

Conflict of Interest

Policies for Creating a Culture of Accountability

Miranda Palmer

eveloping and disseminating evidence and other types of knowledge always require one to strive for individual excellence. But in this complex world, collaboration between multiple groups is often important to ensure that research can move forward. For example, a stroke researcher may depend on

grants from certain governmental agencies or nonprofit groups that provide funding in a particular area related to stroke. In addition, a researcher may receive financial support from a for-profit company that is interested in testing their products on a stroke population. This collaboration moves the research forward, often at a faster pace than if it had been done without funding support.

Regardless of the funding source, researchers need to be aware of potential biases during the research process. One type of bias is a conflict of interest (COI), in which professional judgment about a primary interest, such as the validity of the research, is unduly influenced by secondary inter-

Evidence Resources

www.aota.org/Practice/Researchers.aspx

he Evidence-Based Practice & Research section of the AOTA Web site provides extensive resources accessible through or located in each area of practice. You can find links to the *American Journal of Occupational Therapy, OT Practice,* Critically Appraised Topics (CATS), Evidence Bytes (from AOTA's *1-Minute Update*), and more. In addition, there is a link to the Evidence Exchange, a central repository for Critically Appraised Papers (CAPs), related resources, and opportunities for member involvement as CAP submitters and reviewers.

AOTA has developed a Conflict of Interest Statement to use in conjunction with developing evidence-based practice guidelines and systematic reviews.

ests, such as financial or nonfinancial interests. ^{1–2} As a result of these COIs, professional journals and organizations have policies and statements that strive to protect the integrity of professional judgment, thus creating a culture of accountability.

These policies are also important in developing practice guidelines and systematic reviews. According to the Institute of Medicine (IOM), creating and implementing COI policies help create a culture of accountability that sustains professional norms and maintains public confidence in the professional judgments described in practice guidelines and systematic reviews. 1 In 2011, in response to a Congressional directive and under a contract with the Agency for Healthcare Research and Quality, the IOM published standards for systematic reviews and clinical practice guidelines that include the need for transparency and documenting COI.3 In general, a COI exists when an individual participates in an organization's business while having a financial, intellectual, or business conflict, or even volunteer responsibilities that could predispose or bias that individual to a particular view or goal.4

The existence of a COI reflects the broad experience, accomplishments, and diversity of decision makers involved in developing systematic reviews and other projects. ⁵ Therefore, it's not unusual for individuals to have a COI yet still be able to participate appropriately in developing a project. The term *disclosure* refers to presenting transparency, and it doesn't auto-

matically result in the participant being removed from the process. The basis of disclosure policies is that revealing transparency allows readers to judge whether COIs may have influenced the results of the research.⁶

As a result of the IOM standards, AOTA developed a Conflict of Interest Statement to use in conjunction with developing evidence-based practice guidelines and systematic reviews. 7 I helped develop this statement as part of my occupational therapy doctorate practicum experience based at the University of Illinois from January through April 2012 at Chicago and in collaboration with AOTA. The focus of my practicum was two-fold: (1) research best practices for identifying and managing COIs within AOTA and other organizations, and (2) develop a COI form based on current literature.

In developing the COI form for AOTA, I searched for supportive information from credible sources such as the National Guideline Clearinghouse, the National Institutes of Health, and the IOM; gathered samples of various COI disclosure forms from organizations such as the American College of Occupational and Environmental Medicine and the American Medical Association; and discussed my findings and recommendations with AOTA staff and project consultants.

AOTA's new Conflict of Interest Statement states that COIs include the following:

 A financial COI. This exists when an individual has an actual or potential direct financial benefit (e.g.,

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employment or other financial arrangements that may stem from an affiliation with any organization or entity with a financial interest in the subject matter discussed).

- An intellectual COI. This exists when an individual has authorship of or is editing a publication or is acting as an investigator on a peer-reviewed grant directly related to recommendations under consideration.
- A business and professional COI. This exists when an individual has leadership and official roles in businesses, professional and trade associations, advocacy groups, and as a principal investigator of research, funded by the public or private sector, related to the AOTA project.

For more information on COI and other issues related to evidence-based practice and research, visit www.aota.org/ Practice/Researchers.aspx. ■

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Miranda Palmer, OTR/L, is an occupational therapy doctorate student at the University of Illinois at Chicago. She is also a registry employee at Ingalls Memorial Hospital and Silver Cross Hospital (partnered with the Rehabilitation Institute of Chicago), both located in Illinois, and works in various settings, including inpatient and outpatient rehab, acute care, pediatrics, and adult physical disabilities. At the time of the writing of this article, Palmer was participating in an advanced practicum experience at AOTA.

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Occupational Therapy Services in the Promotion of Psychological and Social Aspects of Mental Health, ⁸ also highlights the role of occupational therapy when addressing loss of engagement and participation in everyday activities and meaningful occupations and lack of self-worth among individuals with all types of mental health challenges.

As our profession continues to grow, there will be many opportunities for occupational therapy practitioners to interface with existing treatment models while infusing the unique contributions of the profession. We can turn to the official AOTA documents to support our involvement and guide intervention in community mental health, as well as other areas of practice.

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Andrea McElroy is a master's student in occupational therapy at Thomas Jefferson University in Philadelphia and is the Assembly of Student Delegates' Steering Committee Representative to AOTA's Commission on Practice.