Checklist to identify conflict of Interest (COI) for Assessments - Guidance for Medical Students

Use this checklist before any summative assessment (e.g., OSCEs,) when there is a COI or uncertainty that exists around bias or fairness. Seek advice or disclose to protect you and the integrity of the assessment process.

If you answer “Yes” or “Unsure,” you may be asked for confidential disclosure.

A**. Relationship with Evaluator**

☐ Do I have a personal relationship (family, partner, close friend) with someone assessing me?
☐ Have I had a recent or ongoing personal relationship that could influence their judgment?
☐ Is the evaluator someone I interact with outside normal professional roles?

B. Prior or Dual Roles

☐ Has this evaluator acted as my advisor, mentor, or Student Affairs counsellor?
☐ Does this person have significant influence over my academic progression (e.g., references, promotion decisions)?
☐ Do I hold a dual role (e.g., student and employee) in the same setting?

C. Fairness and Objectivity

☐ Could this relationship influence or appear to influence my assessment outcome?
☐ Would others reasonably question the fairness of this assessment setup?
☐ Would I feel uncomfortable if this situation were transparent to others?

D. Access or Advantage

☐ Do I have prior access to assessment materials (exam content, OSCE cases, scoring tools not publicly available)?

☐ Have I been involved in creating or organizing this assessment?
☐ Do I have any unfair advantage over other students?

E. Financial or Personal Benefit

☐ Is there any financial relationship (employment, sponsorship, incentives) linked to this evaluator or setting?
☐ Have I given or received gifts, favours, or special consideration?

F. Prior Interactions Affecting Judgment

(Important in a small medical community where repeated interactions are common)

☐ Have I had a significant conflict or dispute with this evaluator that could affect impartiality?
☐ Has there been a prior relationship (positive or negative) that could introduce bias?

G. General Reflection (uncertainty or **perceived bias**)

☐ Am I unsure whether this situation represents a conflict of interest?
☐ Would a reasonable, neutral third-party question objectivity?

If Sections F and/ or G (Small Community Context) has yes to the answer, formal disclosure will be required. However, if concerns are minor and typical of training, no action may be needed.

If you answered "Yes" to any item in Section F or G, you should:

Choose **one** of the following:

Option 1: Formal Disclosure; Submit a COI disclosure form for review and guidance, Information will be handled confidentially, within professional limits

Option 2: Confidential Discussion (Recommended if unsure or sensitive); You may seek advice from the Office of Student Affairs (OSA) before making a formal disclosure. Information will be handled

confidentially, within professional limits. OSA will review your concern and confirm to UGME whether a conflict of interest exists, without disclosing personal or sensitive details.

Why we ask

We are committed to creating a fair, transparent, and trustworthy learning environment. A conflict of interest (COI) occurs when personal, professional, or financial relationships could influence or appear to influence your academic work, clinical decisions, or evaluations.

Disclosing a potential conflict helps ensure appropriate safeguards are in place.

Confidentiality and Information Sharing

Conflict of interest disclosures will be securely maintained within the official UGME confidential student record. Where a disclosure includes sensitive personal information, additional details may be held separately by the Office of Student Affairs (OSA) and will not be accessible to UGME. Students may choose to disclose confidentially through OSA, which will review the situation and communicate to UGME only whether a conflict of interest exists, without sharing personal or sensitive details. All information related to disclosures will be managed with strict confidentiality and shared on a need-to-know basis, solely to support fair assessment processes and academic progression or promotion decision.

Student Information

- Name: _____
- Program / Year: _____
- Course / Rotation: _____
- Date: _____

Disclosure Statement

Please indicate whether you have any real, potential, or perceived conflicts of interest related to your academic activities, clinical work, research, or assessments:

☐ No, I do not have any conflicts to disclose

☐ Yes, I have a potential conflict to disclose (If yes, please complete the sections below)

Choose **one** of the following:

Option One: Describe the Situation. Briefly describe the relationship, activity, or circumstance:

Option Two: Confidential Discussion (Recommended if unsure or sensitive)

- You may seek advice from the Office of Student Affairs (OSA) before making a formal disclosure. Information is handled confidentially, within professional limits

- OSA will review your concern and confirm to UGME whether a conflict of interest exists, without disclosing personal or sensitive details

Reason for Disclosure (Select all that apply): Please identify the theme(s) that best describe your situation:

1. Financial Interests

☐ Employment (outside or related work) ☐ Paid consultancy / honoraria
☐ Gifts or incentives ☐ Funding, grants, or sponsorship

2. Personal Relationships

☐ Family relationship with faculty/staff ☐ Close personal relationship (friend/partner) ☐ Prior or ongoing relationship affecting objectivity

3. Academic or Professional Roles

☐ Leadership position affecting evaluation or access, reference

☐ Significant conflict or dispute previously with this evaluator that could affect impartiality

4. Clinical Care Relationships

☐ Personal involvement that may affect objectivity in care

5. Research or Scholarly Activities

☐ Collaboration affecting independence ☐ Access to privileged or non-public information ☐ Competing research interests

6. Other (please specify) ☐ _____

What impact could this have? (optional)

How might this situation influence (or appear to influence) your learning, decisions, or evaluations?

Student Acknowledgment

I confirm that the information provided is accurate to the best of my knowledge. I understand that disclosure supports fairness and does not automatically result in any penalty.

Signature: _____
Date: _____

For Program Use (if needed)

Action taken / Mitigation plan:

Reviewed by: _____
Date: _____