**CASE STUDY: HIERARCHY OF AUTHORSHIP**

Dr. Munoz is a newly-appointed Assistant Professor on the Academic track in the Department of Cell Biology and Genetics at a research-intensive academic center. After earning his MD/PhD and completing his post-graduate training, he was heavily by the Chairman to join the research team of Dr. Lowe. Dr. Munoz’s duties are primarily research at 80% effort with 20% patient care responsibilities in an active rare diseases and genetics counseling clinic. His current research project is an extension of Dr. Lowe’s work into a focus on Latino populations.

Dr. Munoz reported the progress of his team’s project at the weekly department research meeting, highlighting their promising new results which would move the research into expanded areas of focus. He sent Dr. Lowe a first draft of their manuscript for edits. Dr. Lowe inserted himself as first author, since he led the overall project, and listed Dr. Munoz as the last author, since he served as the lead investigator for this aspect of the work.

After the meeting, the department Chair approaches Dr. Munoz to discuss authorship and requests to be included in the authorship block. The chair says, “It would be more appropriate for me to be last author since I am the most senior member of the group, and you can easily be listed as 2nd author with the designation of “1st-author equivalence”. The chair goes on to say,” You know I have been your advocate and career mentor during your graduate and medical school years, and I am the one who recruited you to the department, where we have big plans for you”. Later that month, when they learned that the project had been selected for presentation at a major international conference, Dr. Munoz learned that the chair had designated himself to be the presenter.

Dr. Munoz recalls being cautioned during his recruitment by a recently-tenured member of the faculty, “Those guys are very good, but they are gluttons for the glory, so watch your back”. Dr. Munoz feels very conflicted and does not know how to respond.

1. What are the main themes raised by this case study?

2. What are the common pitfalls that can lead to negative or even “toxic” mentoring experiences?

3. How should Dr. Munoz try to resolve the conflict he faces in this situation?

4. What would constitute a tolerable “compromise” in this case?

5. Is there a likely “go to” person in the institution who might help map out a pathway for avoidance of recurrence of such a circumstance?

6. Is it wise for Dr. Munoz to start discussing “trade-offs” or even start the search for an exit strategy?

**CASE STUDY: WORK/LIFE BALANCE**

Dr. Jerry Blackmon is an advanced post-doc in the Department of Pharmacology and Toxicology. His current commitments include two ongoing research projects, overseeing various aspects of the lab, and teaching students and trainees. He has earned a reputation as a skilled, knowledgeable, competent self-started who is a rising star for certain.

His mentor, Dr. Betty Hicks, has asked him to take on a new project that involves establishing an urgently-needed national toxicology database. She emphasizes that this opportunity offers great potential as a future career niche for Dr. Blackmon and could help him secure a good position in this competitive environment, complete with future consulting opportunities. With some caution, Dr. Hicks expresses that this new project will require commitment of substantially more hours. Dr. Blackmon has an unspoken concern that Dr. Hicks feels he does not put in the hours that her generation did when she was at his stage of training.

Dr. Kelly Goode is a new incoming post-doc. Dr. Blackmon has heard that she is a very smart, motivated “go-getter” with impressive experience and growing recognition.

Dr. Blackmon’s wife is expecting their first child and he is prepared to request 12 weeks of parental leave when the baby is born. He has not yet raised this issue with Dr. Hicks, who is aware that his wife is pregnant, because he fears that taking leave at this time might be interpreted as “less” committed to his career. He also fears that if he takes leave, Dr. Hicks might offer the new national database project to Dr. Goode, under the guise of known urgency to get the project underway.

1. What are the main themes raised by this case?

2. How might you approach the issues in this case as the mentee? As the mentor?

3. Discuss the implications of the mentee’s gender. How is maternity leave treated differently from paternal (paternal or adoptive) leave? Should it be? Do recent changes in policy/practice significantly influence attitudes /procedures and patterns in this area?

 4. What would you do? What would you advise others to do? What if the genders of the characters were different or reversed?

**CASE STUDY: THE CONUNDRUM OF ETHICS IN RESEARCH**

Your PRIDE program newly-assigned mentee, Leonard, is an impressive, well-spoken high school who has announced his aspiration of one day becoming a physician and researcher. He has participated in science fair opportunities since eighth grade. He has taken the advice of educational professionals to gain lab experience in order to make his college entrance application stronger. He worked with you this past summer and recently has asked if he can do a competitive science fair project in your lab, one that conceivably result in scholarship opportunities. You are asked to sign the abstract of the project as sponsor. Because of divergent school and project deadlines, the abstract is due before the experiments could possibly be completed.

One month or so prior to the fair, you notice that Leonard has not really been in the lab doing much work. When you question him on his progress, he is vague about what he is doing. It is unclear that he is doing anything of substance at all. Indeed, on the day of the fair, you are surprised to see him there. However, his project’s results earn him a first place award, giving him the opportunity to go to the state competition and vie for the scholarship. You have the uncomfortable feeling that he has not actually done the work.

1. What are your impressions now of this student?

2. What would/could you do next in the interests of the competition? Your program? The student?

3. How quickly do you have to act?

4. Is there a time that would not be good time to act?

5. What are your overall objectives and goals in this situation?

A few days later, you ask to meet with Leonard and his teacher (explaining to the teacher your reservations, but without making accusations). At that interview, he is clearly uncomfortable and rather vaguely answers all of your questions. He brings the overheads from the presentation to that meeting for review, but he does not bring his notebook (which you remind him is technically the property of the lab). You leave that meeting with even stronger suspicions, but no definitive proof. You request that he return the notebook to the lab. He signs a statement that the results of the project were his work and reported accurately.

6. What would/could you do next?

7. How much time can you/should you legitimately spend on this matter? Who else could/should be involved?

8. What are the legitimate actions you can take when you have unsubstantiated suspicions? Is it Okay for you to act on them? Why or why not?

9. How do you reconcile the thought: “But I know lots of others who do the same thing, or worse?”

Through Leonard’s teacher, you request the notebook and the results again in order to “confirm” his results before they are presented at the statewide competition. Two days later, Leonard comes into your office and nervously asks to talk to you about the project. He says there was a lot of pressure on him, and he ran out of time, and he is very ashamed, but he “twisted” the data. He apologizes profusely, says his teacher is withdrawing the first-place award. He wants to redeem himself in some way; he knows what he did is wrong.

10 How do you react toward the student and how do you approach a 2nd chance opportunity, if any?

11. What would/could you do next? How much information do you provide to PRIDE?

12. How quickly do you have to act?

13. When is it a good time not to act?

14. What are your objectives and goals in this changed situation?

15. What steps do you implement to prevent recurrence(s)?