**Individual Development Plan**

**Resident:
Plan Period:
Review Meeting:**

| **ACGME COMPETENCY AND ASSOCIATED MILESTONE(S)** | **SPECIFIC CONCERN IDENTIFIED** | **PLAN OF ACTION** | **DESIRED OUTCOME** |
| --- | --- | --- | --- |
| PC1 - Care of the Acutely Ill PatientPC2 - Care of Patients with Chronic IllnessPC3 - Health Promotion and WellnessPC4 - Ongoing Care of Patients with Undifferentiated Signs, Symptoms or Health ConcernsPC5 - Management of Procedural Care |  |  |  |
| MK1 - Demonstrates Medical Knowledge of Sufficient Depth and Breadth to Practice Family MedicineMk2 - Critical Thinking and Decision Making |  |  |  |
| P1 - Professional Behavior and Ethical PrinciplesP2 - Accountability/ConscientiousnessP3 - Self-Awareness and Help Seeking Behaviors |  |  |  |
| C1 - Family- and Patient-Centered CommunicationC2 - Interprofessional and Team CommunicationC3 - Communication within Healthcare Systems |  |  |  |
| PBLI1 - Evidence Based and Informed PracticePBLI2 - Reflective Practice and Commitment to Personal Growth  |  |  |  |
| SBP1 - Patient Safety and Quality ImprovementSBP2 - System Navigation for Patient Centered CareSBP3 - Physician Role in Healthcare SystemsSBP4 - Advocacy |  |  |  |

**Individualized Development Plan Agreement**

Due to concerns about performance which are tied to the ACGME Competencies and Milestones, the Resident Development Committee (RDC) has recommended \_\_\_\_\_\_ for an Individualized Development Plan (IDP). This development plan is not punitive, but designed to help residents progress toward the milestones expected for their point in training. The RDC faculty are committed to partnering with Dr. \_\_\_\_\_ to help **him/her** grow throughout this development period and will be a formal part of mentoring **him/her** as needed. The RDC proposed a draft of the IDP which was reviewed with Dr. \_\_\_\_, *by Dr. \_\_\_ (advisor),**Dr. \_\_\_(PD) and \_\_\_ (Dir. BM)*. \_\_\_\_\_ provided input in individualizing the plan of action and projected outcomes (see attached IDP).
I understand this opportunity for individualized development is voluntary and is not considered formal remediation or probation. The IDP is meant to provide guidance to help me stay on track with a plan to get caught up and to improve my skills in patient care. I agree to utilize my IDP and associated resources to work toward the desired outcomes during development period. In the event that I experience difficulty or have concerns related to the IDP, I will notify my faculty advisor, Dr. \_\_\_\_. I agree to participate in regular meetings with my advisor to review progress toward my goals. I understand that if I am not meeting the goals defined in the IDP at the end of the plan period (00/00/00), I may be considered for formal remediation.

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Resident Date

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Faculty Advisor Date

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Chair, Resident Development Committee Date

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Program Director Date