**Quality Mentorship through STFM Individual Development Plan (IDP)**

 **Resource: Judy Washington, MD, FAAFP Associate Residency Director, Overlook Family**

**Medicine Residency Program, judy.washington@atlantichealth.org Name:**

**Mentor:**

**Date Completed: Date Reviewed by Mentor:**

Instructions: An IDP helps your mentor understand your needs and allows you to identify your professional goals.

1. Mentees: Please complete this form yearly and give a copy to your mentor before your mentoring session. Attach an updated CV.
2. Instructions to Mentors: Please review the mentee’s CV and the IDP prior to each meeting.

**List Current Professional Responsibilities and any changes you expect**

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| --- | --- |
| **Current Responsibilities** | **Expected Changes** |
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**Time Allocation for your present professional activities: (Total 100%)**

|  |  |
| --- | --- |
| **Activity**  | **% Time Allocation**  |
| Teaching/Training/Providing Mentoring |  |
| Research |  |
| Patient Care |  |
| Administration/Other Services |  |

**How would you like to change any of the allocations above?**

|  |  |
| --- | --- |
| 1. Things you’re doing now that you want to quit
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| 1. Things you’ve just been asked to do that you want to refuse to do
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| 1. Things that you’re doing that you want to continue
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| 1. things that you’re not doing that you want to start
 |  |
| 1. What can you do to improve the balance within the above 4 categories
 |  |

 **Are you seeking Academic Appointment/Promotion?**

\_\_\_ Yes

\_\_\_ No

**Do you understand the expectations for advancement at your institution?**

\_\_\_ Yes

\_\_\_ No

**Explain:**

**List your professional goals for the coming year and indicate how you will assess if the goal was accomplished (expected outcome)**

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| --- | --- |
| **Goal**  | **Expected Outcome** |
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**List your professional goals for the next 3-5 years and indicate how you will assess if the goal was accomplished (expected outcome)**

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| --- | --- |
| **Goal**  | **Expected Outcome**  |
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