



Alpert Medical School – Summer Funding Policy

Subject: Conflict of Interest

Issuing Department: BioMedical Education

Original Policy Date: July 29, 2009

Latest Revision Date: October 6, 2016

I. Purpose:

Alpert Medical School (AMS) is committed to pursuing its mission and conducting its affairs in accordance with the highest professional and ethical standards. This commitment includes the avoidance and management of potential conflicts of interest.

II. Eligibility:

This policy applies to all persons who serve as a mentor to a medical student as part of the Summer Assistantship (SA) and Basic & Translational Research (BTR) Programs.

III. Policy:

Persons who agree to serve as a mentor to an AMS student under the auspices of the SA or BTR Programs should not use their positions, or the work of the medical student mentee, for personal gain or for the benefit of an entity in which the faculty member has a financial interest.

It is the policy of AMS to require that mentors disclose business practices or conduct that could constitute a conflict between their research interests and the interests of the medical student mentee and AMS.

IV. Definition:

“Conflict of Interest” as it relates to mentors means either engaging in conduct or entering into business or private or personal relationships, whether by way of investments, outside employment service, personal relationships, or any other obligation or relationship, which could cause one to use his or her position and influence for personal gain or for the benefit of others (such as family members or other business entities with which such person is associated) instead of the benefit or best interest of the medical student mentee.

V. Mentor Responsibilities under this policy:

It shall be the responsibility of all mentors to disclose situations that may give rise to a Conflict of Interest. Conflict of Interest disclosure statements must be completed and

submitted as part of the medical student's funding application process. All disclosure statements will be reviewed and maintained by the Review Committee.

It shall be the responsibility of the mentor to update or complete a new conflict of interest disclosure statement if a situation occurs, resulting in a Conflict of Interest or potential Conflict of Interest, which has not been previously disclosed.

Examples of Conflicts of Interest or potential Conflicts of Interest include, but are not limited to collaboration on a project in the context of the faculty mentor

1. holding a substantial ownership or financial interest in the distributors of a drug, device or other product that is the subject of a medical student's summer project;
2. serving as a consultant to the entity developing the product under review;
3. serving as a trustee, director or officer of the distributor of said product;
4. acting as an influential employee of an organization whose product is under review; or
5. accepting gifts, loans, travel, services, entertainment or other favors from such an organization whose product/drug is under review.

CONFLICT OF INTEREST DISCLOSURE STATEMENT

1. Is the proposed work with the medical student mentee one in which you conduct, supervise or otherwise control research sponsored by a Business Entity, in which you or a Family Member has an Ownership or Financial Interest, and/or serve as an officer or director?

Yes No

If yes, please identify the Business Entity and the nature of your relationship.

2. Is the proposed work with the medical student mentee one in which you conduct, supervise or otherwise control research sponsored by a Business Entity from which you or a Family Member derives compensation, consulting fees, speaker fees, honorarium, etc?

Yes No

If yes, please provide the name of the business entity, as well as the form and amount of annual compensation.

3. Is the proposed work with the medical student mentee a clinical trial or other research where dissemination of results adverse to the sponsoring entity is restricted or in which obtrusive control of a protocol or research plan is exercised by the sponsoring entity?

Yes No

If yes, please identify the trail or research project and the sponsoring entity.

4. Other Matters: If you are involved in activities or have business relationships that are not addressed by the queries above, but should be disclosed because they represent a conflict, please describe below.

Mentor Name (print)

Title/Position

Mentor Signature (electronic signature preferred)

Date

Medical student mentee (print name)

Submission of COI Form

COI forms as part of a Summer Assistantship application must be uploaded to UFUNDS (electronic signature or scanned paper copy) no later than **noon on February 6, 2023.**