM students. (NEOMED Appendix G, College of Medicine, College of Medicine Standing Committees)

(2) **Conflict of Interest** refers to the ability of a faculty member to improperly influence a decision about a student due to a preexisting relationship between the faculty member and the student.

(3) **Course Director** refers to the appointed faculty member who is responsible for the overall design, conduct, student assessment within and evaluation of a credit-bearing course.

(4) **Credit-bearing Course** refers to a course offered by the College of Medicine in which a student is enrolled, the course appears on the student’s official transcript with either contact hours or credit-bearing acknowledgment, and a grade is assigned.

(5) **Faculty** refers to instructional faculty, clinical faculty, research faculty, residents, postdoctoral fellows, graduate student instructors and graduate student research assistants. (NEOMED Academic Policy 3349-AC-100)
Faculty, in reference to this policy are considered to those who are responsible for assignment of a course grade to a student, or a major component thereof, or responsible for contributing to a promotion decision regarding a student.

(D) POLICY STATEMENT

(1) This Policy applies to credit-bearing courses within the COM curriculum. At the course level, this Policy applies to those courses in which there is no anonymity in assessment and/or assignment of a final course grade to a student. This policy does not apply to courses in which the principle means of assessment is a multiple-choice examination for which cut lines for grading are predetermined or assigned using a distribution of scores in which individual students are anonymous. This Policy is applicable to Course Directors, and those who contribute substantially to a course grade, and those who are CAPP members.

(2) The LCME specifies conflict of interest in terms of a health care relationship, including the provision of any type of health services, which also includes psychiatric/psychological counseling. The NEOMED College of Medicine furthers that definition to include relatives of students as well as individuals who have a close personal or professional relationship with the student, or in the case of CAPP, a course director who has assigned a failing grade to a student in a course in a way that was not anonymous, or faculty who contributed substantially to the failing grade. Attachment 1 provides examples of what the NEOMED College of Medicine considers to be conflicts of interest.

(3) This Policy is designed to remove, as much as possible, bias in assessment of a student, assigning a grade to a student, or making a promotion decision regarding a student.
(a) The goal is to avoid Conflicts of Interest to the extent possible.

(i) For example, when a known Conflict of Interest is identified, a student will not be assigned to be precepted by an individual faculty member or assigned to a clinical site that would present a Conflict of Interest. (Attachment 1)

(b) It is recognized that it may not be possible to remove all bias. In this situation, the goal is to manage the bias to the best of the ability of the curriculum or CAPP.

(i) For example, in the case of identified bias in an M4 elective that is considered to be in pursuit of a residency, the Course Director will work with the elective director to explore options for managing bias.

(4) Faculty responsibilities:

(a) Faculty are responsible for disclosing any and all Conflicts of Interest prior to the inception of a course or a meeting of CAPP by acknowledging any Conflicts of Interest, or not, by signing an Attestation Regarding Conflicts of Interest form. (Attachment 2)

(b) Members of CAPP must recuse themselves from discussions concerning and decisions about students for whom they are the Course Director or have contributed in a substantial way to a Course Grade of fail if the grade was assigned in a manner that was not anonymous. A substantial way can be considered to be the assignment of the grade for a component of a course, such as seminar or Primary Ambulatory Care Experience (PACE) as part of the M1 Foundations of Clinical Medicine course.
(5) Student responsibilities

(a) Students are responsible for disclosing any and all Conflicts of Interest prior to the start of an academic year and/or the assignment of students to a particular course activity or schedule by completing and submitting a disclosure form by the specified date. (Attachment 3)

(i) Students will be made aware of the need to disclose Conflicts of Interest via AIMS on-boarding sites and course orientations.

(b) Disclosure must be prior to the start of a graded experience.

(c) Should the student fail to disclose the relationship until the graded experience has begun and it is discovered, the student will be removed from the educational pursuit and placed under other supervision, if possible. Removal may result in failure to meet graduation requirements on time.

