

Instructions for Preceptors: Research Elective MED 9510

Thank you for considering precepting a 4th year medical student for the research elective. This elective is designed to expose the senior medical students to the principles of medical research and allow the students to conduct research under the mentorship of an experienced researcher in the medical field. The project may encompass any length of time, however, the student will have a dedicated 4 week period to intensify work on the project.

Below you will find some guidelines that detail the requirements of this commitment.

1. To precept this elective, you must have a UND SMHS faculty appointment.
2. Any manuscript, presentation or publication related to the research completed during this elective must recognize the UND SMHS affiliation in addition to health system affiliations.
3. During the month of the elective, minimum weekly meetings with the student are required.
4. The goal for the student in completing this elective is that they produce a manuscript of publication quality.
5. The student must complete the following timeline and you will be required to assist them in meeting these dates:
 - 4 months prior to the elective month: project approval by campus dean and Dr. Sletten (course director)
 - 3 months prior to elective month: IRB approval request submitted to both UND and local health system if applicable
 - End of period 8: manuscript must be submitted for first review
 - Beginning of period 10: manuscript submitted to Dr. Sletten prior to this date for final review
 - Grade must be submitted by end of period 10

UND SMHS has many resources for assistance in our students completing their research. Resources may include biostatistics consults, writing assistance, literature review resources. For help in reaching any of these resources or other questions related to the project, please contact Dr. Sarah Sletten, SMHS Director of Learner Research at sarah.sletten@UND.edu

RESEARCH ELECTIVE APPROVAL FORM

This form must be completed 4 months prior to the elective rotation period. Please complete the form and obtain preceptor's signature and submit to the campus dean for initial approval (does not guarantee final approval). The form should then be submitted by the student to the course director, Dr. Sletten for final approval.

Elective Title: Basic, Clinical, & Applied Senior Research Elective/MED 9510

Student Name _____ Elective Period _____

Preceptor _____

Campus _____

Preceptor Health System Affiliation (If applicable) _____

☐ I am aware of the requirement to complete a UND IRB in addition to any IRB which might be required by the health system.

☐ I am aware that any manuscript, presentation or publication related to the research completed during this elective must recognize the UND SMHS affiliation in addition to health system affiliations.

Project Description:

Novelty of research: Attach a brief literature search with references showing novelty of this research proposal.

Statement of feasibility and sample size calculation for the study:

Proposed timeline for completion of the elective including all steps detailed in the required timeline included in the elective description.

Approval Signatures/Date:

As the preceptor for this research project, I agree to the guidelines set forth in the preceptor information page for MED 9510. My signature also denotes approval for the student to complete the above detailed research with me.

_____ Preceptor	_____ Date
_____ Campus Dean	_____ Date
_____ Course Director	_____ Date