Duke University is committed to maintaining the highest quality and integrity of all its scientific enterprise. Because of this commitment, the School of Medicine (SOM) is required to have mechanisms to guarantee the responsible management and critical review of scientific data. The SOM has created the Advancing Scientific Integrity, Services and Training (ASIST) office to support individual departments in adopting and implementing policies and procedures related to best practices for scientific accountability and integrity. The Department of Population Health Sciences (DPHS) is committed to ensuring that departmental policies and procedures are in place to maintain the highest level of professional conduct--to promote a culture in which scientific results are critically reviewed, accountability for data integrity is clearly delineated, concerns can be brought forth without hesitation, and that there are mechanisms by which these concerns can be addressed fairly and expeditiously.

I. Integrity in Research

When the DPHS was founded, *integrity* was listed as the first of the key values to guide the work of the Department. Historically, this word has two important meanings:

- First is the notion of integrity as trustworthiness or moral uprightness; thus, we think of the integrity of the *scientist*. In the DPHS, our faculty, staff, and students act in a way that earns the trust of their colleagues and the public.
- Second is the idea of integrity as referring to something that is structurally sound, cohesive, and robust; thus, we think of the integrity of the *science*. In the DPHS, the integrity of our science is created through rigorous methods, transparent and reproducible datasets, and carefully drawn inferences.

The DPHS structures, policies, and practices relevant to protecting and promoting both senses of *integrity* are described in this Scientific Culture and Accountability Plan (SCAP).

II. Responsibility for Research Integrity within DPHS

*Organization and Composition of DPHS*

The Department of Population Health Sciences Leadership Team consists of the following faculty members:

- Lesley Curtis, PhD, Professor and Chair
- Kevin Weinfurt, PhD, Professor and Vice Chair for Research
- Hayden B. Bosworth, PhD, Professor and Associate Director of Education
- Kathryn Pollak, PhD, Professor and Chair of Appointments, Track and Tenure
- Ashley Dunham, MSPH, PhD, Managing Director

The Department of Population Health Sciences (DPHS) is home to 40 primary faculty and 25 secondary faculty. DPHS houses tenured, tenure track, and non-tenure track faculty with doctoral training in epidemiology, public health, health services research and policy,
implementation science, and related disciplines. Clinical faculty may have secondary appointments in the department.

The formal organization of this new Department is evolving, with anticipated divisions of epidemiology; health services research and implementation science; and measurement science. At present, the Department is home to several research-related cores:

The Center for Health Measurement employs multi-disciplinary research teams that conduct innovative patient-centered outcomes research bringing the voices of patients and caregivers more directly into care planning, treatment decisions, and health policy. Qualitative and quantitative methods include, in-depth Interviews, cognitive pretesting, psychometrics, latent variable modeling, quantitative preference elicitation methods.

The Electronic Health Data Core maintains an extensive collection of research-ready, secure health care data including Medicare claims data repositories with nationally representative and geographic samples, disease-specific cohorts, and Medicare linked to clinical data registries and EHR data. Access is provided through multiple data use agreements and our long-standing collaboration with the Center for Medicare and Medicaid Services (CMS) and the Research Data Assistance Center (ResDAC). The Electronic Health Data Core also provides access to education, regulatory support, and technical expertise to utilize this resource.

The Bioethics and Stakeholder Engagement (BASE) Lab conducts empirical research to inform the planning, conduct, interpretation, and reporting of Duke University’s clinical trials. The BASE Lab scientists partner with clinical investigators and key research stakeholders to 1) identify areas critical to the successful implementation of clinical trials that can be strengthened with data from key research stakeholder groups, and 2) gather vital data through social science research with patients, research participants, communities, and other key stakeholders to use in decision making.

QualCore is a qualitative methods group consisting of doctorate-level and masters-level social scientists and research assistants in DHPS. Members provide scientific direction, methodological guidance, and interviewing and analysis expertise in qualitative research to faculty in the School of Medicine, to the Center for Health Measurement in the Department of Population Health Sciences, and the Clinical Trials Transformation Initiative.

Responsibility for Ensuring and Environment that Supports Integrity

Kevin Weinfurt, PhD, Vice Chair for Research, is responsible for ensuring that the environment within each entity supports the principles of research integrity. Supporting Dr. Weinfurt in this endeavor is Katie Williams, the Research Administration Coordinator. Ms. Williams oversees the day-to-day operations of the DPHS Clinical Research Unit and coordinates programmatic efforts to facilitate research within the Department.
Primary responsibility for developing, maintaining, and updating this SCAP is also held by the Vice Chair for Research, Kevin Weinfurt, PhD. Questions about or proposed changes to the SCAP are encouraged and can be directed to Dr. Weinfurt (Kevin.weinfurt@duke.edu).

