

**Conflict of Interest Task Force**  
**Co-chairs: Leo Furcht, M.D., and Denis Clohisy, M.D.**  
**University of Minnesota Medical School**

**Executive Summary**

Over several months, the members of this University of Minnesota Medical School task force on conflict of interest met regularly to analyze relationships with industry in all parts of our tripartite mission of education, research, and clinical care. Conflicts of interest issues carry significant weight in the Medical School environment because of the need and our duty to protect patients and teach professional standards to our students. Moreover, we recognize that our school's reputation and the public's trust, once eroded or lost, would be very difficult to regain.

Relationships between Medical School faculty and staff and pharmaceutical, medical device, and biomedical industry, however, are complex. There are legitimate reasons for our faculty and staff to work with industry. Research projects, including clinical research, support and engage faculty and staff in striving to improve human health. Such opportunities often also provide our patients with access to the latest and most innovative advances in medicine. It also is recognized that industry employees may have expertise or knowledge that is essential to the conduct of a specific research procedure or a clinical technique. Often these experts participate side by side with our faculty at patient bedsides and in our operating rooms. But some aspects of these relationships rightly have been called into question. Educational ventures that have long been funded by industry, for example, are seen by some as part of a pattern designed to influence physicians' prescribing practices.

We at the University of Minnesota Medical School share with our colleagues around the country the growing recognition that the way academic medicine carries out its relationships with industry needs to be scrutinized and managed so as to reduce conflicts of interest for individuals and for institutions. Solutions to these problems however must be balanced by recognizing and respecting the value that industry partners add to each component of our tripartite mission.

Our overarching conclusions are that the University of Minnesota Medical School must:

- uphold the special nature of the physician-patient relationship
- gain clarity and transparency with respect to the roles of patient care provider and principal investigator
- lower financial gain for individual faculty to zero when deciding whether conflict exists
- prohibit personal gifts from industry to faculty
- provide greater education of faculty and staff about identifying potential conflicts, adhering to policies and disclosing potential conflict
- educate our patients and the public about our commitment and transparency regarding conflict of interest..

Note that if all or some of the overarching concepts or the specific recommendations were accepted, the resulting policies for the Medical School would be more stringent than those for the rest of the University of Minnesota. In order to implement these changes, Dean Powell and her staff would need to negotiate with the University of Minnesota Regents. It should also be acknowledged that the Medical School may currently be receiving substantial resources from industry partners to achieve our missions of education, research and clinical care. Understanding the breadth and depth of these resources, and the impact of their dissolution, will need to be considered as strategies to solve these problems are evaluated.

# UNIVERSITY OF MINNESOTA

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## Medical School

### **Consolidated Report on Conflict of Interest Issues August 2008**

#### **BACKGROUND AND PURPOSE**

Medical School faculty, staff, and students have relationships with representatives from industry in each aspect of the tripartite mission of research, care, and education. Interactions of physicians and other Medical School faculty are important in advancing novel therapies to treat patients. Academic medical centers working with industry have traditionally played an important role in new drug, device and product development. Yet, both real and perceived conflicts of interest between health professionals' financial interests and the best interests of patients can damage the image of the profession and the Medical School.

The purpose of this task force was to review current University of Minnesota policies and, where necessary recommend any clarifications, additions, or changes so as to better minimize or manage conflict of interest in the Medical School. This report examines relationships with employees from pharmaceutical, medical device, and other industries, and makes recommendations to the Dean of the Medical School for changes in current policies.

#### **CONFLICT OF INTEREST: DEFINITION AND SCOPE**

Conflict of interest arises as an issue when a relationship or activity has the potential to compromise an individual's professional judgment in carrying out responsibilities because of an external relationship that directly or indirectly affects a business or significant financial interest of that individual, an immediate family member, or an associated entity. That financial interest may include receiving cash or something of value, including but not limited to consulting fees, advisory board payments, product evaluation payments, royalties, intellectual property rights, honoraria, ownership interests, educational payments, unrestricted grant awards, or other financial benefit, from a company, person or entity that produces, manufactures or distributes a medical device, implant, pharmaceutical or other medical care related product that is recommended or prescribed to patients.

