Performance and Conduct Management for Laboratory Supervisors

Lesson 3: Understanding Misconduct Investigations

Screen 1: (Narrator with accompanying graphics): Lesson Introduction

In the last lesson, we focused on supervisor responsibilities in holding employees accountable for their conduct and performance. We also looked at the roles of other offices and how they assist supervisors confronted with various issues.

You'll need these offices' guidance and the invaluable input of your peers, as the handling of conduct problems, in particular, can be complicated; processes and procedures vary depending on the nature of the misconduct. You may wonder: once a conduct problem has been identified and the proper offices have been notified, what happens next?

That's what we'll cover in this lesson.

When alleged misconduct is identified, formal or informal inquiries are initiated. Sometimes, a full investigation is launched. In this lesson you'll learn more about the inquiry process, data and document analysis, interviews and testimonies, investigation committees, confidentiality, fairness, legal compliance, and more. You'll be aware of your and other offices' responsibilities in the process of inquiring and investigating general misconduct, non-compliance misconduct, and research misconduct.

Screen 2: (Supervisors discussion): Supervisor participation in general and non-compliance misconduct investigations.

Script
Kirby: So…I hope I understand correctly. When misconduct is identified, supervisors just report it. We do not take part in any investigation.
Gina: Well, that's a very broad statement. It depends. For general misconduct, like harassment, bullying, theft, or habitual tardiness, the supervisor may have a small role in investigation, sometimes called informal fact-finding. Keep in mind: misconduct 'identified' is different from misconduct 'confirmed'.
Anissa: Yes. Supervisors must first identify the alleged misconduct or be told about it. This doesn't mean they've confirmed it yet. Supervisors can and should try to get reasonable

Script
confirmation by conducting informal fact-finding, as Gina alluded to. This means preliminary conversations, gathering evidence, and ascertaining circumstances.
Gina: This might look like…asking an employee a question, reviewing a timecard, or confirming a detail on a document. Through informal fact finding, supervisors determine the apparent issue and move forward.
Kirby: That makes sense. And this isn't violating any regulations?
Mauricio: No, not at all. Anytime I conduct informal fact-finding, I'm just trying to make sense of the situation. I'm not looking to condemn anybody or have premature biases or be the final judge of the matter. I am looking for information. It's important to be discreet and respect confidentiality and privacy.
Pamela: A usual next step is to talk to our supervisor about the issue. Informally, we determine the misconduct severity. After that, we consult with OHR or the Workforce Relations Office (WRO).
Kirby: What about non-compliance misconduct then? Is it the same when the misconduct is not bullying, harassment, theft, etc., but intentionally not complying with an experiment protocol or a safety guideline?
Mauricio: In cases like those, you immediately report to the governing body – ACUPO, IACUC, or OLSS. Of course, it's acceptable to look into the matter informally before doing so, just enough to ensure what you're reporting is reasonable.
Anissa: But that should happen very quickly. You cannot delay reporting to the governing body for days and days trying to investigate or fact-find yourself.
Gina: After the non-compliance has been officially reported, we are only involved in the investigation if we are asked directly for information, documents, or anything else. We don't conduct the investigation, we cooperate with it.

Screen 3: (Knowledge Check #4)

Drop down (ordering)

When a supervisor is confronted with general misconduct, there are steps they should take, including an informal inquiry (or "informal fact-finding"), if appropriate and necessary. Put in order what supervisors should do in these cases.

- Confer with OHR or WRO.
- Conduct informal fact-finding.

- Identify the issue.
- Discuss with supervisor, agree on severity and path.

Answer Choice	Audio Script (Feedback)
Any answer submission	The correct order is as follows: 1. Identify the issue. 2. Conduct informal fact-finding. 3. Discuss with supervisor, agree on severity and path. 4. Confer with OHR or WRO. Keep in mind that informal fact-finding inquiries are sometimes the extent of investigation necessary. A supervisor may find that for issues that are less complex, less sensitive, routine, or not in significant dispute, they are able to resolve the matter with employees without involving OHR or WRO at all. They should still notify their supervisor of what happened, however. In other cases, informal fact-finding leads the supervisor to believe that OHR and WRO involvement is warranted and that further, more official investigation may be needed.

