**Department of Epidemiology**

**Graduate Student Development Plan**

NAME: Click here to enter text.

GRADUATE PROGRAM/DEGREE: Click here to enter text.

YEARS IN PROGRAM: Click here to enter text.

DATE OF PLAN: Click here to enter a date.

This Individual Development Plan is a tool to use to outline long-term and short-term objectives for your development in our department. Regular review of these goals and objectives and the development of a strategy to achieving them will help you in your preparation during your time in our degree program.

This form is intended as a guide only – a tool to help you and your mentor(s) discuss and develop a plan to address your career development needs.

**1. Career Goals**

Use this section to indicate your broad career goal(s) as you see them at this time. If more than one goal, indicate which goal may have greater priority. For example, broadly are you are considering a career as a “university faculty member”, or a “state or national government position”, or working at a “pharmaceutical company”, etc.. If you are not yet certain, it is okay to indicate that you are still exploring a number of options.

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| --- | --- |
|  |  |
|  | Click here to enter text. |

**2. Program Requirements**

1. **Required Coursework to be Completed**

Use this section to indicate what courses you have not yet completed. See the requirements at, including the teaching practicum. Do not include courses that you are currently enrolled in.

Courses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Courses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Timeline for Key Milestones**

Use this section to indicate when you have completed the primary milestones in the doctoral program, or to indicate your goals for date of completion of these milestones (if not yet completed).

Date completed Goal for Completion

Preliminary exams: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comprehensive exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Overview exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Final defense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Formal Mentors**

List your formal mentors (advisor and committee members). If you are early in your graduate career you may not have all of these individuals identified yet. In that case, you may choose to list potential mentors.

**Primary Advisor**

|  |  |
| --- | --- |
| Name | Click here to enter text. |

**Committee members**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Click here to enter text. | Name: | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Click here to enter text. | Name: | Click here to enter text. |

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| --- | --- | --- | --- |
| Name: | Click here to enter text. | Name: | Click here to enter text. |

**4. Skill Development**

The following list represents a non-comprehensive range of skills that students often develop in a graduate program. In this section, state where your current level of skill lies in each area, discuss these skills with your advisor/mentors, and develop a plan to address specific goals in these areas in the next year.

1. Understanding of specific principles in epidemiology and biostatistics
2. Applied skills in epidemiology (e.g. “using epi methods in research”, “using SAS in data analysis”, “survey development”, data management)
3. Critical thinking skills (e.g. developing original research ideas, presenting strong arguments to analyze an epidemiologic problem)
4. Management and leadership skills (e.g. managing an aspect of a project, working as a team member on a project, collaborating on a writing team)
5. Professionalism and ethics (e.g. developing IRB proposals, carrying out work professionally, effective interpersonal communication)
6. Professional writing (e.g. grant or proposal writing, scientific paper writing, reviewing manuscripts)
7. Research and scholarship skills (e.g. literature search, developing original ideas, developing methods, independent integration of feedback and new information)
8. Teaching skills
9. Communication skills (e.g. oral presentations, research posters)

**Self-rating of your current level of skills**

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| --- |
| Check the item that best represents the level of skill that you believe you have attained at this time in the following areas:   1. Knowledge of fundamental epidemiology and biostatistics concepts:   \_\_\_ \_\_\_ high level skills \_\_\_ very good skills \_\_\_ moderate skills \_\_\_ low skills \_\_\_ no skills |
|  |
| 1. Applying fundamental epidemiology and biostatistics concepts:   \_\_\_ high level skills \_\_\_ very good skills \_\_\_ moderate skills \_\_\_ low skills \_\_\_ no skills |
| 1. Critical thinking:   \_\_\_ high level skills \_\_\_ very good skills \_\_\_ moderate skills \_\_\_ low skills \_\_\_ no skills |
| 1. Management and leadership:   \_\_\_ high level skills \_\_\_ very good skills \_\_\_ moderate skills \_\_\_ low skills \_\_\_ no skills |
| 1. Professionalism and ethics:   \_\_\_ high level skills \_\_\_ very good skills \_\_\_ moderate skills \_\_\_ low skills \_\_\_ no skills |
| 1. Professional writing:   \_\_\_ high level skills \_\_\_ very good skills \_\_\_ moderate skills \_\_\_ low skills \_\_\_ no skills |
| 1. Research skills   \_\_\_ high level skills \_\_\_ very good skills \_\_\_ moderate skills \_\_\_ low skills \_\_\_ no skills |
| 1. Teaching skills:   \_\_\_ high level skills \_\_\_ very good skills \_\_\_ moderate skills \_\_\_ low skills \_\_\_ no skills |
| 1. Communication skills:   \_\_\_ high level skills \_\_\_ very good skills \_\_\_ moderate skills \_\_\_ low skills \_\_\_ no skills |

**Goals/Plan to address current skills**

|  |
| --- |
| For the next year, list the goals and plan to be followed for improving this skill set. |

**5. Informal Mentors**

Are there other individuals outside of your committee or outside of the university whose backgrounds and experiences can contribute to your development in knowledge, skills, and abilities? If so, list them here, and briefly identify how they are (or can be) a part of your development.

Name Click here to enter text. Name Click here to enter text.

Organization Click here to enter text. Organization Click here to enter text.

Briefly outline how this individual (these individuals) can help you reach your goals.

Click here to enter text.

**6. Finding your next position**

At an appropriate time, the student and advisor should discuss strategies for moving into a job or new position after graduation. In this section, you should think about and discuss plans for this aim.

* 1. Have you completed a C.V.? \_\_\_ Yes \_\_\_ No
  2. How you met with the Pitt Public Health Career Services Office? \_\_\_ Yes \_\_\_ No
  3. What additional resources are you aware of that could aid in your search for a position?

Click here to enter text.

* 1. What particular positions are you targeting to pursue?

Click here to enter text.

**7. Please complete, sign, and return this form**

Return to Student Services Office

* *[Remember to save a copy for yourself and your advisor]*

SIGNATURES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Graduate Student* Date

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*Faculty Advisor* Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*GSR Faculty Mentor (if different from Faculty Advisor)* Date