

**Policy Approval Date: August 12, 2011****Policy Effective Date: September 1, 2011****Procedure Approval Date: July 25, 2017****Procedure Effective Date: August 1, 2017****POLICY STATEMENT**

Capella University strives to promote a climate of honesty in research and is committed to fostering research that is both sound and ethical. Capella University expects that research will be conducted with integrity, and that individuals engaged in research review this policy and otherwise make themselves aware of what constitutes ethical and responsible conduct in research. Capella University researchers, including employees, learners, and others engaged in academic research as part of their employment or educational responsibilities, are expected to refrain from research misconduct. Research misconduct is defined in this policy, and may include falsification, fabrication, plagiarism, misappropriation, or other practices that deviate from those that are commonly accepted within the academic community for proposing, conducting, or reviewing research, or in reporting research results.

Research supervisors and others in positions of responsibility for the conduct of research activity are expected to exercise reasonable supervision of those under their direction to ensure the integrity of the research being conducted. Capella University employees and learners share the responsibility to promptly report any suspected research misconduct. The university assumes primary responsibility for investigating and resolving allegations of research misconduct made against its employees or learners.

The consequences of research misconduct may include but are not limited to non-acceptance of submitted coursework, failing grade on an assignment, lower grade in a course, failing grade in a course, written warning, loss of Institutional Review Board (IRB) approval, suspension from the university, removal from the program, administrative withdrawal or dismissal from the university, or cancellation of previously awarded course credits or degrees.

The university recognizes the importance of open debate regarding correct methodologies and protocols and that honest errors are an inevitable part of the research process.

**RATIONALE**

The Office of Research Integrity within the U.S. Department of Health and Human Services mandates that all institutions engaged in research funded by the Public Health Service have in place robust policies for mitigating and handling research misconduct. Although Capella is not mandated by law to implement such policies and procedures, best practices in research suggest the need for a research misconduct policy that is applicable to all researchers engaged in academic research at Capella University, whether learners, faculty, or staff.

## **DEFINITIONS**

### Academic Research

Academic research is defined as all research conducted by Capella University learners as part of their degree program requirements, except that which has been designated as classroom research.

### Allegation and Good Faith Allegation

An allegation includes any written or oral statement or other indication of possible research misconduct. A good faith allegation, otherwise referred to as an allegation in good faith, is an allegation made with the honest belief that research misconduct may have occurred. An allegation is not in good faith if it is made with reckless disregard or willful ignorance of facts that would disprove the allegation.

### Conflict of Interest

A conflict of interest is a situation in which academic, financial, or other personal considerations or obligations have the potential, either actual or apparent, to directly and significantly compromise an individual's or group's professional judgment and objectivity in designing, conducting, reviewing, or reporting research.

### Dismissal

Dismissal is a university-initiated permanent separation of a learner from the university and is noted on the learner's official academic transcript.

### Fabrication

Fabrication is the illegitimate construction of data or results and recording or reporting them.

### Falsification

Falsification of data, research procedures, or data analysis can range from selective reporting, such as purposeful omission of conflicting data with the intent to falsify conclusions, to changing data or results such that the research is not accurately represented in the research record.

### Honest Errors

Honest errors are occasional mistakes or oversights that occur during the research process. However, consistently careless research methods fall below the standard required of Capella researchers.

The following do not fall under the category of honest errors:

- Failing to retain significant research data
- Maintaining inadequate research records
- Using inappropriate data analysis or statistical methods
- Misrepresenting speculations as facts
- Committing gross negligence in research activities

### Inquiry

An inquiry is information gathering and initial fact finding to determine whether an allegation of research misconduct warrants an investigation.

### Institutional Review Board (IRB)

An IRB is a committee established in accord with and for the purposes expressed in [45 CFR 46](#).

### Investigation

Investigation is the formal examination and evaluation of all relevant facts to determine if an instance of research misconduct has occurred. If research misconduct is confirmed, the investigation should determine the seriousness of the offense and the extent of any adverse effects resulting from the misconduct.

### Misappropriation

Misappropriation is the unauthorized use of another person's personal or intellectual property, as well as unauthorized use of another person's research ideas or proposals.

### Plagiarism

Plagiarism is presenting someone else's ideas or work as one's own. Plagiarism also includes copying verbatim or rephrasing ideas without properly acknowledging the source by author, date, and publication medium. Learners must take great care, whether in a draft or final version of a paper or project, to distinguish their own ideas and language from information acquired from other sources. Sources include published primary and secondary materials, electronic media, unpublished materials, and information and ideas gained through other people.

### Research Misconduct

Research misconduct includes but is not limited to falsification, fabrication, plagiarism, misappropriation, or other practices that seriously deviate from those that are commonly accepted within the academic community for proposing, conducting, or reviewing research, or in reporting research results. Research misconduct does not include honest error or honest differences in interpretations or judgments of data. A finding of research misconduct requires all of the following:

- A significant departure from accepted practices of the research community
- Misconduct committed intentionally, knowingly, or recklessly
- An allegation proven by a preponderance of the evidence

“Intentionally” means intending the result of one's actions to result in a prohibited act.

“Knowingly” means being aware that one's actions are nearly certain to result in the prohibited act. “Recklessly” means a conscious disregard of a substantial and unjustifiable risk that one's action will result in the prohibited act.

### Research Record

A research record is any data, document, computer file, computer drive, or any other written or non-written account or object that reasonably may be expected to provide evidence or information regarding the proposed, conducted, or reported research that constitutes the subject of an allegation of research misconduct.

### Retaliation

Retaliation is any adverse action taken by the university or an employee of the university in retribution for a good faith allegation of research misconduct.

