

## 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 2021 required research block dates:**

#### **Please check two – 8 week blocks:**

(longitudinal curriculum students select your 1st 8 weeks and please see below)

- a) 03/11/19-05/03/19     b) 05/06/19-06/28/19  
 c) 07/01/19-08/23/19     d) 08/26/19-10/18/19  
 e) 10/21/19-12/13/19     f) 01/06/20-02/28/20  
 g) 03/09/20-05/01/20     h) 05/04/20-06/26/20

### **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.**

Dates	# weeks	MSRO Approval

**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** \_\_\_\_\_