#### ***Recommendation: Drop financial interest threshold***

The task force recommends that the \$10,000 threshold defining a significant financial interest be eliminated and, furthermore, that any financial involvement regardless of the amount should be reported.

#### ***Recommendation: Expand scope of those with potential for conflicts of interest***

Initially all paid Medical School faculty, academic professional and administrative employees, and other individuals with responsibility for the design, performance or reporting of research, along with members of a physician's staff who could benefit from industry largesse, should be covered by the recommendations, once adopted. These policies also should apply to faculty

during sabbaticals, leaves of absence, or during summer breaks for those with nine-month appointments. In addition, within a prescribed interval, the task force members recommend that every Medical School faculty member, paid, un-paid, adjunct, or preceptor, adhere to the recommended standards relative to conflict of interest.

***Recommendation: Prohibit personal gifts from industry to faculty, staff, or students***

## **RESEARCH**

The University of Minnesota has extensive and well developed conflict of interest policies in place to guide basic, clinical, and translational research endeavors. Nonetheless, because of the special nature of their relationship with patients, those policies may need to change for faculty and staff in the Medical School.

Industry representatives may be appropriately involved in research when they convey specific industry expertise that is essential to the conduct of a specific research procedure or technique. It is appropriate and acceptable for an industry representative to provide such expertise in the process of a specific project as long as this is of a limited nature, focused narrowly, and done with disclosure of the affiliation of the relationship to personnel involved in the project. Moreover, the activity must be done under the supervision of the project principal investigator.

### **I. PRINCIPLES FOR INDIVIDUALS INVOLVED IN RESEARCH**

The task force subcommittee on research finds the February 2008 report of the Association of American Medical Colleges, *Protecting Patients, Preserving Integrity, Advancing Health: Accelerating the Implementation of COI Policies in Human Subjects Research*, a comprehensive document that provides sound positions and guidance. The subcommittee recommends that this document become the basis for University of Minnesota Medical School policy regarding conflict of interest in research. The University of Minnesota recommended policies and comments in this report apply to all types of research, including basic science, translational, and clinical.

#### **A. Basic Research**

Policies need to be equally applied to human and non-human research. The general policies requiring disclosure of financial relationships through the REPA mechanism identify situations of potential conflict even in non-human research and this should apply to all basic research in the Medical School.

***Recommendation: Extend conflict of interest policies to non-human research***

The task force recommends that the process should be reviewed to be sure it is adequate to detect all conflicts of interest, including in basic science and non-human research, and that these are referred to the appropriate University committee for resolution and management.

#### **B. Clinical Research**

***Recommendation: Involve patient advocates***

The task force recommends that, in situations of a financial conflict of interest, the IRB explore the possible increased involvement of neutral party patient advocates independent of the principal investigator in situations where a patient care physician may enroll his/her own patients

in a clinical trial for which that physician serves as the principal investigator. Moreover, neither the principal investigator nor the patient care physician should be the individual who obtains consent for participation in the research project.

***Recommendation: Register clinical trials***

As of September 2008, Phase I studies also will be included in the federal Public Law 110-85 of the FDA Amendments Act of 2007. Clinical trial registration arose, among other reasons, to inform the public about negative clinical trial results. Many medical journals now require, during the manuscript submission process, information be provided about whether the clinical study was registered in the National Library of Medicine's Clinical Trials Web site. Some journals will not publish the results of clinical trials that have not been registered. All clinical medical trials carried out by University of Minnesota faculty must be registered with National Institutes of Health ClinicalTrials Web site ([www.clinicaltrials.gov](http://www.clinicaltrials.gov)).

