University of Washington
Department of Medicine
Individual Development Plan

Name:

Division:

1. Present faculty pathway (check one)
- Clinician-scholar___
- Physician-scientist___
- Scientist___

2. Primary mentor:

3. Other mentor(s):

4. Present academic activities

Please indicate your estimated percent for each of the areas below (not to exceed 100%). Describe briefly your key activities in each area.

- Clinical Service: _____%

- Teaching: _____%

- Research: _____%

- Administration: _____%

- Other (please describe)____%

5. Three to five year vision and goals
In one paragraph (or bullets), describe your overall 3-5 year career plan.

6. ONE YEAR PLANNING DOCUMENT
For the period _____ to _____
(use additional pages if needed)

ACTIVITY	SPECIFIC OBJECTIVES	ACHIEVEMENT STRATEGY	BENCHMARKS/ MILESTONES/ METRICS	MENTOR FOR THIS ACTIVITY?
CLINICAL (if applicable)	1. 2.			
TEACHING (if applicable)	1. 2.			
RESEARCH (if applicable)	1. 2.			
ADMINISTRATION (if applicable)	1. 2.			
OTHER				

7. Please identify any additional resources or assistance needed to achieve the objectives in your one-year plan.

8. Significant accomplishments in previous year (replaces augmented CV; limit: 2 pages)

This should include a more detailed description of your activities during the past academic year (ending June 30) which are not described in the CV itself. Please limit to two pages. It should include comments about the following:

a. Teaching: student, housestaff, fellow, CME, other. List specific courses and responsibilities. Also, list research trainees, if you are the primary mentor.
b. Research in progress, including active and pending grant support.
c. Patient care activities.
d. Community service.
e. University and Department committees.
f. Manuscripts submitted or in preparation.
g. Any other activities that you consider meritorious.

9. This plan was reviewed and discussed with (signatures):

Faculty Member _____   **Date:** _____

Printed Name _____

Primary Mentor _____   **Date:** _____

Printed Name _____

Other Mentor(s) _____   **Date:** _____

Printed Name(s) _____

Division Head _____   **Date:** _____

Printed Name _____