**Please complete all sections and use additional pages, if necessary. Completeness of this report is necessary as part of the reporting requirements of Duke-NUS Medical School. Please refer to Letter of Award Terms & Conditions - Reporting Requirements.**

**Upon completion, please e-mail the duly signed report to your respective Joint Office of Academic Medicine’s point-of-contact.**

## Section A: Grant Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Reporting Period:** | From: Click here to enter a date. To: Click here to enter a date. | | |
| **Project Title:** |  | | |
| **Project No.:** |  | | |
| **Academic Clinical Programme (ACP):** | Choose an item. | | |
| **Host Institution & Department:** |  | | |
| **Project Start Date:** (As per Letter of Award) |  | **Project End Date:** (As per Letter of Award) |  |
| **Approved Budget ($):** (As per Letter of Award) |  | **Extended Project End Date:** *(If applicable)* |  |

## Section B: Final Report

1. **SUMMARY (not more than 200 words)**

Provide a summary on the progress of the ACP (e.g. a concise overview on how the ACP has advanced its strategic initiatives and achieve the Academic Medicine goals in the past year).

1. **PROBLEMS ENCOUNTERED DURING THE PROJECT**

State any problems encountered during the project and how these were resolved.

1. **COLLABORATION**

Indicate any collaboration forged with local and overseas institutions – state names, organizations and nature of collaboration(s). Please highlight key collaboration(s) with Duke-NUS and Duke Health, Durham.

1. **ACTIVITIES HELD**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **Activity** | **Date**  *(DD MMM YYYY)* | **Outcome/ Comment** |
| *0* | *Research Day* | *01 Apr 2016* | * *Received total of XX abstract submissions for poster competition* * *90% of researchers were present* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **PERFORMANCE AND PROGRESS REPORTING ON AM OUTCOMES**
   1. **Research**

Provide a summary on the Research outcomes achieved by the ACP and indicate the results achieved for the indicators.

| **Indicators** | | **Outcomes**  **(Number/Value)** |
| --- | --- | --- |
| Clinician Scientists | National Clinician Scientists |  |
| Cluster Clinician Scientists |  |
| Articles Published | Papers published in Top 20% journals |  |
| Total Papers published |  |
| Research Funding | National Research Funding ($) |  |
| Cluster Research Funding ($) |  |
| Institutional Research Funding ($) |  |
| Conference Presentations | Poster/Oral Presentations at international conferences |  |
| Invited Lectures (International conferences) |  |
| Poster/Oral Presentations at local conferences |  |
| Invited Lectures (Local conferences) |  |
| Presentation Award (State Oral/ Poster) |  |
| Awards | Awards for research at international level |  |
| Awards for research at national level |  |
| Awards for research at cluster level |  |
| Patents/Intellectual Property | Invention disclosures |  |
| Patents filed |  |
| Patents granted |  |
| Patents commercialised |  |
| Industry Relevance | Spin-off companies registered |  |
| Commercialisation of new product/process |  |
| Royalty and licensing agreement revenues |  |
| Others (Please specify) |  |  |
|  |  |

* 1. **Education**

Provide a summary on the Education outcomes achieved by the ACP in areas of Residency and Undergraduate education.

* 1. **Clinical**

Provide a summary on the Clinical outcomes achieved by the ACP, including ACP’s contributions to SDDCs. Examples include Quality Innovation initiatives, Quality Innovation awards, and etc.

## Section C: SIGNING OF REPORT

Submitted by:

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
| ACP Academic Chair  (Name & Signature) |  | Date |