


# NCI ELECTRONIC INDIVIDUAL DEVELOPMENT PLAN (eIDP)

## TRAINEE PAGES:

## HOME:



**Electronic Individual Development Plan (eIDP)**  
National Institutes of Health

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HOME
 USEFUL LINKS

**Welcome back to the NCI Electronic Individual Development Plan (eIDP)**

An Individual Development Plan (IDP) is a tool to help you establish your training and career goals. You will use this electronic IDP system to map out your short- and long-term projects and career plans. This tool will enable you to identify skills gaps, set goals to address them, and consider how best to utilize your NCI mentors and other resources to be most successful. This electronic IDP system complements, but does not replace open, respectful, in-person communication between you and your mentor(s).

**Your IDP should be reviewed and approved by all parties (including Lab/Branch/Office Chief) by 03/15/2022 (Overdue) .**

**! You must complete all the sections to view your IDP details and take an action.**

⊘ Not started | 🔄 In Progress | ✅ Completed

Type	IDP Status	Action Due Date	General Info	Projects	Careers Goals	Aligning Expectations	Action
Renewal	Under Trainee's Review	02/01/2022 <span style="background-color: red; color: white; padding: 2px 5px; border-radius: 10px;">44 days Overdue</span>	✅	🔄	🔄	🔄	<a href="#" style="background-color: #0070c0; color: white; padding: 5px 10px; border-radius: 5px;">PROCEED</a>

[+ PREVIOUS IDP](#)

**IDP PROCESS: HOW IT WORKS** ⊖ HIDE DETAILS

Create Your IDP

Send Your IDP to your Mentor

Submit IDP to Training Director

Meet with your Mentor

Submit IDP to Your Chief

Completed IDP

Navigate along the tabs to complete each section of your IDP. You may discuss your IDP with your Mentor(s) at any time during your appointment. When you are done and hit submit, your IDP goes to your Mentor(s) for review.

Once you have submitted your IDP, it will be sent to your Mentor(s). Your Mentor(s) will review, comment, add their expectations, and approve your IDP. If your Primary Mentor has suggested revisions, the IDP will be returned to you for review. You and your Primary Mentor may send revisions to each other up to three times.

Your Training Director (TD) will review your IDP and either accept it or return it to you or your Primary Mentor for additional revisions. If your TD returns your IDP, you and your Primary Mentor must review the suggested revisions and update the IDP accordingly.

Once your electronic IDP is complete, you and your mentor will have an in-person discussion about your research and career development goals and your expectations for the coming year. You and your mentor will electronically confirm that you reviewed and discussed the IDP in person.

Your Chief will review your IDP for final approval. If additional revisions are requested, the IDP will be returned to your TD for guidance. If your TD returns your IDP to you for revisions, you and your Primary Mentor must discuss the additional revisions and update the IDP accordingly.

Once your IDP has received final approval, it cannot be modified. You will be able to view a PDF of your IDP at any time during your appointment.

**OMB Burden Statement OMB No: 0925-0762 Expiration Date: 7/31/2022**

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report. You are asked to complete your electronic Individual Development Plan to assist with your professional and career development goals and expectations while training at the NCI.

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0762). Do not return the completed form to this address.

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# GENERAL INFORMATION:

**Electronic Individual Development Plan (eIDP)**  
National Institutes of Health

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General Information
Projects & Related Deliverables/Training
Career Goals & Career Training Activities
Aligning Expectations

[View Previous Year IDP Details in a New Window](#)   [REVIEW & TAKE ACTION](#)

**GENERAL INFORMATION**

If any of the non-editable or pre-populated information in this page is incorrect, please contact your Administrative Officer, Cynthia Murray listed in the form below.

