**University of Rochester School of Medicine & Dentistry**

**Medical Humanities and Bioethics Pathways**

**Expectations and Check Sheet**

**PHASE THREE & FOUR**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  |  | **Mentor:** |

**Pathway Deadlines & Forms**

**Phase 3 □** By May 31- Meet with mentor at least once to discuss developing project and to reflect on its relationship to clinical work in Phase 3.

**Phase 4 □** October 15 – Pathway Project Progress Report submitted

**□** March 1– Completed Pathway Project with mentor’s feedback submitted to Pathway Director

**□** March **1 -** Completed Phase 3/4 check sheet reviewed with and signed by mentor and Advisory Dean and submitted to Pathway Coordinator, Christine Donnelly, who will obtain Pathway Director’s signature

**MHBE Extracurricular Activities Attended**

**Attend At Least 4 Events /** Note: After attending, submit a written reflection (minimum 200 words) on the event or activity to the Pathways WordPress Website.

**Event / Activity Title** **WP Reflection (check)**

|  |  |
| --- | --- |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **Student’s Signature** | **Date** | **Mentor’s Signature** | **Date** |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **Advisory Dean’s Signature** | **Date** | **Pathway Director’s Signature** | **Date** |

*Failure to meet Pathway deadlines will result in the student being withdrawn from the Pathway.*

*Please send completed form to Christine Donnelly, Room G-8011, or via email to Christine\_donnelly@urmc.rochester.edu*