**Individualized Learning Plan**

**Children’s National Medical Center – Pediatric Residency Program**

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| ***FOR:***  | ***DATE:***  |

**Part I: Preparation:** consider the following questions when filling out your learning plan. You may use some or all of them in formulating your goals and objectives.

**Career Planning**

* What are your potential career plans (general pediatrics vs. subspecialty fellowship, academic vs. community practice, etc.)?
* I am considering this career because:
* What additional steps will you take to formalize your career plans?

**Portfolio Review**

* What educational goals were revealed upon your most recent portfolio review?

**Individualized Curriculum**

* What educational goals do you have related to your career choice?
* What specific experiences will help you reach your goals?
* Why are you choosing these electives?
* What additional experiences, exclusive of rotations, may help you achieve your goals (i.e. online modules, certificate programs, etc)?
* What educational experiences included in your current track will help you meet your educational goals and satisfy the ACGME criteria for 6 individualized educational units?
* What educational experiences NOT included in your current track will help you meet your educational goals and satisfy the ACGME criteria for 6 individualized educational units? (REACH = 1 unit/year longitudinally. Consider referring to Pathways.)

**PART II: Goals:** *Based on the above, write your goals in* ***the priority you’d like to address in the coming academic year.***

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| **#1**  |
| **#2**  |
| **#3**  |
| **#4**  |

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| --- |
| **Goal # 1 :**  |
| Objective(s): |

Action Plan:

|  |  |  |  |
| --- | --- | --- | --- |
| *Steps* | *Start Date* | *Completion Date* | *Resources Required* |
|  |  |  |  |
|  |  |  |  |
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| **Goal # : 2** |
| Objective(s): |

Action Plan:

|  |  |  |  |
| --- | --- | --- | --- |
| *Steps* | *Start Date* | *Completion Date* | *Resources Required* |
|  |  |  |  |
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| **Goal #: 3** |
| Objective(s): |

Action Plan:

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| --- | --- | --- | --- |
| *Steps* | *Start Date* | *Completion Date* | *Resources Required* |
|  |  |  |  |
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| **Goal # : 4** |
| Objective(s): |

Action Plan:

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| --- | --- | --- | --- |
| *Steps* | *Start Date* | *Completion Date* | *Resources Required* |
|  |  |  |  |
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**Part III: Six Month Individualized Curriculum**

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| --- | --- | --- | --- |
| **Experience/Rotation (description)** | **# Units** | **PL Year** | **Completed?****(Y or N)** |
| **Selective:**  | **1** | **PL1** | **Y** |
| **Surgical Selective:**  | **0.5** | **PL2** | **Y** |
| **Holy Cross Ambulatory Elective:**  | **0.5** | **PL2** | **Y** |
| **REACH:**  | **1** | **PL2** | **Y** |
| **Elective (CFE):**  | **1** | **PL2** | **Y** |
| **Elective (CFE):**  | **1** | **PL3** | **Y** |
| **Elective (EWC):**  | **1** | **PL3** | **Y** |
| **REACH:**  | **1** | **PL3** | **Y** |
| **Selective:**  | **1** | **PL3** | **Y** |
| **TOTAL INDIVIUALIZED UNITS**  | **8** |  |  |