

Independent Study Proposal Form

Please complete this form and review and discuss with the faculty member who has agreed to sponsor your independent study. Submit the form, signed by you and your faculty sponsor, to AMS-Records@brown.edu for approval **at least four weeks prior to the start date.**

Suggested timeline:

- No later than 6 weeks before start date: meet with independent study faculty sponsor
- No later than 5 weeks before start date: finalize project and get signature of faculty sponsor. Send signed proposal to AMS-Records@brown.edu
- 1 week before start date: check Oasis to make sure the independent study is on your schedule

Per AMS policy, you may not begin this experience until the registration is on your Oasis schedule.

Student Name Date Submitted

Please note: Sponsor must have a faculty appointment at Brown University.

Faculty Sponsor Sponsor's email address

Start Date: End Date: Proposed weeks of credit:
 (Please use a Monday start date) (Please use a Friday end date)

1. Title of Independent Study

2. Location of Independent Study

3. Is this a Scholarly Concentration Independent Study (BIOL 7160)
 Yes
 No

4. Describe this experience
 Research
 Clinical
 Other

5. Requesting approval for credit to be applied to Surgical/Anatomic/Acute Care elective credit graduation requirements
 Yes
 No

6. Learning Goals (what you intend to learn, check all that apply)
 Use effective communication skills
 Use basic clinical skills
 Integrate basic science in the practice of medicine
 Use principles of diagnosis, prevention and treatment
 Use lifelong learning skills
 Use principles of professionalism
 Use principles of population health and advocacy
 Use principles of moral reasoning and/or clinical ethics
 Practice clinical decision making

7. Learning Strategies (what you intend to do) (700 characters)

8. Learning Resources (what resources you intend to utilize to achieve your objectives – example: textbooks, PubMed, videos, datasets, lab data, working with statistician, etc.) (700 characters)

9. What is the final product? (paper, article, development of clinical skills, presentation, etc.) (550 characters)

10. Criteria for assessment (what standards will you and your faculty sponsor use in judging whether you have met your objective) (550 characters)

11. Timetable

a. What benchmarks will be used in assessing progress?

b. How will you conduct your weekly meetings with your sponsor to discuss your project and progress? (check all that apply)

- Phone
- Email
- Will meet in person

Working with your faculty sponsor, please specify the number of hours per week for each activity. Total weeks of credit should reflect a minimum of 40 hours per week of work.

Example: 20 hours per week over a 4 week period equals 80 hours, resulting in 2 weeks of credit.

- Number of hours per week for required reading assignments:
- Number of hours per week for didactic instruction:
- Number of hours per week for clinical work:
- Number of hours per week for laboratory work:
- Number of hours per week, all other work (describe in the space below):

Description of other work:

Number of hours per week _____ x _____ number of weeks = Total number of hours:

If the Independent Study is located at Brown or at a US Medical School (or an affiliate of a US Medical School), please proceed to PAGE 6.

If the Independent Study is not on-site at Brown University or at a US Medical School/Affiliate, you must complete the questions on PAGES 4-5 pertaining to LCME Element 11.3. If you have questions about LCME Element 11.3, please contact Associate Dean for Student Affairs or Associate Dean for Medical Education.

LCME Element 11.3 To meet LCME accreditation standards and to ensure a productive and safe learning environment, the student and faculty sponsor should discuss and document the following, particularly for electives in non-traditional environments. Please use the spaces below each item to address each item:

• **Potential risks to the health and safety of patients, students, and the community**

To be completed by faculty sponsor:

I have discussed this item with the student.

Our plan for this is:

• **The availability of emergency care**

To be completed by faculty sponsor:

I have discussed this item with the student.

Our plan for this is:

• **The possibility of natural disasters, political instability, and exposure to disease**

To be completed by faculty sponsor:

I have discussed this item with the student.

Our plan for this is:

• **The need for additional preparation prior to, support during, and follow-up after the elective**

To be completed by faculty sponsor:

I have discussed this item with the student.

Our plan for this is:

• **The level and quality of supervision**

To be completed by faculty sponsor:

I have discussed this item with the student.

Our plan for this is:

• **Any potential challenges to the code of medical ethics adopted by the home school**

To be completed by faculty sponsor:

I have discussed this item with the student.

Our plan for this is:

All students, please proceed to PAGE 6

Note: there is a maximum of 12 weeks of independent study credit (total) allowed over Years 3 & 4. This limit includes Medical Spanish and EKG Self Study. This limit does not include ASP Projects. If this proposal will cause you to exceed that limit, please fill out the information in the box below and forward the proposal to Senior Associate Dean for Medical Education for approval.

What is your current total of weeks of credit for independent study projects in years 3 & 4?

Please list the titles and dates of the independent study projects you have completed:

Senior Associate Dean for
Medical Education's signature

Date:

Student Signature

Date:

To be completed by the independent study faculty sponsor:

I have reviewed this student's independent study project proposal and agree to:

- sponsor this student
- meet with them on the timetable outlined in item 10 above
- submit an evaluation of the student achievement of the learning objectives and quality of final project, as described in items 5 and 9 above, within 30 days of the end of the project.
- If applicable, I have discussed and documented a plan for the items in LCME Element 11.3 (on pages 4-5).

(Please understand that all items are required in order for approval)

Brown Faculty Sponsor Signature

Date:

Brown Faculty Sponsor's Title:

After your Faculty Sponsor signs the form, please send it via email to AMS-Records@brown.edu.

To be completed by Designated Approver:

I have read the proposal and I (check one)

recommend

do not recommend

this project for credit.

Signature

Date:

of credits:

Comments: (700 characters)