

Research Elective Instructions

DO NOT USE THIS FORM TO REGISTER SCP RESEARCH TIME

Before proceeding further, please note the following:

- Research electives are a minimum of 4 weeks and a maximum of 8 weeks
- A research supervisor is required for all research electives
- Off campus research electives need a SB faculty sponsor

Indicate which type of research elective you are requesting:

<p>On Campus Site: SB NUMC VA</p>	<p>Off Campus Site:</p>
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Three forms will be used to establish and monitor research electives:

- Acknowledgement of Sponsorship Form** must be submitted to the Student Affairs Office for approval a minimum of 30 days prior to the research start date (page 2).
- Research Elective Progress and Final Grade Form** used to monitor the progress of the research (page 3).
- Research Elective Student Evaluation Form** used to provide a summary of your research experience (page 4).

All students must submit proof of:

- SBU CITI Training** – more info at: [Training Requirements | Office of Research Compliance \(stonybrook.edu\)](#)
- IRB Approval** from the PI / research supervisor – more info at: [Submission Guidelines | Office of Research Compliance \(stonybrook.edu\)](#)

Please submit all forms to Jeanine Fazzini in the Student Affairs Office. If you have any questions, please call Jeanine at 631-444-9547 or email: jeanine.fazzini@stonybrookmedicine.edu.

Acknowledgement of Sponsorship

(to be completed by research sponsor)

Title of Research _____

Department/site where research will be done _____

Address (for off campus) _____

Start Date of Research _____ End Date of Research _____

1. **Proposal** (describe the research to be done):

2. **Justify how this research is significant to the student's medical education. What competencies is this elective related to?**

3. **List learning objectives that are measurable:**
 - 1.
 - 2.
 - 3.
 - 4.

4. **What role will the student play in the research process?**

Name	Signature	Email
SB Research Supervisor Name: _____		
Off Campus Research Sponsor: Name: _____		
SB Faculty Sponsor (for off campus): Name: _____		
Medical Education Liaison: <input type="checkbox"/> NUMC: Michael Weiss <input type="checkbox"/> SB: Jeanine Fazzini <input type="checkbox"/> VA: Mary Menken		
DEAN'S APPROVAL <input type="checkbox"/> Dr. Strano-Paul <input type="checkbox"/> Dr. Cohen		

Please submit this form to jeanine.fazzini@stonybrookmedicine.edu in the Student Affairs Office within 30 days of the start date for approval by Dr. Strano-Paul. Phone 631-444-9547. Fax # 631-444-9376

Research Elective Progress and Final Grade Form
(to be completed by research supervisor)

Title of Research _____
 Department/site where research will be done _____
 Address (for off campus) _____

Start Date of Research _____ End Date of Research _____ (min 4 wk/max 8wk)

Final Grade: H HP P LP F

Goals for this research elective:

Research Skills reviewed/learned (check appropriate choice):

- Writing a research proposal
- Background reading completed
- Research techniques reviewed/learned
- Other _____

Research techniques employed:

1. Specific laboratory techniques:

2. Other techniques:

Accomplishments for this period:

Comments:

Name	Signature	Email
Research Supervisor:		

Research supervisor needs to submit this form to the Student Affairs Office at the end of the research elective
Rsom.studentaffairs@stonybrookmedicine.edu Phone 631-444-1030 Fax 631-444-9376.



Research Elective Student Evaluation Form

Please write your name on the back of this evaluation. We will not give your name to other students who want to know about this site, but we need to know that you have submitted an evaluation. Your name and evaluation will not affect your grade in any way. Your grade for this elective will be entered into CBase after we have received this form. The purpose of this evaluation is to help monitor our students' research experiences and our students' experiences at the sites they go to.

Title of Research _____

Department/site where research was done _____

Research Supervisor _____

Start Date of Research _____

End Date of Research _____

Learning Objectives:

- 1.
- 2.
- 3.
- 4.

Was the site able to provide the education needed to meet these objectives? Explain.

Please provide a summary of your experience (What were your roles and responsibilities while at this site? Was the faculty available and responsive to your learning needs? Describe the patient population. Describe your living conditions. What was the learning environment like? How is this site different from any experiences you've had at any other site? How did this experience enhance your learning in medical school? Which competencies did this elective best address and why? How did the site assess whether or not you met the learning objectives?)

Please submit this form to jeanine.fazzini@stonybrookmedicine.edu in the Student Affairs Office at the end of the elective. Phone 631-444-9547. Fax 631-444-9376.