

Policy Name:	Disclosure of Potential Conflict of Interest
Original Approval Date:	09-18-2020
Approving Officer/Committee:	Medical Curriculum Committee
Revision Dates and Notes:	
Related LCME Element(s) (if any):	12.5

A. Policy –

A LSUHSC-S faculty or staff member who has provided medical or psychological services for a medical student or has a personal or familial relationship will not serve in an evaluative capacity for the student or supervise educational activities that result in evaluation or assessment. They specifically must not supervise the student in the clinical setting, provide an academic assessment of the student, participate in assigning grades for that student or participate in making decisions about academic advancement or lack thereof for that student.

B. Purpose – Clinicians (faculty/fellows/residents) and other non-faculty instructors & supervisors serve major roles in both teaching and clinical care. From time to time, medical students, by virtue of illness or learning difficulties, may need to seek advice, assessment, and/or clinical care from faculty who teach in the medical school. When a student seeks care from a faculty member in the institution in which the student is enrolled, a conflict of interest may be created. This policy is established to address the potential conflict of interests, either real or perceived, that arise in these circumstances, in order to:

- Maintain student’s right to confidentiality with treating providers.
- Avoid the potential that assignments, assessments, grading, and progress could be impacted by a faculty member’s knowledge of a student’s illness or disability status.
- Minimize concerns about favoritism related to special relationships between a faculty and a student.
- Ensure compliance with LCME standards, specifically standard 12.5: Non-Involvement of Providers of Student Health Services in Student Assessment/Location of Student Health Records

C. Scope – This policy applies to all School of Medicine students.

D. Procedure/Process –

Students must mark the statement listed below that pertains to their situation, fill in the correct information, and submit it to the Office of Academic Affairs.

- I have read and understand this policy and verify that I do not have a prior clinical or familial/intimate relationship with a faculty member in the Department of

I have read and understand this policy and disclose that I have a prior clinical or familial/intimate relationship with _____(faculty member name) in the Department of _____.