Screen 4: (Knowledge Check #5)

Which of these is an appropriate action for a supervisor conducting an informal fact-finding for general misconduct? (Select all that apply.)

A. Speak with an employee to confirm a detail.
B. Look at a timecard to evaluate entries.
C. Check an action log for initialed task entries.
D. Send the employee an email stating the consequences for their misconduct.
E. Fill out paperwork to have the employee suspended.
F. Let others know what the employee has done wrong.

Answer Choice	Audio Script (Feedback)

A, B, and C (Learner must get only and all three to receive "Correct" feedback)	Yes, you're correct.
Any answer other than only and all three correct choices (Incorrect)	That's not quite right.
Explanatory Feedback (played at the end of the correct and incorrect feedback)	Speaking with an employee to confirm a detail, looking at a timecard to evaluate entries, or checking an action log for initialed task entries are all examples of actions within informal fact-finding. Note that it's important to conduct fact-finding as soon as possible after an incident or at the time alleged misconduct is identified. This is because some matters requiring coordination with others may require a good amount of time. It is better to get the process started as quickly as possible. Fast inquiry also gives you a better chance of getting accurate information, since witnesses may forget details as time passes, and some employees involved may no longer be reachable after a certain point. Finally, quick, discreet fact-finding gives those who would be deceptive in some way less time and awareness to scheme to hide facts and truth.

Screen 5: (Scenario #3, fifth segment): Safety Violation

Script
*Anissa approaches an office door that says **Office of Laboratory Science and Safety**.* *Moments later, she sits at a desk. On the opposite side of the desk are Andrea, Craig, and Tina (all with OLSS)* *Anissa: I'm glad I decided to speak with you in person; supervisors are provided with many contact phone numbers for reporting safety violations and I want to make sure I do this correctly.*
Andrea: I totally understand. You want to know what you're supposed to do when laboratory employees intentionally do not comply with protocols, right?
Anissa: Am I supposed to investigate the situation with Zoë? And what investigation does take place and by whom, if not me?

Script
Craig: It's your responsibility to gather facts of the incident and notify the supervisory chain and other stakeholders within the agency, like our office.
Tina: "Gathering facts" isn't the official investigation, but it's an important inquiry step. Also, you have to assess risk level. Basically, ask yourself if the violation puts people, animals, or the public at high risk, medium risk, or low risk.
Craig: There's a risk assessment tool that can help you with that. Some safety violations don't put anyone at immediate risk, and they might not ever do so, but they still must be dealt with and corrected.
Anissa: I contacted you, OLSS, and described the incident. Zoë continues to prop laboratory doors open and not wear PPE. I can't get through to her to change this. Who else should I contact?
Andrea: You'll also want to notify the program supervisory chain (branch, division, center), if you haven't already.
Craig: Keep in mind, though, that we're not always the ones to report to for safety violations. If the employee violated a safety violation unintentionally or because of a lack of skills or knowledge AND there is little or no harm done at that point, the situation is not misconduct but a performance issue. OHR may be involved if that's the case.
Anissa: That makes sense. Zoë's case seems to be misconduct. Her acts are intentional and not for lack of knowledge. Please tell me more about the investigation process for matters like this. What can I expect to take place with Zoë?

Screen 6: (Narrator introduces button interaction): How OLSS and OHR handle safety non-compliance misconduct investigations

Select each step of the process flow chart below to learn about how OLSS and OHR handle investigations related to safety non-compliance.

