**MD/PhD – Individual Development Plan (IDP)**

**Student name: Date**

**Advisor name:**

**Directions for the student:** This form is a record of the annual review of your IDP. Complete the assessment and discuss with your advisor. You and your advisor need to sign the last page. Keep a copy for yourself, give a copy to the Research Office for inclusion in your file.

**Skills Assessment**

Rate your accomplishment in each area using the numerical scale where 1= highly deficient and 5 = highly proficient. Use the full range of scores. It is expected that you will be deficient in many areas – that is why you are seeking training.

**Research Skills and Scientific Knowledge** Check if this a target

 skill for this year

Broad based knowledge of science 1 2 3 4 5

Critical evaluation of scientific literature 1 2 3 4 5

Technical skills related to my specific research area 1 2 3 4 5

Experimental design 1 2 3 4 5

Keeping a laboratory notebook 1 2 3 4 5

Statistical analysis and interpretation of data 1 2 3 4 5

Creativity/innovative thinking 1 2 3 4 5

Understanding submission and the peer review process 1 2 3 4 5

**Communications**

Writing for a research proposal or publication 1 2 3 4 5

Writing with appropriate grammar and structure 1 2 3 4 5

Speaking clearly and effectively 1 2 3 4 5

Presenting research to different audiences 1 2 3 4 5

Seeking advice from advisors and mentors 1 2 3 4 5

Working with constructive criticism 1 2 3 4 5

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| **What program requirements do you need to complete and what is your plan to fulfill them?** |
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| **What fellowships are you applying to?** |
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| **What conferences would you like to attend?** |
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**Goals**

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| **What are your goals for this year?** |
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**Research Development**

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| **How do you feel your project is progressing?** |
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| **Describe any unanticipated challenges or factors that negatively affected your progress.** |
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| **What do you expect will be your greatest challenges this year?** |
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| **What help can your advisor or other faculty/staff provide? Indicate if you need help finding resources.** |
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**Professional Development**

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| **What is your primary medical interest and how does this integrate with your dissertation research, your 5 year plans, and where you see yourself in 10 years?** |
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| **What activities do you have planned to better inform your future career decision?** |
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| **Do you have plans for clinical shadowing or immersion while still conducting your dissertation research?** |
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| **What preparations are you doing to reintegrate back into clinical medicine?** |
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**Personal Development**

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| **Your success is tightly linked to your wellness. What are you doing to maintain this?** |
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| **Do you feel you have enough time for outside activities? What hinders a healthy work/life balance?** |
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**For the Advisor:** During your meeting with the student, evaluate if the assessment and plans are realistic and work with the student to modify them if needed. Cover the following questions to review of the effectiveness of your interaction with the trainee and add a check mark to indicate that they were completed.

 Do you have enough opportunities to talk about your data with me or to present it to others?

 Are your meetings with your dissertation committee effective; can we do anything to improve them?

 What other help do you need to help you achieve your goals for the coming year?

 If you, the advisor, know of specific commitments this year that will affect when you can read drafts of papers, proposals, etc. please make the student aware of these. Students should be aware that other commitments may arise and to check the advisor’s schedule before expecting them to return drafts by a certain date.

Signature of Student:

Signature of Dissertation Advisor:

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| Additional comments from the advisor (optional): |
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