Faculty Handbook

2020-2021
Duke Neurology Faculty Handbook
Table of Contents

1. Statement of Inclusive Excellence
2. Leadership structure chart
3. Committee list
4. Policies
   a. Promotion of current faculty to leadership positions
   b. Recruitment of new faculty
   c. Exit interviews
   d. Inbasket turnaround time
   e. Delinquent encounters
   f. Research integrity policy
   g. Harassment and Discrimination
   h. Promotional publications
   i. Clinical faculty Ongoing Professional Performance Evaluation
5. Academic promotions for faculty
   a. Academic promotions procedure
   b. Promotions criteria summary
   c. Document preparation guidelines
   d. Sample mentoring questionnaire
   e. Feedback and performance evaluation
6. Job descriptions
   a. Vice chairs
   b. Division chiefs
7. Diversity Strategic Plan
8. Funding and research support
10. Data Provenance, Data Integrity, Scientific Rigor, and Science Culture Action Plan
11. Diversity and Inclusion Resources
Duke Neurology Statement of Inclusive Excellence

The Duke University Department of Neurology recognizes that a diverse and inclusive community – including clinicians, researchers, trainees, leadership, and staff – is a necessary component of achieving its missions of world-class patient care, education, and research. Our department is committed to building and maintaining a diverse and inclusive community where all members thrive in a welcoming and engaging environment.
Duke Neurology: Excellence through Integrity, Diversity, and Caring
<table>
<thead>
<tr>
<th>Committee</th>
<th>Frequency</th>
<th>Chair</th>
<th>Members</th>
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<tbody>
<tr>
<td>Neurology Committee</td>
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<tr>
<td>APT Committee</td>
<td>Quarterly</td>
<td>Dr. Daniel Laskowitz</td>
<td>Dr. Aatif Husain, Dr. Rodney Radtke, Dr. Janice Massey, Dr. Vern Juel,</td>
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<td></td>
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<td>Dr. Wolfgang Liedtke, Dr. Donald Sanders, Dr. Richard Bedlack, Dr.</td>
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<td></td>
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<td>James Burke, Dr. Joel Morgenlander, Dr. Ornit Chiba-Falek (non-voting),</td>
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<tr>
<td>Executive Advisory Council</td>
<td>Monthly</td>
<td>Dr. Janice Massey</td>
<td>Dr. Burton Scott, Dr. Mark Sken, Dr. Lisa Hobson-Webb, Dr. Jodi Hawes,</td>
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<td></td>
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<td>Dr. Aatif Husain</td>
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<td>Neurology APP</td>
<td>Monthly</td>
<td>Bryan Walker, PA</td>
<td>Dr. Jodi Hawes, Bob Blessing, NP, J. T. Solomon, MBA, CPA</td>
</tr>
<tr>
<td>Diversity &amp; Inclusion Committee</td>
<td>Quarterly</td>
<td>Dr. Andrew Spector</td>
<td>Dr. Len White, Dr. Richard O’Brien, Dr. Janice Massey, Kristin Jones,</td>
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<td></td>
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<td></td>
<td>Dr. William Alexander, MA, Bryan Walker, PA, Dr. Carlene Moore, Dr.</td>
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<td></td>
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<td>Carmen Graffagnino, Dr. Carol Colton, Dr. Christopher Eckstein, Dr.</td>
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<td>Nada El Husseini, Dr. Christa Swisher, Dr. Petra Brayo, Dr. Scott Le,</td>
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<td></td>
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<td>Dr. Mariam Wasi, Dr. Shreyansh Shah, Dr. Kirby Gottschalk, Elizabeth</td>
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<td>Kearney, PA, Teikko Artis, Evelyn Morgan, Carol Clark, Hillary Yu, NP,</td>
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<td>Dr. Lina Barker, Dr. Jill Stuart, Dr. Jodi Hawes, J. T. Solomon, MBA,</td>
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<td></td>
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<td>CPA, Dr. Dedrick Jordan, Lisa Gauger, Mary Guhwe, NP, Dr. Matthew</td>
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<td>Ehrlich, Dr. Ovais Inamullah, Dr. Simon Davis, Dr. Suma Shah, Dr.</td>
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<td>Tung Tran, Dr. Vani Chilukuri, Dr. Wolfgang Liedtke, Dr. Claudia</td>
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<td>Gonzalez-Hunt, Nick Hudak, PA, Dr. Rupali Gupta, Dr. Noreen Bukhari,</td>
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<td></td>
<td>Dr. Pratik Chhatbar, Victoria Stabile</td>
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<tr>
<td>Committee</td>
<td>Frequency</td>
<td>Chair</td>
<td>Tugboat Member 1</td>
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<tr>
<td>Education Leadership Committee</td>
<td>Weekly</td>
<td>Dr. Christopher Eckstein</td>
<td>Dr. Andrew Spector</td>
</tr>
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<td>Residency Program Evaluation Committee</td>
<td>2/year</td>
<td>Dr. Christopher Eckstein</td>
<td>Dr. Andrew Spector</td>
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<td>Residency Clinical Competency Committee</td>
<td>3/year</td>
<td>Dr. Suma Shah</td>
<td>Dr. Christopher Eckstein</td>
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<td>Research Quality Team</td>
<td></td>
<td>Dr. Ornit Chiba-Falek</td>
<td>Whitney Baker</td>
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</table>
I. **Purpose:** This document serves to outline general policy and procedures for filling departmental leadership positions within the Department of Neurology, Duke University School of Medicine. These procedures apply when there is no external recruitment of new faculty. For procedures related to new hires, please see Recruitment policies.

II. **Core Values:** The Department’s core values of Teamwork, Integrity, and Diversity will guide this process.

III. **Decision Rights:** The Department Chair reserves final decision rights for all departmental promotion decisions.

IV. **Leadership Positions:** This policy is intended to cover the selection of faculty members to serve as vice-chairs, division chiefs, committee chairs, diversity officers, residency program leadership, and medical student clerkship leadership.

V. **Job Description and Notification of Open Position:** When the Department Chair identifies an open or soon-to-be open leadership position, the Chair will notify the Senior Vice Chair who will engage the Executive Committee to draft a job description (JD) that includes the duties of the position, any remuneration for the position, and the qualities sought in the candidate to fill the position. The JD will then be submitted to the Chair, appropriate Vice Chairs, and
Diversity Officer for review. An in-person meeting will not be required to review the document, and suggestions for clarification and improvement will be sent to the Senior Vice Chair via written communication. Upon final approval by the Chair, the JD will be disseminated to the entire Department of Neurology via email. Additional means of dissemination can also be utilized to attract attention to the open position.

VI. Application process: The Chair will set a timeline for the search based on the urgency of filling the position. The Executive Committee will collect CVs and letters of interest from each candidate during the open application period. Although a minimum of 3 applications per open position is preferred, it is recognized that this is not possible with each open position. Following the open application period, the Executive Committee will review each application for how closely the candidates’ qualifications align with the predetermined qualities from the job description. Each candidate will be awarded a score with points awarded for meeting the predetermined criteria. A scored list of candidates will be generated and transmitted to the Chair for review. The list does not need to be rank-ordered. The Chair will then interview at least the top 3 candidates by score (if available) for the position, with more interviews at the Chair’s discretion or if more than 3 candidates meet all qualifications.

VII. Position offers: After completing interviews, the Chair will offer the open position to the selected candidate. If the position is accepted, the Chair will promptly notify the Department about the completed selection process via email. Departmental newsletter and website can also be used to convey the information.

VIII. Critique Process: The policy can be reviewed as needed.
DUKE UNIVERSITY SCHOOL OF MEDICINE  
DEPARTMENT OF NEUROLOGY  
RECRUITMENT POLICY AND PROCEDURES  
April 19, 2018

I. **Purpose:** This document serves to outline general policy and procedures in regards to the strategic recruitment of providers for the Department of Neurology, Duke University School of Medicine.

II. **Core Values:** As a key activity in the planning, development, and growth of the Department, all employees involved in recruitment procedures are reminded of the Department’s core values of Teamwork, Integrity, and Diversity. In order to support our core values, all candidates (internal & external) must follow this process, thus special arrangements should not occur with our residents and fellows.

These values should inform decision making throughout the recruitment process.

III. **Decision Rights:** The Department Chairperson reserves final decision rights for all departmental recruitment decisions. The Chairperson will consult with the Chief Administrator, appropriate Vice Chairs, APP lead, diversity officer and Division Chiefs per his or her judgment and discretion but retains ultimate authority in all decisions.

IV. **Biannual Strategic Planning Meeting (Division Chief Meeting):** An initial meeting early in the calendar year (February or March) will focus on access per division. The second meeting in August will plan our strategy around new hires or replacements for the year in preparation for the annual PDC hiring meeting in October. These meetings will include the VC of Strategy, VC of Clinical Operations, APT leadership, CPDC administrator, Chief Administrator, Chair, Division Chiefs, APP lead, diversity officer and Access/Revenue Manager.

V. **Open Position and Job Description:** In consideration of departmental needs in the context of strategic goals for the School of Medicine, Private Diagnostic Clinic, and Duke University Health System, the Department Chairperson will create open positions for provider recruitment. At the time of open position creation (new position or replacement), a Recruitment Lead (typically Division Chief, Vice Chair, or APP Team Lead) will be designated by the Chairperson to guide the recruitment process. The Recruitment Lead will take responsibility for creating a Job Description/Standards (JD), which will include a statement of the departmental purpose for the position, general responsibilities of the position (clinical, research, teaching), salary range, and target recruitment population. The JD will then be submitted to the Chairperson, appropriate Vice Chairs, diversity officer and CPDC administration recruitment officer (if appropriate) for review. An in-person meeting will not be required to review the document, and suggestions for clarification and improvement will be sent to the Recruitment Lead and Chairperson via written communication. Upon final approval by the Chairperson, APT chair and administrator, notification of the JD will be disseminated to the entire Department of Neurology.
VI. **Recruitment Procedures:** Unless otherwise directed by the Chairperson, the Recruitment Lead and diversity officer will collaborate with PDC Medical Staff Recruitment to advertise the position, collect and review CV’s, and coordinate interview invitations and processes.