Button 1: Receipt of Complaint or Allegation	The investigation begins with the receipt of a formal complaint or allegation. This can come from various sources, including employees, managers, clients, or external parties.
Button 2: Preliminary Assessment	Upon receiving the complaint, a preliminary assessment is conducted. This is where fact-finding might occur. Documents may be reviewed. Other factors considered could include the seriousness of the allegation, credibility of the complainant, and whether the alleged misconduct, if true, would violate agency

	policies or laws. This step helps decide whether a full investigation is warranted.
Button 3: Appointment of Investigator	An investigator or investigation team is appointed. This can be an internal OHR professional, a compliance officer, or an external expert.
Button 4: Planning and Preparation	The investigator plans the investigation, outlining the scope, objectives, timeline, and resources required. This includes identifying potential witnesses, gathering relevant documents, and understanding the applicable policies and laws.
Button 5: Gathering Evidence	The investigator collects evidence through various means, including interviews with relevant parties, review of documents, emails, and other records, and potentially, gathering physical evidence.
Button 6: Interviews & Interview Records	The investigator interviews the complainant, alleged wrongdoer (the subject), witnesses, and anyone else who might have relevant information. Interviews are conducted in a neutral and respectful manner. Detailed notes are taken during interviews, and any relevant documents or evidence are carefully tracked to maintain an accurate record of the investigation.
Button 8: Analysis and Evaluation	The gathered evidence is analyzed to determine whether the alleged misconduct occurred, the extent of the misconduct, and whether it violates any policies, laws, or regulations. (Note that after evaluation by an ER Specialist, alleged general misconduct could be downgraded to communication issues or upgraded to serious misconduct, depending on the evidence and seriousness of the alleged offenses.)
Button 9: Report Preparation	The investigator compiles the findings into a comprehensive report. This report includes a summary of the investigation, the evidence collected, the analysis, conclusions, and any recommended actions.
Button 10: Review and Decision	The report is reviewed by relevant parties, such as OHR, legal, or senior management, who will decide based on the investigator's findings and recommendations.
Button 11: Actions and Remedies	Based on the investigation's conclusions, appropriate actions are taken. This could include disciplinary actions, training, policy changes, restitution, or legal actions if necessary.

Button 12: Communication	Both the complainant and the alleged wrongdoer are informed about the investigation's outcomes, ensuring transparency and accountability.
Button 13: Follow-Up	After the investigation is concluded, follow-up actions might be required to monitor compliance with recommendations or to ensure that the issue has been fully resolved.
Button 14: Documentation and Reporting	The investigation process, findings, and outcomes are documented for future reference and to ensure compliance with legal and organizational requirements.

Screen 7: (Scenario #3, Question 6)

True or False: Zoë's misconduct case may not warrant the full range of actions detailed in the previous screen.

Answer Choice	Audio Script (Feedback)
Feedback for either answer	The statement is true. Zoë's misconduct case may not warrant the full range of actions associated with misconduct investigations. Misconduct cases of all types vary in nature and circumstances. Though some aspects of the investigation process – such as preliminary assessment and documentation -- will hold in all cases, not all require the same depth and breadth of action on the part of OHR or other relevant offices.

Screen 8: (Narrator with accompanying graphics): Investigations for general misconduct

Supervisors do not conduct full, official investigations. For routine, relatively minor situations of general misconduct, they may fact-find to uncover information and resolve issues. In some cases, OHR is not necessary because the supervisor is able to address and resolve the issue without OHR intervention. For other cases of general misconduct, the supervisor fact-finds and determines the situation is complicated or serious enough to speak with OHR. From there, OHR evaluates information and evidence provided. If warranted, OHR conducts an investigation and follows the range of actions previously described. Supervisors cooperate with the investigation, providing information and documents as requested.

Screen 9: (Narrator with accompanying graphics): Investigations for non-compliance misconduct

In cases of non-compliance misconduct, the supervisor must notify governing bodies and CDC leadership immediately. It's acceptable, however, for the supervisor to do a quick fact-find beforehand to confirm that what they report to the governing body and CDC leadership is reasonable and accurate as far as they know. Once the violation is reported, the governing body evaluates the information and evidence provided. If warranted, the governing body conducts an investigation and follows the range of actions previously described. Supervisors cooperate with the investigation, providing information and documents as requested.

