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| A picture containing woman, court  Description automatically generated Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Started: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Faculty Individual Learning Plan – First Year | |
| Adult Learning Principles:   1. Adults prefer to choose their own learning activities. 2. Learning is individual – no one method fits all | |
| First Year (Choose 4 Topics):   1. As an educator (2 topics)    1. Supervision    2. Giving Feedback    3. Evaluations    4. Bedside Teaching    5. Other 2. Quality Improvement/Patient Safety    1. Metrics of Patient Safety    2. Quality improvement terminology and concepts    3. Root Cause Analysis    4. Supervising QI Projects    5. Other 3. Practice-based Patient Care    1. Patient Care Metrics (IP/OP)    2. Clinical Outcomes    3. How to Evaluate Practice Habits    4. Other | 1. Well-being of Self and Residents    1. How to promote well-being of residents    2. How to monitor your own well-being    3. Work/Life Balance    4. Other 2. Contributing to an inclusive work environment    1. Understanding minorities in medicine    2. Recruitment strategies in GME    3. Hidden Biases    4. Other 3. Other    1. Scholarly activity for faculty    2. Continuous Program Improvement (PEC)    3. Clinical Competency Committee (CCC)    4. Other |
| |  | | --- | | **TOPIC:**  Name of Module/Activity:  Time spent in Activity:  Date Completed: | | **TOPIC:**  Name of Module/Activity:  Time spent in Activity:  Date Completed: | | **TOPIC:**  Name of Module/Activity:  Time spent in Activity:  Date Completed: | | **TOPIC:**  Name of Module/Activity:  Time spent in Activity:  Date Completed: | | |

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| Year One Goals: |
| |  |  | | --- | --- | | Thinking about the learning activities you participated in this past year, what goals do you have for the next year: |  | |

**Faculty Attestation**

I attest that I participated in the activities listed on this sheet.

Signatures:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Signature Date

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Program Director Signature Date