

# Individual Research Training Plan

Trainee Name:

Supervisor Name:

Lab Name:

Training Start Date:

Training End Date:

Each of the elements below must be incorporated in your training curriculum. Please fill in appropriate details as required and place a check next to each element to confirm it's incorporation in the curriculum. A copy of the completed curriculum should be provided to the trainee along with the research trainee letter.

**Summary of Department Training Program**

Please include a summary of the Department Training Program

**Training Goals**

Please detail the specific skills or knowledgebase to be developed as a part of this training. Will new techniques be learned? What skills should the trainee have learned at the conclusion of this experience? How will completion of training goals be demonstrated? Please be as specific as possible:

**Daily Activity**

Please detail the specific activities the trainee will be involved in on a daily basis to ensure the training goals are met. Please include a description of opportunities outside of the lab (e.g., rotations to other labs, exposure to techniques/skills taught by collaborators and/or other departmental labs):

Daily schedule (hours worked)?:

**Training Supervision**

Please provide details on who will provide appropriate training and supervision in support of each of the training goals/activities):

**Weekly meetings**

In addition to lab meeting and the Department Training Meeting, the lab supervisor should meet at least once a week with the trainee to solicit feedback, discuss training progress and course participation, and provide appropriate training support and mentoring).

Weekly meeting time:

**Lab meetings**

Trainees should participate in regular lab meetings to gain a better understanding of the overall lab activity and meet others working in lab.

Lab meeting time:

**Course/Seminar participation**

Trainees should participate in at least one relevant course or seminar per week in support of their training goals. Participation in a regular departmental journal club is also recommended. Courses and seminars are widely available throughout BWH, Harvard Medical School and Catalyst. Offerings and schedules may be found online at:

BWH Research Intranet: <http://bwhbri.partners.org/>

BWH Events Calendar: <http://www.brighamandwomens.org/view/viewEvents.aspx?audience=1>

Catalyst: <http://catalyst.harvard.edu/learning.html>

Harvard Medical School: <http://itwwebs.med.harvard.edu/EventsCal/ASP-HTML/index.asp>

**Training Summary**

At the conclusion of their training, each trainee should be encouraged to present a summary of their training and what they have learned at a lab meeting or equivalent forum.

TO: (research trainee's name)

FROM: (supervisor's name)

DATE: (insert date)

Dear (research trainee's name),

We are pleased to offer you a position in the [insert Dept/Division name] Training Program as a research trainee at the Brigham and Women's Hospital ("BWH"). We are pleased to be able to offer you this opportunity so that you may gain experience and training in a research laboratory, build relationships with members of the research community and find mentors who can provide insight and guidance concerning future endeavors in the biomedical arena.

Attached, please find a summary of the Department Training Program as well as an **Individual Training Plan (see attached)** describing the goals for your training experience, the resources available to you, as well as a general overview of the activities you will be involved in during your participation in our research laboratory.

Please note that your participation in this training program is conditioned upon your review of, and agreement to, the terms and conditions outlined below. After you have reviewed these terms and conditions, and agree to them, please sign this letter and return it to the Office for Sponsored Staff and Volunteer Services (617-732-5998). Please keep a copy for your records.

#### **Terms & Conditions of BWH Trainee Program Participation:**

- You agree that your participation is completely voluntary and will not result in any monetary compensation. You are participating in this research training program solely for your own purposes and benefit. As outlined above, by participating in our laboratory as a research trainee you can expect to gain research experience and skills, meet others working in research, and, at the end of your training period, receive guidance and feedback about your performance and future goals. Participation in this training program does not entitle you to employment at the completion of your training.
- Your participation in this training program will conclude at the completion of the training goals and shall not exceed one year, unless specifically justified and approved for extension by BWH at the conclusion of the training period.
- In order to gain the requisite experience associated with the daily workings in a research laboratory and to maximize continuity, you are expected to participate at BWH no less than \_\_\_\_ hours per week. *(If trainee is working 20 hours or more, please use 20 hours as the de minimis number).*
- **OPTIONAL TERM REGARDING EXPENSES (Note: Expense stipends are not required and if the intern will not receive one, please remove this entire section from the letter. Expense stipends may not exceed \$2,500/month.)** You will receive an expense stipend to reimburse for expenses (transportation, food, etc.) associated with your participation at BWH. Stipends are not intended as compensation for your work, which is voluntary. Your expense stipend amount will be \_\_\_\_ /day.
- You must comply with all federal, state and institutional rules and regulations associated with your presence and activity at BWH. In addition to completing general compliance training during volunteer orientation (ie. fire safety, HIPAA, OSHA), you must also complete appropriate research-related training (ie. lab safety, radiation safety, animal welfare, etc.) as directed by your supervisor prior to engaging in research activities.
- Although you will be issued a BWH badge for identification purposes, you are not a BWH employee and may not represent yourself as such. As a trainee, you are not entitled to receive salary or benefits.
- You agree that there are risks for personal injury when participating in a research laboratory. You are responsible for providing your own medical and accident insurance coverage and may not claim coverage under BWH insurance policies.
- You hereby release from liability and hold harmless BWH and all affiliated individuals and organizations for any and all injuries or damages of any sort associated with your research training activities at BWH.
- While participating in research activities, you may have access to proprietary or confidential information. You agree not to disclose such information for any purpose without prior written authorization from your research supervisor.

By signing below, you indicate your awareness and acceptance of the conditions outlined above.

\_\_\_\_\_  
Research trainee signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
BWH Supervisor signature

\_\_\_\_\_  
Date