VII. **Interview Dates:** During the interview, candidates will meet with the Chairperson and, depending on availability, appropriate Vice Chairs. The candidate will also meet with the relevant Division Chief and representative division members. The Recruitment Lead and diversity officer will collaborate as needed to ensure inclusivity for interview day/s group meetings. For any PDC position a second interview date is necessary and mandatory and will include a formal presentation, which will be arranged by the recruitment lead.

VIII. **Position Offers:** After the interview process, the Recruitment Lead will offer his or her recommendations to the Chairperson, appropriate Vice Chairs, APP lead and diversity officer for review. The Chief Administrator will make an independent recommendation in consideration of logistical, operational, equity and financial issues for the department. With these recommendations, the Chairperson will make a decision regarding an offer for appointment.

   It is understood that the Recruitment Lead will remain in active communication with all possible candidates during the recruitment process and will also inform candidates forthwith, initially verbally followed by a formal letter, if they are no longer in consideration for a position. It will be the responsibility of the Recruitment Lead to inform candidates regarding offers and decisions otherwise; however, contract terms and details pertaining to the Offer Letter will be handled by the Chief Administrator or CPDC administrator as appropriate.

IX. **Communication:** If an offer is accepted by a candidate, members of the Department of Neurology will be informed via written communication (email, newsletter, website).

X. **Critique Process:** Consider reviewing our process after each hire.
Duke Neurology Exit Interview

Date: ____________

Time: ____________

Script: Thank you for taking time to meet with me today; getting your feedback is very important to the Neurology Department. Although we are sorry that you are leaving (have left) Duke Neurology, we hope that this move will benefit you both professionally and personally. The purpose of conducting exit interviews is improvement; we want to understand the factors that led to your decision to leave Duke and we want your perspective on what we might do to improve the Neurology Department as a place to work. You may decline to answer any questions that make you feel uncomfortable. Confidentiality will be respected as much as possible though cannot be guaranteed in cases when specific and identifiable events are discussed.

- How long have you been/were you at Duke?
- What caused you to start looking for a new job in the first place?
- Why did you decide to leave Duke Neurology?
- Did you share any concerns you had with anyone prior to deciding to leave? What was the response?
- What factors would have influenced you to continue working at Duke Neurology?
- How were your relationships with your peers?
- How was your relationship with your manager/supervisor?
- What could your supervisor do to improve his or her management style and skill?
- What are your views about management and leadership, in general, at Duke Neurology?
- Was your decision to leave due in part or in total to bullying, harassment, or discrimination?
- Do you feel you had the resources and support necessary to accomplish your job? If not, what was missing?

- Did you have clear goals and know what was expected of you in your job?

- Did you receive adequate feedback about your performance?

- What did you like most about your job?

- What did you dislike about your job?

- What would you change about your job?

- What do you value about working with Duke Neurology?

- What did you dislike about working with Duke Neurology?

- Do you have any comments about how people are treated based on race, gender, sexual orientation, political affiliation, or socioeconomic status within Duke Neurology?

- What would you recommend to help us create a better workplace?

- What would make you consider working for Duke Neurology again in the future?

- Can you offer any other comments that will enable us to understand why you are leaving and how we can improve?
### Department of Neurology
**Administrative/Human Resources**
**Policies and Procedures**

<table>
<thead>
<tr>
<th><strong>Policy Title:</strong></th>
<th>Department of Neurology <em>Patient Communication – Inbasket Turnaround Times</em></th>
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<tbody>
<tr>
<td><strong>Original Issue Date:</strong></td>
<td>Effective 11/1/2018</td>
</tr>
<tr>
<td><strong>Purpose:</strong></td>
<td>This policy defines the expectations and requirements for faculty and staff in the Department of Neurology when communicating with patients, families, and other staff members. It is the Department’s position that communicating with our patients in a timely manner contributes to high quality care and is an integral component of patient safety. Using only Duke Health approved communication platforms ensures we are HIPAA-compliant and mitigates risk of unauthorized disclosure of patient information.</td>
</tr>
<tr>
<td><strong>Definitions:</strong></td>
<td>1. MaestroCare messaging – Duke’s electronic health record communication platform 2. Microsoft Outlook – email system used at Duke Health for business communication 3. MyChart inbasket messaging – Maestro functionality that allows patients to send messages directly to their providers 4. Quarterly calculations are completed at the end of Sept 30, Dec 31, Mar 31 and June 30</td>
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<tr>
<td><strong>Policy:</strong></td>
<td>Timely patient response is integral to quality of care and patient safety. Providers are expected to respond to all MyChart messages from patients for medical advice and patient refills within 72 hours of receipt (3 business days). Per Duke policy, providers must document their response back to the patient in MaestroCare. Provider in-basket turnaround within 72 hours compliance is monitored monthly via the Department’s Balance Scorecard. The target threshold for completion of this requirement is 86.5%. Providers who fail to meet the required 86.5% completion threshold by the end of each 3-month quarterly calculation will be asked to attend the outpatient executive committee meeting for a formal review of their situation and present an action plan to achieve the goal. Providers who fail to meet the required 86.5% completion threshold by the end of each 3-month quarterly calculation will be asked to attend the outpatient executive committee meeting for a formal review of their situation and present an action plan to achieve the goal. Providers should also be aware of the Duke Health System &amp; PDC professional practice evaluations as required by the Joint Commission. The 72-hour in-basket performance threshold for professional practice evaluations is the 5th percentile for all credentialed providers. Providers should also be aware of the Duke Health System &amp; PDC professional practice evaluations as required by the Joint Commission. The 72-hour in-basket performance threshold for professional practice evaluations is the 5th percentile for all credentialed providers. Providers and staff should refrain from using Outlook email when the communication is about patients or includes patient identifying information. MaestroCare should be</td>
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used for all communications specific to patient care, and is the approved method of communication of protected health information at Duke Health.

Providers and staff should refrain from sending emails through outlook to patients and families, or sharing their Duke emails. Per Duke policy, patients/families should be encouraged to enroll in MyChart. MyChart is the preferred communication platform and is HIPAA compliant. Should there be a need to communicate with the patient and Outlook is the only option, providers must adhere to the Duke email security policy and use send secure functionality to encrypt the email and ensure HIPAA compliance.

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<th>Governing Sources</th>
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Policy Title: Department of Neurology Faculty Delinquent Ambulatory Encounter Policy

Original Issue Date: Revised 5/1/2017

Purpose: This policy addresses delinquent ambulatory encounters. It is the Department’s position that closing ambulatory encounters in a timely manner contributes to high quality care and fiscal responsibility. This policy does not apply to APP’s, resident clinic charts or procedure notes.

Definitions:
1. Delinquent Encounter – An ambulatory unsigned/open encounter for 5 or more calendar days from the date of service.
2. PDC submission date for payroll 14th of each month – pay date 25th of each month.
3. Preferred contact is the methodology Faculty provides to the Department for notification of delinquent encounters.

Policy: Faculty members in the Department of Neurology are required to close all ambulatory encounters within 5 days of the date of service. The following steps will be taken for those faculty members who fail to abide by this policy:

1. Notification of delinquent encounters as of 8:00 am on the 25th will go out to Faculty members preferred contact by the end of business on the 25th of each month.
2. Faculty will have until 10:00 pm on 29th of each month to close their delinquent encounter list.
3. Faculty with 5 or more delinquent encounters remaining on the 29th of each month will have their monthly PDC paycheck withheld until encounters are closed.
4. Faculty with 5 or more continuous delinquent encounters will continue to have their PDC check withheld until complete.
5. Faculty members with delinquent encounters greater than 90 days will have their monthly PDC check withheld until completion.
Research Integrity

Duke University policies and procedures governing misconduct in research establish how allegations or evidence of possible research misconduct will be addressed. The Standing Committee on Misconduct in Research is charged with administering the Duke University policies and procedures governing misconduct in research for the School of Medicine, School of Nursing and Duke University Health System.

The misconduct review officer is the individual designated by the institution as responsible for assessing allegations of research misconduct to determine if they fall within the definition of research misconduct as defined in University policy and warrant an inquiry, overseeing inquires and investigations and providing administrative support for the Standing Committee on Misconduct in Research.

Research misconduct is defined in accordance with federal policy as:

- **Fabrication**: The making up of data or results and the recording or reporting them;
- **Falsification**: The manipulation of research materials, equipment or processes, or the change or omission of data or results such that the research is not accurately represented in the research record;
- **Plagiarism**: The appropriation of another person’s ideas, processes, results or words without giving appropriate credit.

Research misconduct does not include honest error or differences of opinion, authorship disputes that do not involve plagiarism, and violations of other University policies.

**Reporting Concerns or Allegations of Research Misconduct**

Any individual having reason to believe that research misconduct has possibly occurred must report the matter to the misconduct review officer (MRO), their department chair or division chief, dean or other appropriate institutional official. Allegations brought to individuals other than a MRO will be promptly forwarded to the MRO.
**Donna Kessler, Ph.D.**
Research Integrity Officer
(919) 668-5115
donna.kessler@duke.edu

If an individual is unsure whether a suspected incident falls within the definition of research misconduct, he or she may meet with or contact the MRO to discuss the suspected research misconduct informally, which may include discussing it anonymously and/or hypothetically.

