**The CARE Research Center Handbook**

**Last Edited: February 12, 2020**

**TABLE OF CONTENTS**

Welcome

Mission Statement

Research Goals

History of Center

Future Project Ideas

Our Team and Responsibilities

Reporting Structure

Team Expectations

Trustees

Team Communication

Regular Meetings

Mentorship and Development

General Research Policies

Open Science

Authorship

Data Sharing

Data Analysis

Version Control

Running Experiments

Research Ethics and Safety

IRB Procedures

Trainings

Adverse Events

Engagement

Community Engagement

Social Media and Website

Event Planning

Conferences

Center Logistics

Work Schedules

Getting to CARE

Conference Rooms

Day to Day

Internal Resources

Servers

Dropbox

Commonly Used Web Tools

External Resources

Recommended Websites

Recommended Articles

Codes of Conduct

Official Code of Conduct

Scientific Integrity

Sexual Harassment

Discrimination

Resources

Our Funding

Offboarding

Glossary

**MISSION STATEMENT. research goals; philosophy of how the lab works; chronological and academic history of the lab; ideas about future projects; why we do what we do MISSION STATEMENT. research goals; philosophy of how the lab works; chronological and academic history of the lab; ideas about future projects; why we do what we do MISSION STATEMENT. research goals; philosophy of how the lab works; chronological and academic history of the lab; ideas about future projects; why we do what we doWELCOME**

Welcome to the CARE Research Center at MGH! We hope you find this handbook useful as you start your time with CARE. This handbook was heavily inspired by [this tweet thread](https://twitter.com/samuelmehr/status/1139733291899080705) and many of the lab manuals referenced in it. Please feel free to edit and add to the handbook as needed, as this was created with the intent to be a living document that stays relevant for any new member entering the Center.

Any time a new member is brought onto the CARE team it is an exciting time, as it challenges us to take a new look at the work we’re doing, seeing both the research and community engagement portions of CARE in a new light. While you should use this handbook as a guide to help ease into your time here, please don’t hesitate to share your opinions on how we can better communicate the skills we hope to impart and the work we hope to accomplish, both within and outside our team.

Mission Statement

The Community, Access, Recruitment, and Engagement (CARE) Research Center at Massachusetts General Hospital aims to ensure that advances in medicine work for everyone. CARE is focused on creating a clear, testable science of research engagement, recruitment, and retention. This framework is based upon community-led partnerships as the foundation for health equity. We are committed to ensuring that these principles and practices are rooted in diverse and inclusive research design.

CARE Research Goals

The CARE Research Center focuses on the science of recruitment, engagement and retention in clinical trials. Our work looks at assessing the accessibility and accrual rates to clinical trials, particularly for underrepresented groups. Across clinical trials the majority of participants have been white, cis-gendered men of high socioeconomic and educational achievement who live on the coast. Because of this, the groups that CARE includes as underrepresented in research are broad.

Chronological and Academic History of CARE

The CARE Research Center officially started in 2017 after Jonathan spoke to the Boston Globe for their Spotlight Series on racism in Boston, specifically for the piece about [racism in healthcare](https://apps.bostonglobe.com/spotlight/boston-racism-image-reality/series/hospitals/). He had already been thinking of CARE due to increased asks across MGH for information on how to recruit diversely to clinical trials after his fellowship with the MADRC. MGH gave seed funding to CARE as a Diversity & Inclusion Strategic Initiative and in 2018 CARE received a grant from the Michael J. Fox Foundation for the FIRE-UP PD Research Project, officially allowing the CARE center team to grow.

Ideas About Future Projects

CARE has a Strategic Plan for the next 5 years and we are looking to expand our research portfolio in the following areas:

* Bioinformatics
* Machine Learning
* Economics
* Anthropology
* Sociology
* Social Epidemiology
* Implementation Science

**OUR TEAM AND RESPONSIBILITIES**

Reporting Structure

A transparent reporting structure is important for our team’s growth, ability to trust one another, and accountability. Research fellows report to Jonathan, while research assistants and coordinators report to Jonathan and Angie. Jonathan reports to Maurizio Fava, the director of the Division of Clinical Research (DCR) at MGH. Administrative positions, project managers and community organizers report to Helen. Helen reports to Tatiana Koretskaia, the operations director of the DCR. To maintain a transparent reporting structure, Helen does not report directly to Jonathan. Intern reporting structure depends on whether they are engaged in administrative or research responsibilities.

