Purpose

The purpose of this Policy is to ensure that the University, through its colleges and departments, is aware of and approves all volunteer activities conducted by HealthTeam providers ("volunteers"), thereby ensuring malpractice insurance coverage for the provider. Employees covered by this Policy are expected to perform volunteer services in a manner that does not pose a risk to himself or herself, the institution, or the public, and are consistent with the mission of the HealthTeam and University.

Policy

MSU HealthTeam providers may volunteer their professional services to outside organizations when those services are authorized in advance as an Approved Volunteer Activity. An Approved Volunteer Activity must meet the following criteria:

1. The volunteer activity must be consistent with and support the mission of Michigan State University or MSU HealthTeam, as well as the mission of the individual school or department.
2. The volunteer activity must be for the benefit of a nonprofit entity or the public.
3. The volunteer activity must not contain an unacceptable level of risk to the volunteer, MSU HealthTeam, University, or public from a reputational, safety or financial standpoint.
4. All volunteer activity must occur in a public location.

Definitions

1. MSU HealthTeam Provider - For the purposes of this policy, an MSU HealthTeam Provider includes: Physicians, Advanced Practice Nurses, Physician Assistants, Psychologists, Physical Therapists, Athletic Trainers, Registered Nurses, Licensed Practical Nurses, Medical Social Workers, and Pharmacists.
2. Unacceptable Level of Risk – The activity carries the potential for significant reputational, safety, or financial adverse outcomes.
3. Volunteer Activity – Any professional service provided by an MSU HealthTeam Provider or staff member to an outside organization that falls outside the scope of the individual’s MSU employment.
Approval Process

The request for approval of a volunteer activity must be made to the volunteer’s supervisor in writing unless approval is not required under this Policy. The supervisor has the authority to approve or deny the request.

1. Approval for the volunteer activity must be documented on the “Approval for Medical Professional Community Service Activity” form (Attachment A). The form documents the scope, nature and duration, and any conditions for approval of an Approved Volunteer Activity.
2. The department or college shall maintain all records of Approved Volunteer Activities for a period of five years.
3. Copies of all “Approval for Medical Professional Community Service Activity” forms shall be forwarded to Risk Management.
4. Approval must be re-evaluated every two years by the relevant supervisor.
5. The supervisor must obtain and document periodic feedback, at least annually, from the outside organization about the performance of volunteer activities.
6. Failure to comply with the requirements prior to engaging in the volunteer activity may result in the withholding of malpractice insurance coverage for the activity.

General Terms

1. Volunteer Approval Categories
   a. MSU HealthTeam defines two types of volunteer services based on the varying degrees of risk associated with each: services not requiring approval; and services requiring approval. These lists are not exhaustive but are meant as guidelines.
      i. Services Not Requiring Approval - The following activities are generally considered low-risk, do not involve the practice of medicine or nursing and do not require a completed “Approval for Medical Professional Community Service Activity” form: advisory council participation, clerical work, phone-a-thon volunteer, public speaker services.
      ii. Services Requiring Approval - For the following types of activities, the “Approval for Medical Professional Community Service Activity” form is required: volunteer professional clinical services such as those performed by MSU HealthTeam Providers.

2. Volunteers do not have authority to enter into any contract on behalf of Michigan State University. Contracts to document volunteer activities must be approved and signed through the normal contract approval process.

3. Responsibilities and Rights of Volunteers
   a. MSU HealthTeam volunteers are expected to abide by Michigan State University and MSU HealthTeam policies and external regulations that govern their actions, including but not limited to those relating to ethical behavior, confidentiality, financial responsibility and use of controlled substances.
   b. Malpractice coverage will not extend to providers who are acting outside the scope of their duties as a volunteer or who violate Michigan State University
or MSU HealthTeam policies in the course of volunteering. This includes but is not limited to activities that are unethical or illegal.

c. MSU HealthTeam volunteers’ activities are not covered as MSU activities for any purpose other than malpractice coverage. No overtime, worker’s compensation, or other MSU employment benefit extends to volunteer activities.
Attachment A

APPROVAL FOR MEDICAL PROFESSIONAL COMMUNITY SERVICE ACTIVITY

The following community service activity which includes the provision of clinical services without pay is approved as an assigned duty on behalf of Michigan State University.

Description of service Activity: ____________________________________________________________
____________________________________________________________________________________

Provider performing services: ____________________________________________________________

Date(s) of service: ________________________________________________________________

Agency or entity for which services are performed: ____________________________________________

Conditions for approval (if any): __________________________________________________________

Feedback from outside agency or entity: ______________________________________________________
____________________________________________________________________________________

Approved by: ________________________________________________________________________

Print Name: _________________________________________________________________________

Date: ______________________________________________________________________________

Forward completed form to Matthew G. McCabe, Director, Risk Management & Insurance, 113 Olds Hall, or electronically to riskmgmt@msu.edu