If the circumstances described by the individual do not meet the definition of research misconduct, the MRO will refer the individual or allegation to other offices or officials with responsibility for resolving the problem. At any time, an institutional member may have confidential discussions and consultations about concerns of possible misconduct with the RIO and will be counseled about appropriate procedures for reporting allegations.

Concerns about research misconduct should be reported through the **Integrity Line: 1-800-826-8109**. The Integrity Line is a telephone hotline open 24 hours a day, 365 days a year. Individuals can call the hotline to report a concern without giving a name. Calls will not be traced. If an individual wants to leave his or her name to help answer questions about the situation, the individual's confidentiality will be protected to the extent the law allows.

**Resources**
- [Office of Research Integrity, Public Health Service](#)
- [Duke University Policy and Procedures Governing Misconduct in Research](#)
Harassment & Discrimination Policy

Policy Information
Policy Number: 03.04
Issued Date: 07/01/2006
Updated: 04/05/2017

https://hr.duke.edu/policies/diversity/harassment-discrimination

Policy Statement
In order to promote a respectful and productive work environment, harassment of any kind is not acceptable at Duke. Duke also prohibits harassment and discrimination based upon an individual's age, color, disability, gender, gender expression, gender identity, genetic information, national origin, race, religion, sex, sexual orientation, or veteran status.

Harassment occurs when unwelcome verbal or physical conduct, because of its severity and/or persistence, interferes significantly with an individual's work or education, or adversely affects an individual's living conditions. Harassment also occurs when a person uses a position of authority to engage in unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature.

The conduct alleged to constitute harassment is evaluated from the perspective of a reasonable person similarly situated to the individual complaining and in consideration of the surrounding circumstances and facts. It is important to know that harassment is distinguished from behavior that, even though unpleasant or disconcerting, is appropriate to the responsibilities of certain instructional, advisory, or supervisory roles.

Policy Details
Administrative responsibility for implementing the Duke’s policies prohibiting harassment and discrimination rests with the Office for Institutional Equity (OIE). The Assistant Vice President and Director, Title IX Compliance is the University's designated Title IX Coordinator and responsible for implementing Title IX. Title IX is a federal law that prohibits sex discrimination, including sexual harassment. View OIE's website for more information about Duke’s harassment and discrimination policies, OIE and Title IX. The website also provides contact information for the Vice President for Institutional Equity and the Director of Title IX Compliance.
DUKE UNIVERSITY SCHOOL OF MEDICINE

DEPARTMENT OF NEUROLOGY

PROMOTIONAL PUBLICATION POLICY AND PROCEDURES

Purpose:

The Duke Department of Neurology produces a variety of promotional materials to showcase the work of its researchers, trainees, staff, and clinicians (collectively referred to as “department members”). The procedures herein are designed to empower department members with control over their own likenesses.

Procedure:

1. All internal or external requests for promotional publications must be coordinated through the department’s Business Manager.
2. Verbal or written consent must be obtained prior to obtaining any new photographs of department members.
3. Verbal or written consent must be obtained prior to repurposing previously obtained photographs of department members.
4. Subjects in photographs must be identified by name, highest degree, and, if applicable, academic rank (e.g. Jane Doe, M.D., Associate Professor of Neurology).
5. Junior faculty should be featured as prominently as senior faculty whenever possible to help with career development.
6. Race and gender diversity in publications, while important, should not have the appearance of “props” for the sole purpose of highlighting diversity. Rather, a diverse group of members should be featured for their work.
7. A draft publication must be submitted to the Business Manager to review and confirm the above criteria have been met.
8. When the Business Manager is satisfied that the publication meets departmental standards, the draft should be forwarded to another departmental leader, such as the Chair or the Director of Diversity and Inclusion for a second review to ensure all departmental standards have been met.
9. The publication can proceed once the Business Manager and a second departmental leader agree with publication.
Neurology Department Ongoing Professional Performance Evaluation (OPPE) Credentialing Metrics

Every six months, Neurology providers are required to maintain minimum standards to maintain privileges for Duke and the PDC. Multiple measures are reported. Volume-based measures, such as the number of consults seen, are reported only for statistical purposes, have no credentialing targets, and do not have baring on your OPPE performance.

Measures were selected to cover both outpatient and inpatient practice. Given different practice patterns, not all providers will have data relevant to all measures. For example, consulting providers rarely have data on discharges and inpatient providers to not generate CGCAHPS satisfaction scores.

The targets for these measures are set at 5th percentile for all health system and PDC providers. Providers are only held accountable for measures with \( n \geq 5 \) cases. For newer measures, where limited running data is available, estimated 5th percentile targets are set initially and refined over time. As target scores are percentile based, they can vary.

If a provider fails to achieve 5th percentile in a credentialing measure, they will have a coaching/mentoring meeting with their division chief to identify measures they can take to improve performance and support structures that can assist them. Repeated variances in OPPEs, without evidence of improvement, can require a provider to undergo a focused professional performance evaluation (FPPE) for a minimum of 90-days.

Below, please find a list of the current neuroscience OPPE Measures, their definitions (table 1) and targets (table 2).

Table 1: Neurology OPPE measures and their definitions
Table 2: Neurology OPPE measure targets.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target</th>
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<tbody>
<tr>
<td>Ambulatory Consults</td>
<td>No Target</td>
</tr>
<tr>
<td>CGCAHPS Provider Communication Domain Score</td>
<td>&gt;81.29%</td>
</tr>
<tr>
<td>Clinic Visits</td>
<td>No Target</td>
</tr>
<tr>
<td>Closed Encounters within 5 business Days</td>
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</tr>
<tr>
<td>CMI</td>
<td>No Target</td>
</tr>
<tr>
<td>Consult Note Timeliness</td>
<td>&lt;183Hrs</td>
</tr>
<tr>
<td>Critical Care Consults</td>
<td>No Target</td>
</tr>
<tr>
<td>Discharge Summary within 120Hrs</td>
<td>&gt;80%</td>
</tr>
<tr>
<td>HCAHPS Communication with Provider Domain Score</td>
<td>&gt;57.39%</td>
</tr>
<tr>
<td>In basket Provider Turn Around within 72 hrs</td>
<td>&gt;41.60%</td>
</tr>
<tr>
<td>Inpatient Admissions</td>
<td>No Target</td>
</tr>
<tr>
<td>Inpatient discharges</td>
<td>No Target</td>
</tr>
<tr>
<td>Inpatient initial consults</td>
<td>No Target</td>
</tr>
<tr>
<td>Progress Notes Completed Every 24Hrs</td>
<td>&gt;91.2%</td>
</tr>
<tr>
<td>Signing of H&amp;P within 24hrs (APP-only)</td>
<td>&gt;80%</td>
</tr>
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</table>
Duke Neurology Academic Promotions Procedure

1. Evaluate career progress with assigned APT Committee mentor using promotion requirement guidelines that are specific to each Track. 
https://medschool.duke.edu/about-us/faculty-resources/faculty-appointments-promotion-tenure/clinical-science-apt/faculty/tracks

2. When mentor determines the promotion is likely, discuss promotion with division chief and Chair

3. If division chief agrees that promotion would be likely, division chief writes letter of support to APT Committee. Candidates can serve as the primary authors of their own letters on behalf of their division chiefs, but the letter is signed by the chief.

4. Candidates prepare their CVs in the approved APT format to submit with the chief’s letter.

5. APT Committee votes on whether to move forward with promotion process

6. Candidate is notified to provide names of letter writers who can support promotion. 
Letter writers should not be well known to the candidate (e.g. present and former colleagues, co-authors, and supervising attendings during residency are excluded). 
Letter writers should be able to independently evaluate the CV to assess if a candidate with a similar CV would be promoted at their institutions. Letter writers must be at the academic rank being sought or higher.

7. Candidates prepare their academic and teaching statements as well as an annotated bibliography and annual educational summary tables.

8. APT Committee evaluates candidate statements and outside letters to determine suitability for promotion.

9. Chair notifies candidate of APT Committee decision. If favorable, recommendation for promotion is forwarded to Dean and SOM APT office.

10. If tenure is under consideration, Additional approvals are then sought from the SOM, Dean, Medical Center Executive Committee, Chancellor, and Board of Trustees.
The following document informally summarizes the key steps needed for academic promotions with Duke University School of Medicine. Publication numbers are provided as a rough guide. Faculty frequently have higher numbers of publications at the time of promotion, but quality of promotions and career trajectory are also factored in to an assessment of publications.

For official details, please visit the SOM website: https://medschool.duke.edu/about-us/faculty-resources/faculty-appointments-promotion-tenure.