Now let's shift back to Mauricio's non-compliance matter with his employee, James. Mauricio wants to know about the investigation process for animal use incidents.

Screen 10: (Scenario #2, fifth segment): Administering Unapproved Virus Doses

Script
(in a video call with IACUC members) *Mauricio: Thanks for meeting with me. It's been a week since I reported an incident of non-compliance involving a laboratory scientist named James. Please tell me what's going on.*
Mohammed: Well, we've received all the information you provided. We're still determining whether the non-compliance was minor, serious, or continuing.
Mauricio: I understand. Those categories seem clear, but I'm sure it can still be complicated.
Jamie: Indeed. We're glad you reported it. Be sure to make your employees aware that such reporting can be anonymous, and anyone can report. I think some people worry that there will be retaliation or backlash if they report incidents of non-compliance. We make sure that doesn't happen.
Mauricio: Thanks, I'll pass that on. Can you tell me what's going to happen with James? He's been my employee for a long time, and I care about the outcome of all this.
Mohammed: Of course. A compliance specialist will be assigned and will contact the principal investigator or James. Everything about the incident will be put in writing. The compliance specialist will want to know if the report is accurate.
Jamie: If it's not accurate, the principal investigator has 24 hours to modify the report. Then, the IACUC chair and some other officials have 24 hours to decide on the best course of action.
Mohammad: The principal investigator will be informed in writing of recommended actions. The compliance specialist also creates a formal written report.
Mauricio: What happens in the investigation part?
Jamie: The compliance specialist will distribute the final report to all IACUC members. Eventually, members vote on whether the concern was indeed non-compliance. They may decide more information is needed to vote on the issue. In some cases, the committee votes yes, that non-compliance occurred. Then they decide whether it was minor, serious, or continuing.
Mohammed: They'll also decide on corrective action to be take or if they recommend programmatic changes to prevent future incidents.
Jamie: After the investigation, the IACUC Chair or Vice Chair provides a formal written notification to the principal investigator within five business days. Later, appeals are considered.
Mauricio: I see. It will be a while before this is all resolved. At least now I know. Thanks for taking the time to inform me about the matter.

Screen 11: (Scenario #2, Question 7): Administering Unapproved Virus Doses / Possible decisions in the investigation process

When an IACUC chair and other officials decide on the best course of action based on information obtained, what actions are possible? (Select all that apply.)

A. Dismissal of the allegation (unsubstantiated)
B. Referral to other appropriate office or process
C. Immediate corrective action
D. Review at a convened IACUC meeting
E. Further investigation by the compliance specialist

Answer Choice	Audio Script (Feedback)
A, B, C, D, and E (Learner must get all to get "correct" feedback)	Yes. All of these are possible courses of action in the investigation process.
Any other answer than all five (A, B, C, D, and E)	All five are correct. Possible courses of action in the investigation process include dismissal of the allegation, referral to another office or process, immediate corrective action, review at a convened IACUC meeting, or further investigation by the compliance specialist.

Screen 12: (Scenario #2, Question 8): Administering Unapproved Virus Doses / Various offices that investigate non-compliance misconduct cases

The incident with Mauricio's employee, James, involved administering unapproved virus doses. Because this involved animals, the governing bodies Mauricio contacted were IACUC and ACUPO. Other types of non-compliance misconduct call for reporting to other offices, which would follow their own investigation process similar to what was described with IACUC. Match the type of non-compliance with the governing body to whom a supervisor should report the non-compliance.

A. An incident involving a select agent or toxin or one that occurred in a select-agent registered space (Responsible Official (RO) and Federal Select Agent Program (FSAP))
B. An incident involving recombinant or infectious synthetic nucleic acids (Institutional Biosafety Committee (IBC))
C. An incident involving animals (IACUC and ACUPO)

D. An incident involving a laboratory safety violation (OLSS)

Answer Choice	Audio Script (Feedback)
All correct matches	You matched everything correctly! Good job.
Any submission other than all correct matches	You missed one or more matches. The correct matches are as follows: For an incident involving a select agent or toxin or one that occurred in a select-agent registered space, contact the Responsible Official (RO) and the Federal Select Agent Program (FSAP). For an incident involving recombinant or infectious synthetic nucleic acids, contact the Institutional Biosafety Committee (IBC). For an incident involving animals, contact IACUC and ACUPO. Finally, for an incident involving a laboratory safety violation, contact OLSS.

Screen 13: (Scenario #3, sixth segment): Safety Violation – continuation of scene where supervisor speaks with Andrea, Craig, and Tina in OLSS. They talk about investigation.

Script
Andrea: So…as far as what happens with Zoë and the doors and PPE problems – first of all, I would call this a near miss incident. That means what she's been doing hasn't caused any damage or injury, but it has the potential to.
Anissa: I see. So, this shouldn't have been reported?
Craig: No, it should definitely be reported. Near misses are still a concern.
Tina: We have a special reporting platform, but it's also fine that you came to us directly.
Anissa: What happens next?

Script
Craig: OLSaf, the Office of Laboratory Safety, within OLSS, will handle the investigation.
Tina: The goal is to identify root causes of the safety violation or failure and to prevent future occurrence. Even when root causes aren't a mechanical or physical failure, but the attitude and philosophy of the employee, a root cause must be determined and addressed.
Anissa: That makes sense. There is definitely a disconnect with Zoë's understanding of the impact of her actions. She's never been this stubborn before.
Andrea: It happens. Our work is complicated and so are the people doing the work. *Anyway, OLSaf will designate a safety officer or investigative team. They gather information about the incident. This could include examining physical evidence, reviewing surveillance footage, interviewing witnesses, and inspecting equipment.*
Craig: The goal is to establish a clear and factual understanding of the events leading up to the violation.
Tina: After the initial fact-finding, the investigation moves into an analysis phase. Data collected is scrutinized to determine how and why the safety protocols were violated. This step often involves consulting safety guidelines, industry standards, and legal requirements to evaluate compliance.
Anissa: Will you need anything from me or my other laboratory employees? Two employees repeatedly came to me about Zoë's behaviors. Will they be asked to make a statement?
Andrea: That's definitely a possibility. If anything is needed from any of your other employees, you'll know about it too. You may be asked for information or documents yourself.
Craig: Once the investigation is complete, the team prepares a report detailing their findings, conclusions, and recommendations.
Tina: This report helps the organization address the identified issues, implement corrective actions, and ensure compliance with safety standards to mitigate risks and enhance workplace safety.
Andrea: I'm happy to say that our mechanism for corrective action is easy to navigate and thorough. I'll be sure to send you information about it. It may come into play.
Anissa: I feel so much better knowing there is a clear path to resolving the issue professionally and responsibly.

Screen 14: (Narrator introduces button interaction): Importance of Confidentiality in Investigations

In misconduct investigations of all types, supervisors are asked to cooperate with the investigation by being honest and providing requested documents and information. They are also asked to maintain confidentiality.

Select each button to learn more about why confidentiality is so important in misconduct investigations.

Button 1: Protecting the Privacy of Individuals	Confidentiality helps protect the personal information and privacy of everyone involved in the investigation, whether they are witnesses, the subject of the investigation, or third parties. This protection is essential for respecting individual rights and maintaining trust in the investigative process.
Button 2: Preventing Retaliation and Intimidation	Keeping the details of an investigation confidential helps prevent retaliation against individuals who may have provided information or are otherwise involved. This is especially important in sensitive cases where there might be potential for workplace reprisals or personal harm.
Button 3: Ensuring the Integrity of the Investigation	Confidentiality prevents the spread of information that could compromise the integrity of the investigation. This includes preventing witnesses from aligning their stories or altering their statements based on what they learn about other aspects of the investigation.
Button 4: Encouraging Candid Participation	When individuals believe the information they provide will be kept confidential, they are more likely to be open and honest in their communications. This candid participation is crucial for gathering accurate and detailed information during an investigation.
Button 5: Avoiding Unnecessary Damage to Reputations	Investigations, particularly in the workplace or public sectors, can often involve sensitive allegations that, if made public prematurely, could unfairly damage the reputations of those involved. Maintaining confidentiality helps mitigate this risk, ensuring that only verified and necessary information is disclosed at the appropriate time.

