

Name:

Fellowship Year (circle): 1 2 3 4

Date: \_\_\_/\_\_\_/\_\_\_  
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## Individual Development Plan Fellowship in Neonatal-Perinatal Medicine

**Goals:**

1. Short term – needs for improving current performance
2. Long term – identification of career options and resources to achieve them

**Self-Assessment**

Area	Below Expectations	Meets Expectations	Barriers to Success
<b>I. Patient Care</b>			
Gathering essential and accurate information on patients	<input type="checkbox"/>	<input type="checkbox"/>	
Performing a complete history and physical exam of the patient	<input type="checkbox"/>	<input type="checkbox"/>	
Ordering appropriate diagnostic studies	<input type="checkbox"/>	<input type="checkbox"/>	
Counseling parents on disease processes	<input type="checkbox"/>	<input type="checkbox"/>	
Performing procedures (i.e. PICC, UAC, intubation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>II. Medical Knowledge</b>			
Understanding the physiological basis of diseases	<input type="checkbox"/>	<input type="checkbox"/>	
Up-to-date on current management recommendations	<input type="checkbox"/>	<input type="checkbox"/>	
Interpreting radiological studies (head ultrasounds, plain films, etc)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>III. Practice/Systems-Based Learning</b>			
Understanding of cost awareness and risk-benefit analysis	<input type="checkbox"/>	<input type="checkbox"/>	
Evaluating quality of a study	<input type="checkbox"/>	<input type="checkbox"/>	
<b>IV. Interpersonal/Communication Skills</b>			
Performance as an instructor	<input type="checkbox"/>	<input type="checkbox"/>	
Leading a health care team	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to give a conference presentation	<input type="checkbox"/>	<input type="checkbox"/>	
<b>V. Professionalism</b>			
Understanding ethical issues of care	<input type="checkbox"/>	<input type="checkbox"/>	
Time management	<input type="checkbox"/>	<input type="checkbox"/>	
Integrating personal and professional goals	<input type="checkbox"/>	<input type="checkbox"/>	
Managing stress	<input type="checkbox"/>	<input type="checkbox"/>	
<b>VI. Research</b>			
Selection of a mentor (1 <sup>st</sup> year)	<input type="checkbox"/>	<input type="checkbox"/>	
Selection of a project (1 <sup>st</sup> year)	<input type="checkbox"/>	<input type="checkbox"/>	
Understanding the research background	<input type="checkbox"/>	<input type="checkbox"/>	
Acquiring skills to completing study	<input type="checkbox"/>	<input type="checkbox"/>	
Progress in completion of study	<input type="checkbox"/>	<input type="checkbox"/>	
Source of funding for research	<input type="checkbox"/>	<input type="checkbox"/>	

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**Fellowship Goal Worksheet**  
**(Please provide at least 3 short- and long-term goals)**

**Short-Range Goals (for current academic fellowship year):**

Goal	Means to accomplish goal

**Long-Range Goals:**

What is your career track?

- Physician Research Scientist
- Physician Educator Scientist
- Clinical Subspecialist
- Research Scientist
- Other \_\_\_\_\_
- Undecided

Goal	Means to accomplish goal

**Other professional goals**

- Certifications
- Advanced degrees
- Residency
- Additional fellowship
- Courses:

**Certifications**

**NRP certification: expires** \_\_\_/\_\_\_ (month/year)

**PALS certification: expires** \_\_\_/\_\_\_ (month/year)

**Do you have a State License (required for ABP eligibility)?** \_\_\_ yes \_\_\_ no

**Do you have an Institutional Training Permit?** \_\_\_ yes \_\_\_ no \_\_\_ n/a

**State Jurisprudence Exam (if applicable):**

- Passed
- Plan to take in \_\_\_\_\_ (year)

**State License Application:**

- Completed
- In process
- Not started

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### American Board of Pediatrics Examination Result

\_\_\_ Passed \_\_\_ (year)

\_\_\_ Plan to (re)take in \_\_\_ (year)

Areas requiring most attention (Circle):

Physiologic/Behavior/ Developmental	Nutritional/ Gastrointestinal	Endocrine/ Metabolism	Body Fluids/Renal/ Urogenital
Lymphoreticular/ Hematologic	Connective Tissue/ Skin	Musculoskeletal/ Sports Medicine	CNS/ Neurologic
EENT	Pulmonary	Cardiac	Infectious Disease/ Allergy/Immunology
Fetus and Newborn/ Genetics, Dysmorphology	Adolescent Medicine/ Gynecology	Critical Care/ Emergency Care/Poisoning	Miscellaneous

Resources to be used to improve above areas:

- 1.
- 2.
- 3.

### Subspecialty In-training Examination Results

Year	Score	Mean
1		
2		
3		
4		

Areas requiring most attention (Circle):

Asphyxia and resuscitation	Basic principles of pharmacology	Bilirubin	Cardiovascular	Development and Behavior
Endocrine/Metabolic	Experimental Design/Statistics	HEENT	GI	Genetics/Dysmorphism
Health Services Delivery, Ethics, Counseling	Heme/Onc	Immunology	Infectious Disease	Maternal-Fetal Medicine
Neurology	Nutrition	Respiratory	Skin Disorders	Water/Salt/Renal

Resources to be used to improve above areas:

- 1.
- 2.
- 3.

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## ABP Scholarly Activity Worksheet

### Define anticipated focus area of scholarly activity:

- Biomedical research (laboratory, clinical)
- Meta-analysis of literature
- Systemic review of clinical practice
- Critical analysis of public policy relevant to subspecialty
- Curriculum development project with assessment component
- Other: \_\_\_\_\_

### Anticipated work product of scholarly activity above:

- Peer reviewed publication
- In-depth manuscript describing completed project
- Thesis or dissertation written in connection with the pursuit of advanced degree
- Extramural grant application that has either been accepted or favorably reviews
- Progress report for projects of exceptional complexity, such as a multi-year clinical trial

### Abstract of Scholarly Activity

Title of project:

Mentor(s):

Background:

Hypothesis:

Methods:

Summary of results to date:

Projected activities/outcomes over next 12 months:

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**Scholarship oversight committee**

Members: (at least 3 members including one outside of NPM)

NPM:

Outside the division: (specify dept and division):

Date of next research presentation followed by SOC meeting:

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### Application for a Position after Fellowship

**Preparation:**

CV	
Teaching portfolio	
Visa: prolongation/change	
Letters of recommendation	

**Consider:**

State License application	
DEA/DPS application/transfer (if moving to other state)	
Consider lawyer (contract, visa, medicolegal liability)	

**Priority (list 1 to 5) Worksheet**

Professional	
Personal	
Family	

**Interview season:**

Start & finish	
Best months vs. research & clinical time	

**Job scoring grid (1)**

Location	Interview date	Professional	Personal	Family	Overall

**(1) Collate from each interview using Appendix H. WORKSHEET FOR PRACTICE EVALUATION, available at: <http://www.nature.com/jp/journal/v22/n1s/index.html>**