**Longitudinal Scholars Project (LSP)**

**Student / Project Mentor Agreement**

University of Tennessee, College of Medicine

**Student expectations:**

* Review with mentor potential projects and their feasibility.
* Reach an agreement with the mentor to establish a collaborative relationship on an established project or agree on the title of a new project.
* In collaboration with your mentor, develop a description of the student’s role in the established project or the proposed project and the means to achieve it.
* Student is required to present his/her work in a poster at a committee agreed venue.
* Student is required to know the poster requirements for the venue in which they will present.
* Sign the Student / Project Mentor Agreement.
* It is the student’s responsibility to submit this agreement via the “My Assignments” portal in eMedley for approval and to see that both the student and mentor have a copy of the agreement.

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 Student Name (Print and sign) Date

**Mentor expectations:**

* Review potential projects and their feasibility with students.
* Outline existing projects or possible projects with students who have an interest in the area but no specific project ideas.
* Reach agreement with the student(s) to establish a collaborative relationship on an existing project or agree on the title of a new project.
* Agree to assist student in determining need for UTHSC IRB approval and in gaining approval and/or be prepared to add the student to your research protocol and furnish a copy of your IRB or IACUC approval and/or assist them in preparing a protocol if necessary.
* Be willing to allocate time and attention on a regular basis to the student to provide them a positive and meaningful scholarly experience.
* Share with the student any information on seminars, sessions, etc. available that may enrich their scholarly experience.
* Agree to allow student to present project in a poster format and provide guidance to the student in preparing the poster presentation.
* Sign the Student / Project Mentor Agreement. This involves a commitment to work with the student for the duration of the project.

Sharon Tabachnick, Ph.D. / Sharon Tabachnick \_\_\_\_5/5/2020\_\_\_\_\_

 Mentor Name (Print and sign) Date

\_UTHSC Dept. of Family Medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor’s Institution Affiliation (i.e. MUH, VAMC, etc.)

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_

Mentor Name:\_Sharon Tabachnick, Ph.D. email: stabachn@uthsc.edu Phone #: \_901-463-0261

Project Title: Socioeconomic and Disease Burden in Palliative Care.

­­­Project Description: \_To help the St. Francis Palliative Care Clinic gain a better understanding of their patient population, this Quality Improvement project will identify the patient demographics and their clinical presentations. Specifically, we seek to identify potential interactions between socioeconomic and disease burden in order to better understand which factors contribute to patients’ ability to benefit from palliative care services.

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Project Location: 🗹 Memphis □ Chattanooga □ Knoxville □ Jackson
PLEASE NOTE: DUE TO CORONAVIRUS RESTRICTIONS, THIS WILL BE A REMOTE QI PROGRAM

**Milestones** (to be completed by the student)**:**

IRB/IACUC submission by (if needed) \_IRB submission not required. This is a QI study based on a retrospective review of patients’ charts.\*

 \*Include IRB number if already approved or exemption letter if exempt.

Data collection by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data analysis by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project completed by \_July 22, 2020. The project completion date should not go beyond the clerkship deadline date which can be found in eMedley.

**Presentation/Publication Goal:** The QI study results will be presented in poster format and in PowerPoint format at the end of the Summer Research Program at the Departmental Student Research Symposium. Some students may also be invited to present either a poster or a PowerPoint presentation at the annual TNAFP (TN Academy of Family Physicians) conference in Gatlinburg.

Approved: Yes □ No □ Yes, with revisions stated below □
Questions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Approved by LSP committee member (print and sign): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_he title of teh .ject.