An Environment of Integrity

New Faculty Orientation

2017
Integrity in

• Education
• Clinical Care
• Research
Speakers for this session:

**Ann Brown, MD, MHS**
Vice Dean for Faculty
Professor of Medicine

**Stephen Lisberger, PhD**
George Barth Geller Professor
Chair of the Department of Neurobiology

**Donna Kessler, PhD**
School of Medicine Research Integrity Officer

**Catherine Kuhn, MD**
Director, Graduate Medical Education
Associate Dean, Graduate Medical Education
Professor of Anesthesiology

**Thomas Owens, MD**
Senior Vice President and Chief Clinical Officer
Duke University Health System
Associate Professor of Medicine and Pediatrics
Duke University Medical Center
After this session you will be able to:

• Describe policies that support integrity
• Identify institutional resources to support professionalism
• Appreciate the importance of being able to talk about questionable behaviors
# Student Mistreatment on AAMC Graduation Questionnaire

% of students who indicated they personally experienced negative behaviors, excluding “publicly embarrassed”

<table>
<thead>
<tr>
<th>Year</th>
<th>Duke students % saying “yes”</th>
<th>National % saying “yes”</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>53.4%</td>
<td>39.9%</td>
</tr>
<tr>
<td>2015</td>
<td>57.8%</td>
<td>38.7%</td>
</tr>
<tr>
<td>2016</td>
<td>56.8%</td>
<td>38.1%</td>
</tr>
<tr>
<td>2017</td>
<td>43%</td>
<td>39.3%</td>
</tr>
</tbody>
</table>
GQ (MS4) data from 2017

Percent of Duke MS4s reporting "yes" for mistreatment (excluding public embarrassment)

![Bar Chart]

2014: 50%
2015: 60%
2016: 50%
2017: 40%

Nationally 39.3%
## Student Mistreatment on AAMC Graduation Questionnaire
### Sources of publicly humiliated only behaviors

<table>
<thead>
<tr>
<th>Source</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-clerkship faculty</td>
<td>0%</td>
<td>0%</td>
<td>3.7%</td>
<td>1.1%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Clinical faculty (classroom)</td>
<td>4.5%</td>
<td>0%</td>
<td>2.5%</td>
<td>0%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Clinical faculty (clinical setting)</td>
<td>17%</td>
<td>12%</td>
<td>14.8%</td>
<td>16.1%</td>
<td>13.3%</td>
</tr>
<tr>
<td>Resident/Intern</td>
<td>14.8%</td>
<td>16.9%</td>
<td>19.8%</td>
<td>9.7%</td>
<td>9.8%</td>
</tr>
<tr>
<td>Nurse</td>
<td>5.7%</td>
<td>2.4%</td>
<td>6.2%</td>
<td>1.1%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Administrator</td>
<td>1.1%</td>
<td>1.2%</td>
<td>1.2%</td>
<td>2.2%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Other institutional employee</td>
<td>1.1%</td>
<td>1.2%</td>
<td>0%</td>
<td>3.2%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Student</td>
<td>1.1%</td>
<td>1.2%</td>
<td>2.5%</td>
<td>1.1%</td>
<td>1.5%</td>
</tr>
</tbody>
</table>
## 2017 Survey of Second Year Experiences

If you experienced mistreatment, what were the sources?  
(students could pick more than one)

<table>
<thead>
<tr>
<th>Source</th>
<th>2017 Percent (%)</th>
<th>2017 Total Number (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents/interns</td>
<td>65.5%</td>
<td>36</td>
</tr>
<tr>
<td>Clinical faculty in wards/clinics</td>
<td>61.8%</td>
<td>34</td>
</tr>
<tr>
<td>Nursing staff</td>
<td>20%</td>
<td>11</td>
</tr>
<tr>
<td>Other hospital staff</td>
<td>7.3%</td>
<td>4</td>
</tr>
<tr>
<td>Other students</td>
<td>7.3%</td>
<td>4</td>
</tr>
<tr>
<td>Clinical faculty in classroom</td>
<td>5.5%</td>
<td>3</td>
</tr>
<tr>
<td>Administrators</td>
<td>1.8%</td>
<td>1</td>
</tr>
<tr>
<td>Patients</td>
<td>1.8%</td>
<td>1</td>
</tr>
<tr>
<td>Non-clinical faculty in classroom</td>
<td>0%</td>
<td>0</td>
</tr>
</tbody>
</table>
## 2017 Survey of Second Year Experiences

