All SOM Medical Students:

Before beginning your 16 week research block and completing the attached research schedule approval form you are required to have completed your research credentialing. Please see below for instructions.

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University Hospitals: Credentialing - Contact

- Gale Connor
  - gale.connor@uhhospitals.org
  - https://redcap.uhhospitals.org/redcap/surveys/?s=8EHM9P3HKX

MetroHealth: Credentialing - Contact:

- Kim Hatch (research block only):
  - khatch@metrohealth.org
  - 216.778.5369
- Cheryl Zadd (all other research):
  - czadd@metrohealth.org
  - 216.778.7342

VA: Credentialing Contact:

- Christina Raymond
  - 216.791.3800 (ext 4660)
  - email: christina.Ra2ymond2@va.gov.
- Holly Henry
  - 216.791.3800 (ext 4657)

CCF: Credentialing Contact:

- Penny Thompson-Jones
  - 216.444.0673
  - thompsp@ccf.org

If you have questions or need further assistance please feel free to contact the office of medical student research at 369-6972.
MEDICAL STUDENT RESEARCH SCHEDULE AND PROPOSAL FORM

Student Instructions:

1. Students are required to perform 16 weeks of research.
2. This form must be submitted to the research office 4 weeks prior to start of research dates. The 16 week research cannot be used as a research elective.

SECTION I: Background Information
(All below information and signatures must be provided in order for OMSR to approve)

Student Name: _________________________________    Graduation Year: _____________
Research location:  □ UH   □ CCF   □ Metro   □ VA   □ Other __________________________
Research Mentor name and signature: __________________________________________
Research Mentor’s phone: _____________________ email: ____________________

Class of 2023 required research block dates:
Please check two – 8 week blocks:
(Longitudinal curriculum students select your 1st 8 weeks and enter 2nd 8 weeks below *)

☐ a) 03/08/21-04/30/21    ☐ b) 05/03/21-06/25/21
☐ c) 06/28/21-08/20/21    ☐ d) 08/23/21-10/15/21
☐ e) 06/28/21-08/20/21    ☐ f) 01/03/22-02/25/22
☐ g) 03/07/22-04/29/22    ☐ h) 05/02/22-06/24/22

Please check if you are in a Dual Degree Program

☐ Dual Degree - Program __________________________

* Longitudinal Core Curriculum Students Only
Please fill in your second 8 weeks of your research schedule below.

<table>
<thead>
<tr>
<th>Dates</th>
<th># weeks</th>
<th>MSRO Approval</th>
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Students and Mentors: All completed and signed research schedule forms must be uploaded into box using this link [https://cwru.box.com/s/s4zqwpoqkeuqiw390apvxy48cr98p](https://cwru.box.com/s/s4zqwpoqkeuqiw390apvxy48cr98p) for implementation by 1/28/2021. If you have any questions please contact Sharon Callahan, Administrative Director, Office of Medical Student Research at 216-368-6972/ slc17@case.edu or Colleen Croniger, Assistant Dean for Medical Student Research at cmc6@case.edu.

Society Dean’s Name__________________________________________________________

Society Dean’s Signature (verify research block dates):__________________________

Date_________
SECTION II

A. If your project involves human subject research, you will need to have active IRB approval and be listed as a Key Personnel in the project.

B. Please provide the IRB approval number: ______________________

C. I certify that I will be a registered Key Personnel by the start date of my project.
   Student’s Initial: _____

SECTION III

D. **Time-Line, Deliverables and Competencies:**
   - Organize your specific goals and “deliverables” into a time-line that corresponds to the intervals of time that you will receive research elective credit as indicated in the table on page 1. (eg, Interval 1 Research phase - research and compile the reference list, read background literature, complete interviews of study subjects)
   - For example, if you propose 16 weeks of research broken into two eight-week blocks, list specific goals and expected deliverables for each of these three time intervals.

SECTION IV: Research Plan

A. **Research Description:** In the space below, describe your project’s (1) Research question; (2) Hypothesis; (3) Study Design (including basic approaches for statistical analysis).

**Research Plan continued (please use more space than provided if needed):**

SECTION V: Responsible Research Supervisor Attestation (Section for Research Mentor)

My signature verifies that as a Research Mentor:

1. I will support all of the plans in the student’s proposal.
2. I will have reviewed and agreed with the student’s goals/deliverables and timeline described in section IIID above.
3. I will meet with the student on a regular basis to review student’s goals/deliverables and timeline.
4. I will provide constructive feedback to the student at the midpoint of their research block.
5. I will submit an evaluation of the student’s performance at the end of each 8 week block of research (Mentor Evaluation of Medical Student Research Form)

Research Mentor’s Name ________________________________________________

Research Mentor’s Signature _____________________________________________
Date_______________

**MSRO Approval**

______________________________________________________________
Date_______________