**Track 1: Clinician-Teacher**

To move from Instructor to Assistant:
- Demonstrates clinical skills and commitment to the institution
- Local reputation for clinical work
- Local teaching
- Clinical research and research collaborations
- 3 peer-reviewed publications of any kind

To move from Assistant to Associate
- Demonstrates academic and clinical excellence
- Regional reputation for clinical work
- Teaching at national meetings or division-level programming
- Nationally notable research with roles on steering committees and multi-center research participation
- 15+ articles and chapters (5 first/last author), invited reviews, prominent chapters

To move from Associate without Tenure to Associate with Tenure
- Individual deemed to be a continued asset to Duke throughout career
- Leadership of externally funded clinical research
- 20+ publications (5 first/last author)

To move from Associate to Professor
- Demonstrates clinical excellence of national renown
- National reputation for clinical excellence
- National reputation for teaching with teaching awards, leading departmental training or medical school courses
- National reputation for research excellence with leadership roles in multi-center research
- 40+ publications (10 first/last author)
Track 2: Researcher/Clinician-Practitioner/Teacher

To move from Instructor to Assistant:
- Demonstrates promise for and commitment to academic medicine
- Commitment to teaching
- Member of clinical trial team, collaborative research
- Submission of grants
- 3 peer-reviewed first-author publications excluding case reports

To move from Assistant to Associate
- Demonstrates outstanding scholarship and clinical excellence
- Regional reputation for clinical work
- Teaching at national meetings or division-level programming
- Leading clinical trials, trial collaborations, national reputation
- 15+ articles and chapters (5 first/last author or equivalents) of original research

To move from Associate without Tenure to Associate with Tenure
- Individual deemed to be a continued asset to Duke throughout career
- Leadership of externally funded clinical research
- Sustained funding through peer-reviewed grants
- 25+ publications (10 first/last author)

To move from Associate to Professor
- Demonstrates extraordinary national eminence
- National reputation for clinical excellence
- Invited lectures at national meetings
- National reputation for research excellence with leadership roles in multi-center research
- 50+ publications (20+ first author, last author, study chair, lead study designer papers)
Track 3: Researcher/Teacher

To move from Instructor to Assistant:
- Demonstrates commitment to academic research and teaching
- Presentations at national meetings.
- Submission of peer-review grants
- 3 peer-reviewed first-author publications excluding case reports

To move from Assistant to Associate
- Demonstrates outstanding scholarship and educational contributions
- Invited lectures at national meetings, teaching wards
- Nationally notable research with roles on steering committees and multi-center research participation
- 15+ articles and chapters (5 first/last author or equivalents), invited reviews, prominent chapters

To move from Associate without Tenure to Associate with Tenure
- Individual deemed to be a continued asset to Duke throughout career
- Leadership of externally funded clinical research
- Sustained funding through peer-reviewed grants
- 25+ publications (10 first/last author) of original research

To move from Associate to Professor
- National reputation for research excellence with leadership roles in multi-center research
- 50+ publications (20+ first/last author) of original research
Track 4: Academic Clinician

To move from Instructor to Assistant:
- Demonstrates clinical skills and commitment to the institution
- Clinical excellence determined by references or quality metrics
- Demonstrate excellence in teaching
- Participate in curricular design
- Provide service to the department, institution, or community

To move from Assistant to Associate
- Demonstrates academic and clinical excellence
- Regional reputation for clinical work
- Collaborations across medical disciplines
- Develop new clinical approaches and innovation in specialty
- Educational scholarship and innovation with implementation
- Mentoring of junior faculty and trainees
- Collaborate on research
- Publish reviews, chapters, research, or case reports
- Lead institutional, regional, or national committees
- Provide significant contributions and service to department, institution, or community

To move from Associate to Professor
- Demonstrates clinical and academic excellence of national renown
- Multi-state referral base
- Clinical excellence
- Leadership across medical disciplines
- Develop and disseminate innovations in clinical care
- Outstanding educational scholarship
- Develop new educational instruments
- Lead implementation of curricular materials and activities
- Lead departmental educational activities
- Mentor mid-career and junior faculty and trainees
- Provide effective leadership in department educational activities
- Participate in national research groups
- Show sustained clinical trial funding
- Provide effective leadership in facilitating research
- Sustained record of publications that is increasing over time
- Publish invited reviewed, edit textbooks
- Demonstrate leadership in in the institution
- Demonstrate leadership and participation in national organizations
- Demonstrate major contributions to administrative department, institution, or community
Track 5: Research

To be appointed Assistant:
- Demonstrates creativity and promise in early research
- 5 peer-reviewed publications of original research

To move from Assistant to Associate
- National reputation for research
- 15 peer-reviewed publications of original research (3 first/last author)
- Mentoring trainees
- Local leadership

To move from Associate to Professor
- 40+ publications (6 first author)
- National leadership
APT Intellectual Statement Guidelines

Each Faculty dossier submitted for promotion and/or award of tenure should contain an intellectual development statement from the candidate, addressing critical areas of experience, contribution and accomplishment (e.g., Educational Background and Training, Activities, Teaching Contributions, Academic Achievements and Scholarship, Grant Support, local, national and international Leadership, etc., as appropriate). This statement should also include the candidate’s vision and goals for continuing professional development within the academic environment.

With regard to the summary of educational contributions, certain materials should be provided as part of the candidate’s intellectual development statement. [Additional materials are to be provided by the departmental Chair.] While appropriate summaries of teaching, mentoring and educational activities are expected from all regular rank Faculty, comprehensive summaries of such activities will be especially important for Faculty on Tenure Subtrack I (Clinician / Teacher) and for Faculty on the Clinical Track. Faculty involved primarily with research should include teaching and mentoring activities that occur within the context of ongoing research efforts (e.g., laboratory training and instruction). The text and table below are provided as a general guide for organizing relevant materials. They should be adapted to the particular activities of the individual Faculty member.

**Materials prepared by the candidate in support of recommendations for promotion or tenure:**

1. Within the intellectual development statement, the candidate should address his/her accomplishments and plans as a teacher, mentor and educator. Elements to be included with regard to the educator role are:
   a. Personal goals and strategies for meeting them
   b. Approaches to and philosophy of teaching, learning, and mentoring
   c. Courses, programs, and curricular activities, both accomplished and envisioned
   d. Future directions

2. Candidate’s self-report of educational activities and contributions, to include local as well as regional, national, or international contributions. This report should include
   a. Tabular summaries (recommended format attached) of educational activities (identifying learners, context, and type of educational activities), and
b. Identification and detailed description of the educational contributions considered by the candidate to be her/his best efforts

**Example Format**

The table below includes an extended listing of activities to assist in identifying the broad range of teaching and educational activities contributed by our Faculty. Adapt it as appropriate to capture effectively your educational contributions to the academic mission of the Medical Center.

It is suggested that a separate table be used for each fiscal year (July 1 - June 30) to simplify presentation. Expand sections as needed. *Least three years of documentation required*

**Tabular Summary Of Teaching, Mentoring and Educational Activities. (C.V. may be referenced as appropriate) (Readable Version)**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Fiscal year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Teaching</td>
<td>Include ward rounds, routine supervision of learners in clinical settings, preceptor activities. Estimate number and type of learners as well as hours working with learners.</td>
</tr>
<tr>
<td>Lectures</td>
<td>Number and audience (course names if applicable)</td>
</tr>
<tr>
<td>Seminars/Case Conferences</td>
<td>Formal Seminars / Case Conferences that you present or direct. Note the audience and number of seminars.</td>
</tr>
<tr>
<td>Laboratories</td>
<td>Document supervision in laboratories, such as the surgery practical labs, pathology labs and physiology labs.</td>
</tr>
<tr>
<td>Mentoring Activities</td>
<td>Names of those mentored; indicate formal vs. informal mentoring</td>
</tr>
<tr>
<td>Research Preceptorship</td>
<td>Include preceptorships of medical students, residents/fellows, graduate students, postdoctoral fellows, and junior faculty</td>
</tr>
<tr>
<td>CME (within Duke)</td>
<td>Include Grand Rounds, journal clubs, and all other formal CME activities at Duke in which you have participated as instructional faculty. Indicate audience and sponsor, and program name/dates.</td>
</tr>
<tr>
<td>Course/Curriculum Development</td>
<td>Note any major role in designing or revising an educational activity, such as medical school courses, resident seminars or CME programs</td>
</tr>
<tr>
<td>Materials Development</td>
<td>Note any educational materials you developed, such as video or audio teaching tapes, or CD-ROM modules.</td>
</tr>
<tr>
<td>Educational Committees</td>
<td>Include standing medical school, departmental and institutional committees which are primarily focused upon education, such as the Medical Center Continuing Medical Education Committee and the Medical School Curriculum Committee.</td>
</tr>
<tr>
<td>Invited Presentations (outside Duke)</td>
<td>Include Grand Rounds and other educational activities outside Duke to which you contribute as instructional faculty</td>
</tr>
<tr>
<td>Other: (describe)</td>
<td></td>
</tr>
</tbody>
</table>
Instructions for publications to be included in promotion dossier:

**List of Five Most Important Publications:** A list of the faculty member’s five (5) most significant publications over the past seven years. The annotated listing of publications should consist of: the 5 most significant publications over the past 7 years; a full citation for each work (author, publication year, title of article, journal name, volume and pages); a brief, 3-4 sentence description of the major findings of each work and its significance. The list should be determined by the faculty member.
Faculty Mentoring Meeting

Faculty Member: ____________________
Date of Meeting: ____________________
Mentor: _________________________

1. Effort Distribution: How is your effort currently distributed between clinical and academic (teaching, research responsibilities), and how are these funded? How would you envision this changing over the next 5 years?

2. Current Academic Rank and Track, and what do you anticipate is your promotion timeline?

3. Please list your academic and teaching accomplishments over the last year, including any Duke, regional or national leadership positions and any lectures you have given.

4. What are your specific academic goals (teaching, research, leadership) for the next year and for the next 5 years? What is your assessment of progress towards these goals?

5. Please identify any personal challenges and/or institutional impediments towards career advancement at Duke?

Faculty Signature: ____________________ Date: ____________

Mentor Signature: ____________________ Date: ____________
Duke University
Department of Neurology
Faculty Performance Evaluation

This performance review is to evaluate a faculty member’s performance over the course of the academic year. July 1, 2017 – June 30, 2018

Performance Rating Scale

1 = Unsatisfactory. Consistently fails to meet minimum standards. A plan for improvement should be developed.
2 = Does not meet expectations. Performance inconsistently meets minimum standards. A plan for improvement should be developed.
3 = Meets expectations. Performance meets the minimum standards as set forth by the Division, Department or Chair.
4 = Exceeds expectations. Performance is consistently above expectation for quality and/or quantity of work completed.

