Individualized Learning Plan

Resident's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PGY \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Goals | Plan for Improvement | | | Evaluation and Timeline | | |
| Increase Medical Knowledge | 1. Attend Board Review each week 2. Read 1 AFP journal every 2 weeks 3. Take journal quizzes every 2 weeks -submit to AFP CME 4. 10 Board Review Questions Weekly- submit to AFP CME monthly 5. Complete 1SAM each month- submit to ABFM (take pre & post-test ) 6. Re-Take of ITE | | | Sign attendance sheet each week  Submit via email to Residency Coordinator by the last day of each month  Submit via email to Residency Coordinator by the last day of each month  Submit pre and post-test score to Residency Coordinator by last day of the month  Scheduled April 15- May- 15 | | |
| DATES | | Journal Quizzes | Board Review  Questions | | Pre & Post-test scores of SAM | Board Attendance |
| February 25, 2018 | |  |  | |  |  |
| March 25, 2018 | |  |  | |  |  |
| April 25, 2018 | |  |  | |  |  |
| **3 month review**  May 25, 2018 | | **(Wk of May 7)** |  | |  |  |
| June 25, 2018 | |  |  | |  |  |
| **ITE/ re-take** | |  |  | |  |  |
| July 25, 2018 | |  |  | |  |  |
| **6 month review** | | **(WK of Aug 6)** |  | |  |  |
| August 25, 2018 | |  |  | |  |  |
| September 25, 2018 | |  |  | |  |  |
| October 25, 2018 | |  |  | |  |  |
| ITE EXAM | |  |  | |  |  |

Resident Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CCC member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Review Dates:**

Week of May 7, 2018

Resident Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CCC member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Week of August 6, 2018

Resident Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CCC member committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_