Screen 15: (Supervisors discussion): Supervisors' responsibilities in research misconduct investigations

Script
Kirby: I've always assumed confidentiality was important but had never thought about all the reasons why.
Anissa: Right. We maintain confidentiality out of general discretion. But there's a lot it protects.
Mauricio: I would think it's extra important in research misconduct investigations.
Gina: It's important in all situations. Research misconduct investigations just have a special set of circumstances.
Pamela: They certainly do. I need to know more about them. Unfortunately, I anticipate being involved in one.
Gina: Well, I can tell you that your supervisory role is similar to that of other types of misconduct investigations. It's acceptable for you to do preliminary fact-finding to confirm your or someone else's suspicions, enough to verify that what you report is reasonable.
Anissa: Yes, there's an expectation that reports be made in good faith. That means you have good reason to believe the allegation is true and accurate. Supervisors may gather some data and try to make general sense of the situation.
Kirby: Just don't try to take on the duties of formal evaluation and investigation. Appointed committees do those things. Your job is to cooperate once that is in motion.
Mauricio: Those handling the investigation will be research integrity officers at CDC or the Office of Research Integrity. They're also the offices that receive allegation reports – either named or anonymous. *(Zoom in on Pamela's face, registering what her colleagues have told her)*

Screen 16: (Narrator with accompanying graphics): Difference between research integrity officers in the Office of Science and The Office of Research Integrity.

Mauricio makes an important distinction between The Office of Research Integrity and research integrity officers in the Office of Science at CDC. Both are acceptable offices to whom to report allegations of research misconduct.

We touched on both briefly in lesson 1. Let's go more in depth now about each office's role and responsibilities.

First, the Office of Science.

It does the following:

- Supports scientific quality, integrity, and innovation across the agency.
- Develops agency policies on scientific integrity, research misconduct, authorship, and other scientific topics.
- Coordinates the Excellence in Science committee of CIO-level Associate Directors for Science (ADS).
- Advises on situations involving potential breaches of scientific integrity.
- Coordinates with OHR, The Office of General Counsel (OGC), the Office of Laboratory Science and Safety (OLSS), laboratory supervisors, and others as needed for issues related to scientific integrity.
- Assesses reports of research misconduct, leads investigations of research misconduct, and recommends corrective actions, as appropriate.

Next, the Office of Research Integrity (ORI).

The Office of Research Integrity (ORI) oversees and directs Public Health Service (PHS) research integrity activities on behalf of the Secretary of Health and Human Services.

ORI's mission is to protect the health and safety of the public, promote the integrity of PHS-supported research and conserve public funds by ensuring the integrity of all PHS-supported work.

ORI:

- Oversees and directs research integrity activities, including the oversight of research misconduct inquiries and investigations; education and training in the responsible conduct of research; activities designed to promote research integrity and prevent misconduct; and research and evaluation programs.
- Makes findings of research misconduct and proposes administrative actions in connection with research conducted or supported by PHS.
- Reviews institutional policies to ensure compliance with misconduct regulations.

Screen 17: (Scenario #4, fourth segment): Research Misconduct – RIO speaks about investigation

Script
(Begin scene with a door that says Office of Science, then another door that says Research Integrity Office)