If there is a perceived and persistent conflict of interest within CARE, all team members are encouraged to reach out to Maurizio or Tatiana to help resolve the matter.

Team Expectations

Each member of the CARE team is expected to treat one another with respect, call out unfairness and inequity when it inevitably happens, and hold one another accountable to the mission of the center for both research and community. We are also all expected to do our work in a timely fashion, ask questions when we get stuck, and support one another through the work.

Additional responsibilities for team members include:

*PI*

* Provides support to team members
* Gives feedback in a timely manner
* Is available to talk about research, community engagement, center happenings, etc.
* Provide the vision for where the center is going and how the current work fits into that vision
* Support career development
* Present work to the team
* Obtain funding to ensure the center keeps going
* Meet with all team members on a regular basis
* Writing and providing mentorship for manuscripts
* Make sure that each team member is prioritizing their self-care and personal goals

*Research Fellows*

* Develop independent research projects
* Train and mentor students and other team members interested in research
* Provide supervision and mentorship for research coordinators and assistants
* Present work to the team and at conferences
* Apply for grants (within 15 months of start date research fellows should have some independent funding)
* Write and submit manuscripts, abstracts, posters, etc.
* Maintain a set of lab notes/data for your projects
* Participate in and present at weekly meetings
* Come to the office on a regular schedule in order to interact with the team

*Program Managers*

* Develop your own research projects
* Lead logistics for all assigned research projects
* Submit and troubleshoot all IRB protocols, amendments and revisions
* Clearly communicate action items for each research project to all team members (including external partners)
* Manage budgets for assigned research projects, including expenses, reimbursements, ordering, etc.
* Assist with data collection and analysis
* Communicate with Partners IS about data management needs for each research project and ensure follow through and maintenance
* Maintain and create new SOPs
* Participate in weekly meetings
* Be in the office on a regular schedule in order to interact with the team

*Research Coordinators/RAs*

* Assist with data collection and analysis
* Schedule and maintain team meetings for research projects
* Collaborate in data documentation and version control
* Participate in weekly meetings
* Be in the office on a regular schedule to interact with the team

*Community Organizers*

* Create and maintain connections with community organizations and leaders
* Submit regular community organizing briefs
* Develop tools to assess effectiveness of community engagement tactics
* Plan community-oriented events about health, research, and topics relevant to the community you’re outreaching to
* Use validated tools to analyze success of events
* Manage CARE’s social media channels
* Keep up-to-date on scientific research, health outcomes and how they relate to communities
* Participate in weekly meetings
* Be in the office on a regular schedule to interact with the team

*Staff Administrator*

* Maintain designated staff calendars
* Be the timekeeper for all weekly paid team members
* Take notes during meetings and distribute to research project teams
* Manage center staff travel
* Develop trip agendas for visiting research partners
* Maintain ordering and expenses
* Help team members with tasks for events and research projects
* Maintain consult tracking and scheduling
* Send meeting reminders to attendees 1-2 days before any meeting
* Participate in weekly meetings
* Be in the office on a regular schedule to interact with the team

*List of Current CARE Team and Contact Info*

* **Esther Cho, Community Organizer. Ask me about:**
  + Events
  + Community Organizing
  + The 4 Literacies programming
  + Social media
* **Sophie Greenebaum, Research Coordinator, Ask me about:**
  + MGH MoodNetwork
  + Best practices for signing up research participants at MGH
  + Clinical trial culture at MGH
* **Helen Hemley, Project Manager. Ask me about:**
  + Strategic planning
  + CARE budgets
  + Day-to-day around the office
  + Hiring and promotions
  + IRB processes
  + Grant writing and submissions
  + FIRE-UP PD
  + Presentations
  + Trustees board
  + Event planning
  + Most things MGH
  + Contact info: [hhemley@partners.org](mailto:hhemley@partners.org) Cell: 917-748-0859
* **Jonathan Jackson, Director. Ask me about:**
  + Vision for CARE
  + Statistics
  + Research writing
  + Career development/mentorship opportunities
  + Policy initiatives
  + Analysis plans
  + Community engagement
  + Presentations
  + FIRE-UP PD
  + ADNI3
  + *All of Us* New England
  + Grant writing and submissions
  + Research papers
  + Research consultations
  + Trustees board
  + External partnerships
  + Future research projects
* **Shumika Jean-Baptiste, Staff Assistant. Ask me about:**
  + Timekeeping
  + Reimbursements
  + Events
  + Mental health advocacy
  + Travel
  + Scheduling
  + CARE consultations
* **Angie Sanchez, Research Fellow. Ask me about:**
  + MGH clinical trial recruitment
  + FIRE-UP PD
  + Why me? Why not? Study
  + CARE/MGH Chelsea partnership
  + Tips for interacting with community
  + Partnering with Latino and Hispanic community/organizations/etc.
  + Poster submissions and presentations
  + Abstract submissions
  + Going to conferences
  + Setting up protocols
  + Grant applications
  + Literature reviews

Trustees

The Trustees are the supervising board for CARE, offering guidance and oversight to ensure that we follow our mission. They represent the communities we serve, giving input and helping us make decisions on all our goals and programming. Our entire team is led by the ideals and concerns of the Trustees, this makes sure that the community’s interests and needs are always put above hospital and research requests.

*List of Current Trustees*

* Michelle Anderson
* Luis Fernandez
* Chien-Chi Huang
* Soso Jean-Claude
* Mike Kincade

Team Communication

The best way to get in contact with the entire CARE team at once is over WhatsApp. Members of the center also text and use email for more formal, work related questions.

It is best to give Jonathan at least one week to review and respond to something you need. For less urgent items, wait to bring up in your weekly meeting with him. If it is something that is urgent, let him know in person when you’re making the request and he’ll always do his best to get it back to you within the deadline. he’s in the office and available, you can always knock on his door to say hi and ask questions.

Regular Meetings

*Weekly Team Meetings*

There are several regularly scheduled meetings for various research projects but the meeting that each team member is expected to attend and present during is the CARE Weekly Team Meeting. This takes place every Thursday from 3:00 – 4:00pm and a presentation schedule is sent out to the team for each quarter at least a month in advance. Each meeting starts with announcements for the center and the team and then the presenting team member talks about a project or brings a guest in to talk about a project, for ~45 minutes including time for questions from the team. Ask Helen for the current presentation schedule.

*Meetings with the PI*

Jonathan has 1:1 meetings with each member of the team at least once every other week. Meetings are informal, but you should come prepared to discuss the projects you’re working on, new project ideas, and updates on action items from the previous meeting. In addition, each team member is expected to meet with their manager on a weekly basis.

*Trustee Meetings*

Trustee meetings take place every other month in the evening, to facilitate the Trustees work/life schedules. Dinner is provided. CARE team members rotate attendance to ensure that our voices never dominate the discussion. Meeting notes and major decisions are shared with the entire CARE team.

Mentorship and Development

Mentorship is an important part of CARE for all employees – including employees on the research, administrative, and community engagement tracks. You are encouraged to speak with the team often about your career goals both within and outside of CARE so that we can help you grow and reach your potential in these areas.

For those embarking on a scientific career, Jonathan is the best point of contact regarding promotion, professional development and job hunting, and advice for applying to grad and medical school. Jonathan also is available to provide a variety of skills to help you in your career development, from stats clubs to 1:1 instruction for topics like statistical methodology, research methods, writing, and grant writing, we hope to build a culture of career advancement in CARE, so please take the time to speak with Jonathan about these opportunities. Angie is also a great resource for mentorship around a research or community health-oriented career – please come to her with questions about publishing, building a research career, authorship on papers, developing research ideas, analyzing data, and more.

We recognize that career advancement and mentorship at MGH is not often promoted within administrative or non-traditional careers as it is within research. Because of this, all positions (community and administrative) should plan on speaking about their career goals and having Helen and Jonathan look out for mentors for them. Career advancement for these positions can be less transparent than in the research/clinical space – but Helen is committed to trying to be as open and honest about how quickly you can be promoted as possible so please don’t hesitate to ask her questions about the process.