(d) Failure to disclose a potential Conflict of Interest prior to the start of a graded experience is a conduct concern that will be reported.
ACADEMIC POLICY TITLE: Conflicts of Interest - Academic

EFFECTIVE DATE: 10/13/2015

RESPONSIBLE DEPARTMENT: Office of the Dean and Medical Education, College of Medicine

Approval Authority: Senior Associate Dean for Academic Affairs

Responsible Office: Office of the Dean and Medical Education, College of Medicine

REFERENCES

ATTACHMENTS
Attachment 1: Conflicts of Interest and Clinical Site Assignment, General Guidelines
Attachment 2: Attestation Regarding Conflicts of Interest
Attachment 3: Student Disclosure of Conflicts of Interest

CROSS-REFERENCE
NEOMED Academic Policy 3349-AC-100: Faculty-Student Relationships

REVISION HISTORY
Initial Approval: Curriculum Management and Assessment Committee (10/13/2015)
M3/M4 Curriculum Subcommittee (endorsed 10/01/2015)

Subsequent Reviews:
Dean’s Leadership Group (09/27/2018)
Curriculum Management and Assessment Committee (reviewed 11/13/2018)
M1/M2 Curriculum Subcommittee (reviewed 10/18/2018)
M3/M4 Curriculum Subcommittee (reviewed 10/24/2018)

Next Scheduled Review: May 2019
Attachment 1
Northeast Ohio Medical University
College of Medicine
Conflicts of Interest and Clinical Site Assignment
General Guidelines

The NEOMED College of Medicine policy regarding conflicts of interest in assigning students to clinical sites is designed to remove, as much as possible, bias in assessment of or assigning a student’s final grade. It is considered to be a conflict of interest to assign a student to a clinical site at which a student’s performance assessment or a final grade for a student’s clinical experience will be assigned by: a) a relative of the student, b) those with whom the student has a close personal or professional relationship, or c) a health care provider who has provided the student with care for any health concern. The conflict may be reported by the student, the family member/associate, health care professional or independent third party. We recognize that it may not be possible to remove all bias; in this situation, our goal is to manage the bias to our best ability. In the case of an elective that is considered to be in pursuit of a residency, the course director will work with the elective director to explore options.

<table>
<thead>
<tr>
<th>Relationship/Association</th>
<th>Role</th>
<th>Department Chair</th>
<th>Physician or Faculty Member</th>
<th>Other Healthcare Professional</th>
<th>Hospital Executive or Board Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>M1, M2: No FCM or PCM small group leader, or PACE preceptor*</td>
<td>M1, M2: No FCM or PCM small group leader, or PACE preceptor</td>
<td>M3, M4: No clerkship, ACM Health Care Team Experience, or M4 elective in that hospital</td>
<td>M3, M4: No clerkship or elective in that department</td>
<td>M1, M2: No FCM or PCM small group leader, or PACE preceptor</td>
</tr>
<tr>
<td>Sibling</td>
<td>M3, M4: No clerkship, ACM Health Care Team Experience, or M4 elective in that hospital</td>
<td></td>
<td></td>
<td>M3, M4: No clerkship, ACM Health Care Team Experience, or M4 elective in that hospital</td>
<td>M3, M4: No clerkship, ACM Health Care Team Experience, or M4 elective in that hospital</td>
</tr>
<tr>
<td>Spouse</td>
<td>M3, M4: No clerkship, ACM Health Care Team Experience, or M4 elective in that hospital</td>
<td></td>
<td></td>
<td></td>
<td>M3, M4: No clerkship, ACM Health Care Team Experience, or M4 elective in that hospital</td>
</tr>
<tr>
<td>Grandparent</td>
<td>M3, M4: No clerkship, ACM Health Care Team Experience, or M4 elective in that hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aunt/Uncle</td>
<td>M3, M4: No clerkship, ACM Health Care Team Experience, or M4 elective in that hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step relationship for any of the above</td>
<td>M3, M4: No clerkship, ACM Health Care Team Experience, or M4 elective in that hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*PACE preceptor
### NEOMED ACADEMIC POLICY

