Chapter VI: Institutional Policies

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^ Policies on Intellectual Property: Ownership and Commercial Development


^ Policy on Business Conflicts of Interest

See Policy on Business Conflict of Interest (/file_source/ISMMS/Assets/About the School/Faculty-Resources/business-coi-policy-022012.pdf)

^ Policy on Financial Conflicts of Interest in Research

Policy on Relationships with Business Organizations

The policies relating to the relationships faculty members may have with business organizations, the government or other institutions are set forth in various policies contained in this Handbook, specifically, the policies regarding the use of the Mount Sinai name (see Section 10, this Chapter), the policy regarding consultative arrangements (see Chapter IV), the restrictions on the activities of full-time faculty (see Chapter IV), the conflict of interest policy (see Sections 12 and 13, this Chapter), and the policies on intellectual property (Section 14, this Chapter). Nonetheless, in the event a faculty member has any concern about whether a particular proposed arrangement is appropriate or acceptable, the faculty member should consult the Dean's Office.

Policy on Interactions with Vendors and Other Commercial Entities

See Policy on Interactions with Vendors and Other Commercial Entities (https://mssmdefault/research/portal/resources/coi/vendors)

Manuscript Policy

In conformity with the principles of academic freedom, faculty members are not required to obtain prior approval before submitting a manuscript for publication or to amend such manuscripts to comply with suggestions made by others. However, it is recommended that faculty members provide Department Chairs with copies of manuscripts prior to publication.

Authorship Policy

Learn about Authorship Policy (https://mssmdefault/about/faculty-resources/handbook/institutional/authorship).
(http://preview.mountsinai.org/sites/mssm/default/about/faculty-resources/handbook/institutional/authorship)
Data Retention

All original laboratory data books or journals, etc., from which a publication is derived, must be stored in the laboratory for a minimum of six years from the date of publication. If the senior author leaves Icahn School of Medicine before the six year period elapses, he/she will be required to retain and make available, if requested, to Icahn School of Medicine all these data until the completion of this minimum time period. In the case of large ongoing database related research, the responsible investigator must retain the pertinent mass data storage device (tape, disk, etc., not necessarily in hard copy) containing the data on which a publication is based. The stored disk can be used for verification of data, as well as the base for ongoing studies of the same project. In the latter instance, however, a clarifying statement which describes the nature and the composition of the reutilized and incremental data should accompany the publication. The disk cannot be reused for unrelated projects. Although it is understood that this rule governing database storage may not be appropriate in all situations and over time, individual modifications must be approved by the Dean. For additional information see the Icahn School of Medicine Handbook for Research.

Updated October 2011

Policies and Procedures on Ethical Practices in Research

See Chapter IV: Faculty (sites:SMdefault/about/faculty-resources/handbook/faculty)

Policy and Procedures on Protecting Whistleblowers

The School of Medicine strongly believes in the importance of protecting whistleblowers from retaliation and addressing good faith allegations of such retaliation. Accordingly, the School affirms that it will adhere to any applicable policies and procedures promulgated by federal or other oversight agencies in dealing with such allegations. Whistleblower complaints of retaliation may be brought, where appropriate, to the School’s Faculty Relations Committee (see Chapter III), Harassment Grievance Board (see Chapter III), or Department of Human Resources.

Copies of the policies and procedures of the Harassment Grievance Board are available from the Office of the Dean, Reserve Section of the Levy Library, House Staff Affairs Office, Postdoctoral Affairs Office, Office of the Graduate School, and Office of Student Affairs. Human Resources policies are available from the Department of Human Resources.

Policy on Press Relations

Learn Press Relations Policy, (sites:SMdefault/about/faculty-resources/handbook/institutional/press)

Policy on Use of Mount Sinai’s Name

Learn Mount Sinai Name Usage Policy, (sites:SMdefault/about/faculty-resources/handbook/institutional/name-usage)
Guidelines and Procedures Regarding Use of Name of Mount Sinai in Published Materials

Learn Mount Sinai Name Usage in Published Materials Policy (sites/MSSM/default/about/faculty-resources/handbook/institutional/name-usage-published).

Social Media Guideline

Learn Social Media Guideline (sites/MSSM/default/about/faculty-resources/handbook/institutional/social-media).

