

<b>Graduate Medical Education Policy</b>	Relational Conflicts of Interest
<b>Facility/Sponsor</b>	CMC/GMEC
<b>Policy Origin Date</b>	2011
<b>Revision Date</b>	May 2026

**PURPOSE**

Carilion Medical Center (CMC) is committed to maintaining a professional, respectful, and psychologically safe learning and working environment consistent with Accreditation Council for Graduate Medical Education (ACGME) Institutional and Common Program Requirements.

This policy is intended to:

- Prevent conflicts of interest, favoritism, coercion, or exploitation arising from personal relationships
- Address power differentials inherent in graduate medical education
- Ensure objective, unbiased supervision, evaluation, and advancement decisions
- Establish clear requirements for disclosure, recusal, and mitigation of relational conflicts
- Ensure alignment with institutional Human Resources policies governing employment relationships and conflicts of interest
- Support compliance with ACGME expectations regarding professionalism, supervision, evaluation, and a safe learning environment

**POLICY STATEMENT**

CMC does not prohibit consensual personal relationships. However:

- Individuals may not engage in supervisory, evaluative, or decision-making roles involving someone with whom they have a personal relationship when such involvement creates a conflict of interest or the appearance of one
- All individuals are responsible for maintaining professional boundaries and objective judgment
- Conflicts must be disclosed and appropriately managed

This approach is consistent with institutional policy prohibiting direct reporting relationships that create conflicts of interest while allowing continued employment with appropriate mitigation.

Consensual relationships alone do not constitute a violation of this policy. Violations arise from:

- Failure to disclose
- Failure to comply with mitigation requirements
- Participation in conflicted supervisory or evaluative roles

**SCOPE**

This policy applies to all Accreditation Council for Graduate Medical Education (ACGME), Council on Podiatric Medical Education (CPME), and Commission on Dental Accreditation (CODA) accredited graduate medical education programs sponsored by Carilion Medical Center (CMC), including students, residents and fellows, faculty, and GME leadership.

**DEFINITIONS**

**Trainee:** refers to all interns, residents, and fellows participating in graduate medical education programs at Carilion Medical Center and may be used interchangeably with the terms resident and fellow.

**Faculty:** the group of individuals (physician and non-physician) assigned to teach and supervise trainees.

**Personal Relationship:** Includes romantic, familial, or close personal relationships between individuals.

**Conflict of Interest (GME Context):**

A conflict of interest exists when a personal relationship impairs, has the potential to impair, or creates the appearance of impairing an individual's ability to exercise objective, unbiased professional judgment in supervision, evaluation, or decision-making.

Conflicts arise when an individual has, or may reasonably be perceived to have:

- Supervisory authority
- Evaluative responsibility
- Influence over decisions affecting another individual's training, assessment, advancement, compensation, or assignments

Conflicts include both:

- Actual conflicts, and
- Perceived conflicts, where a reasonable third party could question impartiality

Consistent with ACGME expectations, conflicts must be identified, disclosed, and addressed to maintain professionalism and fairness

**PROCEDURE**

1. Disclosure
  - a. Individuals must promptly disclose any personal relationship when:
    - i. A supervisory, evaluative, or decision-making relationship exists or may reasonably develop; or
    - ii. An actual, potential, or perceived conflict of interest exists
  - b. Disclosure must be made to the Program Director, DIO, or Senior GME Director. Program leadership is responsible for appropriate escalation and documentation.
2. Restriction on Authority
  - a. Individuals may not supervise, evaluate, or participate in decisions involving someone with whom they have a personal relationship. This includes, but is not limited to:
    - i. Clinical supervision
    - ii. Evaluations, milestone assessments
    - iii. CCC or PEC participation
    - iv. Recruitment, ranking, promotion, or disciplinary decisions
3. Mitigation and Management
  - a. Upon disclosure, the program and Sponsoring Institution will implement measures to eliminate or appropriately manage the conflict of interest. Actions may include:
    - i. Recusal from supervisory, evaluative, or committee roles
    - ii. Modification of reporting relationships
    - iii. Reassignment of duties, rotations, or responsibilities
    - iv. Transfer of one or both individuals, if necessary
  - b. Mitigation plans will be documented, monitored by GME leadership, and aligned with institutional policy. Individuals may continue in their roles if appropriate safeguards are in place.
4. Relationships Without Current Authority

- a. Consensual relationships without a current reporting or evaluative relationship are permitted; however:
  - i. Individuals must remain aware of the potential for future conflicts
  - ii. Disclosure is required immediately if circumstances change
- 5. Patient Relationships (See GME Professionalism Boundaries Policy)
  - a. Romantic or sexual relationships with patients are prohibited
  - b. Use of protected health information to initiate relationships is prohibited
  - c. Any preexisting or developing patient relationship must be reported for evaluation
- 6. Medical Student Relationships
  - a. Due to the inherent power differential in educational settings:
    - i. Individuals with supervisory or evaluative responsibility must not initiate personal relationships with medical students during active supervision when influence over evaluation is possible
  - b. If a relationship pre-exists or develops:
    - i. It must be disclosed promptly
    - ii. The individual must be removed from all supervisory and evaluative roles
  - c. Programs will implement immediate mitigation, which may include reassignment of duties, removal from grading, or adjustment of clinical assignments.
- 7. Trainee-to-Trainee Relationships
  - a. Consensual relationships are permitted but may create conflicts, particularly where differences in seniority or influence exist.
  - b. Expectations:
    - i. Maintain professionalism at all times
    - ii. Avoid preferential treatment, influence over evaluations, or disruption to the learning environment
  - c. Disclosure is required when:
    - i. One trainee has evaluative input, informal influence, or a leadership role affecting another
  - d. Mitigation may include:
    - i. Removal from evaluative or feedback roles
    - ii. Adjustment of team or rotation assignments
    - iii. Redistribution of leadership responsibilities
    - iv. Monitoring of the learning environment
- 8. Power Differential Considerations
  - a. Individuals in positions of authority must exercise heightened judgment when considering relationships with learners or trainees
  - b. Initiating relationships within active supervisory or dependent roles is strongly discouraged
  - c. Any such relationship must be disclosed and managed immediately
- 9. Professional Environment
  - a. All individuals must maintain a professional, respectful, and psychologically safe learning environment free from:
    - i. Harassment
    - ii. Discrimination
    - iii. Coercion
    - iv. Exploitation
- 10. Reporting and Non-Retaliation
  - a. Concerns may be reported through GME or institutional channels, including confidentially
  - b. Retaliation is strictly prohibited
- 11. Non-Compliance

- a. Failure to comply may result in corrective action, including:
  - i. Removal from supervisory or evaluative roles
  - ii. Disciplinary action
  - iii. Termination or dismissal
- b. All actions will follow institutional and GME disciplinary policies.

<b>Designated Institutional Official</b>	<b>Reviewing Committee</b>	<b>Date Approved</b>
Daniel Harrington, MD	GMEC	March 11, 2007
Daniel Harrington, MD	GMEC	January 1, 2011
Donald Kees, MD	GMEC	January 21, 2014
Donald Kees, MD	GMEC	July 18, 2017
Donald Kees, MD	GMEC	February 18, 2020
Arthur Ollendorff, MD	GMEC	May 16, 2023
Arthur Ollendorff, MD	GMEC	May 19, 2026