

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.

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) 10/18/21-12/10/21 [] 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 with 3 columns: Dates, # weeks, MSRO Approval. It contains 5 empty rows for data entry.

Students and Mentors: All completed and signed research schedule forms must be uploaded into box using this link https://cwru.box.com/s/s4zqwpolepkeulqw30aopyx48c80r98p 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 _____