**Trainee Name:**    **ORCID ID:**    [Create/Register ORCID ID](#)

*This Gender, Race, and Ethnicity Information is intended to collect aggregate data and will be used for reporting purposes only.*

**Race (Optional):** *Check all that apply*

White    Black or African American  
 American Indian or Alaska Native    Asian  
 Native Hawaiian or Other Pacific Islander

**Ethnicity (Optional)**

Select Ethnicity

**Gender:** [To verify/update this information in NED, click here.](#)

**Current Award Date Range:**  
03/02/2021 - 03/01/2022

**\*Highest Degree Obtained (to date):**

**\*Primary Mentor's Name:**

**Additional Mentor(s) Optional:**  
 [add more](#)

**NCI Training Division/Office/Center:**  
CCR

**Training Plan Initiation Date:**  
01/04/2022

**\*Current Training Title:**  
POST-DOCT-CRTA

**Do you have a Co-Primary Mentor?**  
 Yes    No

**Training Director:**

**\*Current year of Training:**  
Second

**Administrative Officer:**

**\*Co-Primary Mentor's Name:**

**\*Lab, Branch or Office Chief/Director Name:**

PREVIOUS
REVIEW & TAKE ACTION
Save
Save and Continue

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# PROJECTS & RELATED DELIVERABLES/TRAINING:

**Electronic Individual Development Plan (eIDP)**  
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✔ Save was successful

**!** Please provide an update on the status of your projects, deliverables, and project-related training by navigating to the appropriate sub tabs and clicking on the icon below. To complete this section, there must be at least one active project and one active deliverable (i.e., planned/applied for or in progress).

View Previous Year IDP Details in a New Window
REVIEW & TAKE ACTION

PROJECTS & DELIVERABLES

PROJECT-RELATED TRAINING

**LEGEND:** ! Status Update Required   x Deliverable Required   *Please expand the sign to view deliverable(s) under each project.*

Priority	Project Title	Missing Deliverable?	Description	Created	Last Modified	Status	Actions
1	This is a sample for the OMB Clearance screenshot.	None	This is a sample description for taking the OMB Clearance screenshot for full submission package creation.	04/06/2020	01/20/2022	Planned	

**PROJECT:**

**\* Please indicate the status of this project:**

Planned  
  In Progress  
  Completed  
  Discontinued

Describe your project and major current responsibilities. For a non-research related project, please enter an objective instead of a project title. Edit project

**\*Project Title:**

**\*Description:**

**\*Responsibilities:**

**! Deliverables Planned:**  
Please complete at least one deliverable related to your project that you plan to complete this year.

Publication ADD +

Type	Date	First Author?	Title	Description	Status	Created	Last Modified	Actions
Manuscript	8/28/2020		[REDACTED]	[REDACTED]	!	4/6/2020		

Presentation ADD +

Awards/Research Funding ADD +

Other Type of Deliverable ADD +

PREVIOUS
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Save
Save and Continue
Cancel

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## PROJECT-RELATED DELIVERABLES:

### Publication

*\* Indicates Required Fields*

**\* Please indicate the status of this deliverable**

In Preparation  Submitted  In Press  Published  Withdrawn

### Manuscript

**\* Search By:**

Search by Author  Search by PubMed ID

**\* Fore Name:**  **\* Last Name:**  **\* Start Year:**  **\* End Year:**

Show  entries

Select	PubMed ID	Journal Name	Publication Date	Article Title	Authors
<input type="radio"/>	████████	Statistics in medicine	5/30/2021	████████████████████	████████████████████

Showing 1 to 1 of 1 entries

**\* Are you the first author on this publication:**

Yes  No

**\* Title**

460 characters left

**\* Description**

937 characters left

**Presentation** ✕

*\* Indicates Required Fields*

Please indicate the status of this deliverable

Planned
  Completed
  Withdrawn

**\*Does this activity require travel?**

Yes  No

**Date:**  
**Location:**  **\*Type:**

150 Character limit

**Meeting/Conference Name**

100 Character limit

**\*Title**

30 Minimum character limit 500 Character limit

**\*Description**

50 Minimum character limit 1000 Character limit

**Awards/Research Funding** ✕

*\* Indicates Required Fields*

Please indicate the status of this deliverable

Applied For
  In Review
  Received
  Not Received
  Withdrawn

**\*Type:**

**\*Name of Award or Funding Mechanism:**

**\*Title**

30 Minimum character limit 500 Character limit

**\*Description**

50 Minimum character limit 1000 Character limit

### Other Type of Deliverable ✕

\* Indicates Required Fields

**Please indicate the status of this deliverable**

Planned  
  In Progress  
  Completed  
  Withdrawn

**\*Does this activity require travel?**

Yes    No

**Date:** (mm/dd/yyyy)  **Location:**

150 Character limit

**\*Title**

30 Minimum character limit 500 Character limit

**\*Description**

Example: Invited lecture, Posters, Talks, etc

50 Minimum character limit 1000 Character limit

PROJECT-RELATED TRAINING:

### Classes/Courses/Workshops ✕

\* Indicates Required Fields

**Please indicate the status of this Activity:**

Planned  
  In Progress  
  Completed  
  Withdrawn

**\*Does this activity require travel?**  Yes    No

**Date From:** (mm/dd/yyyy)  **Date To:** (mm/dd/yyyy)  **Location:**

150 Character limit

**\*Title**

500 Character limit

**\*Description**

50 Minimum character limit 1000 Character limit

**\*Do you want to add this training to existing project?**

Yes    No

**Interest/Working Group Participation** ✕

*\* Indicates Required Fields*

**\* Please indicate the status of this Activity:**

Planned  
  Ongoing  
  Attended  
  Withdrawn

**Date From:**  To Present      **Date To:** (mm/dd/yyyy)      **Location:**

(mm/dd/yyyy)      (mm/dd/yyyy)      150 Character limit

**\*Title:**

500 Character limit

**\*Description:**

NOTE: To view the NIH Interest Groups, please [click here](#)

50 Minimum character limit 1000 Character limit

**\*Do you want to add this training to existing project?**

Yes    No

**Other Training Activities** ✕

*\* Indicates Required Fields*

**\* Please indicate the status of this Activity:**

Planned  
  In Progress  
  Completed  
  Withdrawn

**\*Does this activity require travel?**

Yes    No

**Date From:** (mm/dd/yyyy)      **Date To:** (mm/dd/yyyy)      **Location:**

(mm/dd/yyyy)      (mm/dd/yyyy)      150 Character limit

**\*Title**

500 Character limit

30 Minimum character limit

**\*Description**

Adhoc learning/consultation

50 Minimum character limit 1000 Character limit

**\*Do you want to add this training to existing project?**  Yes    No

# CAREER GOALS & CAREER TRAINING ACTIVITIES:

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**ⓘ Please review and update your career goals as needed. Provide update to the status of the additional degree(s) (if applicable) and the training/career exploration activities by clicking on the icon below. To complete this section, there must be at least one training with an active status (i.e. planned or in-progress/ongoing).**

View Previous Year IDP Details in a New Window

REVIEW & TAKE ACTION

**I. CAREER GOALS:** LEGEND: ⓘ Status Update Required

Please update (if needed) the career path(s) that you will be pursuing as you think 5 years into the future.

Academia

- Administration
- Communications
- Clinical
- Intellectual Property
- Research
- Project Management
- Policy
- Teaching
- Other

Government

- Administration
- Communications
- Clinical
- Intellectual Property
- Research
- Project Management
- Policy
- Other

Industry/For-Profit

- Administration
- Consulting
- Communications
- Clinical
- Intellectual Property
- Research
- Project Management
- Policy
- Other

Not-for-profit

- Administration
- Consulting
- Communications
- Clinical
- Intellectual Property
- Research
- Project Management
- Policy
- Other

Other

Sector:

- Administration
- Consulting
- Communications
- Clinical
- Intellectual Property
- Research
- Project Management
- Policy
- Teaching
- Other

Description

1000 characters left

Are you planning on pursuing additional degree(s)? If yes, please select the degree(s).

Select Additional Degrees add more

**II. TRAINING/CAREER EXPLORATION:**

Upload PDF or Word format only, Maximum file size 3 MB

Upload document

Depending on your career goals and on where you are in your training, you will need to work on different professional development activities. Please pick one or more of the below activities/skills you would like to work on this coming year.