Equal Employment Opportunity and Affirmative Action Commitment

It is the policy of the Icahn School of Medicine that all decisions regarding educational and employment opportunities and performance are made on the basis of merit and without discrimination because of race, sex, color, creed, age, national origin, handicap, veteran status, marital status, or sexual orientation. In keeping with its efforts to achieve a broad representation of women and minority groups throughout the institution, Icahn School of Medicine has an Affirmative Action Program. This Program is designed to realize the School's commitment to equal educational and employment opportunities, to achieve compliance with federal, state, and local laws and regulations, and to implement equal opportunity objectives by meeting the spirit as well as the letter of the law and contractual requirements.
^ Condition of Employment

Oath of Allegiance

The New York State Education Law requires citizens of the United States who are faculty members of educational institutions to take an oath to support the Federal and State Constitutions. The oath which Mount Sinai Faculty are asked to sign as a condition for appointment, is as follows:

"I do hereby pledge and declare that I will support the Constitution of the United States of America and the Constitution of the State of New York, and that I will faithfully discharge my duties as a member of the faculty of the Icahn School of Medicine at Mount Sinai according to the best of my ability."

Licensure

Faculty of the School of Medicine whose professional activity includes patient care in the Mount Sinai Hospital or affiliated institutions must be licensed as physicians by the State of New York.

Immigration Status

Every faculty member who is not a United States citizen must provide evidence that he/she is permitted by Federal law to work in the capacity for which he/she is hired. Further, compliance with the Immigration Control and Reform Act requires that all newly hired faculty who are not United States citizens must also complete an I-9 form and provide the necessary identification to comply with the law.

Pre-employment Toxicology Screening and Physical Examination

All newly hired faculty must consent to pre-employment toxicology screening and a complete physical examination.

Security Check

All newly hired faculty must consent to a security check.

^ Compliance Program

Icahn School of Medicine is committed to lawful and ethical behavior in all of its activities and requires all staff and employees to conduct themselves in a manner that complies with all applicable laws and regulations. Every employee and staff member of Mount Sinai should be aware of the legal and ethical requirements governing the performance of his or her employment responsibilities or other relationship to Mount Sinai. Mount Sinai has established a compliance program for maintaining and ensuring fidelity to those standards of conduct required of all employees and staff members. This program includes the establishment of written policies setting forth standards of conduct and the establishment of a "hotline" for the reporting of illegal or unethical behavior. In addition, a chief compliance officer has been appointed with responsibility for implementing the compliance program. Information concerning the compliance program will periodically be sent to employees and staff and is also available directly from the compliance officer.
Fraud and Abuse Prevention: Deficit Reduction Act

Mount Sinai maintains a vigorous compliance program and strives to educate its work force on fraud and abuse laws, including the importance of submitting accurate claims and reports to the Federal and State governments. It is expected that employees who are aware of any occurrences of fraud, waste and/or abuse report their concerns directly through the Compliance Helpline at (800) 853-9212. There shall be no reprisals for good faith reporting of actual or possible incidence.

Mount Sinai has adopted an extensive set of programs in the Health System for detecting and preventing fraud, waste, and abuse. The Compliance Department oversees these programs and depending on the nature of the allegations, works collaboratively with the Audit Services Department and the Office of the General Counsel to conduct investigations in these areas. Periodically, please check Mount Sinai's Policies and Procedures for Detecting and Preventing Fraud and Abuse (http://intranet1.mounsinai.org/compliance) to keep current with the latest regulatory changes.

Workplace Safety

The Mount Sinai Health System is committed to ensuring the safety and well-being of all persons on Health System property or engaged in Health System activities. Recognized hazards that could cause injury or illness to faculty, staff, students, patients, or visitors are controlled and monitored. Appropriate oversight also protects Health System facilities from risk of damage from unsafe acts or conditions.

All members of the Mount Sinai Health System community, including all faculty, are expected to share this concern for workplace safety and are required to participate in institutional efforts to encourage safety and control risk in all activities. It is each person's responsibility to be alert to actual or potential hazards and to take appropriate steps to control them.

Research and clinical laboratories present particular concerns for safety. Faculty engaged in laboratory instruction or research are obligated to assure compliance with applicable safety protocols and regulations in their laboratories.

Faculty and staff who fail to comply with internal policies and external regulatory requirements will be subject to disciplinary action up to and including dismissal.

The Office of Environmental Health and Safety (AshEHS@mssm.edu; 212-241-7233) is available to consult with faculty and staff on all safety-related questions, policies and procedures. Any safety issue, concern or question can be directed to this office. Inquiries can be treated confidentially.

Updated June 2015