Types of Mistreatment

<table>
<thead>
<tr>
<th>Type of Mistreatment</th>
<th>All the time</th>
<th>Often</th>
<th>Occasionally</th>
<th>Rarely</th>
<th>Never</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>I experienced discrimination</td>
<td>0%</td>
<td>1.6%</td>
<td>11.1%</td>
<td>25.4%</td>
<td>58.7%</td>
<td>3.2%</td>
</tr>
<tr>
<td>I experienced harassment</td>
<td>0%</td>
<td>0%</td>
<td>4.8%</td>
<td>9.5%</td>
<td>82.5%</td>
<td>3.2%</td>
</tr>
<tr>
<td>I experienced sexual harassment</td>
<td>0%</td>
<td>1.6%</td>
<td>1.6%</td>
<td>4.8%</td>
<td>92.1%</td>
<td>0%</td>
</tr>
<tr>
<td>I experienced verbal abuse/intimidation</td>
<td>0%</td>
<td>0%</td>
<td>17.5%</td>
<td>39.7%</td>
<td>42.9%</td>
<td>0%</td>
</tr>
<tr>
<td>I experienced physical abuse or intimidation</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>4.8%</td>
<td>95.2%</td>
<td>0%</td>
</tr>
<tr>
<td>I experienced requests for personal favors</td>
<td>0%</td>
<td>0%</td>
<td>3.2%</td>
<td>17.5%</td>
<td>79.4%</td>
<td>0%</td>
</tr>
<tr>
<td>I experienced neglect</td>
<td>3.2%</td>
<td>17.5%</td>
<td>49.2%</td>
<td>15.9%</td>
<td>12.7%</td>
<td>1.6%</td>
</tr>
</tbody>
</table>
Policy on Appropriate Treatment of Learners

– Policy is on flash drive.

– Duke is “committed to creating and maintaining a positive learning environment for learners that is respectful and appropriately attentive to their learning needs and free from conduct by teachers that could be interpreted by learners as mistreatment”

– Contact: Ed Buckley MD, Vice Dean for Education
Statement on faculty professionalism

• Covers questionable research practices and academic endeavors

• Contact: Ann Brown MD MHS, Vice Dean for Faculty
Statement on Faculty Professionalism (1)

• All School of Medicine faculty are expected to uphold the highest standards for professional conduct and ethical behavior. Faculty are expected to treat colleagues, learners, team members, patients and visitors with courtesy, respect, and dignity. Faculty are responsible for cultivating a respectful and inclusive work environment, for modeling professional conduct, and for responding to unprofessional behavior on the part of others. All faculty are expected to adhere to applicable Duke University and Duke University Health System policies and procedures.

https://medschool.duke.edu/about-us/faculty-resources/professionalism/statement-faculty-professionalism
Statement on Faculty Professionalism (2)

• Unprofessional behavior includes that which is disruptive, intimidating, threatening, violent, inappropriate, illegal or in violation of University or Health System policy. To foster a just and safe community, unprofessional behavior will be addressed, with interventions aimed at promoting accountability, insight, and appropriate changes in behavior. Disruptive behavior may result in sanctions, up to and including the initiation of termination proceedings.

https://medschool.duke.edu/about-us/faculty-resources/professionalism/statement-faculty-professionalism
Integrity Line

• Available 24/7/365 for any faculty or staff to report complaints, including about faculty professionalism
• Reports can be made anonymously
• Managed by outside company
• If you see it, report it

Integrity Line
800-826-8109
Faculty Professionalism Process

• Complaint referred to Dean
• Dean refers to Dean’s Council on Faculty Conduct
• Peer Review Committee makes recommendation to Dean
Clinical Professionalism: PACT

The Duke University Health System Professional Accountability Program (PACT) provides a framework for ensuring physicians (and other healthcare providers) are consistently exhibiting behaviors that support the DUHS Core Values.