**C. Publications**

Conflict of interest in publications have been described as those relationships which, when revealed later, would make a reasonable reader feel misled or deceived. Conflict of interest in publishing can be defined as conditions in which an individual holds conflicting or competing interests that could bias editorial decisions. These include both financial interests and non-financial conflicts of interest, such as personal, political, academic, or religious conflicts.

***Recommendation: Disclose all conflicts of interest in writing or reviewing to the editor***

- When submitting reports for publication, covered individuals should disclose any conflict of interest to the editor and list sources of funding of the project.
- When serving as a reviewer, individuals should disclose any conflict of interest.

***Recommendation: Ghostwriting is prohibited.***

The editors of JAMA have proposed that:

All individuals named as authors on articles must fulfill authorship criteria. Journals should require each author to report his or her specific contributions to the article, and should consider publishing these contributions. All individuals who were involved with the manuscript or study but who do not qualify for authorship (such as those who provided writing assistance) must be named in the acknowledgment section of the article, with reporting of their specific affiliations and contributions and whether they were compensated for those contributions.

We recommend that the Medical School include education about the University's prohibition of ghostwriting as part of the medical student's education and as a part of continuing medical education.

**D. Students in research**

It is important that students, residents, and fellows have access to the latest tools, drugs, and devices under clinical investigation. But if industry funding is involved or the faculty mentor has a financial conflict of interest, this situation must be disclosed to the student/trainee and the student/trainee provided the opportunity to decide about participation in the research project. If the student wishes to be involved, the conflict must be reviewed by appropriate University committees and the conflict situation must be

managed. The conflict should not impact the trainee's timely progress toward his or her degree or any other educational endpoint. The conflict should not restrict a student's right to publish his/her research in a timely manner.

Indeed, if the principal investigator has industry relationships, it could be used as an opportunity for mentoring trainees on conflict of interest issues and describing the process by which relationships are disclosed and reviewed.

***Recommendation: Students or trainees must be informed and also free to publish***

Students or trainees must be informed if they are involved in research which has a conflict of interest and provided an opportunity to decline. The student must be able to pursue research findings as they arise and be free to publish the results of his or her work.

## **II. INSTITUTIONAL CONFLICT OF INTEREST IN RESEARCH**

The wording in the Regents' Institutional Conflict of Interest policy, the Managing Potential Institutional Conflict of Interest Policy, and the Special Considerations for Human Subjects Policy read as if they were intended to refer to the University's investment and endowment portfolio, which is addressed in its own policy.

Yet as the University is increasingly interested in commercializing the results of faculty members' research, it would be wise to review the wording of all of these policies in regard to entities that the University of Minnesota or its Medical School helps to establish through its entrepreneurial efforts.

Although a firewall is established for the purpose of separating research and financial decision-making at a high level within the University, the two streams of finance and research oversight inevitably converge. Therefore, it is essential the University ensure that human subject safety and the integrity of data generated in human subjects' research remain the institution's highest priority.

In summary, the integrity of the faculty and research must not be compromised and intellectual freedom and the ability of faculty to pursue research must not be influenced by financial interest. (See AAMC report, *Protecting Patients...*, section IX)

***Recommendation: Separate financial decision-making at institutional level***

- The University Conflict of Interest Committee should report to the Provost or President or their designee.
- The University of Minnesota and its Medical School should review the institutional conflict of interest policies to enhance them to specifically address situations that will arise as the University increases its efforts to commercialize the results of faculty research.

## **III. TRANSPARENCY OF REPORTING**

The University's conflict of interest policies are not located in one place and are difficult to find, parse, and understand. This creates confusion both internal to the University and externally as to how the University reports and manages conflicts. We recommend that

the University of Minnesota (or its Medical School) create one online location where all conflict of interest related information is available in a usable format for anyone to review. This will provide easy access to the public for their review of University approaches to identifying and managing conflict of interest. A process for notification of faculty and associates about changes in policy should be developed by the University.