III. Promoting a Culture of Accountability within DPHS

A. Education of DPHS Faculty, Students, and Staff

Several resources are available to faculty, staff, and trainees to help support an environment of scientific integrity.

- Education and training opportunities related to research integrity should be detailed annually in each staff member’s performance evaluation and planning (PEP) and each trainee/faculty member’s independent development program (IDP).
- Junior faculty will each have a mentor assigned to them, whose responsibilities include ensuring that the junior faculty member has the resources and training they need to conduct high quality work with integrity.
- All research faculty, staff, and trainees involved in research should complete responsible conduct of research (RCR) training. [https://medschool.duke.edu/research/ethics-integritycompliance/responsible-conduct-research-program](https://medschool.duke.edu/research/ethics-integritycompliance/responsible-conduct-research-program) through documented completion of ONE of the following RCR initiatives: CITI RCR online course, RCR Interactive Workshop, Online RCR Self-Assessment with pass rate of at least 90%, OR Completion of a Duke RCR course within the past two years.
- All research personnel should complete the Human Subjects Research at Duke training course and annual recertification, as currently mandated by the SOM and IRB.
- Monthly Methods Brown Bags, attended by both faculty and staff, will occasionally feature tools and topics relevant to promoting research integrity.
- Faculty and staff are encouraged to attend the Duke Office of Clinical Research (DOCR) Research Wednesday sessions for updates on regulations/compliance, new tools for facilitating high quality research, and other topics germane to research integrity.

B. Recommended Practices to Promote Scientific Rigor and Reproducibility

*Research Methods and Study Design*

- In general, the value of research lies in the importance of the question and the quality of the answer, not in what the answer turns out to be. Members of the DPHS should take pride in addressing problems of significance and in applying the most rigorous methods to arrive at an answer.
- Department researchers should engage collaborators appropriately, including statisticians and other relevant team members for constructive input prior to research implementation (data collection, processing, and analysis).
- It is important that faculty reserve time for learning new approaches and tools to improve the quality of our research and the integrity with which we conduct it.
Data Management, Storage, and Provenance

- The Department has a zero-tolerance policy with respect to data manipulation, alteration or falsification.
- Principal investigators ensure implementation and maintenance policies for responsible data management within research groups, including mechanisms by which the validity and integrity of critical data generated by every team member can be confirmed.
- Research cores and programs within the Department should develop Data Management Standard Operating Procedures (DMSOPs) on how to manage, process, store, and share data. At present, the Electronic Health Data Core has begun such documentation. As other groups evolve over the next year, they should also create such plans and have them signed by staff who are working with data.
- If possible, have multiple personnel perform data analyses through cross-training so that no one person is alone in providing data or analysis.

Communication

- With respect to internal communications about research, research teams should regularly present their research findings to other investigators and teams outside their own group in a forum that allows open and critical discussion of the data and its analysis. Examples include participation in other research team meetings, regularly scheduled multi-disciplinary group meetings thematically organized around common research interests, DPHS work-in-progress research talks, brown-bag methods meetings, townhalls and faculty meetings.
- With respect to external communication about research, investigators are encouraged to undergo training for interacting with the media to help ensure that the results of DPHS research are communicated clearly to the public.

C. Voicing Concerns

The DPHS seeks to create a respectful and inquisitive environment that welcomes constructive criticism of our research practices and open discussion of any concerns regarding research conduct or integrity. Faculty, staff, or trainees who have concerns regarding the integrity of any aspect of the Department’s scientific work or of a Departmental research worker are encouraged to raise their concern.

Note that raising concerns about data integrity is not the same thing as accusing someone of scientific misconduct. It is the goal of the DPHS, through implementation of the SCAP, to establish a culture in which it is common practice for all aspects of scientific research to be critically reviewed. This includes all steps in the scientific process, from study design to data acquisition to methods of analysis to the formulation of conclusions. Raising and responding to questions about data integrity should be a routine part of the critical review process; it should not be reserved solely for cases of suspected scientific misconduct.
The most appropriate person to whom concerns should be raised depends upon the parties involved and the seriousness of the concern. Some options, listed in roughly increasing degree of seriousness, include:

- Direct supervisor or mentor
- Director of the functional unit within which the concern has arisen (e.g., Center for Health Measurement, Electronic Health Data Core, QualCore, or BaseLab)
- Vice Chair of Research for the Department (Kevin Weinfurt, PhD)
- Chair of the Department (Lesley Curtis, PhD)
- Anonymous Duke Integrity Hot Line (1-800-826-8109)
- Research Integrity Office: https://medschool.duke.edu/research/ethics-integrity-compliance/research-integrity-office
- Occupational and Environmental Safety Office: https://www.safety.duke.edu/
- The NIH Office of Research Integrity (http://ori.dhhs.gov/)