**Policy No:** 3349-AC-412  
**ACADEMIC POLICY TITLE:** Conflicts of Interest - Academic  
**EFFECTIVE DATE:** 10/13/2015  
**RESPONSIBLE DEPARTMENT:** Office of the Dean and Medical Education, College of Medicine  
**Approval Authority:** Senior Associate Dean for Academic Affairs  
**Responsible Office:** Office of the Dean and Medical Education, College of Medicine

<table>
<thead>
<tr>
<th>Relationship/Association</th>
<th>Role</th>
<th>Department Chair</th>
<th>Physician or Faculty Member</th>
<th>Other Healthcare Professional</th>
<th>Hospital Executive or Board Member</th>
</tr>
</thead>
</table>
| Significant Other (ex., fiancé) | M1, M2: No FCM or PCM small group leader, or PACE preceptor  
Significant Personal Relationship (ex., godparent, in-laws) | M3, M4: No clerkship, ACM Health Care Team Experience, or M4 elective in that department | M1, M2: No FCM or PCM small group, or PACE preceptor  
M3, M4: No clerkship, ACM Health Care Team Experience, or M4 elective in that department | ACM Health Care Team Experience |  |
| Cousin | M1, M2: No FCM or PCM small group leader, or PACE preceptor  
M3, M4: No clerkship, ACM Health Care Team Experience, or M4 elective in that department | M1, M2: No FCM or PCM small group leader, or PACE preceptor  
M3, M4: No clerkship, ACM Health Care Team Experience, or M4 elective in that department | ACM Health Care Team Experience |  |
| Healthcare provider | M1, M2: No FCM or PCM small group leader, or PACE preceptor  
M3, M4: No clerkship, ACM Health Care Team Experience, or M4 elective director | M1, M2: No FCM or PCM small group leader, or PACE preceptor  
M3, M4: No clerkship, ACM Health Care Team Experience, or M4 elective director | No ACM Health Care Team Experience |  |
<table>
<thead>
<tr>
<th>Relationship/Association (ex., mentor)</th>
<th>Department Chair</th>
<th>Physician or Faculty Member</th>
<th>Other Professional Healthcare</th>
<th>Hospital Executive or Board Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significant Professional Relationship</td>
<td>M1, M2: No FCM or PCM small group leader, or PACE preceptor</td>
<td>M1, M2: No FCM or PCM small group leader, or PACE preceptor</td>
<td>ACM Health Care Team Experience</td>
<td></td>
</tr>
<tr>
<td></td>
<td>M3, M4: No clerkship, ACM Health Care Team Experience or M4 elective director</td>
<td>M3, M4: No clerkship, ACM Health Care Team Experience, or M4 elective director</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* FCM: Foundations of Clinical Medicine  
  PCM: Principles of Clinical Medicine  
  Small Group Leader: seminar, physical diagnosis laboratory  
  PACE: Primary Ambulatory Care Experience  
  ACM: Applications of Clinical Medicine

**Approvals:**  
M3/M4 Curriculum Committee – October 1, 2015  
Curriculum Management and Assessment Committee – October 13, 2015

**Rev. November 8, 2018**
Attachment 2
Northeast Ohio Medical University
College of Medicine

Attestation Regarding Conflicts of Interest

The Liaison Committee on Medicine Education (LCME), which accredits medical education programs, requires that NEOMED adhere to Standard 12.5 – that 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 students receiving those services. NEOMED also considers it to be a conflict of interest when a faculty member who is involved in the academic assessment or promotion of a medical student: a) has a familial or close personal relationship with the student, including but not limited to blood relatives (ex., parents, grandparents, siblings, cousins) and others with whom there is a familial or close personal or professional relationship (ex., step-parents, in-laws, fiancé, godparents, mentor) and/or b) has assigned a final grade in a course to a student or contributed in a substantial way to the final grade.

Following is a list of students for whom you will have direct assessment responsibility or will be involved in an academic promotion decision. Please review the list to determine and report potential conflicts of interest.

Course/CAPP: _______________________________         Academic year: ________________
Date(s) of course/CAPP meeting: _____________________________________

Students assigned to your group/service/CAPP review:

{list students}

Please check (or double click) the box that corresponds best regarding potential conflicts of interest, sign and date the form and return it by the date indicated.

