



# Medical Education Research Fund (MERF)

## MERF Grant Outcomes Reporting Form

To help the MERF understand and document the impact of its programs, please provide the information requested below upon the completion of your MRF funded research project.

Current Date: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Email address: \_\_\_\_\_

Application date: \_\_\_\_\_

Award name: \_\_\_\_\_

Awarded amount: \_\_\_\_\_

Project Title: \_\_\_\_\_

### Requested Information (use whatever space is required):

1. Please list any research, scholarly, creative, or professional works produced as a result of the MERF award (e.g. publications, presentations, etc). Use whatever space is required.

2. In the table below, please indicate the number of any staff and/or students whose salary/stipend was supported by the MERF funding.

Personnel type	number
Research Assistant	
Post-doctoral Fellow	
PhD student	
MSc student	
undergraduate medical student	
undergraduate (non-medical) student	
other (please specify):	

**3. Please indicate the number of any research students or post-doctoral fellows whose project costs were supported by the MERF funding.**

<b>Personnel type</b>	<b>number</b>
Research Assistant	
Post-doctoral Fellow	
PhD student	
MSc student	
undergraduate medical student	
undergraduate (non-medical) student	
other (please specify):	

**4. Indicate any significant contribution(s) the MERF award made to the development or advancement of your research program. If it facilitated success in grant applications to other agencies, please provide information on the nature of the grant(s) received (amount, duration, source) and briefly indicate how the MERF grant helped (e.g. pilot data obtained with MERF funding led to successful funding of an CIHR application). Use whatever space is required.**

**5. To help us document the impact of our funding programs, please provide a very brief lay summary of your study's outcome(s). This may include any important milestones achieved, or any significant contribution made to the development of your research program. 100 words is sufficient (use more if necessary or desired). Non-technical language please.**

**6. The MERF appreciates comments and feedback. Please let us know what you think, and if there are ways that we can improve our programs.**

**Please return completed MRF Grant Outcomes forms to:**  
MERF Research Officer, Rm HSC-2958, Office of Professional and Educational  
Development, Faculty of Medicine, Email: ([Nicholas.Fairbridge@med.mun.ca](mailto:Nicholas.Fairbridge@med.mun.ca))