Script
Madeline: So, we're starting the process for case 423 – possible research misconduct. Data fabrication.
Gail: Ah yes, you and Sanjay spoke with the supervisor about this, correct?
Sanjay: That's right. Pamela. She came to us directly. First, she spoke about the issue hypothetically. She didn't want to name anybody. But once she got comfortable with the process, she decided to officially report in writing.
Madeline: Sanjay coached her on the information she needed to include.
Gail: Will Michael and I be assigned to documents review?
Madeline: Probably you, Michael, and Rakeya. I'll provide oversight. We may also need to get an expert on the type of virus they were working on. I'll get some contact information to you.
Gail (rifling through some files): Looking through what we have here, I would suggest two experts. One on the virus in question and another on vaccine studies.
Sanjay: I'll send an email to Ann and Tucker about creating the notice to respondent. Pamela's employee, Gladys, will need a clear description of the allegations. She has to be informed of her rights and responsibilities during this process.
Gail: Pamela and her epidemiologist will need to sign a confidentiality agreement too. Have Tucker get that rolling as well. Ann seems to have him coordinate those lately.
Madeline: Wait – let's not get ahead of ourselves. Both a notice to respondent and confidentiality agreement are premature. Tucker can get them ready, but we won't know whether they're needed until there's a determination of whether there will be a full investigation. Right now we need to evaluate the information we've been given, with the most knowledgeable and experienced people involved.
Gail: Understood. (looks concerned and unsettled). Looking at these documents, I'd say Tucker should get everything ready. But I hear you about holding off on issuing until an investigation launch is official.

Screen 18: (Scenario #4, Question 6): Research Misconduct – investigation steps

The conversation among RIO makes clear that the first steps of a research misconduct investigation are: 1) reporting, including all required information, 2) initial assessment of documents and information, including experts and specialists as needed, 3) determination of whether an investigation is warranted, 4) a notice to respondent (the person suspected of research misconduct), clearly describing the allegation and informing them of their rights, and

5) issuance of confidentiality agreements to all relevant parties. What needs to happen at this point to begin the investigation?

A. Supervisor needs to report to ORI or a RIO in OS about their suspicions.
B. All of the respondent's past and current employers must be notified.
C. The Office of Science must disclose the situation to the respondent's coworkers.
D. OHR must call the respondent in for counseling and guidance about the situation.
E. An investigation committee is appointed, including individuals without conflicts of interest and experts in relevant fields.

Answer Choice	**Audio Script** **(Feedback)**
A (Incorrect)	No. At this point, the supervisor or other informant would have already reported to the appropriate offices (ORI or RIO in OS).
B (Incorrect)	No. There is no reason for a respondent's past or current employers to be notified of anything.
C (Incorrect)	No. The Office of Science should maintain confidentiality, as should everyone else involved. There is no reason to inform a respondent's coworkers of anything.
D (Incorrect)	No. OHR does not conduct research misconduct investigations. They have the same role as supervisors – that is, to *cooperate* with the investigation of ORI or RIO in OS. OHR provides any documentation or information requested of them. OHR may help with documentation of steps taken, but they are not actively involved in investigation.
E (Correct)	Yes. Once those conducting a preliminary assessment decide that a full investigation is warranted, an investigation committee must be appointed. This will include individuals without conflicts of interest and experts in relevant fields. It may also include CDC Associate Directors of Science.
Explanatory Feedback (that follows all ***INCORRECT*** feedback)	For the investigation to begin, those conducting a preliminary assessment decide that a full investigation is warranted, an investigation committee must be appointed. This will include individuals without conflicts of interest and experts in relevant fields. It may also include CDC Associate Directors of Science.

Screen 19: (Narrator introduces button interaction): Research Misconduct – investigation steps

Select a button below to learn more about actions taken by the investigation committee and processes that occur in a research misconduct investigation.

