UMass Pediatrics Resident Developed Research/Study Elective

Updated July 2025

Please use this form when preparing a research or study elective. In general, these blocks should be limited to 2 weeks. If you feel longer time is warranted, please reach out to residency leadership to discuss. You will need to submit this form to Monick and residency leadership for approval *at least 1 month prior* to the intended start date. You are welcome to ask someone from your mentor family or residency leadership to serve as the Elective Faculty Advisor.

Please note, you are expected to attend all scheduled continuity clinics, residency conferences, and fulfill all back-up/coverage obligations during the block.

Upon completion of the elective, please send your Faculty Advisor a follow-up email detailing the outcomes of your work.

Title of Block: ____Study/Research Block _____

Faculty Advisor: _____

Person who will attest to completion of your block: _____

Length: *(specify one)* 1 week / 2 weeks *(longer blocks should be reviewed with Residency Leadership)*

Dates: _____

Goals and Objectives: *Write yourself 3-5 goals and objectives related to your study plans and/or research plans. Depending on your intent, consider the following categories: medical knowledge, practice-based learning, and systems-based practice.*

1. _____
2. _____
3. _____
4. _____
5. _____

Expectations*: Write yourself 3-5 specific activities you will be doing in order to fulfill your goals and objectives.*

1. _____
2. _____
3. _____
4. _____
5. _____

Reading Materials: *Create a list of articles, chapters, or other resources you will use to fulfill your goals and objectives (minimum of 3 resources).*

1. _____
2. _____
3. _____
4. _____
5. _____

Other Information/Proposed Schedule: *Briefly plan out half days, e.g. question bank time, reading time, clinics to attend, meetings to attend, time spent teaching/presenting, etc.*

Monday	Tuesday	Wednesday	Thursday	Friday
AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:
AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:

Will any of your continuity clinics need to be rescheduled for this elective? *No, I expect to attend all as scheduled.*

I have taken into account other call and coverage responsibilities while on this elective. *Yes. I understand that I am expected to attend all scheduled continuity clinics, residency conferences, and fulfill all back-up/coverage obligations during the block.*

This elective has been approved by Residency Leadership by (specify name) _____.

Date Approved: _____