Program Director: Thomas Buford, PhD

The Individual Development Plan (IDP) for the Interdisciplinary Training in Pathobiology and Rehabilitation Medicine Program (P&RMP) is an effective means of defining and tracking professional development and is therefore a required and vital part of one's training plan.

The IDP provides a framework and planning process that enables the trainee and mentors to clarify long-term goals and define the key, short-term objectives and milestones that must be attained along the way to achieving the ultimate goals. Once the IDP is established, careful monitoring of progress will enable the trainee and mentors alike to identify professional development needs to ensure that the trainee progresses optimally. The P&RMP Executive Committee will also use the IDP to monitor progress semi-annually. The IDP thus serves as a valuable documentation and communication tool among each trainee, his/her mentor and Translational Mentoring Team, the department or division of appointment, and the Executive Committee.

Each P&RMP applicant must <u>complete and submit Parts I and II of the IDP as part of the program application</u>. Constructing an IDP is a collaborative effort between the proposed trainee and mentors, and requires a series of interactive steps involving two-way communication. Once admitted to the P&RMP, each trainee must complete and submit a revised IDP (Parts I – III) at the time of annual reappointment.

How to complete and implement the IDP

Basic Steps	For Trainee	For Mentor
Step 1	Complete Parts I and II of the IDP and share/discuss with mentor	Review IDP with trainee and help revise
Step 2	Submit revised IDP to Program Director and Executive Committee	
Step 3	, ,	pers with the help of the Program ecutive Committee
P&RMP admission to I	be determined by the Program Dir	ector and Executive Committee
For admitted trainees:		
Step 4	Implement the plan	Establish regular progress review
Step 5	Ongoing monitoring – revise IDP as needed	
Step 6	Discuss additional resea	arch training opportunities

Trainee Information	
Name:	
Graduate Program:	Year in Program:
Campus Address:	Email:
Contact Phone Number:	
Trainee Signature	Date:
Mentor Information	
Name:	Rank:
Department:	Email:
Campus Address:	
Contact Phone Number:	
Mentor Signature	Date:
To be completed by the program	after discussion with trainee and primary mentor:
Translational Mentoring Team memb	ers:
1.	
2.	
Program Director Signature	Date:
Review Da	ite:

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Part I. Plans for Up-Coming Year

Please provide a brief overview of your current or planned research project (attach abstract/summary page if necessary)
Please list your research project goals for the year:
Please list funding source(s) to support the trainee's research:
Anticipated publications (indicate projected titles):

Anticipated collaborations in which trainee will be integral:	
Anticipated meeting or workshop attendance:	
Anticipated meeting of workshop attendance.	
Fellowship or other funding applications planned (indicate name of award):	
Other professional training planned (course work, teaching activity, etc.):	

Part II. Career Goals
Current Career Goal(s):
What research activity or other training is needed before you can reach these goals?
If there are other issues that affect reaching these goals, please describe:

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Part III. Progress Review: Research and Professional Training in the Past Year

Please provide a brief overview of your research project and major accomplishments in the past year (attach additional page if necessary)
Publications:
Honors/Awards (include fellowships with funding periods, grants written/applied for/received, professional society presentation awards or travel awards, etc):

Coursework completed (list course number, course title, grade):
National or other professional meetings attended (indicate meeting title, oral or poster presentation):
Seminar presentations (title, department):
Grant or manuscript reviews:

New areas of research or technical expertise acquired in past year:
Teaching activity (include mentoring activities in the laboratory):
Committee or other service activity (indicate if you held an office):
Other professional activities not identified above:

Other activities (community, etc.) with professional relevance:
Progress toward career goals listed in Part II:
NEXT REVIEW DATE: