**INDIVIDUALIZED LEARNING PLAN TEMPLATE**

Learner: Preceptor: TBD

Rotation:

Reason for Support Plan:

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Support Plan Start Date: End Date:

What Source of Information was used to identify issues?

Has the program done a full assessment of issues affecting resident’s performance (resident, preceptor, & environment)?

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Strengths:

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|  | Issue Identified | Learning Objective | Assessment Strategy(Strategy, frequency, person responsible) | Desired Outcome | Outcome achieved |
| FulfilledPartiallyNo |
| 1 | **Medical Expert**Difficulty with clinical reasoning | Improve Dr. X’s ability to determine the most likely diagnosis and management plan.Improve Dr. X’s ability to synthesize and report all pertinent patient information to his supervisor during case presentations. | Frequent case review with emphasis on using a consistent framework to approach any medical issue.Direct questioning.Direct Observation.Focused reading around clinical topics.Regular case review and dialogue with preceptor about optimal management of patients. | Formulate a consistent and organized approach to any medical problem and follow it with every patient.Dr. X will be able to synthesize information gathered from history and physical to determine most likely diagnosis and management plan. |   □ □ □  |
| 2 |  |  |  |  | □ □ □  |
| 3 |  |  |  |   | □ □ □ |

**Consequences of Not Meeting Desired Outcomes (e.g. resident moves to remediation):**

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**Support Team:**

Rotation preceptors: TBD

Program Director: Dr.

Faculty Advisor: Dr.

Preceptor Comments:

Learner Comments:

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Learner’s Signature Preceptor’s Signature

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Date Date