***Recommendation: Create a Web page for all conflict of interest information***

In addition, this task force recommends that metrics be created to allow full transparency of research conflict of interest activities to the extent possible while protecting the privacy rights of individuals involved.

**IV. ORGANIZATIONS FUNDING RESEARCH**

It is essential that the investigator and the University are aware of the nature and general sources of funds of all organizations that fund research at the University. This is of particular importance for non-governmental organizations such as foundations or private philanthropists. The source of funds should be philosophically and ethically acceptable to the University and the faculty investigator and should not create a conflict of interest for either the investigator or the University.

***Recommendation: Develop a process to clearly define the sources of funds for research***

The Committee recommends that the University of Minnesota Medical School develop appropriate policies regarding the source of funds, especially by non-government sponsors of research at the University.

**CLINICAL CARE**

The Medical School's faculty practice plan, University of Minnesota Physicians, has instituted a policy in regard to clinical care. Because of the need to protect patients, however, the task force subcommittee that examined clinical care offered additional detailed recommendations.

Collaborations of Medical School physicians, health professionals, assistants or employees with industry optimally benefit patients in both their care and in advancing new technologies in pharmaceutical and medical device development. The University of Minnesota Medical School and its health professionals often provide commercial companies with innovative ideas and product feedback, conduct clinical research, serve on scientific advisory boards, and serve as faculty to teach the use of new technologies. It is also recognized that it is appropriate for University health professionals to receive reasonable fair market value compensation for the services they provide to these commercial companies. At the same time, the University acknowledges that these relationships must be carefully scrutinized and be made visible to the University and, as deemed appropriate, the patient.

***Recommendation: Define financial relationships for providing services to a commercial company***

University of Minnesota Medical School and its health professionals may engage in a financial relationship with a commercial company for services, provided the following conditions are met:

- Services provided must be related to a legitimate need of the company, i.e., a clinical research trial or a basic research agreement.
- Services are provided pursuant to a written agreement or memorandum that is established in advance and that includes a description of the expected deliverables, terms, etc.
- Documentation of the compensation received and the services provided is developed and maintained, including reasonable estimates of the time and effort committed to providing the services; compensation shall not exceed the fair market value of services provided.
- Compensation is based solely on the provision of tangible services and not related to a health professional's consideration of or decision to use or recommend a specific device, implant, pharmaceutical, or other product for a patient, nor in consideration of referrals to or of other business generated for the commercial company.

***Recommendation: Ownership or decision-making interests unrelated to services provided to a commercial company is acceptable***

A Medical School health professional may purchase, possess, or otherwise obtain an ownership interest in a commercial company unrelated to services provided by the provider to the commercial company, except when the commercial company manufactures, distributes, or otherwise provides medical devices, implants, pharmaceuticals, other medical related products, or software that the provider may recommend, prescribe, or utilize in the care of the provider's patients.

The foregoing does not apply to clinicians' ownership interests if they are nominal relative to the market cap or value of the company. If a question arises, it can be reviewed by the appropriate conflict review committee. This section does not preclude or discourage a Medical School health professional from membership on or consultation with the board of a commercial or a not-for-profit company.

***Recommendation: Inventors' activities must be monitored and reported***

Compensation for training of health professionals by a University inventor as it relates to the inventor's product developed outside the University could be within the bounds of acceptable behavior, provided product development documentation and monitors are in place, up-to-date, and the activity has been fully disclosed to the COI committee process. Also, it would be essential that no reference would be made to the University of Minnesota Medical School or its faculty related to any endorsement of such product/process.

***Recommendation: Limit pharmaceutical samples***

It is recommended that the Medical School accept the AAMC February 2008 report *Protecting Patients, Preserving Integrity, Advancing Health: Accelerating the Implementation of COI Policies in Human Subjects Research* recommendations to limit pharmaceutical samples and to centralize their distribution.

