

THE INDIVIDUALIZED LEARNING PLAN & PROGRESS REPORT

"The learning contract is without question the single most potent tool I have come across in my more than half century of experience with adult education."

Malcolm Knowles,
The Adult Learner: A Neglected Species.

Goals of the Individualized Learning Plan Program

- Encourage the habit of identifying learning needs and strategies to meet them
- Provide opportunities to practice reflection and self-assessment
- Enhance students' self-esteem and motivation by increasing awareness of learning and progress
- Create a foundation for goal-based feedback and evaluation
- Facilitate feedback by establishing a concrete schedule
- Foster collaborative relationships between students and preceptors

Procedures

- Meet with your preceptor at the beginning of the clerkship to establish an Individualized Learning Plan
 1. Identify goals, strategies and evidence of accomplishment
 2. Arrange a schedule for progress review and feedback
 3. Sign the Plan; make sure both student and preceptor have a copy
- Meet according to schedule, *at least* every 6-8 weeks, to review and revise learning goals, discuss progress, and exchange feedback.
 1. Create a written Progress Report to record each meeting
 2. Sign the Report; make sure both student and preceptor have a copy
- Progress Reports may be useful as a basis for completing written student evaluations on the web site.

Guidelines for Developing Individualized Learning Plans

The primary goals of the Individualized Learning Plan program are: 1) to provide practice in identifying learning needs and developing goals, 2) to develop a basis for regularly scheduled, goal-centered feedback, and, 3) to encourage awareness, discussion, and documentation of learning. *There is no one, correct way to use the plan.* Students and preceptors should work together to determine what works best. The following suggestions may be helpful in developing an initial plan.

- Identifying learning goals may be an unfamiliar task. Start gradually: put together a list of four or five easy goals to begin with, and then adjust the list as needed.
- The list of Learning Objectives for the clerkship may be helpful as a guide. Note that the learning plan is not intended to reflect everything you will learn in continuity clinic. It should serve as a point of focus.
- Consider the question, "What do I want to get out of continuity clinic...this week, this month, this year?" You will likely need some time to contemplate. Establishing an initial plan might take a few clinic sessions. We recommend having at least a couple goals to start working on by the end of the first four weeks.
- To help identify learning needs, consider your future career plans, experiences working with individual patients, and your preceptor's observations of your clinical performance.
- Try to include both short-term (easy-to-master) and long-term goals in the plan. In general, goals will involve acquisition of knowledge, skills, and/or attitudes. A balance among the different types of goals is ideal, but in the beginning, knowledge and skill-based goals may be easiest to manage.
- The distinction between strategies, resources and evidence of achievement is somewhat semantic and artificial. Don't worry about *where* you enter your ideas on the form. What's important is going through the process of reflecting, discussing, and planning.
- Be creative. Choose goals and strategies that fit with the time and resources available in your setting, but err on the side of active, experiential learning and observation.
- Remember, learning plans are not set in stone. Students and preceptors should arrange to meet periodically (at least every 6-8 weeks) to review the plan, discuss the student's progress, and exchange feedback. Students should feel free to add, delete, or modify goals as necessary, based on interests, patient experiences, or other factors.

EXAMPLE INDIVIDUALIZED LEARNING PLAN FOR CONTINUITY CLINIC

| # | Goal | Strategies and Resources | Evidence of Achievement |
|---|--|--|--|
| 1 | Learn how to examine a child's ears | Watch my preceptor's technique a couple of times. | Confident visualization of the TMs |
| | | Ask my preceptor to watch me examine a number of ears | Minimal crying (on the child's part) |
| | | Read about the importance of insufflation | Good feedback from my preceptor |
| | | | |
| 2 | Do a pap smear in a way that it makes my patients feel relatively comfortable and is technically proficient (i.e. adequate Sample.) | Ask for feedback from preceptor and patients. | Patients report that they felt comfortable. |
| | | Check the pathology reports on my pap Smears. | Preceptor commends my gentle approach. |
| | | | Path reports say "satisfactory sample," not smear too thick, insufficient sample, or lacking endocervical cells. |
| | | | |
| 3 | Improve presentation skills | Elicit feedback from my preceptor about my clarity, efficiency, ability to arrive at assessments and plans independently | Preceptor says that my presentations are clearer, more concise and to the point. |
| | | Videotape several presentations over the 9 month clerkship period | I am able to formulate an assessment and plan independently. |
| | | | Video proof of my increasingly polished presentations. |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Dates for progress review meetings: October 10 January 3 March 7 May 21 _____

Student signature _____ Date _____

Preceptor signature _____ Date _____

EXAMPLE PROGRESS REPORT

| Meeting date | Progress toward goals | Feedback (suggestions for improvement; things to work on; new goals) |
|--------------------------------|---|--|
| <p>Oct 10 _____</p> | <p>Goal # _1_____</p> <p><input type="checkbox"/> Accomplished</p> <p><input type="checkbox"/> Ongoing</p> | <p>Very good effort to make the child comfortable during the exam. Examining the child while on mom's lap works well.</p> <p>Try to brace your hand more firmly against the child's head so that when s/he moves, you don't poke them.</p> <p>Save the examination of the ears until the end of your exam in case the child starts to scream</p> |
| | <p>Goal # _2_____</p> <p><input type="checkbox"/> Accomplished</p> <p><input type="checkbox"/> Ongoing</p> | <p>Good manual technique, with a minimum of discomfort (as reported by patients.)</p> <p>Try to explain what you are doing, as you are doing it, to the patients to make them more at ease.</p> <p>Remember to wash your hands before examining your patients.</p> |
| | <p>Goal # _3_____</p> <p><input type="checkbox"/> Accomplished</p> <p><input type="checkbox"/> Ongoing</p> | <p>Make eye contact with the patient while presenting in front of them.</p> <p>Remember to use the patient's name in your presentations.</p> <p>When presenting in front of a patient, try to use words that they understand, minimizing medical jargon.</p> |
| | <p>Goal # _4_____</p> <p><input type="checkbox"/> Accomplished</p> <p><input type="checkbox"/> Ongoing</p> | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |

Student signature _____

Date _____

Preceptor signature _____

Date _____

INDIVIDUALIZED LEARNING PLAN FOR CONTINUITY CLINIC

| # | Goal | Strategies and Resources | Evidence of Achievement |
|---|------|--------------------------|-------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Dates for progress review meetings: _____ _____ _____ _____ _____

Resident signature _____ Date _____

Preceptor signature _____ Date _____

PROGRESS REPORT

| Meeting date | Progress toward goals | Feedback (suggestions for improvement; things to work on; new goals) |
|--------------|---|--|
| | Goal # _____ <input type="checkbox"/> Accomplished <input type="checkbox"/> Ongoing | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| | Goal # _____ <input type="checkbox"/> Accomplished <input type="checkbox"/> Ongoing | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| | Goal # _____ <input type="checkbox"/> Accomplished <input type="checkbox"/> Ongoing | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| | Goal # _____ <input type="checkbox"/> Accomplished <input type="checkbox"/> Ongoing | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |

Student signature _____ Date _____ Preceptor signature _____ Date _____