1. Teaching. Actively participates in teaching with appropriate levels of learners. Provides appropriate supervision, feedback, guidance and mentorship to learners. Faculty is available and engages with learners when asked. Faculty participates in invited lectures, CME programs, grand rounds and educational conferences.
   
   Rating: 1 2 3 4
   
   Comments:
   
2. Research/Scholarship. Faculty consistently contributes to peer-reviewed publications. Participates in oral presentations, poster presentations or study sections. Faculty member consistently obtains grant support and/or participates in clinical trial activity.
   
   Rating: 1 2 3 4
   
   Comments:
3. **Clinical/Professional Service.** Faculty member achieves clinical productivity and WRVU targets. Faculty meets standards for patient satisfaction results. Review faculty member’s roles in institutional, regional and national service roles.

   Rating: 1 2 3 4

   Comments: 

4. **Professionalism/Administrative.** Behavior is respectful towards everyone at all times and individual actions foster a safe and inclusive work environment. Completes required clinical documentation and patient follow up activities consistent with PDC and Departmental policy. Completes required grant submission and ongoing review documentation in a complete and timely manner. Participates in Institutional committees and leadership roles. Supportive of Departmental goals and initiatives.

   Rating: 1 2 3 4

   Comments: 

5. **Overall Rating.** 1 2 3 4

6. **Goals and discussion of plan for coming year.**

   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

Reviewer’s Signature Date

Department Chair’s Signature Date

Faculty Signature Date
Duke Neurology Vice Chair Job Qualifications

1. Demonstrate mentorship or sponsorship for other faculty or trainees
2. Service on departmental and/or health system committees including leadership roles with preference given to those who have also served national and/or international medical society leadership roles.
3. Complete implicit bias training

Duke Neurology Vice Chair Job Descriptions

Senior Vice Chair:
The Senior Vice Chair has a flexible role providing counsel to the chair. The Senior Vice Chair also chairs a committee composed of members of each division that takes on special projects as directed by the Department Chair.

Clinical Operations:
The Clinical Operations Vice Chair is responsible for overseeing the department’s clinical practice. This vice chair is responsible for setting policies that govern outpatient clinics and coordinating the physicians and advanced practice providers with the nursing staff and hospital operations teams.

Education:
The main role is coordination and oversight of the various educational activities within the Department of Neurology, including undergraduate (medical students) and graduate (residents and clinical fellows) medical education. The actual responsibility for individual programs lies with the Program Directors. The vice-chair’s role is coordination among the various programs, coordination with the Duke GME office and the Duke Medical School administration, and aiding in development of new programs.

Academic Affairs:
The role of the Vice Chair of Academic Affairs is to work with the Chair to advise and facilitate considerations for faculty promotions in rank and to serve as the Departmental representative for the School of Medicine in issues related to academic service, promotion, and mentorship. Specific responsibilities include overseeing and chairing the Departmental Appointment, Promotions and Tenure (AP&T) Committee, Communicating to the Department Chair in writing the recommendations of the faculty regarding Appointments, Promotion, and Tenure decisions; Meeting with new faculty to review faculty tracks and the Appointments, Promotion, and Tenure procedures; Meeting with faculty considering promotion to discuss appropriate timing and likely success of application; Supervising and participate in the annual faculty mentorship and review, and serving as the Departmental representative for School of Medicine Committees regarding faculty policies, promotions and mentorship.

Research:
The Vice Chair for Research is responsible for evaluating potential research faculty during recruitment, mentoring scientists in the department, and facilitating growth in their careers. This vice chair also helps coordinate shared resources and organize research space.
**Strategy:**
The Vice Chair, Contracts and Strategy role is appointed to assist the Department Chair, Division Chiefs, and any departmental programmatic leaders in the planning, development, and execution of strategic initiatives. The Vice Chair also regularly attends meetings with the health system and PDC to act as a liaison and representative for the Department of Neurology.

**Information Technology:**
The Vice Chair for Information Technology is responsible for coordinating the IT for the department, including, but not limited to electronic medical records, transcription services, and telehealth.

**Inclusion, Diversity, and Empowerment**
The Vice Chair of Inclusion, Diversity, and Empowerment will serve at the discretion of the Department Chair to address issues of diversity, climate, and inclusion within the Department of Neurology for faculty, staff, and learners. This individual will serve as a liaison to the Duke Office of Diversity & Inclusion and the School of Medicine Inclusion Council in order to foster an environment of inclusive excellence that supports Departmental mission and values.
Duke Neurology Division Chief Job Duties; Five Year Terms, reviewed by Department Chair

Clinical Care/Services
1. Identify clinical workforce needs and oversee hiring of new faculty and APPs to ensure wait times meet departmental goals.
2. Work with JT on Strategic hiring of clinicians
3. Utilize best practices to promote and implement inclusive hiring processes.
4. Oversee clinical practice within the division to ensure providers meet standards of care and subspecialty-specific guidelines and metrics.
5. Work cooperatively with relevant CSU directors to ensure good Departmental – Health System alignment.
6. Identify yearly QI goals for division and implement plans to achieve them

Research
1. Facilitate research endeavors within the division
2. Provide support for members seeking internal and external funding
3. Manage divisional NCRO clinical trial workload to optimize subject recruitment and academic goals.
4. Identify potential research recruits

Administrative
1. Develop and maintain a five year strategic plan for clinical care teaching research and mentorship that integrates with department, SOM and DUHS strategic plans.
2. Develop a new yearly divisional goal which could be a QI project, research goal across the division or other.
3. Attend regular Division Chief meetings
4. Attend monthly departmental faculty meetings
5. Oversee division financial viability and member productivity in partnership with JT Solomon. This will include both clinical and research budgets. Develop an incentivized funds sharing between the division and department.
6. Hold Monthly or bimonthly Division Meetings (Clinical, Research or Admin), one of which will be attended by the department chair. These should be required attending for divisional members
7. Communicate Departmental priorities, strategies and initiatives as presented discussed and codified in the minutes of departmental aculty meetings and Vice Chair / Division Directors meetings.
8. Collaborate with other divisions within the department and other departments within the health system to further the vision of the department and meet health system goals. (Especially Duke Community Neurology)
9. Meet with dept Chair every two months
10. Oversee and coordinate divisional web content with Will Alexander
11. Develop a 5-year plan by June 1 2020 and update annually.

Faculty Development
1. Demonstrate mentorship for divisional faculty members and be accountable for academic and/or clinical progress of young faculty members
2. Meet individually with all division faculty by April 1 of each year regarding academic, teaching and clinical productivity. Provide annual written and face-to-face evaluations for each faculty member and APP in the division by January 15 of each year.
3. Provide conflict resolution support for division members
4. Provide guidance for faculty on academic promotions. Submit nomination letters for members seeking academic promotion when appropriate.

Teaching/Education
1. Work with fellowship directors for recruitment of fellows in divisions that sponsor fellowships
2. Encourage medical student, resident and fellow involvement within the division
3. Host (as a division) one Neurology Grand Rounds presentation per year and present at one Department Faculty meeting per year.
4. Encourage divisional members attending Grand Rounds and Faculty Meetings

Fundraising/Community Outreach
1. Facilitate fundraising efforts among patient population and interested parties
2. Oversee patient outreach efforts within the division
The following optional template has been created to help organize and capture your input for your FY2019 Diversity & Inclusion metric. As you recall, the D & I Metric for the July 1, 2018 – June 30, 2019 (i.e. FY 2019) is:

- Complete a comprehensive assessment of the results of the DES survey for your entity, document key findings and priority issues, and develop plans for addressing the priority issues.

### A. Introduction

**NOTE:** Use this section to give a brief overview of your Center/Department/Institute’s current vision, strategies, and/or approaches to diversity & inclusion.

The underlying approach to D&I in the Department of Neurology is to correct systemic and historic impediments to inclusion. Efforts to change individuals’ beliefs or behaviors are felt to be less effective than institutional changes. Additionally, we focus on changes that can improve inclusion for all members of our department as opposed to targeting specific groups. This approach is felt to increase engagement from a greater number of members. The effects of our efforts can differentially help some groups more than others, but it is not identified as a targeted effort. For example, telling female faculty members that they can improve their chances at promotion by identifying more mentors is felt to be less effective than assigning mentors to all junior faculty by default (a systems rather than a personal approach). Assigning mentors to all faculty might differentially help women who historically have had a more difficult time finding mentorship, but the policy helps both women and men in need of mentorship. Similarly, decreasing our reliance on standardized test scores in residency application reviews would help anyone with a lower-than-average score match at Duke, but since these scores stratify by race, it can still have the effect of increasing racial diversity in our admissions.

### B. Key Findings & Priorities ***

From your review of the Diversity Engagement Survey findings for your entity, what key findings emerged as priorities? Provide any insights into areas of strength and opportunities for improvement.

**NOTE:** Utilize your entity’s Diversity Engagement Survey (and other relevant data) to identify key findings that emerged. This can be gleaned from survey question results as well as comments from open ended questions. Consider utilizing the analysis tool available in Tableau (LINK: https://tableau.oit.duke.edu/#/site/prod/workbooks/11677/views) to explore survey questions by various identity characteristics (i.e. role (faculty, staff, residents), gender, race/ethnicity, sexual orientation, education, religion). Also reference the Duke Box folder “DES Analysis and Supporting Documents” for a DES Analysis Worksheet, Suggested Strategies, and DES User Guide. Contact rebecca.redmond@duke.edu for access and questions.