***Recommendation: Decision-making roles must be separated***

When a University of Minnesota Medical School health professional has a financial relationship with a commercial company, the professional shall not participate in any purchase consideration or decision, whether within or outside of University of Minnesota Medical Center, Fairview, related to the use, purchase, or recommendation of an implant, pharmaceutical or other medical care related product manufactured, distributed or otherwise provided by the commercial company as it would relate to widespread use or deployment of said item.

***Recommendation: Separate roles and financial rewards in recruiting patients***

Separate recruiting patients for clinical research studies from providing care for those patients. Clinical research studies often address the safety and efficacy of new drugs and devices. Traditionally, some study designs lead to the receipt of payment based upon individual patient enrollment to the principal investigator, department, or Medical School.

- It is strongly recommended that the individual responsible for recruitment of patients and/or obtaining informed consent be different from the principal investigator of the study.
- It is recommended that there be no reward or bonus for enrolling patients beyond the cost—direct and indirect—for performing a clinical study. The cost and payments from the sponsoring company could be staged as patient enrollment progressed.

***Recommendation: Prohibited payments or relationships include***

- Gifts of any kind, including but not limited to money, food, tickets, alcohol, tips, hotel accommodations, medical models, medical devices, and unrestricted grants.
- Payments based on or related to an employee's consideration of or decision to use or recommend a particular device, implant, pharmaceutical, or other product for a patient.
- Payments based on referrals to or other business generated for the commercial company.
- Payments for switching use, whereby the health professional changes a patient's drug prescription or device from a competing product to the commercial company's product.
- Compensation directly or primarily provided in conjunction with or in support of a commercial company's marketing and sales activities, such as taking part in speaking bureaus; payments to physicians for listening to presentations; or payments for attending sales or marketing presentations.



***Recommendation: Disclosure to U of Minnesota conflict of interest process includes, in cases of changing relationships, immediate revisions to disclosure documents***

Health professionals who engage in clinical care will disclose their financial relationships with commercial companies to the University or AHC Conflict of Interest Committee on an annual basis and to the chair of the professional's Clinical Service Unit (CSU). Professionals must update their disclosures (REPA) immediately upon entering a new or revised financial relationship. University of Minnesota will establish a process to review and manage potential conflicts of interest that works in conjunction with and not in addition to a health professional's other reporting requirements.

***Recommendation: Disclosure to patients***

When a health professional has a financial relationship with a commercial company that is related directly to a medical device, pharmaceutical, other medical care related product, or software that the provider recommends, prescribes or uses with a patient, the provider must provide the patient an approved written disclosure of this financial relationship as part of the process of obtaining the patient's informed consent for the use of the device, pharmaceutical, product, or software.

Disclosures must be communicated to patients 1) in a form that is clear and understandable (i.e., a universal form to be developed by the University or its Medical School), and 2) in a time and manner that allows the patient to make an informed decision. Disclosures to patients also shall be documented in the patient's medical record.

Caveats include:

- "Disclosure to patients" specifically applies only to those patients in whom the currently existing relationships are clinically relevant.
- Disclosures need to be updated when a change occurs.
- COI created by a study construct applies to all applicable patients (whether or not they enroll in a study). Study patients, however, may be required to review additional documentation related to COI, depending on the IRB or study design.
- The patient disclosure policy and actions need to be consistent with and harmonized with those approved by the UMP Board.

***Recommendation: Clarity in expressing opinions***

When a University of Minnesota Medical School health professional, with or without a financial relationship, makes a public or external written or verbal comment about a medical device, implant, pharmaceutical or other medical care related product, the physician must state that such comment reflects only the physician's professional views and not the views of the University of Minnesota Medical School or University of Minnesota Physicians.

***Recommendation: Review and enforcement includes department head, dean's office***

The Medical School will adopt guidelines and implement processes for addressing overall financial relationships and those which may not be acceptable financial relationships.

