



Title:	Resident Vendor Interaction Policy
Owner:	
Department:	Office of Graduate Medical Education
Origination Date:	September 19, 2025
Last approved date:	September 19, 2025
Approved By:	Graduate Medical Education Committee

I. Scope

This standard was developed for SIU Medicine. SIU Medicine collectively applies to the SIU School of Medicine (SIU SOM), including the Federally Qualified Health Center (FQHC), and SIU HealthCare (SIU HC). These entities are collectively referred to as SIU in this document.

This document applies to residents as defined in this policy.

II. Definitions

The term “resident” is inclusive of all trainees at SIU SOM, whether training in a residency or fellowship program. The term “program” is inclusive of all SIU residency or fellowship programs, whether accredited or non-accredited.

III. Procedure

This policy is to provide guidance to ensure that interactions between vendor representatives / corporations, residents, and each ACGME-accredited program are productive, positive, and ethical.

- a. Faculty may not involve residents in vendor sponsored research outside of SIU Medicine or in faculty start-up companies without approval from the SIUSOM Office of Compliance.
- b. Resident interactions with vendor representatives and corporations on campus should occur only for educational purposes, comply with applicable SIU Medicine policies, and must be supervised by faculty. Vendors are prohibited from directly communicating with residents without faculty supervision.
- c. Vendor sponsored scholarships and other educational funding for travel to conferences is permitted when approved by the Program Director. The preferred method for this funding assistance is for the vendor to book the travel directly on behalf of the resident (i.e. conference registration, airline ticket, hotel room, etc.).

Residents employed by an affiliated hospital must obtain approval for any vendor-sponsored scholarships and other educational funding from the employing hospital or their designee according to the policies and procedures of the hospital. These requests must be reviewed and approved in advance via the following steps:

1. Program director must review the request and approve only if the activity is of educational value and presents no conflict of interest associated with the funding.
2. Program director must submit a description of the educational program or a program brochure and an approval request letter (see template) to the designated individual in the chart below. The information submitted must contain the topic/title of event, dates, and location.

Employing Hospital	Submit request to:
Alton Memorial Hospital	Jennifer Rodgers, OGME
Springfield Memorial Hospital	Jennifer Rodgers, OGME
HSHS St. John's Hospital	Dr. Ashish Tokhi, HSHS, ashish.tokhi@hshs.org cc: Bonnie Pearce, Bonnie.Pearce@HSHS.ORG
Southern Illinois Healthcare	April Holmes-Peters, SIH Director of Compliance, April.holmes-peters@sih.net
Decatur Memorial Hospital	Jennifer Rodgers, OGME
Blessing Hospital	Jennifer Rodgers, OGME

- d. Vendor sponsored meals must be accompanied by an educational event or have faculty present. These must be approved by the Program Director in advance. The resident will request approval via email to the Program Director and required approval will occur via response to that email. Vendor sponsored gifts are prohibited with the exception of hospitals, health systems, or government agencies (i.e. VA, military, etc.) for the purposes of recruitment for future healthcare employment.

IV. References

V. Periodic Review

VI. Reviewed by
Graduate Medical Education Committee

VII. Office of Responsibility
Graduate Medical Education



September 19, 2025

[Representative]
[Employing Hospital]

Dear [Representative],

I have reviewed the requested educational event for resident name. Dr. _____ is a PGY____, employed by _____. I believe this event has high educational merit and there are no noted conflicts of interest. I have attached detailed information about the event including the dates and location.

Monetary support for the trainee to participate in this event will come from _____. The resident or fellow will receive no direct reimbursement from industry. Any industry/vendor support of the event is via an unrestricted grant to the event sponsors.

Sincerely,

Program Director Name
Program Name

Approved,

[Representative] Date
On behalf of: [Employing Hospital]