“Caring for Our Patients, Their Loved Ones and Each Other”

Teamwork | Integrity | Diversity | Excellence | Safety
Promote behaviors consistent with DUHS core system values

Apply the principles of a Just Culture (Accountable Culture) to the behavioral choices / responses of providers that may negatively impact patient safety and quality

Improve communication and thus effectiveness and efficiency of the healthcare team

Support the delivery of high quality patient-centered care

Reduce medical malpractice risks

Uphold the Duke Health Code of Conduct: Integrity in Action
Sources of Data for PACT

- The **Safety Reporting System** (RL6) provides a centralized location for reporting concerns 24 hours a day, 7 days a week by peers, staff, and learners.
- Allows confidential reporting that is protected by attorney-client and peer review privileges.
- The Safety Reporting System (RL6) allows voluntary reporting of issues and concerns related to:
  - Communication
  - Care and Treatment
  - Health Care Provider Concern/Respect
  - Accessibility and Availability
PACT Process

**Authority**
Chair, Health System, CMO, PDC, CPRC, GME
Division Chief

**Firewall**

**Espresso**
**Events:**
- Repeat complaints or trends as identified by the Intervention Committee
- Events serious in nature that did not result in harm

**Action:**
Peer Messenger intervention within 1 business day

**Cup of Coffee**
**Events:**
- Professionalism complaint submitted to Intervention Committee
- Trends identified from weekly review of Feedback(PVR) and Patient Satisfaction data

**Action:**
Peer Messenger intervention within 2 business days

**Egregious**
Information on Duke Health Intranet Site

Intranet dh duke edu - search for PACT
PACT Program Contacts

William J Richardson, MD
Professor Orthopaedic Surgery
Email: richa015@mc.duke.edu
Phone: 919-684-5711

Cynthia Gordon, RN
Administrative Director
Administrative Director, Duke Patient Safety Center, DUHS (Patient Safety, Nursing)
Email: cynthia.gordon@duke.edu
Phone: 919-681-3906
Recent meta-analysis on scientific misconduct:

Three principles:

1. Getting it RIGHT is the first priority
   - Getting it into Nature or Cell is less important

2. Honesty
   - Designing experiments
   - Collecting (blinded) and analyzing data, statistics
   - Reporting- data selection, methods, attribution and authorship

3. Respect
   - Colleagues
   - Experimental subjects (animals and people)
How to avoid misconduct

1. Just do it right. Set an example.
2. Create a culture of scientific accountability in your lab.
3. Be involved in what is going on. Look at lab notebooks with your staff. Look at the data in the lab as it comes in.
5. Get help from your elders.
NIH “High Crimes” of Misconduct

Fabrication

Falsification

Plagiarism

Committed recklessly or intentionally.
Fabrication is ...
making up data or results and recording or reporting them.

Recording fake data in lab books is misconduct even if not used for publication or in grant applications.
Falsification is ...

manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.

Changing data
Cherry-picking data
Using inappropriate statistics
Intentionally misleading report of data or methods
Plagiarism is...

1. **Substantial textual copying** of another's work (Use quotation marks when using an exact quote or paraphrase to convey concept)

2. **Misappropriation of intellectual property** includes the unauthorized use of ideas.
Examples of actions that could be misconduct at Duke, but not at NIH

1. Retribution of a whistleblower

2. Sabotage of another’s research

3. Some authorship disputes
Regulatory/Compliance Violations
(not scientific misconduct)

1. Financial malfeasance (criminal)
2. IRB or IACUC violation
3. Conflict of interest violation
Misdemeanors in Research = Questionable Research Practices

1. Improper data collection, analysis and storage [Duke requires 5 year retention]
2. Data ownership disputes; Duke owns your data and an MTA is required for data to be transferred.
3. Refusing to provide reagents
4. Premature release of data to media
QRPs: Authorship

• Who should be an author?