## **PROCEDURES**

### **I. Research Misconduct Inquiry and Investigation Principles**

Research misconduct investigations are guided by the following principles:

- A. Confidentiality must be maintained to the extent possible. However, the university may be required to inform external organizations of certain actions, and anonymity cannot be guaranteed. Although the university limits, to the extent possible, disclosure of the complainant's identity to those who need to know, the university cannot stop a respondent from learning a complainant's identity by inference (e.g., if there are only a small number of people in a position to possess the knowledge necessary to make an allegation).
- B. Any conflicts of interest, real or potential, must be minimized.

### **II. Reporting Research Misconduct Allegations**

Any Capella University employees or individuals associated with the university may report observed or suspected incidents of research misconduct to the research education and compliance specialist (compliance specialist). Research misconduct allegations must be conducted in writing. The compliance specialist may craft a written research misconduct allegation based upon information received by any means.

If the research involves human subjects, the compliance specialist will inform the Institutional Review Board (IRB) chair and IRB administrator of the allegation. If the allegation involves a university employee, the compliance specialist will notify Human Resources. The university reserves the right to take interim administrative actions to protect the health and safety of research subjects, the interest of staff and colleagues, the integrity of research data and the research process, and university funds and equipment. All research activities must cease pending the results of the research misconduct investigation.

### **III. Resolution Process for Research Misconduct Allegations**

#### **A. Inquiry into Allegation**

##### **1. Purpose**

The purpose of the inquiry into the allegation is to assess whether the allegation constitutes a good faith allegation of research misconduct based upon the limited information available during the initial inquiry.

##### **2. Notification of Respondent and Response**

The research education and compliance specialist (compliance specialist) will notify the respondent of the allegation of research misconduct. The respondent will have seven calendar days to submit a response and any supporting materials.

##### **3. Evaluation of Respondent's Response**

- a. If the respondent admits to the research misconduct, the compliance specialist will prepare a report for the Research Compliance Committee (RCC) in order to determine corrective action. However, if the compliance specialist determines further investigation is needed, the allegation will be referred to the RCC. If the

respondent contests the allegation, the compliance specialist will prepare an inquiry report that includes the allegation and the respondent's response and will provide the report to the RCC.

4. The RCC will review the inquiry report and determine whether there is a good faith allegation of research misconduct warranting an investigation.
  - a. Should the RCC determine an investigation is not warranted, the compliance specialist will inform the respondent that the inquiry has been closed.
  - b. If the RCC determines an investigation is warranted, the compliance specialist will inform the respondent of the impending investigation and the respondent's opportunity to submit material for review.

#### B. Investigation

1. If the RCC determines an investigation is warranted, the RCC will appoint a panel of individuals to serve on the Research Misconduct Investigation Panel (RMIP). The compliance specialist will facilitate the work of the panel, but will not serve as a voting member.
2. The compliance specialist will notify the respondent of the names and positions of the panelists.
3. The RMIP will examine the material submitted to determine whether there is evidence that research misconduct has occurred. The RMIP will interview the respondent. The RMIP may also interview other individuals as part of the investigation.
4. Once the RMIP has concluded the investigation, the compliance specialist will prepare an investigation report. The respondent will receive a copy of the investigation report and will be allowed 30 calendar days to prepare written comments. The completed report along with the respondent's comments will then be submitted to the RCC.

#### C. Resolution

1. The RCC will review the investigation report and respondent's comments and make a recommendation concerning the final determination, including whether misconduct has occurred as well as any corrective actions or sanctions. The chief academic officer or designee will make the final determination after reviewing the recommendation of the RCC.
2. The chief academic officer or designee may at his or her discretion choose corrective/disciplinary action as warranted by the circumstances of each case. In the event that the chief academic officer or designee, as part of the remediation plan, decides that a dissertation must be withdrawn from publication, the compliance specialist will coordinate with the publishing entity to do so.
3. In the event that the chief academic officer or designee believes that a degree conferred by Capella should be revoked as a result of a research misconduct finding, the Capella University Board of Directors must review the case and vote whether to revoke the degree. The respondent will receive written notification of the final determination and any corrective/disciplinary action to be taken.
4. The RCC will determine whether law enforcement agencies, professional societies, professional licensing boards, editors of journals in which falsified reports may have

been published, collaborators of the respondent in the work, or other relevant parties should be notified of the outcome of the case.

#### D. Appeal Process

1. If the respondent chooses to appeal the final determination, he or she must submit a formal, written appeal request to the university president. The appeal request must be submitted via mail or email within 10 calendar days of the date the respondent was sent notification of the final determination.
2. The university president or deciding official will review the matter and issue a decision to the respondent.
3. The decision of the university president or deciding official is final.
4. A record of the final decision and all related materials will become part of the learner's official academic record and upon request, will be made available to all Capella University boards and any appropriate regulatory bodies.

#### IV. Retaliation

- A. Retaliation constitutes prohibited conduct under this policy.

A claim of retaliation against a university employee will be handled separately under Capella's Human Resources policies.

#### V. Other Misconduct

Misconduct that occurs within courseroom research projects will be handled in accordance with university policy *3.01.01 Academic Integrity and Honesty*.

### **POLICY OWNERS**

Academic Owner: Doctoral Success Center

Operations Owner: Doctoral Success Center

### **RELATED DOCUMENTS**

University policy 3.01.01 Academic Integrity and Honesty

University Policy 3.03.02 Publication of Dissertations

University policy 3.03.05 Conflict of Interest in Research

University policy 4.02.02 Learner Code of Conduct

The Common Rule ([45 CFR 46](#))

*The Belmont Report*

*Declaration of Helsinki*

*Nuremburg Code*

### **REVISION HISTORY**

Original Policy Approval Date: August 12, 2011

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