

Department of Pathology and Laboratory Medicine
UTHealth Medical School
The Individual Development Plan for Professional Development
 Dec. 2014

Faculty Member: _____ **Date prepared** _____ **for Period** _____

List your Mentors, followed by any other Advisors:

Name	Title	Affiliation	Expertise related to your faculty development plan

*The purpose of this form is to serve as a guide for identifying and accomplishing your career development goals. **Be as specific as possible.** The goals should focus on **concrete accomplishments** (i.e. something that can be listed on your CV) that will enhance your value as a faculty member rather than just maintaining the status quo (e.g. continuing to give the same course lectures or performing current clinical duties). For career advancement, it is optimal to excel in at least one of the scholarly activities and make significant contributions to one or more of the other areas.*

It is anticipated that this will be an ongoing process and that your plan will be updated frequently. The plan should be reviewed by the faculty member and mentor at least every 3 months and the Advisory Committee every 6 months to assess progress, make recommendations, and update and incorporate new goals.

Three year plan and goals:

1. Year 1 Developmental Goals	2. Year 2 Developmental Goals	3. Year 3 Developmental Goals
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4. DEVELOPMENTAL OBJECTIVES	5. PURPOSE	6. PRIORITY	7. DESCRIPTION OF ACTIVITY	8. EVIDENCE OF ACCOMPLISHMENT

IDP LEGEND

Department of Pathology and Laboratory Medicine

PERIOD

The one-year period in which you will begin or accomplish the developmental objectives listed on this IDP form.

COLUMNS 1, 2, & 3: YEARLY DEVELOPMENTAL GOALS

Identify your career and self-management goals for each of the next 3 years to give yourself some benchmarks for progress in your professional development. Examples: *Increase skills in. . . Take on greater responsibilities as/in. . . Qualify to become/become eligible for . . .*

COLUMN 4: DEVELOPMENTAL OBJECTIVES

List specific knowledge, skills, and abilities to be acquired/developed in this IDP year.
Be sure your objectives may be reasonably accomplished in the period of time you have specified. Keep it manageable!

COLUMN 5: PURPOSE

- | | | | |
|------------------------|-------------------------------|-------------------------------|-------------------------------|
| A. Mission Need | C. Change in State-of-the-art | E. Improved Performance | G. Develop Unavailable Skills |
| B. Organization Policy | D. New Assignment | F. Meet Future Staffing Needs | H. Career Interests |

COLUMN 6: PRIORITY

- | | | |
|--------------|-----------|-------------------------------------|
| 1. Essential | 2. Needed | 3. Helpful. . . .to achieving what? |
|--------------|-----------|-------------------------------------|

COLUMN 7: DEVELOPMENTAL ACTIVITIES

Use one of the following to specify the developmental activity you will use to complete your objectives.

- | | |
|-------------------------------|------------------------|
| A. On-Site Training or Course | F. On The Job Training |
| B. Self Study & Initiative | G. Sabbatical or Leave |
| C. Seminar or Conference | H. Networking |
| D. New Rotational Assignment | I. Other (specify) |
| E. Added Responsibilities | |

In addition, list the resources needed and impediments to accomplishment of your goals.

COLUMN 8: EVIDENCE OF ACCOMPLISHMENT

Cite specific product(s), outcome(s) or evidence which demonstrate completion of the planned developmental activities.