Research Elective Rotation Application
Clinical Education Department

Research Elective Rotation Overview

Research rotations are an option for elective rotations available to students at Touro University California, College of Osteopathic Medicine. Requirements for approved, supervised research elective rotations, apply to DO students in their third or fourth year.

A. Objectives

During the research elective the student is expected to learn to critically appraise sources of medical information in order to (1) appropriately integrate new information into clinical practice, and (2) to be able to contribute to or collaborate in the development of new knowledge in their respective fields.

Specifically, the student should learn about the

1. development
2. execution
3. data analysis
4. interpretation
5. and presentation of a research project

by active participation in at least one research project during the Elective Research Rotation training.

B. Role and Responsibilities

1. Role of the sponsoring research facility and the preceptor

   The sponsoring research facility agrees to provide a preceptor to oversee the student’s research rotation. The preceptor should have expertise in assigned areas, experience an status within the research facility, and an interest in supervising and mentoring.

   Research activity selected by the student should meet the facility’s needs as well as the student’s learning objectives. The preceptor will assist the student by providing access to the resources needed for completion of the research project.
At the end of the rotation, the preceptor will evaluate the student by filling the Rotation Evaluation form that should be return to the CED.

2. Student’s role and responsibilities

The student is expected to:
- Assist the preceptor with management of the rotation experience
- Provide professional quality work
- Abide by the policies and procedures of the research facility

Research Project

In addition to this application form, the student must submit a proposal describing the research project.

This proposal should address each of the following:
- Introduction and background
- Research hypothesis and rational
- Specific methods
- Daily schedule of activity during the elective period
- Faculty supervisor expertise in the field
- Outcomes expected from the research elective (publications, presentation, patent…)

The proposal must be submitted to the Assistant Dean of Clinical Education for review and approval.

Student Information

Please provide the following information.

Student Name: …………………………………………………………………………………………………………..

Class of:………………………………………………………………………………………………………………….

Dates of the research rotation: ………………………………………………………………………………………

Site where you will perform your research: ………………………………………………………………………

…………………………………………………………………………………………………………………………….
Research Facility and Principal Investigator Information

Principal Investigator / Preceptor:

Name / Title: ..................................................................................................................

Institution: ..................................................................................................................

Department: ..............................................................................................................

Address: ...................................................................................................................

...............................................................................................................................

Phone: ....................................................................................................................

Email: .....................................................................................................................

The curriculum vitae of the Principal Investigator should be presented with this application.

Your supervisor must sign the following statement:

I have review the research elective application request and I agree with the information provided in particular with respect to the nature and degree of participation of the student in this study.

Preceptor name

Signature

Date

For student: documents that have to be submitted to the CED

☐ Rotation request form
☐ Research Elective Application form
☐ Research Proposal
☐ Principal Investigator/Preceptor Curriculum Vitae