Neurology received 17 comments from faculty, staff, and trainees. Several respondents noted improvement in diversity and inclusion over time, though most respondents felt there was still more work to be done. Most comments were independent and not attributable to a broader theme. However, there were some ideas mentioned in multiple
FY2019 Diversity Strategic Plan Report Template

comments. The most frequently cited concerns were regarding a gender imbalance in leadership, lack of racial diversity, and disparities of financial compensation. Numbers support these concerns. The department is approximately 40% female, but until the past few years, there were no female vice chairs or division chiefs. Efforts to rectify this have led to the appointment of two women to the ranks of division chiefs (25%) and two as vice chairs (29%), narrowing but not eliminating the gap in representation of women in departmental leadership. Likewise, no faculty members who responded to the survey identified as being a member of a race that is traditionally underrepresented in medicine (Black, Hispanic, Native Alaskan/Native American, Native Hawaiian/Pacific Islander). Internal numbers indicate that 5 faculty members identify with one of these groups (~6%, which is about the national average in academic medicine). The staff category contained more racial diversity with 6% reporting as Hispanic and 17% as Black. The survey response questions were aligned with the above data, identifying diversity, financial equity, and sense of belonging/trust in the SOM as priorities for our D&I efforts.

C. Entity Progress and Plans for Addressing Priority Issues ***

NOTE: Consider drawing upon your local findings from the DES and previous consultation with the Chief Diversity Officer/Assistant Chief Diversity Officer to share your progress to date for previously identified priority areas. Include successes from implemented strategies. The second half of this section should include a forward looking plan with some specific short, mid, and long-term goals.

This year’s work was focused on three methods of addressing the above-noted priorities established by the respondents: improving transparency, education, and recruitment. The value in improving transparency is that members of the department will feel more of a sense of belonging by understanding the leadership structure and decision-making processes as well as feeling like they have a chance to become departmental leaders themselves. To do this, we have prepared a faculty handbook that includes a compilation of organizational charts, departmental policies (including academic and departmental promotions procedures), and job descriptions for departmental leadership positions. To demonstrate the importance of D&I to the department, monthly emails highlighting the department’s D&I work are sent to all faculty, staff, and trainees in the department. We have published the 2018 Diversity Strategic Plan on the Neurology intranet site for all members to review along with writing and publishing the department’s D&I mission statement.

One oft-heard concern is that leadership is not involved in D&I efforts directly. To combat this, we elevated D&I-related events to include leadership. Implicit bias training was provided to residency application reviewers and a D&I grand rounds series was implemented covering topics of racism’s effects on health, women in neurology, and caring for the homeless and economically disadvantaged. The department Chair and the Director of Diversity and Inclusion meet monthly to discuss the department’s progress toward inclusive excellence. The department has also produced scholarly work related to D&I. We published an article describing the benefits of reducing reliance on USMLE scores in diversifying the residency applicant interview pool and produced a series of articles on Neurology and Women’s Health.

Correcting a lack of diversity was a priority for both members and leadership in Neurology. We took several steps that we hope will improve our diversity in the coming years. First, the residency review process was revised, which had the effect of increasing the number of members from backgrounds that are traditionally under-represented in medicine. One of our seven incoming residents identifies as a URM (Hispanic). To continue to ensure that we recruit from a diverse population, Duke Neurology participated in recruitment events at Howard University, a historically Black medical school and the Student National Medical Association annual convention, which is also a predominantly Black organization. We were unable to attend in person but sent recruitment materials to the Latino Medical Students Association annual meeting also. Given that Duke is a relatively diverse medical school, we pay
specific attention to recruiting from the Duke School of Medicine. Our Chair hosts dinners at his home with personal invitations sent to medical students from under-represented backgrounds. At the faculty level, we have introduced a recruitment strategy that reflects best practices of an inclusive search with the Director of Diversity and Inclusion participating as a member of faculty search committees. Finally, Duke Neurology is a founding sponsor of the Society of Black Neurologists, a Facebook group dedicated to fostering relationships among Black neurologists. The goals of this group are to improve access to mentorship for Black medical students who are looking for Black faculty mentors that might not exist at their home institutions and also to facilitate our recruiting efforts focused on Black residents and faculty.

The Neurology research group has a successful track record of mentoring and promoting faculty from historically underrepresented racial backgrounds. Carlene Moore, PhD, one of our URM faculty members, with mentorship by Wolfgang Liedtke MD, PhD, won a KL2 grant and was promoted to Assistant Professor. Dr. Liedtke continues to make mentorship and sponsorship of researchers from historically underrepresented groups a priority in his lab.

Our goals for next year include furthering our recruitment and education efforts as described above while adding “accountability” efforts.

Short term goals:
- Publish faculty handbook
- Assess diversity of grand rounds speakers over past several years and publish results
- Assess gender balance at each academic rank and publish results

Mid-term goals:
- Second annual D&I Grand Rounds lecture series. Lecture on Privilege (Dr. Patrick Jeffs) is scheduled. Another being planned is about health disparities in sleep medicine (Dr. Chandra Jackson).
- Publish research on attitudes toward neurology among med students based on gender and race
- Implicit bias training for all program directors, division chiefs, and vice chairs

Long-term goals:
- Develop metrics that demonstrate improvement in key priorities
- Successfully recruit URM faculty member(s)
- Work with the American Academy of Neurology to create a URM neurologist section
- Analyze salary data to ensure equitable compensation by gender and rank

D. Conclusion

NOTE: Feel free to include any concluding remarks or questions regarding your Department/Center/Institute's diversity & inclusion efforts.

*** Completing the highlighted sections above either using this template OR by providing an attachment (if you have documented them in another format) is required for satisfactory completion of your 2019 D&I Metric

Duke Neurology leadership has been highly supportive of all D&I efforts. The department supports diversity and inclusion both through its implementation of best practices but also in protected time and a budget for the D&I director, which is uncommon in similar academic neurology departments. In addition, the Duke Neurology D&I Committee is the largest of its kind that has been identified nationally, with 38 members. This shows that the commitment to inclusive
excellence is widespread in the department. The implications of this commitment should be demonstrable in future surveys and recruitment efforts.
Grants and Funding

https://researchfunding.duke.edu/

The Office of Research Support provides this extensive, on-line database of funding opportunities as a resource for the entire Duke University research community.

Search Funding Opportunities

If you want to export your Search results to a spreadsheet, log in with your NetID before searching.

Advanced Search

RESOURCES

Federal grants
Grants.gov allows organizations to electronically find and apply for more than $400 billion in Federal grants.

Foundation Directory Online
Foundation Center’s Foundation Directory Online is the most comprehensive search tool available for locating the funding interests of foundations on local, regional, national, and international levels, as well as past foundation grants and grantees. The Foundation Center publishes the free electronic newsletter, Foundation Center’s RFP: Bulletin. Access the database through Duke Libraries. (NetID required)

myRESEARCHhome
Making advances in research is central to Duke’s mission, and giving our community the tools to do it is key. The myRESEARCHhome portal, funded by Duke’s CTSA, puts relevant applications, resources, and information specific to you and your projects at your fingertips. Your portal's content is personalized based on your researcher profile, showing you content you want and need to see, saving you time and effort.

Pivot
PIVOT maintains a database of grants, fellowships, and other funding information from public and private, domestic and international sources. Though the name refers to holdings on science funding, this service also offers a wealth of information on social sciences, humanities & community outreach funding. This valuable tool can also help
you make connections within Duke University with its database of Duke faculty and postdocs.

**Duke Internal Funding**
Information regarding funding opportunities within Duke.

**Shared Resources at Duke**
A list of links to shared instrumentation and other resources at Duke.

**Office of Foundation Relations**
Duke’s Office of Foundation Relations connects faculty with foundation funders and provides assistance with proposal development, strategy, stewardship, and more.
Research Quality Management Program Implementation Plan

Overview

Purpose
To better support a culture of Research Quality, Scientific Integrity and Accountability that integrates both the Research and the Research Administration arm, all School of Medicine departments, centers and institutes will develop and implement a Research Quality Management Program (RQMP).

Scope
The effort to organize and implement each unit’s RQMP will be led by a unit-level Research Quality Team (RQT), comprised of a Research Quality Officer (RQO) and a Lead Research Administrator. The RQT will be responsible to their respective unit’s research/administration leadership, as well as the Duke Office of Scientific Integrity (DOSI), and Office of Research Administration (ORA).

The RQT will have responsibility for research quality in 4 areas: Research Administration, Science Best Practices, Data Management and Accountability. The RQT will liaise with DOSI/ORA and department/center/institute leadership, with regard to the team’s activities.

RQO Responsibilities:

1. Describe how Dr. Ornit Chiba-Falek will serve as the Research Quality Officer

The RQO will assemble a team that includes the current attendees of the regular 'Neurology Research Ethics Plans & Progress' meeting and in addition the lead grant admin (Whitney Baker) and maintain the monthly meetings to review activities and compliance with DOSI policies. In addition, a report, on an as needed basis, from the Div. Research Ethic delegate (Dr. Gottschalk) on his bi-monthly meetings with DOSI and a report from lead grant admin (Whitney Baker) on her bi-monthly meeting with ORA will be presented and discussed.

2. Ensure that research faculty and supporting scientific staff are aware of institutional policies and procedures.

Information regarding institutional policies and procedure will be disseminated in several ways: (1) for primary research faculty via our standing monthly division faculty meetings; (2) for lab managers via monthly meetings directed by the Div. Research Ethic delegate (Dr. Gottschalk) the Div. lab manager (Mr. Mace); (3) for supporting scientific staff in the individual labs via communication (lab meeting or email) initiate by each lab manager; (4) for all affiliated research faculty and supporting scientific staff via emails distribution to the Div. listserv 'Neuro-translational-all' sent by the Div admin assistant on behalf of the Div. RQO: i. new policies and announcement emails from DOSI will be forwarded. ii. Content published at https://dosi.duke.edu/quality-management-programs/research-quality-management will be disseminated quarterly in a newsletter format.

3. Serve as the primary liason with conflicted faculty within unit and DOSI-COI/OA.
Using tools available and distribution lists of non-compliant tasks, the RQO will communicate with faculty and elevate issues to Chair and Business Manager as required.

4. Ensure faculty and scientific staff engaged in research are in compliance with RCR training.

Using tools available and distribution lists of non-compliant tasks (RCR tracker), the Research Ethic Delegate, Dr. Gottschalk, with the supervision of the RQO, will review the RCR tracker periodically and communicate with faculty and staff concerning RCR training non-compliance. The RQO will communicate resources available for training, email & orally communicate urgent alerts and changes to departmental wide SCAP plan. The Div. Research Ethic delegate (Dr. Gottschalk) will follow up and report to the RQO the compliance status of RCR training of all faculty and scientific staff engaged in research for Neurology.

5. Ensure that faculty and staff engaged in research attest to Scientific Culture & Accountability Plan.

SCAP will be disseminated with the attestation link to all affiliated research faculty and supporting scientific staff via (1) listserv email distribution, (2) a new link in the Div. website page, and (3) link in the Dept weekly newsletters two weeks following the initial website posting. The Div. Research Ethic delegate (Dr. Gottschalk) will track and ensure (on a monthly basis) that all faculty and staff engaged in research will sign the attestation.


RQO will facilitate communication via departmental wide emails, discussion at faculty meetings and communication at Department specific research focused meetings.

In addition, the Department will do the following:

- Regularly communicate with the CRU Director and Research Practice Manager (RPM) to discuss CQMP-related activities including discussions around if experienced and well-qualified reviewers being designated in the department.

- Review the quarterly summary reports sent by the CQMP to evaluate trends.

- Request additional information from the CQMP for trend analysis if needed.

- Talk to faculty and staff to better understand significant and reoccurring issues across studies and evaluate the need for future CAPAs. Champion department-wide and SOM-wide CAPAs when indicated.

7. Ensure best practices related to Data Management

Raw data files are being deposited directly to the password protected departmental server. All files should be marked by the researcher name/initiats, date and experiment such that they can be traced back in the lab notebook to the original description of the generation of the data included in the file. The Div. Research Ethic delegate (Dr. Gottschalk) keeps a log sheet of data depositing activities for each research team.
We are considering transition to electronic notebooks system. We first introduced LabArchives platform to our faculty in the Jan 2020 meeting and are scheduled for a demo directed to all affiliated supporting scientific staff and trainees for Feb 17th, 2020. The plan is to gradually implement an electronic option (contingent feedbacks from faculty and staff) while still maintaining the traditional hard copy notebook in the interim period of evaluation. A data management plan will be implemented and maintained for the The Kathleen Price Bryan Brain Bank and Biorepository.

8. Ensure faculty and staff successfully complete required corrective actions.

Using tools available and distribution lists of non-compliant tasks, the RQO will communicate with faculty and elevate issues to Chair and Business Manager as required.

LRA Responsibilities:

1. Describe how Whitney Baker will serve as the Lead Research Administrator.

LRA will meet with grants administration team regularly and will attend research related departmental meetings such as monthly Neurology RA meetings, quarterly Neurology/RASR/RQO update meetings and quarterly projection meetings with research faculty and GCA. LRA will ensure that GCAs send and/or meet with research faculty on a monthly basis to go over projections, proposals, effort, etc. LRA will meet with central offices as needed to troubleshoot issues and implement new processes. LRA attend Research Admin Leaders meeting and serve as the overall liaison between the department research team and central offices.

2. Ensure that research faculty and supporting scientific staff are aware of institutional policies and procedures.

LRA will send out pertinent information to all research faculty in Neurology using a research faculty dedicated listserv. That information will then be uploaded and available to faculty via Neurology's intranet, if applicable direct links to the policy will be provided as well. When new faculty with a research interest arrive within the department, LRA will have a role in onboarding those individuals. Other examples: Newsletter, divisional director meetings.

3. Ensure administrative staff compliance with RCR-A training.

Using institutionally available tools, LRA will identify non-compliant staff, including CRU group, who need to complete RCR-A and will facilitate its completion.

4. Promote use of the Intent to Submit tool and attendance at proposal / award kick-off meetings.

Faculty who express an interest in submitting a grant are directed to the Intent to Submit tool as the first step in the process that they need to complete. LRA will meet with research administrators when a new
award is received and help them identify all the areas of importance for the award kick-off meeting. LRA will attend proposal/award kick-off meetings for complex awards or at staff request.

5. Review Request for Rush Service (formerly "Proposal Waiver Requests") and Return for Changes data

LRA will be the primary contact for review of Rush service requests and RFC data and will use data to facilitate conversations within the department. LRA will meet with the RQO on a quarterly basis to discuss faculty submissions of Rush service requests and RFC data. Other examples: delegate to GCAs for review.

6. Facilitate implementation of the 5-day internal deadline for proposals, including waiver requests.

LRA will promote use of SAS meetings for proposal submissions to ensure agreed upon deadlines to meet the 5-day deadline. For proposals outside of SAS services, LRA will work with staff to identify a timeline of appropriate deadlines to be met in order to help facilitate an on-time submission. LRA will continually remind faculty of the importance of the deadlines during the faculty monthly projection meeting.

7. Promote the use of myRESEARCHhome with faculty, research staff and grant administrators.

LRA will attend research navigator's meetings for new faculty and will continue to direct faculty to MRH to submit intents to submit, to review/approval proposal and award attestations and, COI, and to view effort. NOTE: Blake can give you data on usage stats for your department.

8. Oversee DOSI-issued COI/Outside Activities (OA) management plans within the unit.

Using institutionally available tools, LRA will add management plan to an internal tracking spreadsheet which will be available to all staff and research quality team.

9. Ensure all staff performing research administration duties have a reporting relationship to an administrator.

This requirement is part of RASR's operational standards. All RASR staff and CRU group, who has a RACI classified position, will have a reporting relationship to an administrator.
Data Provenance, Data Integrity, Scientific Rigor, and Science Culture Action Plan
Department of Neurology, Duke University School of Medicine

The outside world and regulatory bodies are looking at how we acquire, maintain, validate, and report our research findings. There is an unfortunate brewing culture of public mistrust of biomedical science brought about by the combination of a few instances of serious, highly publicized scientific misconduct, and a widespread perception that many laboratory findings are difficult to replicate due to bias, poor design, lack of appropriate blinding or worse. These issues have been highly publicized, and we are committed to being a part of the solution to these issues.

Data provenance and integrity as well as explicit rules for data acquisition ensure that the knowledge we report is supported by the primary data and technical approaches, and the primary data are retained in a form that allows us to be certain of the veracity of our knowledge. Scientific rigor ensures the proper application of the scientific method using the highest standards and appropriate statistical approaches in the field. Scientific rigor is essential to conduct of the scientific enterprise.

There are multiple reasons to take codify our approach to these issues. First, science is publicly funded and its credibility in the public’s eyes is vital to continuation and expansion of funding. We must do all that we can to eliminate misconduct and minimize bias. Second, research builds on previous reports in the pursuit of accurate knowledge. We must be confident of the truth in prior publications to further the scientific enterprise. Third, proper research standards avoid the waste time or money following up inaccurate or erroneous reports. We must keep the scientific enterprise moving forward. Finally, science drives translational and clinical research which must be built on a solid foundation.

As a Department, we commit to following six general principles:

- Ensure that every member of the lab maintain and update (daily) a lab notebook
- Know where your data are.
- Know what has been done to acquire and modify your data.
- Make all efforts to ensure that data collection and analysis are, at a minimum, unbiased and blinded when possible.
- Follow proper statistical procedures.
- Empower Departmental staff to understand these principles and monitor their implementation.
Overview of Best Practices

1. Insofar as possible given the nature of the research, best practices in scientific rigor, including statistics, should be followed.

2. In recognition that no one size fits all, each laboratory should establish its own specific plan for scientific accountability and scientific rigor, per established standards of its field, integrating industry or other perspectives when appropriate.

3. Record keeping should track all primary data and should provide a way to “audit” the data for each figure of each paper expeditiously. In general, this means the data should be organized and indexed in adherence to the FAIR principle: data should be Findable, Accessible, Interoperable, and Reusable.

4. Daily work logs should be expected of all lab members.

5. All modifications of raw data should be performed on copies of the original data, if possible, and should be tracked, dated, and documented fully. A copy of the original unmodified data should be expeditiously (prior to any analysis) stored in a central repository under the control of the PI.

6. The laboratory head should avoid allowing his/her expectations about the nature of the results affect the attitudes, or behavior of the laboratory staff.

7. Scientific accountability and scientific rigor should be a frequent discussion between the laboratory head and the laboratory staff, to establish a sense of common purpose and a shared goal to discover the truth.

8. There should be no impediment to reporting scientific behavior outside the norms, which may be done via the Anonymous Accolade/Unwanted Behavior link, or any of the physical drop boxes that are located outside office 227D in the Bryan Research Building, outside office 238 in the Neurology Clinic on Morreene Road, and outside lab 5200 in MRSBIII.

