\*Before semi-annual meeting: Trainee completes this form.\*

\*During semi-annual meeting: Trainee and PD/designee share and revise this form.\*

Program:

Trainee Name:

PD/Advisor/Mentor Name:

1. Long-Term Career Goals:

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|  |

1. Review your previous Individualized Learning Plan completed 6 month ago. Have you met the goals that you set 6 month ago? [N/A for the first semi-annual meeting]

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| --- | --- | --- |
| Goal #1: | Achieved goal | Not yet achieved goal |
| List the goal. | List evidence for achievement. | List your plans to meet this goal over the next 6 months. |
| Goal #2: | Achieved goal | Not yet achieved goal |
|  |  |  |

1. Do you have any concerns about your personal and professional well-being? How do you plan to promote your well-being? What support and resources do you need?

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1. Reflect on your strengths and areas for growth. This activity is designed to help you create a learning plan for the next 6 months.

|  |  |  |  |
| --- | --- | --- | --- |
| Key Domains | Strength | Area for Growth | Comments |
| **Equity, Diversity, and Inclusion (EDI)** |  |  |  |
| **Professionalism** | | | |
| Add: subcompetencies/milestones |  |  |  |
| Add: subcompetencies/milestones |  |  |  |
| **Patient Care and Procedural Skills** | | | |
|  |  |  |  |
|  |  |  |  |
| **Medical Knowledge** | | | |
|  |  |  |  |
|  |  |  |  |
| **Practice-Based Learning and Improvement** | | | |
|  |  |  |  |
|  |  |  |  |
| **Interpersonal and Communication Skills** | | | |
|  |  |  |  |
|  |  |  |  |
| **Systems-Based Practice** | | | |
|  |  |  |  |
|  |  |  |  |

1. Learning Plans for the next 6 months. [Set goals in areas corresponding to the “area for growth” in #4, if applicable]

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| --- | --- | --- | --- |
| Goal #1 | Strategies/Plans | Resources | Evidence of Accomplishment |
|  |  |  |  |
| Goal #2: | Strategies/Plans | Resources | Evidence of Accomplishment |
|  |  |  |  |

1. Overall Comments:

|  |  |
| --- | --- |
| Trainee | PD/Advisor/Mentor |
|  |  |

Trainee signature/Date:

PD/Designee Signature/Date: