

## APPLICATION FOR RESC 5001M MEDICAL STUDENT RESEARCH ELECTIVE

Course Code: RESC 5001M

Title: Medical Student Research Elective

Location: Med - Case School of Medicine

Description: This elective is offered to Case University and Lerner College students ONLY. The elective may be used to continue research already under way, typically to finalize a research block project. Typical activities include gathering more data; performing statistical analyses; and writing research results, often in preparation for publication.

Prerequisites: Completion and approval of this 5001M Medical Student Research Elective.

Assessment: Students submit a 2 page summary of the accomplished research for the elective. Research Mentor's will complete the "Mentor Assessment of Medical Student Research Form."

### Student Instructions:

1. Students can schedule up to 8-weeks of additional research (not part of the 16 week required research block). The research elective is not recorded on your transcript but you may count up to 8-weeks as non-clinical credit toward graduation requirements. Please do not submit the elective in the course request site and do not add the rotation in CAS. You will write the weeks in the Additional Elective section of your Official Graduation Audit Checklist next year.
2. This form must be submitted to the Medical Student Research Office at least 4 weeks prior to the start of the elective.
3. If you are using the research elective for data analysis and/or to finalize your MD Thesis in section III please write 1-2 sentences explaining that.

### SECTION I: Background Information

Form Submission Date (4 weeks prior to start of elective):

Student Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Research location: \_\_\_\_\_

Research Mentor name and signature: \_\_\_\_\_

Research Mentor's contact information: \_\_\_\_\_

**Completed 16 weeks of required research block**

Dates	# weeks	MSRO Approval

**Research Elective Dates:**

Dates	# weeks	MSRO Approval

**SECTION II (Please fill in or write not applicable, N/A)**

- 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.  
Initial: \_\_\_\_\_

### **SECTION III: 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).

\*If you are using the research elective for data analysis and/or to finalize your MD Thesis please write 1-2 sentences explaining that.

Research Plan continued:

**1. SECTION III: Responsible Research Supervisor Attestation**

My signature verifies that I as the Research Mentor:

1. Support all of the plans in the student's proposal;
2. Will provide constructive feedback to the student at the midpoint of their research elective work; and
3. Will submit an assessment of the student performance at the completion of the research elective using the "Mentor Assessment of Medical Student Research Form".

Research Mentor's Name \_\_\_\_\_

Research Mentor's Signature \_\_\_\_\_

Date \_\_\_\_\_

MSRO Approval \_\_\_\_\_

Date \_\_\_\_\_