# Epidemiology Independent Development Plan

Student first name

Student last name

Degree program:         PhD         DrPH         Years in program: _____

Date of plan: _____

This Independent 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.*

**2. Program Requirements**

    a.  Required Coursework to be Completed

       *Use this section to indicate what courses you have not yet completed. Do not include courses in which you are currently enrolled.*

b. 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 | *or* | Goal for completion |
|---|---|---|---|
| Preliminary exams |  |  |  |
| Comprehensive exam |  |  |  |
| Overview exam |  |  |  |
| Final defense |  |  |  |

c. Impact of the Pandemic on your Studies

*If relevant, use this section to indicate how the pandemic has affected your doctoral study plan. In particular, note if the pandemic has affected your dissertation research progress, and what aspects of your dissertation have been affected. Also, note if your planned time on your dissertation will be extended due to this circumstance, and your estimate of how much additional time you may need to complete your work.*

## 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 first name                    Primary advisor last name

**Committee members:**

| First name | Last name | Department |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**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.*

a.  Understanding of specific principles in epidemiology and biostatistics
b.  Applied skills in epidemiology (e.g. "using epi methods in research", "using SAS in data analysis", "survey development", data management)
c.  Critical thinking skills (e.g. developing original research ideas, presenting strong arguments to analyze an epidemiologic problem)
d.  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)
e.  Professionalism and ethics (e.g. developing IRB proposals, carrying out work professionally, effective interpersonal communication)
f.  Professional writing (e.g. grant or proposal writing, scientific paper writing, reviewing manuscripts)
g.  Research and scholarship skills (e.g. literature search, developing original ideas, developing methods, independent integration of feedback and new information)
h.  Teaching skills
i.  Communication skills (e.g. oral presentations, research posters)

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

| | high level skills | very good skills | moderate skills | low skills | no skills |
|---|---|---|---|---|---|
| a.  Knowledge of fundamental epidemiology and biostatistics concepts | | | | | |
| b.  Applying fundamental epidemiology and biostatistics concepts | | | | | |
| c.  Critical thinking | | | | | |
| d.  Management and leadership | | | | | |
| e.  Professionalism and ethics | | | | | |
| f.  Professional writing | | | | | |
| g.  Research skills | | | | | |
| h.  Teaching skills | | | | | |
| i.  Communication 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.*

| First name | | How this individual can help you reach your goals | |
|---|---|---|---|
| Last name | | | |
| Organization | | | |

| First name | | How this individual can help you reach your goals | |
|---|---|---|---|
| Last name | | | |
| Organization | | | |

**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.*

a. Have you completed a C.V.? _____  Yes        No

b. Have you met with the Pitt Public Health Career Services Office? _____  Yes        No

c. What additional resources are you aware of that could aid in your search for a position?

d. What particular positions are you targeting to pursue?

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

*Please submit forms to the Epidemiology Student Services Manager, Lori Smith (smithl@pitt.edu, Public Health 5117). Remember to save a copy for yourself and your advisor.*

_____        _____
Student signature                                         Date *(mm-dd-yyyy)*

_____        _____
Faculty Advisor signature                               Date *(mm-dd-yyyy)*

_____        _____
GSR Faculty Mentor (if different from Faculty Advisor) signature        Date *(mm-dd-yyyy)*