

**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)

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

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