**Individual Development Plan (IDP**)

**Name:**

**Mentor:**

**Date Completed: Date Reviewed by Mentor/Advisor:**

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

1. Advisees/Mentees: Please complete this form yearly and give a copy to your mentor/advisor before your advising/mentoring session. Attach an updated CV.
2. Instructions to Mentors: Please review the mentee’s CV and the IDP prior to each meeting.
3. Please complete this form and return to your advisor by November 1. Please provide an update by April 1

**Identify strengths, deficiencies and limits in your knowledge and expertise.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly agree** | **Agree**  | **Neutral**  | **Disagree**  | **Strongly Disagree** |
| 1. I provide competent and compassionate care, inquire about family, friends, and other support systems. I foster a positive doctor-patient relationship.
 |  |  |  |  |  |
| 1. I work effectively with patients who demonstrate drug-seeking behavior.
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| 1. I am able to work with patients' families, support systems and community agencies in developing after-care plans.
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| 1. I gather essential patient information (history, exam, lab tests and, psychosocial context) and generate differential diagnoses, evidence-based diagnostic and therapeutic plans for common conditions.
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| 1. I provide appropriate preventative care using evidence-based tools.
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| 1. I know the pharmacology of commonly used medications and can prescribe them appropriately.
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| 1. I have performed specialty appropriate procedures and have documented them in New Innovations.
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| 1. I am familiar with common interventions in the treatment of inpatient and outpatient primary care patients.
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| 1. I recognize emergency and urgent situations, including life threatening situations.
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| 1. I understand the concepts of evidence-based medicine and am able to apply them to clinical practice
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| 1. I treat patients with courtesy and respect and listen attentively. I demonstrate empathy for patients and their families.
 |  |  |  |  |  |
| 1. I arrive on time, have a professional appearance and follow-up with patients in a timely fashion.
 |  |  |  |  |  |
| 1. I am sensitive to cultural differences and approach ethically complex patients appropriately.
 |  |  |  |  |  |
| 1. I understand that medical errors affect patient health and safety, and that their occurrence varies across settings and between providers; I understand that effective team-based care plays a role in patient safety.
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| 1. I can effectively communicate difficult information, such as in end-of-life discussions, delivery of bad news, acknowledgement of errors, and during episodes of crisis.
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| 1. I log my duty hours and make every effort not to violate the rules.
 |  |  |  |  |  |
| 1. I complete clinical, administrative and academic tasks in a timely manner.
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| 1. I have reviewed my ITE scores and believe my medical knowledge is where it should be.
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**List your top five current responsibilities as a resident and any changes you see that are planned (new committees, research projects, community service)**

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| **Current Responsibilities** | **Planned Changes** |
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**Time allocation for your present professional activities: (Total 100%)**

|  |  |
| --- | --- |
| **Activity**  | **% Time Allocation**  |
| Teaching/Training/Providing Mentoring |  |
| Research |  |
| Patient Care |  |
| Other (Volunteering, Personal Enrichment) |  |

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

|  |  |
| --- | --- |
| 1. Things you’re doing now that you want to quit
 |  |
| 1. Things you’ve just been asked to do that you want to refuse to do
 |  |
| 1. Things that you’re doing that you want to continue
 |  |
| 1. Things that you’re not doing that you want to start
 |  |

What immediate steps can you take to improve the balance within the above 4 categories (Complete the New Allocation)

|  |  |
| --- | --- |
| **Activity**  | **% Time Allocation**  |
| Teaching/Training/Providing Mentoring |  |
| Research |  |
| Patient Care |  |
| Other (Volunteering, Studying) |  |

**Personal Life:**

**List your top five personal responsibilities**

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| --- | --- |
| **Current Responsibilities** | **Planned Changes** |
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**What are your Career Goals?**

1. **Academic Career**

**Are you seeking an Academic Family Medicine position?**

\_\_\_ Yes

\_\_\_ No (If no, go to the next question, Employed Physician)

**Do you understand the expectations of an Academic Family Medicine career? If not, here is some information**

[**http://www.stfm.org/OnlineCourses/Webinars/F4T**](http://www.stfm.org/OnlineCourses/Webinars/F4T)

1. **Are you planning on doing a fellowship after residency? \_\_\_Yes \_\_\_\_No.
If yes, in what specialty area?**
2. **Employed Physician**

**What type of employment after residency are you interested in- Urgent Care/Primary care outpatient/Primary care Inpatient and Outpatient practice?**

**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 personal goals (ie. buying home, travel, marriage) 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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**List your personal 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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