Button 1: Collection of Evidence	The committee gathers and examines relevant evidence, which may include research data, lab notebooks, publications, correspondence, and any other documentation related to the allegations.
Button 2: Interviews and Testimonies	The committee interviews the complainant (the person who reported the incident), the respondent, witnesses, and other individuals with relevant information. These interviews are conducted with impartiality and confidentiality.
Button 3: Analysis and Evaluation	The collected evidence is analyzed to assess whether research misconduct has occurred. The committee assesses the validity of the allegations and the impact on the integrity of the research process and findings.
Button 4: Drafting the Investigation Report	Based on the evidence and analysis, the committee drafts a detailed investigation report. This report includes a summary of the allegations, the evidence collected, witness testimonies, analysis, findings, and recommendations.
Button 5: Respondent's Response	The respondent is given the opportunity to review and respond to the draft investigation report, providing their perspective, clarifications, or additional information.
Button 6: Final Investigation Report	The committee finalizes the investigation report, considering the respondent's response. The report is submitted to the appropriate authority for review and action.
Button 7: Institutional Action	The institution or organization responsible for oversight reviews the investigation report. At CDC, the Chief Science Officer (CSO) functions as the agency's Deciding Official (DO) and is the final approval for the finding for the Agency. Depending on the findings, they may take actions such as implementing disciplinary measures, retracting publications, issuing corrections to the scientific record, or requiring changes to research practices.
Button 8: Appeals	The respondent may appeal the decision by submitting a written request to the CDC RIO within 30 calendar days.
Button 9: Notification and Public Disclosure	In some cases, after the investigation and any subsequent appeals, the institution may be required to disclose the findings and actions taken to relevant parties, such as the HHS Office of Research Integrity (ORI), while maintaining confidentiality as much as possible.

Screen 20: (Scenario #4, Question 7): ORI Oversight

The Office of Research Integrity provides oversight of institutional inquiries and investigations, such as those conducted by research integrity officers in the Office of Science (OS).

Read each action described below. Use the drop-down function to select "Yes" or "No," indicating whether it is an action taken by ORI in its oversight capacity.

- Reviews an institution's inquiry or investigation report for timeliness, objectivity, thoroughness, and competence (YES)
- Holds a meeting with the respondent and the respondent's supervisors to determine details of the incident. (NO)
- Examines the institution's report and conclusions to determine whether the institution's findings are defensible, well supported by the evidence, and acceptable as a final resolution of the allegations. (YES)
- Completes an oversight report that describes the institutional process and the rationale it developed for determining whether the allegation was substantiated. (YES)
- Provides counseling and legal advice to whistleblowers and respondents while the investigation is active. (NO)

Answer Choice	**Audio Script** **(Feedback)**
All Correct Yes/No responses	Good job! All of your selections about ORI's oversight review were correct.
One or more incorrect answers	One or more of your answers were incorrect. Items that should have been marked "Yes" as an ORI oversight action are: • Reviews an institution's inquiry or investigation report for timeliness, objectivity, thoroughness, and competence. • Examines the institution's report and conclusions to determine whether the institution's findings are defensible, well supported by the evidence, and acceptable as a final resolution of the allegations. • Completes an oversight report that describes the institutional process and the rationale it developed for determining whether the allegation was substantiated.

	Items that should have been marked “No” are: • Holds a meeting with the respondent and the respondent’s supervisors to determine details of the incident. • Provides counseling and legal advice to whistleblowers and respondents while the investigation is active.

Screen 21: Lesson Review & Course Wrap-Up

Congratulations – you’ve made it to the end of this course!

In observing conversations among laboratory supervisors; situations of employee performance problems and misconduct; and discussions about accountability, performance plans, disciplinary actions, and investigation procedures, you’ve learned more about managing employee performance and conduct. You also have a better understanding of your wide-ranging responsibilities as a laboratory supervisor.

Remember – you are not alone in your efforts. Resources and assistance are available to you from various offices. For performance issues and general misconduct, OHR provides guidance on adherence to agency policies, legal compliance, and responsible documentation. OHR may also be involved in some parts of general misconduct investigations.

For matters pertaining to non-compliance in laboratory settings, whether related to animal use, safety guidelines, or hazardous chemicals, governing bodies such as IACUC, ACUPO, FSAP, and internal offices such as OLSS, can guide your responses and actions.

Finally, if you are confronted with a case of research misconduct, the Office of Science and the Office of Research Integrity are offices you can rely on to help you navigate the matter and preserve scientific integrity on your team and throughout the agency.

Resources provided can be saved and kept on file to help you when situations arise. With mindfulness of common objectives and a commitment to the values of CDC, we can ensure that laboratory supervisors and their teams work together ethically, responsibly, and compassionately.