**Individual Development Plan Outline**

**Mentee's Name:**Luke Altman

**Mentor Value Proposition:**Developing skills and knowledge for providing high-quality emergency response for protecting the security and safety of our communities’ health. Facilitating acquisition and application of intellectual skills for emergency response.

**Mentee's Vision:**The mentee’s vision for this program is to see an improvement in the areas that have been identified as challenges or opportunities. As it is his goal to see a betterment to their performance, they state their commitment to the program and the activities that will be associated to it.

**Needs Assessment Results:**Through the needs assessment, the areas of opportunity of the mentee have been established. The biggest need identified was the need to improve the mentee’s communication skills. Another area of opportunity that was identified was the limited knowledge that the mentee had, in relation to certain processes and procedures. This lack of a thorough knowledge has impacted his ability to treat all types of patients, as well as the quality of care that he can offer them. Then, there is the mentee’s lack of confidence and experience with certain specialized tools. With regards to time management, the amount of time that he spends with each patient can be decreased. Likewise, the amount of time that he can devote to further specialization could be increased, with the implementation of the proper time management strategies.

**Short-Term Goals (0-6 months):**The short-term goals that were identified for the mentee were:

* Develop a communication strategy that leads to a positive reception by the patients.
* Gain public speaking experiencing through oral presentations.
* Reduce the stress and anxiety levels experienced when working on difficult cases.
* Improve competence and skills when handling new events by 20%.
* Increase the number of patients that are tended to by 5%.
* Reduce the amount of time spent with each patient by 7.5% without decreasing quality.

These goals are given a time frame of three to six months to be worked upon. The last three goals have been allotted the longest time frame.

**Long-Term Goals (6 months-2 years):**
The long-term goals that were identified for the mentee were:

* Improve the efficiency when communicating with a diverse group of patients.
* Successfully complete at least one training program.
* Reduce the propensity of making a medical error or a misdiagnosis to a rate below 5%.
* Increase the number of patients tended served by 25%.

These goals are given a time frame of one to one and a half years. The first two goals are allotted a time of one year to complete, while the latter two, the longer time frame of 1.5 years.

**Activities to Meet Short-Term Goals:**

* The development of systematized approaches at patient communication, like the SBAR method – which stands for Situation, Background, Assessment and Recommendation (Dingley, et al., 2018)
* The practice of basic communication skills that could improve the relationship with the patient and the family, like: getting accustomed to referring to the patient by their name, avoiding the use of technical language, the effective use of questions to get more information from the patient, and the simplification of the messages conveyed (Carlisle, et al., 2011).
* Organize public presentations for the mentee to practice their oral communication skills.
* Engage in role-playing sessions so that the mentee can put into practice the communication and time-management skills that are being looked into.
* Engage in role-playing sessions or mock-patient scenarios where the mentee could try to test some of their knowledge regarding medical training.
* The development of study guides so as to facilitate the process of knowledge acquisition.
* The establishment of a schedule for the mentee’s studying and practice needs, to ensure that they are putting in the work for their academic development.
* The development of guidelines or check-list for the handling of certain procedures, so that the mentee can get a better grasp of them, improve their efficiency and reduce the time spent per patient. These checklists can be timed, as well, so that the mentee can acquire the necessary perspective.

**Activities to Meet Long-Term Goals:**

* Persist with the strategies towards the development of successful communication with the patients, adding more difficult exercises as the proficiency of the mentee increases, like making him the leader of a group discussion session.
* The participation in feedback sessions, study sessions or other collaborative learning environments so as to foment the use of communication to transmit ideas in a professional setting.
* The supervision of the enrollment and participation of the mentee in an appropriate, months-long training program.
* The provision of different time management techniques so that the overall time spent in activities, including the handling of patients, is significantly reduced. These strategies include: the determination of the goals for a given day or shift, the creation of a schedule to which the individual will adhere, the proper prioritization of the tasks to be completed on a given day or shift, managing the volume of tasks, managing the switching of tasks based on new information, and the minimization of interruptions (Kressin, et al., 2017).

