



Academic Post 2022 Final Research Findings Report

Please submit this report to your Senior Medical Educator for sign off and then submit to the ACRRM via training@acrrm.org.au by COB 28 February 2023

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| Registrar's Name: | |
| RTO: | |
| Medical Educator Name: | |
| Supervisor Name: | |
| Institution: | |
| Project Title: | |

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|---|--|-----------|--|
| How many academic hours are you currently doing per week? | | | |
| Research: | | Teaching: | |

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|--|------------|
| Research & Dissemination | |
| <u>Attach</u> your final research findings | |
| | |
| Please provide details of any publications or presentations of your research findings, including those submitted but not accepted and plans you may have to present your research in the future. | |
| | |
| Teaching | |
| Outline the teaching activities you have undertaken to date. Please include any changes since your mid-term report and explain why they occurred. | |
| | |
| Outline three of your teaching achievements and challenges since your mid-term report and how they were overcome. | |
| Achievements | Challenges |
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| Supervision | |
| Do you feel like you received sufficient supervisor support throughout your Academic Post? | |
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| Academic Post Overall Experience | |
| Are you satisfied with your Academic Post experience? Is there anything you would change about the Academic Post for future cohorts? | |
| | |
| Has the Academic Post influenced your future career direction in regards to academic general practice? | |
| | |
| Supervisor to Complete | |
| Outline how the academic registrar has met their research aims and objectives. Did they face any challenges and how did they respond to them? | |
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| Outline how the academic registrar has met their teaching aims and objectives. Did they face any challenges and how did they respond to them? | |
| | |
| Outline your overall experience supervising an academic registrar. E.g. what worked well, what could be improved. | |
| | |
| Registrar Declaration: I certify this is an accurate progress report. | |
| Signature: | |
| Date: | |
| Are there any issues you wish to discuss with your Medical Educator? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Supervisor Declaration: I certify that this is an accurate progress report. | |
| Signature: | |
| Date: | |
| Medical Educator Declaration: I certify that I have viewed this report and will address any issues that have arisen. | |
| Signature: | |
| Date: | |