Career Exploration and Networking ADD +

Skills/Competencies

Please pick one or more of the below skills you'd would like to work on this coming year.

Communications ADD +

Leadership and Management ADD +

Ethics ADD +

Grant Writing ADD +

Mentoring ADD +

Scientific Manuscript Review ADD +

Mandatory Training ADD +

Others ADD +

Skill/Competencies	Type	Description	Status	Comments	Created	Last Modified	Actions
Leadership and Management	Classes/Workshops	I intend to take a leadership or management training course when it becomes available.	ⓘ		04/06/2020		

Job Search ADD +
Others ADD +

PREVIOUS

REVIEW & TAKE ACTION

Save

Save and Continue

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## CAREER-RELATED TRAINING ACTIVITIES:

### Career Exploration and Networking:

*\* Indicates Required Fields*

Please indicate the status of this career exploration:

Planned  Ongoing  Completed  Discontinued

**\*Description:**

50 Minimum character limit 1000 Character limit

**\*Comments:**  
*Provide update on your progress in this activity*

500 Character limit

Cancel Done

## SKILLS/COMPETENCIES:

### Communications

*\* Indicates Required Fields*

Please indicate the status of this career exploration:

Planned  Ongoing  Completed  Discontinued

**\*Type:**

Select ▼

**\*Description:**

50 Minimum character limit 1000 Character limit

**Comments:**  
*Provide update on your progress in this activity*

1000 Character limit

Cancel Done

## Leadership and Management

\* Indicates Required Fields

\* Please indicate the status of this career exploration:

**Planned**    **Ongoing**    **Completed**    **Discontinued**

**\*Type:**

Select ▾

**\*Description:**

50 Minimum character limit 1000 Character limit

**Comments:**  
*Provide update on your progress in this activity*

1000 Character limit

## Ethics

\* Indicates Required Fields

\* Please indicate the status of this career exploration:

**Planned**    **Ongoing**    **Completed**    **Discontinued**

**\*Description:**

50 Minimum character limit 1000 Character limit

**Comments:**  
*Provide update on your progress in this activity*

1000 Character limit

## Grant Writing

\* Indicates Required Fields

**Please indicate the status of this career exploration:**

**Planned**    **Ongoing**    **Completed**    **Discontinued**

**\*Description:**

50 Minimum character limit 1000 Character limit

**Comments:**  
*Provide update on your progress in this activity*

1000 Character limit

## Mentoring

\* Indicates Required Fields

**Please indicate the status of this career exploration:**

**Planned**    **Ongoing**    **Completed**    **Discontinued**

**\*Type:**

**\*Description:**

50 Minimum character limit 1000 Character limit

**Comments:**  
*Provide update on your progress in this activity*

1000 Character limit

## Scientific Manuscript Review

*\* Indicates Required Fields*

Please indicate the status of this career exploration:

Planned  Ongoing  Completed  Discontinued

**\*Description:**

50 Minimum character limit 1000 Character limit

**Comments:**

*Provide update on your progress in this activity*

1000 Character limit

## Mandatory Training

*\* Indicates Required Fields*

Please indicate the status of this career exploration:

Planned  Ongoing  Completed  Discontinued

**\*Description:**

50 Minimum character limit 1000 Character limit

**Comments:**

*Provide update on your progress in this activity*

1000 Character limit

## Others

*\* Indicates Required Fields*

**Please indicate the status of this career exploration:**

Planned    Ongoing    Completed    Discontinued

**\*Type:**

Select ▼

**\*Description:**

50 Minimum character limit 1000 Character limit

**Comments:**  
*Provide update on your progress in this activity*

1000 Character limit

## ALIGNING EXPECTATIONS:

**ALIGNING EXPECTATIONS:**

**\* Describe your expectation(s) of your mentor; how can your mentor help you to accomplish your goals?**

NOTE: When you meet with your mentor, ensure that you discuss any event or activity that might affect your productivity. If you need help completing this section, please contact your Training Director, Erika Ginsburg.