**GENERAL RESEARCH POLICIES**

Open Science

Currently, our open science policy is based off of [this lab](https://osf.io/kgd9b/wiki/Open_science/) and [this lab’s](https://github.com/alylab/labmanual/blob/master/aly-lab-manual.pdf) framework where you can share your code and data with others, outside of and within CARE. However, before sharing your code or data outside of CARE, speak to Jonathan to make sure that he agrees and that the team is finished using it. Open data and code are important because they ensure that the data is reproducible. We believe in sharing the skills around open and reproducible science not only within our team but with community and other researchers to ensure that everyone is performing the best science possible.

For version control, the CARE research team is in the process of moving to use Microsoft Office Online apps. This allows the team to all work on and modify a single document collaboratively that is preserved in the cloud, instead of having multiple documents and versions floating around.

Authorship

CARE follows the [APA Guide to Authorship](https://www.apa.org/science/leadership/students/authorship-paper.pdf), which includes that authorship should be decided before the work begins, that it indicates intellectual contribution, and that before submitting a manuscript you must send it to all authors to review and receive comments, proof read and give the senior author an opportunity to proof read as well.

Data Analysis

For data analysis and coding, everything should go through Stata or R. All code needs to be documented, commented on, and saved to the CARE\_Proj SFA along with the data sets. Both code and data should be formatted so that anyone could read and understand and potentially modify to answer original questions. You should have your code in a format that is always be ready to share with new collaborators. If you need further guidelines about how to ensure your code is always ready to share, please speak with Jonathan.

**RESEARCH ETHICS AND SAFETY**

IRB Procedures

It is vital that all research project team members adhere strictly to the IRB-approved protocols. A team member can only access data and information for a research project if they are on that project. If you are not part of a protocol, you cannot access data, participant information, analyze data or review any aspects of that project. If there is a project that you are not on and you feel you should have access to it, speak to Jonathan about being added to that protocol.

Trainings

All CARE team members must complete [CITI training](https://www.citiprogram.org/default.asp?language=english) within their first 30 days of hire, save their certificate, and send to Helen. Register using your Partners username and password, enter Massachusetts General Hospital as your affiliation and the Division of Clinical Research as your department. Enter that you will be working with humans and that your research is biomedical. Enter the “Good Clinical Practice Course” and complete the following two trainings: “Biomedical Research Investigators and Key Personnel Course” and “Good Clinical Practice Course.” You will need to get >80% on each curriculum to complete the requirement.

Adverse Events

If there is an adverse event for your research project, please notify Jonathan and Partners IS (if appropriate) immediately to secure all remaining data for the project or the project participant. We may also need to report to the IRB and the project funder based on the scope of the event.

**ENGAGEMENT**

Community Engagement

Community engagement is a vital part of CARE. Each team member has at least 10% protected time to be in the community. While the Community Organizers manage the majority of our team’s public outreach and events, it is important for each member of the team to be tied to this part of the mission, to interface with community, and to help with CARE events as needed.

Social Media and CARE Website

The Community Organizers manager the CARE social media accounts and any edits to the website can be requested through Helen. Our handles are:

* Twitter: @MGHCAREResearch
* Facebook: @MGHCARE
* Website: [www.massgeneral.org/care](http://www.massgeneral.org/care)

Event Planning

It is the expectation that each member of the CARE team will help with the event logistics that are planned by the community organizers on the day of the event. Depending on the event, overtime may be given to non-community organizers and non-exempt employees – make sure to ask your manager about this in advance of the event. We are a team and it is vital that each member helps with these events, even if your job is primarily research focused. If you feel it is inappropriate for you to attend an event based on the event’s target group, talk to Jonathan about why this is, and you can decide together for what will be best for the community.

If you want to learn more about CARE’s theories on community engagement, community partners we’ve worked with, and a list of past events, these all live in the CARE SFA.

To help determine relationship with community, we have developed a Community Engagement Ladder:

# **Tiers of Engagement**

**Feedback Stream**

**Engagement Stream**

### Trustee

An individual and/or representative of a community who is engaged in providing feedback to and helping shape CARE’s programming.

### Research Partner

An organization who is engaging CARE in a consultancy to better inform their research design, practice, and outreach in a manner which provides a revenue stream for CARE.

### Event Partner

An individual or organization who has a presence at CARE’s programming, in one of the following roles: event space host, sponsor tabling organization, guest speaker, outreach partner, or volunteer/wayfinder.

### Community Partner

An individual or organization who maintains sustained correspondence with a CARE community organizer to foster collaboration and serve as a conduit for short-term engagement and/or partnership at a later date.

### Peripheral/“Contact”

An individual member of an organization who receives our communication and is receptive to our mission without a specific point of engagement.

Line of Formality

### Community Representative

An individual within a target community who works within their own sphere to increase access to health resources, but is not a member of an organization.

### Community Member

An individual within a target community who does not have connections with a provider or advocacy organization who we are trying to reach in our programming.

Conferences

In order to change how researchers approach recruitment science, we must first get the word out about what CARE is doing. Team members are encouraged to be proactive about finding conferences to attend to present their work at. Post-docs should plan on presenting their work at multiple conferences across the year and will be reimbursed for this travel, either through the CARE sundry fund or funds through their research project. Post-docs should also look for internal and/or local opportunities to present their work. In addition, each CARE team member can attend one conference of their choice per year and have it paid for by CARE as long as it is within a reasonable budget.

Return of results to community is an important part of the work that we do, and Community Organizers should look for opportunities to present at conferences and in community settings on the results of the research that CARE performs.

Jonathan receives regular invites to give talks to both researchers and community and will share these opportunities with the team when appropriate – if you’re interested you should take him up on these offers. He is happy to sit in and give advice as you practice your talk to make sure that you are as polished and thinking of as many factors to give a successful talk for the setting as possible.

**LOGISTICS**

Work Schedules

Most positions are either full time or part-time at 20 hours. Part-time position schedules can be flexible but require approval from manager. Most team members are expected to be in the office for 8-hour work days, starting at 8 or 9am and finishing at 4:30 or 5:30pm. Each team member is expected to take a 30-minute lunch break. If you clock in and out each week, you need to send your hours to Shumika, who is the CARE timekeeper, or [Joe Lopiccolo](mailto:JLOPICCOLO@mgh.harvard.edu), who is the CARE back up timekeeper, and CC Helen on the email.

Remote work is only allowed with prior approval from a manager. Community organizers may work remotely when explicitly engaged in community engagement activities (as defined under community organizer role). Community organizers may use their weekly hours towards CARE events or external events (with prior approval). All other weekly-paid employees may receive OT or an hours shift to attend work events.

Earned Time may be used for vacations with prior manager approval per the [MGH policy](https://partnershealthcarehr.service-now.com/hrportal?id=ph_kb_article&sys_id=b6a1be01dba84f40da8538ff9d961960). Vacation for post-docs is more flexible. All CARE team members should plan on taking at least one vacation a year to reduce burnout.

Getting to CARE

The CARE Research Center is located at 50 Staniford St. on the 10th floor, which is only accessible by MGH badge access. If someone without badge access is visiting, please provide them with your office line in and meet them by the elevators to let them into the suite. The nearest T stop is MGH/Charles (Red line) or North Station (Green and Orange line).

If you forget your badge and no CARE employees are in the office suite to let you in, please go into concierge medicine and they should be able to look you up in the MGH system and let you into the suite.

If no MGH personnel are available, please contact the building supervisor for 50 Staniford: Mark Braudis; [mark.braudis@cbre.com](mailto:mark.braudis@cbre.com) or the attendant at the main desk in the lobby. You may need to show proof of employment for either of these individuals to let you into the suite.

Conference Rooms

To book the CARE conference room, contact the Shumika to see if your preferred time is available. There are also huddle rooms across the suite for small meetings.

Badges

All CARE employees should receive an MGH badge during their orientation and Helen will then request access to the CARE office suite as well as a badge from building management to enter 50 Stnaiford St. after regular working hours.

Day to Day

* The dress code at CARE is casual, you can dress how you feel comfortable.
* No pets are allowed at CARE (but we wish they were!)
* Most of our space is shared so please keep your desk and shared areas tidy and clean (i.e. do not leave food out)
* If you’re sick, please take a personal day to get better and respect the health of others
* Per MGH policy each team member is required to get an annual flu shot. These are given out each year from the hospital for free and times to get them are mentioned in the MGH Broadcast emails.
* CARE encourages a work-life balance. This was mentioned before but bears repeating - if you haven’t gone on vacation in a while, Jonathan and your manager will strongly encourage you to do so.
* The codes for the 2nd floor bathrooms at 101 Merrimac are:
  + Women’s Room: 240
  + Men’s Room: 130

**INTERNAL RESOURCES**

Servers

CARE has two servers that are used by the team to store documents, data, etc. They are:

* CARE – This is the administrative server. It hosts information about events, community organizing, marketing, expenses, Trustee meeting notes, presentation slides, and more.
* CARE\_Proj – This is the research server. It hosts all of the information and data for CARE’s research projects, grant submissions and manuscripts.

Helen is the key giver for both of these servers and can provide you with access.

Dropbox

CARE has one Dropbox account through MGH that is used to store data and research documents for specific projects. If you are on a project where you need access to this account, ask Helen and she will add you. CARE also has a Dropbox folder with all of our community event pictures.

Commonly Used Web Tools

CARE uses the following tools on a regular basis and there are shared credentials for each that live in the CARE drive:

* + WebEx
  + Canva
  + Gmail
  + Eventbrite
  + Piktochart

A list of free or discounted research tools through Partners lives here.

**EXTERNAL RESOURCES**

All CARE team members are expected to read the following papers in their first 2 weeks – all available in the CARE drive:

* Picillo: “Recruitment strategies and patient selection in clinical trials for Parkinson’s disease: Going viral and keeping science and ethics at the highest standards”
* Green-Harris: “Addressing disparities in Alzheimer’s disease and African-American participation in research: an asset-based community development approach”
* Rasouly: “Evaluation of the cost and effectiveness of diverse recruitment methods for a genetic screening study”

**CODES OF CONDUCT**

Official Code of Conduct

CARE is governed by the [Partners code of conduct](https://www.partners.org/Assets/Documents/About-Us/OII/Partners_Code_of_Conduct.pdf) and the [MGH Standards of Behavior](https://hospitalpolicies.ellucid.com/documents/view/815). It is imperative that each individual is able to come into a workplace where they feel safe and are able to perform their duties with integrity and honesty. If you are in a situation where you are unable to feel safe at work or perform your duties, please speak to Jonathan immediately. If Jonathan is part of the reason that you are in this situation, please contact one of the leads of the Division of Clinical Research or your HR representative.

Scientific Integrity

CARE and MGH are committed to scientific integrity and will not tolerate plagiarism, fabrication or falsification of research. Please read the [MGH policy](https://mghresearch.partners.org/research-compliance/responsible-conduct-of-research/) on the conduct of research. Keep in mind that all of our activities are designed to make sure that our data is robust and applicable. Those are always the most important things. Please reach out to Jonathan if you have any concerns.

Sexual Harassment

Sexual harassment is not tolerated at CARE. The [MGH policy](https://hospitalpolicies.ellucid.com/documents/view/813) on sexual harassment details what the hospital constitutes as sexual harassment and how it handles these instances.

Discrimination

Discrimination based on race, ethnicity, gender, sexuality, religion or any other factor is not tolerated at CARE. The [MGH policy](https://hospitalpolicies.ellucid.com/documents/view/772) on discrimination details what the hospital constitutes as discrimination and the process for handling discrimination when it arises.

Resources

If you have a concern or problem, please contact a CARE team member you trust or MGH HR immediately to discuss. Problems are natural in a team-based environment, and hopefully we can come together to address and work through them as a team.

**OUR FUNDING**

The CARE Research Center is currently supported by a sundry fund grant from MGH as a cornerstone of the hospital’s diversity & inclusion strategic plan, a grant from the Michael J. Fox Foundation for the FIRE-UP PD Study, and a grant from the NIH for the ADNI3 project. Each of these grants pay for salary support, general office needs, Trustee expenses, conference travel, community engagement, and more.

In addition to the projects listed above, Jonathan’s salary is also partially covered by the MGH Division of Clinical Research, the All of Us Research Program, and the Alzheimer’s Clinical Trials Consortium.

Finally, CARE also has received donations from Otsuka and Merck, funds that are used exclusively for our community engagement work. If you have any concerns about the use of these funds, please speak to Jonathan or Helen.

As mentioned under conferences, we have funds to pay for at least one conference for each team member per year. We will try to offset as much of those cost upfront for you as possible (i.e. book your travel and hotel through CARE) and you can expense your food and other conference related costs upon your return. Just make sure everything is within the MGH allowable limit for the expense.

If you are working on an event or extra hours, CARE will cover some costs such as parking or travel. If you are meeting with a community partner and would like to take them to lunch or pay for some other expense, please do not do so without getting prior approval from Jonathan or Helen. These costs will not be reimbursed if you did not get prior approval.

**OFFBOARDING**

Archiving and standardizing work – you should be doing this all along but make sure that everything is in CARE\_Proj. Make sure that projects are within their own folder with all information about methods, results and analyses.

Make sure to review the last onboarding document created for your position and update with any new materials for the next person coming on board.

Turn in any equipment such as laptops to Helen.

Put up an out of office message and change your voicemail at least the day before your last day with the best person to contact (i.e. your replacement or manager).

Send updates to your job and bio so that we can keep your information on the alumni portion of the CARE website!

**Glossary of Commonly Used Terms**

**Biobank**

A biobank is a type of biorepository that stores biological samples (usually human) for use in research.

**Boston Medical Center**

Acronym: BMC

Boston Medical Center is the largest safety-net hospital and Level I trauma center in New England. It is affiliated with Boston University School of Medicine and is a partner organization of Partners HealthCare for the All of Us New England Precision Medicine Consortium.

**Brigham and Women’s Hospital**

Acronym: BWH

Brigham and Women’s Hospital is one of the founding hospitals of Partners HealthCare. It is a major teaching hospital of Harvard Medical School and an internationally-known referral center for complex medical center.

**Community Access, Recruitment & Engagement Research Center**

Acronym: CARE

The Community Access, Recruitment & Engagement Research Center is a research center at Massachusetts General Hospital focused on improving community access to and participation in clinical research.

**Electronic Health Record**

Acronym: EHR

An electronic health record is the systematized collection of patient and population electronically-stored health information in a digital format. These records can be shared across different health care settings.

**Harvard Medical School**

Acronym: HMS

Harvard Medical School is the graduate medical school of Harvard University. BWH, MGH and NWH are all teaching hospitals affiliated with HMS.

**Institutional Review Board**

Acronym: IRB  
An institutional review boardis a type of committee that applies research ethics by reviewing the methods proposed for research to ensure that they are ethical. Such boards are formally designated to approve (or reject), monitor, and review biomedical and behavioral research involving humans.

**Massachusetts General Hospital**

Acronym: MGH

Massachusetts General Hospital is one of the founding hospitals of Partners HealthCare. It is a major teaching hospital of Harvard Medical School and an internationally-known referral center for complex medical center.

**National Institutes of Health**

Acronym: NIH

The National Institutes of Health is the primary agency of the United States government responsible for biomedical and public health research. It is part of the US Department of Health and Human Services.

**Partners HealthCare Systems**

Acronym: PHS

**Partners HealthCare is a not-for-profit health care system that is committed to patient care, research, teaching, and service to the community locally and globally. BWH and MGH are the founding hospitals of Partners. Partners is a partner organization with BMC for the All of Us New England Precision Medicine Consortium.**

**Precision Medicine**

Precision medicine is an emerging approach for disease treatment and prevention that considers individual variability in lifestyle, environment, and biological makeup.

**Research Assistant**

Acronym: RA

Research Assistants recruit and enroll participants into the *All of Us* Research Program and Partners Biobank at multiple locations.

**Underrepresented in Biomedical Research**

Acronym: UBR  
The NIH defines the following groups as underrepresented in biomedical research:

* Individuals from racial and ethnic groups including Blacks or African Americans, Hispanics or Latinos, American Indians or Alaska Natives, Native Hawaiians and other Pacific Islanders
* Individuals with disabilities, defined as those with a physical or mental impairment that substantially limits one or more major life activities
* Individuals from disadvantaged backgrounds, defined as those from a family with an annual income below established low-income thresholds and those who come from an educational environment that has inhibited the individual from obtaining the knowledge, skills and abilities necessary to develop and participate in a research career