



Pre-professional Student Research Project Proposal Form

Once a proposal form is submitted, the project can be added to a listing of projects available to students. Student researchers will be matched with mentors in similar areas of interest.

MENTOR INFORMATION

Name: _____ Department: _____

Contact information: Phone: _____

Pager: _____

E-mail: _____

PROJECT INFORMATION

Overview of project:

What do you envision will be the specific tasks and responsibilities that the research student will be assigned?

Will the project require IRB (Investigative Review Board) approval, or is the project part of committee work or intradepartmental QA (Quality Assurance)?

Is the project time-sensitive, i.e., is there a deadline whereby it must be completed?

If YES, date: _____

If NO, please explain the timeframe within which you would like the project to take place.

Desired start date: _____ Desired end date: _____

Do you expect to have enough work for more than one student on this project? If so, how many?

Please estimate, in hours, the amount of time the student might spend doing the data acquisition, analysis and any other work for this project: _____

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Will the student be required to be physically on-campus at Winona Health on a regular basis for part or all of this project, can the research be done on the student's own free time or are there only certain times that the student must be at Winona Health? Please explain:

Will the results of this project be presented at a formal in-house meeting (e.g., committee or departmental meeting)? Please explain:

Will you seek to submit this project for publication or presentation at a medical meeting outside Winona Health? If so, please provide information about where:

Are there opportunities within your department for the student to obtain a clinical experience during his/her research time (e.g., shadowing, observing procedures, attending care meetings, etc.)? Please explain:

Students are matched with projects on the first Wednesday of every month. There is generally a one-week orientation period in order to properly credential the student before they can begin working at Winona Health.

MENTOR RESPONSIBILITIES:

By requesting the assistance of a pre-professional student to assist with my project, I agree to the following:

1. I will provide adequate supervision and mentorship throughout the project.
2. I will allow myself to be accessible to the student during the workweek for questions or guidance.
3. I will only require the student to perform work that is pertinent to the project and will not use the student for personal or clinical work that is outside the goals or spirit of the project.
4. I agree to allow the project progress and content to be communicated to the Research Committee at any point.
5. I agree to assist the pre-professional student with data analysis, manuscript preparation or presentation preparation as necessary.
6. If the student independently seeks to submit the project data for publication or presentation to a source/venue outside Winona Health, I agree to release the data and provide support therein.
7. If requested, I will promptly provide the student's university with an evaluation, assessment, or any other information related to this project.

Signature: _____ **Date:** _____

Please return this form to any member of the research committee or to Lori Stanislawski in the Winona Health Administrative Office.