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| **Medical Student Research Elective Work Plan**  *Please complete the application below. Applications that do not sufficiently address items below will not be considered.* | | | | | | | | | | | | | | | |
| **Preliminary Work** | *If this is an ongoing project, briefly describe the work you have completed to date. Indicate in the space below if not applicable and a new project. DO NOT LEAVE BLANK.* | | | | | | | | | | | | | |
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| **Specific Aims** | *Concisely state the goals of the proposed research and summarize the expected outcome(s), including the impact that the results of the proposed research will have on the field(s) involved.* | | | | | | | | | | | | | |
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| **Research**  **Strategy** | ***SIGNIFICANCE:*** *Explain the importance of the problem that this project addresses as well as how the proposed project will improve scientific knowledge and/or clinical practice.* | | | | | | | | | | | | | |
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| ***INNOVATION:*** *Explain how the application challenges or adds to current research or clinical practice paradigms. Describe any novel methods, instrumentation or interventions to be used, and any advantage over existing methods, instrumentation or interventions.* | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| ***APPROACH:*** *Describe the overall strategy, study design, study conditions (e.g., treatments/interventions), method for gathering data, sampling strategy and sample size, and data analysis.* | | | | | | | | | | | | | |
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| **Timeline** | *What do you expect to achieve during each of these four weeks? Add lines as needed. Only complete Wk5 - 12 if multiple blocks are needed (i.e., if enrolling in more than one block of a four week elective period).* | | | | | | | | | | | | | |
| **Milestone or Task** | **Wk1** | **Wk2** | **Wk3** | **Wk4** | **Wk5** | **Wk6** | **Wk7** | **Wk8** | **Wk9** | **Wk10** | **Wk11** | **Wk12** |
| *Example:  Write IRB application* | *X* | *X* | *X* | *X* |  |  |  |  |  |  |  |  |
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| **Medical Student Research Elective Mentoring Plan** *(to be completed by the mentor)* | | |
| **Mentor’s Name &**  **Email Address** |  | |
| *Are you a* ***faculty member*** *at the UT Health Science Center at San Antonio?* | *If not at UTHSCSA, please cite your institution and explain your connection to the student or research project.* |
| * Yes * No |  |
| **Your Expectations** | *What do you expect the student to accomplish during the elective?* | |
|  | |
| **Your Resources** | *What training and research experiences will you provide for the student? What other resources will you make available for the student?* | |
|  | |
| **Supervision** | *Due to the brief duration of this elective, your active engagement is extremely important. Do you agree to meet with the student at least weekly?* | *Are there others on your research team who will also supervise the student’s work? If yes, please explain.* |
| * Yes | * Yes * No |
| **Evaluation** | *We expect a written report from the student following this elective rotation. Do you agree to complete the evaluation of the student within two weeks following the elective?* | |
| * Yes | |
| **Mentor’s Signature** | *I agree to provide research mentorship to this student during their research elective and approve of the above work plan and mentoring plan.* | |
| **Student’s Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Mentor’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |