

Research Electives at Stony Brook Campus Sites: Instructions

Forms needed: Sponsorship form, Progress/grading form

A research supervisor sponsor is required. The following outlines the responsibilities of the sponsor. Two forms will be used to establish and monitor these electives. One is the Acknowledgement of Sponsorship. The other is the Research Elective Progress form used for monitoring the progress of the research.

Acknowledgement of Sponsorship of Research Activities/Electives

Stony Brook Medical Students may take a 4 week research elective if they have sponsorship by a Stony Brook Faculty member. The responsibilities of a sponsor include the following:

1. Providing the Office of Medical Education with
 - a description of the research the student will be involved in,
 - justification for how this research is significant to the student's program,
 - a description of the role of the student in doing the research, and
 - learning objectives for the elective.

This is done on an "Acknowledgement of Sponsorship" form.

2. Signing the Sponsorship form. The elective must be confirmed a minimum of 30 days prior to its start date by submission of the signed sponsorship form to Bonnie Chalson in the OME.
3. Submitting a "Research Elective Progress" form to OME at least twice a month while the research is going on, so that the report can be placed in Cbase.
4. Collecting a summary of the research experience written by the student at the end of the elective. Reviewing the above and the Research Elective Progress forms, and assigning the final grade for the student's work based on this feedback.
5. Submitting the grade and appropriate comments to Bonnie Chalson in OME within two weeks of the completion of the research.

Acknowledgement of Sponsorship

Student's Name _____

Title of Research _____

Department/site where research will be done _____

Start Date of Research _____ End Date of Research _____

Signature of Academic Affairs office if research is done at WUH, VA or NUMC
(WUH Jennifer Liddell, NUMC Gina Noblett, VA Valerie Drautz, not for research done at SBUMC):

signature

Student's Advisor signature:

signature

Name, phone, signature of research supervisor:
(Can be faculty at SB, WUH, NUMC, VA sites)

signature

Please attach a **description** of the research to be done and **justification** for why this is significant to the student's medical education. Please include clear **learning objectives** for this elective as well as the **specific role** to be played by the student in the research process.

Research Elective Progress Form

This form should be completed a minimum of two times during each month of research.

Student's Name _____

Title of Research _____

Period of time being reviewed: **Start Date** _____ **End Date** _____

Site _____

Goals for this period:

Research Skills reviewed/learned:

1. Writing a research proposal
2. Background reading completed
3. Research techniques reviewed/learned
4. Other _____

Research techniques employed:

1. Specific laboratory techniques:
2. Other techniques

Accomplishments for this period:

Comments:

Final Grade (At the end of the research experience. Circle one.): **H HP P LP F**

Research Supervisor Reporting this information

Signature

Site

Date

Please submit this to Bonnie Chalson in OME within two weeks of the end of the research period. She will enter it into Cbase for the student's grade/evaluation.
Fax # 631-444-9521