• What is the order of authorship

• Recognition of collaborators

• Mostly cured by good communication before and during the work.
QRPs: Mentor/Mentee relations- training is largely by an apprenticeship model

1. Inadequate supervision and responsiveness

2. Inadequate communication- expectations, goals

3. Hostile or disrespectful environment
Process of Investigating Misconduct
Duke Faculty Handbook

1. Allegations made to Research Integrity Officer, Donna Kessler; Duke Integrity in Action Line (800-826-8109)
2. Standing committee (Grand Jury)
3. Ad Hoc committee decides
4. Vice Chancellor, Dean Klotman, sanctions
5. ORI (NIH) notified
Duke ASIST
Advancing Scientific Integrity, Services & Training

• Mission: to foster an environment of excellent in scientific research
  – Promoting a robust culture of scientific accountability and integrity
  – Improving the reproducibility of scientific findings
  – Providing data management resources and
  – Delivering educational materials to the SOM research community

Contact
asistoffice@duke.edu
424 Davison Building
919-681-2683

https://medschool.duke.edu/research/research-support-offices/advancing-scientific-integrity-services-and-training-office
Discussion of Case Studies
(4 Scenarios, ~15 minutes each)

Instructions for each scenario:

1. Discussant will introduce the scenario to the group
2. Each person will be asked to respond to a question using a text-in audience response system
3. Discussant will facilitate group discussion
Bob is a student trying to replicate experiments performed by a previous student who is no longer at Duke. When he is unable to reproduce the findings, Bob approaches you, his faculty mentor, for advice. You suggest Bob review the former student’s raw data in the notebooks he left behind. Bob scours the lab but is unable to find any evidence of the raw data. The results of this experiment are an integral part of Bob’s hypothesis for his research project. The student who supposedly made the original findings has gone on to fellowship at another institution. His findings have been submitted for publication at a mid-level journal.
Discussion Questions

• Why would the missing data concern you?
• Who is responsible for keeping primary data?
• How could this be prevented?
• What should be done about the pending publication?
• Should you contact the institution where you former student is now a fellow?
Scenario 2: Frustrated Physician
Discussant: Tom Owens, MD

You are clinician who sees patients 4 days a week in a Duke clinic. In between patients you observe a fellow physician in a heated exchange with a member of the clinical staff. This exchange is taking place in the hall, where it can be seen by other clinical personnel and possibly by patients on their way from the waiting room to their exam rooms. You don’t catch the entire conversation, but you gather that the physician is frustrated about an issue with the electronic medical record. You hear the physician slam a paper down and tell the nurse involved, “Fine! Then you can do it yourself!” before walking away.
Discussion Questions

• Should you say something to the physician? To the nurse?
• Should you report what you just saw?
• What will happen if you report?
• What implications does this scene have from a patient perspective?
Scenario 3: Appropriate Feedback
Discussant: Catherine Kuhn, MD

You are the clerkship director and you observe another faculty member yelling at a female medical student during rounds. You have received numerous complaints from students that this particular attending is intimidating to work with, criticizes students in front of others, and penalizes anyone who shows up late to rounds. You have also noticed that his evaluations of students are often late and seem generic.
Discussion Questions

• What elements are related to faculty conduct?
• What resources are available at Duke to help the students in this situation?
• Is there discrimination at play here?
• What impact might generational differences have?
Scenario 4: Review Article
Discussant: Steve Lisberger, PhD

A publisher contacted Duke to inform us that a recently-submitted book chapter was an almost verbatim copy of a review article written by someone else. The data and tables in the chapter were an exact match to the previously published review article. The chapter was “written” by a fellow working with a senior faculty member. The faculty member said the fellow brought him a draft of the book chapter, which he only edited. He had no idea about the relationship to the review article.
Discussion Questions

• Was this misconduct?
• What role does trust play in this scenario?
• How would you detect this?
• How else might plagiarism happen?
• What can you do to prevent it?
Resources

• SoM Professionalism Initiative (flyers in your packets and website on your flash drive)
• Departmental accountability plans
• Duke ASIST
• PACT Program Information: https://intranet.dh.duke.edu/SitePages/PACT.aspx
• Integrity Line: 1-800-826-8109