- The Conflict Review Committee shall attempt to resolve or manage the conflict situation in a collaborative manner with the provider, the Dean of the Medical School, the chair of the provider's CSU (or similar, if not University of Minnesota Physicians), and others to reach resolution. The committee's resolution or management plan will be documented and forwarded to the individual, the CSU chair, UMP's Chief Executive Officer, and the Dean of the Medical School.
- If a situation cannot be resolved in accordance with the foregoing, the Dean of the University of Minnesota Medical School or the CEO of UMP or their designees may impose necessary disciplinary action, including but not limited to: 1) suspension, or limitation of the provider's clinical practice, removal of medical liability coverage, or 2) reduction of the health professional's salary or bonus or other actions deemed appropriate. Such action shall be subject to the existing University of Minnesota policies, those of UMP, and Fairview Health Services.

## **EDUCATION**

Educational conflict of interest has not been a well-recognized entity within the University and Medical School conflict of interest policies and procedures. In educating the next generation of physicians and scientists, faculty and staff should avoid placing students in ambiguous situations and instead teach unbiased and scientifically objective knowledge and skills.

The practice of medicine is a moral activity and the education of future practitioners therefore takes place in a moral context. Medical schools have a primary responsibility to two groups: (1) society including but not limited to the patient population; and (2) their trainees—who are often placed in ambiguous and stressful situations in the course of their training and thus experience vulnerabilities similar to those of patients.

Industry support in medical education is pervasive (e.g., continuing medical education is estimated in 2008 to be a \$2.64 billion dollar enterprise); current practices of industry funding of medical education undermine the goals of professional education; and most current medical school efforts to avoid and manage potential conflicts and influences are not sufficient to protect the integrity of the educational mission.

Recognition, identification, and elimination of educational conflict of interest should be a central mission of the Medical School.

### ***Recommendation: Inventory of industry support of education***

The dean should call for an inventory or audit of direct and indirect industry support of educational activities at the Medical School. This audit should be detailed and exhaustive with the goal of identifying both sources and amount of support, both direct and indirect. The purpose of this audit should be information gathering. Issues of the appropriateness and/or inappropriateness of support identified should not be a part of this effort. This should occur at the school, department, and foundation level. This audit should be required of all departments and related Medical School units and include industry revenue streams and other support of faculty, students, programs, and educational initiatives.

***Recommendation: Ground policies and program in evidence***

All policies, curriculum, and programs developed by the Medical School with respect to educational conflict of interest need to be grounded in scientific data and evidence-based. For example, disclosure often is proposed as a solution to conflicts of interest and yet research on social influence and reciprocity shows that disclosure of conflict of interest creates more—not less—conflated behaviors (see the 2007 AAMC report *The Scientific Basis of Influence and Reciprocity: A symposium*).

***Recommendation: Include conflict of interest in professionalism statements and instruction***

The Medical School statements on professionalism should, in some way, address educational, research, and clinical conflict of interest issues. To date, the Medical School's formal statements of professionalism do not include conflict of interest as an identified professionalism issue. The Medical School should review both its professionalism policies and its professionalism curriculum and seek to formally embed educational conflict of interest into those policies and curriculum. In addition, formal training in conflict of interest needs to emphasize the unconscious nature of norms of reciprocity and influence.

***Recommendation: Curtail and ultimately end industry funding for education***

The Medical School should end the practice of accepting industry funding for its educational programs. The AMA words its recommendations as follows:

Individual physicians and institutions of medicine, such as medical schools, teaching hospitals, and professional organizations (including state and medical specialty societies) must not accept industry funding to support professional education activities. Exceptions should be made for technical training when new diagnostic or therapeutic devices and techniques are introduced. Once expertise in the use of previously new devices has developed within the professional community, continuing industry involvement in educating practitioners is no longer warranted.

***Recommendation: Within five years, end industry funding of CME***

CME is a cornerstone of Medical School educational efforts that is currently funded substantially through industry gifts. The Medical School should plan a transition to entirely non-industry sources of funding for all of its educational undertakings over a 5-year period (as recommended in the 2008 Macy Foundation Report on continuing education). In those instances where industry support cannot be eliminated, Medical School educational conflict of interest policies, programs, and curriculum need to be developed with ACCME guidelines in mind.