**Mentoring Techniques (to support the predetermined activities):**The mentoring techniques that will be implemented to support the activities that are established for the improvement of the mentee, include:

* Managing-Up: The mentee will be empowered to participate in the managing of the sessions – setting up the meetings, preparing an agenda, etc. – so that their engagement and commitment to the mentoring process can be greater (Terzan, et al., 2009).
* Alternating Strategies: During the mentorship process, different approaches towards the mentoring process will be implemented, based on the performance of the individual, in-line with the Furlong and Maynard model for mentoring (Abbidin, 2012).

**Coaching Techniques (to support the predetermined activities):**One of the coaching techniques that would be implemented for this improvement plan would be the use of phase-coaching. According to Carmel & Paul, phase mentoring consists of five basic steps that allow for the optimization of the session:

* Groundwork, or the establishment of a working relationship between mentor and mentee;
* Assessment and Feedback, or the process through which coaches provide direct feedback to their mentees based on their performance;
* Goal Setting, or the process through which the mentee’s goals are established and worked on;
* Action planning, or the development and transformation of the strategies used for improvement.
* Ongoing Assessment and Support, or the provision of continuous feedback to the mentee as the relationship develops (2015).

Then, it should also be noted that this developmental program will also utilize the following coaching techniques:

* Personalizing the Activities: Making the interactions with the mentee as personal as possible can increase their engagement. By making it personal, though, one is referring to appeal to the personal goals of the mentee (Grant & Hartley, 2013).
* Incorporating Supporting Figures: Including other supporting figures into the coaching sessions, like other respected professionals in the field, could also increase the engagement and performance of the mentee (Grant & Hartley, 2013).
* Using Attraction Instead of Coercion: To appeal to the mentee, offering incentives for improved performance can yield better results that using negative reinforcement, like threats of failing if more effort is not put into the process (Grant & Hartley, 2013).

**Obstacles or Concerns:**One of the main obstacles that have been identified for the development of this improvement plan is the time constraints that might affect the relationship between mentor and mentee. Though the sessions with the mentee are not necessarily meant to be lengthy, they do require attention and commitment. As the mentee is already having troubles managing their time, with the current state of his schedule, it could be expected that a more cluttered schedule – with meetings and activities intertwined – might take some time to get accustomed.

**Observations/Results (determined after implementation):**

**Modifications or Future Suggestions (determined after implementation):**

**References**

Abbidin, A. (2012). A Review of Effective Mentoring Practices for Mentees Development. *Journal of Studies in Education,* 2(1): 72 – 89. doi: http://dx.doi.org/10.5296/jse.v2i1.1226

Carlisle, A., Jacobson, K. L., Di Francesco, L., & Parker, R. M. (2011). Practical strategies to improve communication with patients. P & T: a peer-reviewed journal for formulary management, 36(9), 576–589.

Carmel, R. G., & Paul, M. W. (2015). Mentoring and coaching in academia: Reflections on a mentoring/coaching relationship. Policy Futures in Education, 13(4), 479–491. doi:10.1177/1478210315578562

Dingley, C., Daugherty, K., Derieg, M. K., Persing, R. (2018). Improving Patient Safety Through Provider Communication Strategy Enhancements. *Agency for Healthcare Research and Quality*.

Grant, A. M., & Hartley, M. (2013). Developing the leader as coach: insights, strategies and tips for embedding coaching skills in the workplace. Coaching: An International Journal of Theory, Research and Practice, 6(2), 102–115. doi:10.1080/17521882.2013.824015

Kressin, N. R., Saha, S., Weaver, F., Rubenstein, L., & Weinberger, M. (2007). Career and time management strategies for clinical and health services researchers. Journal of general internal medicine, 22(10), 1475–1478. doi:10.1007/s11606-007-0337-7

Terzan, J. T., Hess, R., Schur, E., Phillips, R. S., & Rigotti, N. (2009). Making the Most of Mentors: A Guide for Mentees. *Academic Medicine*, 84(1): 140 – 144.