☐ I attest that I have no conflicts of interest regarding the academic assessment or promotion of the medical student(s) listed above.

☐ I have a conflict of interest regarding the academic assessment or promotion of the medical student(s) listed below, and they should be assigned to another group/service. Please list students:
I have a conflict of interest regarding the academic assessment or promotion of the medical student(s) listed below. Because it is not possible to assign them to another group/service, I will recuse myself from direct assessment of the student’s performance or participation in any discussion or decision regarding their academic promotion or standing.

Please list students with whom you have a conflict. Beside each name, indicate the faculty member who will be responsible for evaluation of the student’s academic performance, if applicable, or if you will need to recuse yourself from a promotion decision.

Faculty name: {insert name}________________________

Faculty signature: ______________________________ Date:________________

Return completed form by {insert date} to: {name}
{title}
College of Medicine
Northeast Ohio Medical University
{email} Fax: {fax number}
**Attachment 3**

**Student Conflict of Interest Disclosure Form**

This form is for medical students who may be impacted by the University and College of Medicine policies on conflicts of interest regarding family members, health care providers and close personal associates (friendships and professional relationships [for details, refer to The Compass]). Information submitted will be reviewed by course leadership, and students will be notified of the decision in time to plan their schedule accordingly.

**Student Name:** ________________________________

**Date of Request:** ________________________________

Please check if applicable:

☐ I am disclosing a family member or close personal associate on staff at a hospital teaching site, as outlined in The Compass: Disclosing a Professional Relationship

If disclosing a relationship that may impact clinical assignments and/or the assignment of a grade, please provide the following information about each person with whom you have a potential conflict of interest:

1. **a.** Name of family member, close personal associate or health care professional:

   __________________________________________________________

   b. Relationship to you: _________________________________________

   c. Hospital(s)/practices affected: ________________________________

   d. Title/department of person listed in 1.a.: _______________________

2. **a.** Name of family member, close personal associate or health care professional:

   __________________________________________________________

   b. Relationship to you: _________________________________________

   c. Hospital(s)/practice(s) affected: ______________________________

   d. Title/department of person listed in 2.a.: _______________________

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**NEOMED ACADEMIC POLICY**

**Policy No:** 3349-AC-412

**ACADEMIC POLICY TITLE:**

Conflicts of Interest - Academic

**EFFECTIVE DATE:**

10/13/2015

**RESPONSIBLE DEPARTMENT:**

Office of the Dean and Medical Education, College of Medicine

**Approval Authority:**

Senior Associate Dean for Academic Affairs

**Responsible Office:**

Office of the Dean and Medical Education, College of Medicine

---

**Student Name:** ________________________________

**Date of Request:** ________________________________

Please check if applicable:

☐ I am disclosing a family member or close personal associate on staff at a hospital teaching site, as outlined in The Compass: Disclosing a Professional Relationship

If disclosing a relationship that may impact clinical assignments and/or the assignment of a grade, please provide the following information about each person with whom you have a potential conflict of interest:

1. **a.** Name of family member, close personal associate or health care professional:

   __________________________________________________________

   b. Relationship to you: _________________________________________

   c. Hospital(s)/practices affected: ________________________________

   d. Title/department of person listed in 1.a.: _______________________

2. **a.** Name of family member, close personal associate or health care professional:

   __________________________________________________________

   b. Relationship to you: _________________________________________

   c. Hospital(s)/practice(s) affected: ______________________________

   d. Title/department of person listed in 2.a.: _______________________

---
3. a. Name of family member, close personal associate or health care professional:
______________________________________________________________________________

b. Relationship to you: ____________________________________________________________________

c. Hospital(s)/practice(s) affected: ____________________________________________________________________

d. Title/department of person listed in 3.a.: ____________________________________________________________________

(attach additional page(s), if necessary)

M1/M2: Submit completed form to LuAnne Stockton: lstockto@neomed.edu
M3: Submit completed form to Natalie Milone: nmilone@neomed.edu
M4: Submit completed form to Christine Kline: cklein@neomed.edu

You will be notified accordingly regarding the status of a conflict.