***Recommendation: In the interim, create a central funding mechanism for CME***

In the interim, and as a general policy, all industry funding of Medical School educational activities must be submitted to a central Medical School fund from which disbursements will be made under the sole control of the Medical School. This will ensure a functional

firewall between the source of gifts, the use of those gifts, and the content of the curriculum.

***Recommendation: Instructors disclose relationships to students***

Instructors (faculty and others) should preemptively and actively disclose conflict of interest information to affected faculty, staff, and students. It is recommended that the school develop policies regarding how to implement this.

***Recommendation: Control contacts with industry representatives***

Unsolicited detailing of faculty, staff and trainees by commercial vendors should be prohibited. Trainees may not be contacted by industry representative to request meetings. Unsolicited and unsupervised industry activities, provision of meals, snacks, etc., are specifically prohibited. Contacts of trainees with industry representatives need to be guided and monitored by faculty. Contact with industry representative may be initiated by faculty or staff contacting an industry representative or by the industry representative contacting faculty or staff by mail or messages left with secretaries. In-services or conferences that include trainees may include industry representatives when the latter are invited by faculty and when their presence at the conference serves a unique purpose that cannot be provided otherwise, such as demonstrating use of a new medical device when device availability or comparable expertise is not available. Activities that do not meet these criteria are specifically prohibited.

As a corollary, industry representatives must register and log in with the appropriate department (e.g., Pharmacy or Purchasing) when on campus. Industry representatives are not allowed in clinical or teaching areas unless at the invitation of faculty or staff. Campus access may be restricted or rescinded for representatives who purposefully attempt to undermine Medical School policy.

***Recommendation: Enforcement must include sanctions.***

## **CURRENT CoI COMMITTEES**

As part of implementing these policies, the University has established the following three committees to deal with conflict of interest:

- Academic Health Center Conflict Review Committee
- Provost's Conflict Review Committee
- Institutional Conflict Review Committee

## **MEDICAL SCHOOL CONFLICT OF INTEREST TASK FORCE MEMBERS**

Denis Clohisy, Orthopaedic Surgery, co-chair

Leo Furcht, Laboratory Medical and Pathology, co-chair

### Research

Doris Taylor, Integrative Biology and Physiology, co-chair

Jeffrey McCullough, Laboratory Medicine & Pathology, co-chair

Arkadiusz Dudek, Medicine

Jessica Nielson, (MS1)

Juan Leal, Center for Translational Medicine

Mary Hensley, Admin Center Director for Psychiatry, Neurology, Neurosurgery, Otolaryngology

Gary Schwitzer, Journalism & Mass Communications

Dale Wahlstrom, CEO, BioBusiness Alliance of Minnesota

### Clinical Care

Matthew Putnam, Orthopaedic Surgery, co-chair

Jon Grant, Psychiatry, co-chair

Bevan Yueh, Otolaryngology

John Bass, Pediatrics

Loie Lenarz, Fairview Health Services

Ginny Jacobs, Administrator, CME

Michael Maddaus, Surgery

Macaran Baird, Family Medicine and Community Health

### Education

Fred Hafferty, chair, U of M Medical School—Duluth campus, Behavioral Sciences

John Song, vice chair, Center for Bioethics

Heather McDougall, VAMC, Medicine

Paul Pentel, HCMC, Medicine

Josh Lackner, (MS3)

Carol Sundberg, GME Administrator

Kevin Mayo, Biochemistry, Molecular Biology and Biophysics

Kathleen Brooks, CME, Family Medicine and Community Health

Staff: Keith Dunder, Patti Mulcahy, Barb Jensen, Allison Campbell Jensen

## APPENDIX: KEY STUDIES AND REPORTS

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