Best practices in experimental design and data collection

- Employ systematic random sampling for data collection, including selection of subjects, brain area, cells (collected via, e.g., FAX sorting, or sampled in microscopic fields) or cell parts.
- Strive to eliminate bias in experimental procedures and analysis. If practical, experimenters should be blinded to treatment. The timing of experiments should be balanced to account for sources of bias over time (e.g., evolution of surgical skills, fatigue, change in personnel; test-order effects, circadian rhythms in experimental animals).
- Use positive and negative controls.
- Use replicate samples, including both technical and biologic replicates, for experimental groups, when appropriate.
• Use validated and/or well-characterized reagents (such as antibodies and pharmacological agents). If validation is not available, conduct full validation.

• Consider limitations of behavioral, animal, or cellular models including possible contributions of genetic background and gender.

• Find a proper balance between increasing numbers of animals for replication and the goals of “replacement, reduction, and refinement” in animal research.

• Obtain and study the raw data for any results provided by shared research cores.

• Use best practices and reporting standards for collecting, analyzing and stating ‘–omics’ and epigenetics data.

**Best practices in data analysis and statistics**

• Consult with a bio-statistician both before and after data collection, if statistical analysis is needed. “Stats shopping” (finding the one test that shows significance) is unacceptable.

• Primary expected outcomes should be noted prior to experimentation and analysis.

• Determine sample size by pre-experiment power analyses, when possible. Identify stopping points *a priori* to avoid testing to a foregone conclusion.

• Conduct a thorough characterization of experimental effects.

• Repeat key experiments within the laboratory to reduce likelihood of statistical flukes or biased results.

• Use care in pooling of data across experiments done at different times, multiple time points, or different experimental groups. Validate and fully describe normalization practices when pooling is necessary.

• Avoid data exclusion except for predetermined criteria. If it is necessary, define and report objective procedures for dealing with attrition or other missing data and data exclusion. Unless there is a compelling, transparent reason to exclude data, include all runs of each experimental procedure. This applies to exclusion of individual points or complete data sets. While technical issues often arise, days of “no results” in a laboratory notebook should be explained.

• Perform theoretically correct analysis of data using appropriate statistics and sample sizes.

• Do not use statistics to draw misleading or erroneous conclusions. Take advantage of resources that provide professional statistical expertise (e.g., the Biostatistics consultation service).
  
  o Perform statistical tests to validate what is seen in the data, rather than to reveal effects that may be statistically significant but functionally non-significant.

  o Select appropriate statistical tests, including testing of statistical assumptions, such as adherence of data to a normal distribution.

  o Control for multiple comparisons when appropriate.
Avoid “significance chasing” such as interpreting the data in different ways so that it passes the statistical test of significance, or analyzing different measures until finding one on which groups differ.

**Best practices in data management**

- It should be emphasized to all lab members that data is the property of Duke University.
- The complete primary data should be retained for a minimum of 5 years after publication (https://provost.duke.edu/sites/all/files/FHB_App_P.pdf), backed up, and protected against alterations.
- Experimental records should explain: Why the experimental work was done and what project it was a part of; who designed the experiment and who performed it; what the person making the record did; when (month, date and year) the experiment/work was conducted; how the work and data collection were conducted (methodology); what materials were used, including reagent validation, the findings and interpretation, and next steps.
- The data should be recorded in ways that cannot be altered. Any alterations and modifications of the primary data for analysis, publication, etc., should be performed on copies of the data. Eventually, as data software becomes available, all data should be indexed, dated, and described.
- Lab notebooks should be decided by the PI, and may include bound volumes with page numbers, or LabArchives electronic lab books approved by Duke University. Data that cannot be accommodated in the bound format should be indexed in the lab notebook.
- Data notebooks should be open for viewing, and a brief description of days of “no data” should be included.
- Every figure of every paper should (in draft form) be cross-referenced with the location of the experiment and the original data that contributed to the figure.
- The level of information security should be appropriate for the material, especially for human subject protection and PHI.
- Data should be accessible readily to all data owners, and available to appropriate outside parties if needed, in accordance with the NIH data sharing policy https://grants.nih.gov/policy/sharing.htm (for updates related to genome-wide association studies, see also https://osp.od.nih.gov/scientific-sharing/genomic-data-sharing-faqs/).

**Best practices in publication**

- Report full details on methods and experimental design, including technical and biological replicates, methods for randomization and blinding, primary endpoints, and self-replication efforts, and reagent validation.
• Report complete results of all analyses done as part of an experiment, including statistical controls for multiple comparisons and identification of pre- and post-hoc analyses. Methods sections should be too long, rather than too short.

• Avoid “rushing” findings into publication without a full investigation and proper self-replication.

• Target appropriate venues for publication. Avoid pressure to publish in the most glamorous journal at the expense of following the best practices for experimental design, data analysis, statistics, and publication. If a paper requires a long methods section or many figures to document the science thoroughly, do not try to compress it into a short format, no matter how “important” the results seem. Strive to publish well-controlled negative, “uninteresting,” or “not novel” results in appropriate venues.

• Resist the emerging trend where the peer review process demands additional experiments on an abbreviated timeline, with the associated pressure for results to be interpreted to conform to previously-reached conclusions.

Creating a functional and proactive scientific culture

• The Department’s goal is to instill a culture of ‘getting it right’, with the expectation of open conversation and a lack of retribution for calling results or procedures into question either within the group, or to the lab head in confidence.

• All Department staff should know that they may bring any and all concerns to the attention of the Chair or the Department’s Ombudsperson in confidence, without fear of retaliation or retribution, using the Ethics drop boxes or the Anonymous Accolade/Unwanted behavior link. Staff should also be aware of the Duke Integrity Line to report concerns anonymously.

• Laboratory heads must minimize incentives or pressures (or the appearance thereof) that drives their staff to perform for reasons other than pursuit of truth. It is critical to avoid the real danger that staff will respond to the laboratory head’s concerns about academic promotions, choice of publication venue, or competition with other labs.

• Issues of proper scientific conduct and scientific rigor should be discussed regularly with laboratory personnel, in both private and group meetings.

• Laboratory heads should be involved in laboratory procedures, should oversee some of the actual experimental work, and should “know” how things are done in their laboratory.

• Meetings with staff should include inspection of the primary data and discussion of detailed analysis procedures, as well as discussion of final publication-style figures.

Concrete steps to be taken by the Department

1. We will all continue to talk about proper scientific conduct at all levels: faculty meetings, lab meetings, and courses.

2. We will take advantage of any institutional courses, offerings or best practices in these areas.
3. We will strive to create a culture of improvement in ethical research by having individual labs test different approaches and then adopting best practices broadly.

4. Each laboratory should develop a “Data Management Standard Operating Procedure (SOP)” that will provide specific guidelines for data acquisition, storage, and transparency. The SOP should cover 4 basic components of data management:
   a. How the data collected and stored;
   b. How notes taken and stored;
   c. How analysis is conducted, tracked and, if intermediate steps are saved, stored;
   d. How figures are made and linked to both the analysis steps and the original data.

5. The laboratory’s Data Management SOP should be discussed with the Chair when it has been completed, and compliance measurement will be a topic in the annual 1-on-1 meeting.

6. All research staff in all laboratories must read the Department’s Scientific Culture and Accuracy Plan (SCAP), and sign an affirmation that they have done so.

7. The Chair will serve as a “Data Integrity Liaison” to the School of Medicine. He will advise individuals or laboratories on all of the issues covered in this plan and will work with the school’s designated official for scientific integrity.

8. There will be a semi-annual meeting of all lab PI’s to discuss alterations in this document and individual lab plans.

9. Faculty who are expert in data analysis will be available to advise students, postdocs, and faculty on how to analyze their data.

10. The Department’s System Administrator, will work with each laboratory to implement their chosen procedures for data storage, backup, and tracking.

11. An annual anonymous survey of department research staff and faculty will be conducted to assess the “integrity quotient” of the department.
Diversity and Inclusion Resource List

Duke Neurology strives to provide an environment where all members can thrive in their careers. The following is a list of resources available to members of Duke Neurology who have questions or concerns about work culture and environment.

People to contact

Local D&I Champion

South Durham: Dr. Suma Shah
Duke Neurology of Raleigh: Dr. Mariam Wasim
Morreene Road Clinic: Beth Kearney, PA

Department D&I Officer: Dr. Andrew Spector
Department D&I Representative: Will Alexander, MA
Staff supervisor, lab manager, or division chief
Department Chair: Dr. Rich O’Brien

Assistant Director of Human Resources (DUHS): Tanya Griffin
Office of Institutional Equity Ombudsperson (students and postdocs): Dr. Jean Spaulding
Office of Institutional Equity Ombudsperson (SOM Faculty): Dr. Laura Svetkey

Institutional Offices

Duke School of Medicine Office of Diversity and Inclusion https://medschool.duke.edu/ODI
Duke Office of Institutional Equity https://oie.duke.edu/
Duke Office of Faculty Advancement https://facultyadvancement.duke.edu

Anonymous Reporting:

Duke Neurology intranet suggestion box https://docs.google.com/forms/d/e/1FAIpQLSfzJZU0fmGdsauRnQ-I-Y0AYoiNduHR-x_VSaCUYUN2xDnsw/viewform

Duke Neurology paper suggestion boxes (Bryan Research Building: Gottschalk lab and La Spada lab, Morreene Rd Clinic: Room 238)
Duke Safety Reporting System for Professional Conduct
https://intranet.dh.duke.edu/SitePages/DUHS%20Safety%20Reporting%20System.aspx

Duke Integrity and Compliance https://medschool.duke.edu/research/ethics-integrity-compliance