**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 |
| Fulfilled  Partially  No |
| 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