Individual Development Plan (IDP)/Faculty Mentoring Program (Educator and Clinical Practice Track Faculty)

Please complete this form and circulate to your mentoring committee prior to your meeting. Please attach an updated CV.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Academic Appointment**

Do you understand the track to which you are appointed and the expectations

for advancement in this track?

\_\_\_ Yes

\_\_\_ No

If not, what questions do you have?

**What are the major points (issues, areas) you want to address in this meeting? Or what are your goals for this meeting?**

1.

2.

3.

**Current Professional Responsibilities**

List your major professional responsibilities:

1.

2.

3.

**How much time (or what percent of your time) is spent with each of the following activities:**

**ACTIVITIES EXPECTED % EFFORT ACTUAL % EFFORT**

Teaching/Training/Providing Mentoring \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Research \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Patient Care \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Administrative/Other Services \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

**How (if at all) would you like to change this time distribution in the coming year? Consider these 5 lists:**

1. things you’re doing now that you want to quit

2. things you’ve just been asked to do that you want to refuse to do

3. things that you’re doing that you want to continue

4. things that you’re not doing that you want to start

5. strategies for improving the balance within the above 4 categories

**PROGRESS REPORT (since last meeting)**

A. **In lieu of a detailed Progress Report, you should submit your most recent Faculty Activity Report**. If there are significant changes since it was submitted, you should briefly summarize them in an addendum to the FAR.

B. **What accomplishments are you most proud of or wish to highlight? Why?**

(For each area, please list the accomplishment(s) and how they support your professional development.)

* Clinical Service (if applicable)
* ----
* ----
* Education/Teaching/Mentoring
* ----
* ----
* Research/Scholarship
* ----
* ----
* Professional Development
* ----
* ----
* Institutional Service
* ----
* ----
  + Awards, Honors, Special Distinctions
    - ----

**B. MENTORING PLAN**

**Short Term Goals:** List yourprofessional goals for the coming year. Be as specific as possible and indicate how you will assess if the goal was accomplished (expected outcome).

1. Goal:

Expected outcome:

Foreseeable Road Blocks:

2. Goal:

Expected outcome:

Foreseeable Road Blocks:

3. Goal:

Expected outcome:

Foreseeable Road Blocks:

**Long Term Goals**: List your professional goals for the next 3-5 years. Be specific and indicate how you will assess if the goal was accomplished.

1. Goal:

Expected outcome:

2. Goal:

Expected outcome:

3. Goal:

Expected outcome:

**C. OTHER COMMENTS**

**Signed:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Junior Faculty Member Date Chair, Mentoring Committee Date**