50 minimum characters left

**ADDITIONAL COMMITMENTS:**

**\* I need to discuss potential time required to complete any project remaining from previous program (if applicable):**

Yes    No

Describe, if applicable:

50 minimum characters left

## MENTOR EXPECTATIONS – TRAINEE’S VIEW:

Expectations, renewal updates, and the renewal decisions from the mentor will be acknowledged by the trainee. Shown below are the various renewal decisions from the mentor that will be acknowledged by the trainee.

### 1. Trainee will be renewed in one year.

**Mentor Expectations (Primary Mentor Name: Peter Choyke)**

**RENEWAL YEAR UPDATES:**

What is working well, additional needs/expectations, and suggestions for additional mentors/advisors, etc. for the coming year.

Everything is working well. All good.

[+ View updates from Previous Year\(s\)](#)

**GENERAL EXPECTATIONS:**

Mentor will strive to:	Mentor strongly encourages Trainee to:
<p><b>COMMUNICATE EFFECTIVELY</b></p> <ul style="list-style-type: none"> <li>Communicate openly, frequently, and respectfully with you.</li> <li>Provide consistent, timely, and honest feedback to help you achieve the highest possible standards in your work.</li> <li>Encourage open discussion about our ideas.</li> <li>Listen to you carefully and discuss any concerns you have.</li> </ul> <p><b>FOSTER A SUPPORTIVE ENVIRONMENT</b></p> <ul style="list-style-type: none"> <li>Maintain a relationship with you that is based on trust and mutual respect.</li> <li>Provide a workplace that is free from harassment.</li> <li>Familiarize you with our group's standard operating procedures and assist you to navigate your way through our organization.</li> <li>Do my best to understand your unique situation and mentor you accordingly.</li> <li>Make sure my expectations of your work are clear.</li> <li>Connect you with the colleagues and resources needed to do your work.</li> <li>Support your success and help you achieve your career goals.</li> <li>Review your work thoughtfully and carefully.</li> </ul> <p><b>PROMOTE YOUR PROFESSIONAL DEVELOPMENT</b></p> <ul style="list-style-type: none"> <li>Review your progress regularly and discuss any problems you have encountered.</li> <li>Support your attendance at training events that help you with your work and career goals.</li> <li>Identify and encourage networking opportunities.</li> </ul>	<p><b>COMMUNICATE EFFECTIVELY</b></p> <ul style="list-style-type: none"> <li>Communicate openly, frequently, and respectfully with me.</li> <li>Engage in open discussions about our ideas.</li> <li>Share your ideas during group meetings and informal discussions.</li> <li>Ask questions of me and/or others if anything is unclear.</li> <li>Tell me about any problems or challenges as soon as they arise.</li> <li>Be open to advice and constructive suggestions.</li> </ul> <p><b>PARTNER WITH ME TO FOSTER A SUPPORTIVE ENVIRONMENT</b></p> <ul style="list-style-type: none"> <li>Maintain a relationship with me that is based on trust and mutual respect.</li> <li>Work and act with integrity, respect and honesty. <b>NEVER</b> compromise the work process.</li> <li>Inform me of your needs and if you need additional support.</li> <li>Interact professionally with colleagues.</li> </ul> <p><b>TAKE RESPONSIBILITY FOR YOUR SUCCESS</b></p> <ul style="list-style-type: none"> <li>Be proactive and transparent in discussing your work plans, needs, and career goals with me and others.</li> <li>Be the driving force behind your projects.</li> <li>Maintain detailed, organized, and accurate work records.</li> <li>Be responsible for the first written draft of your work products.</li> <li>Be an active learner by connecting with me and others in and outside of your work area.</li> </ul>

**CORE AREAS OF EXPECTATION:**

**Work schedule/leave**

Group's vacation, sick, and telework policies:	We maintain compliance with NIH guidelines regarding vacation sickleave and teleworking. In general, teleworking is not appropriate for this position
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**Meeting frequency/time**

One-on-one meeting frequency:	Weekly
Planned meeting time:	Currently meeting weekly during COVID. Usually every two weeks once we are back to normal and in addition a group meeting every week and a prostate FLEX meeting once per month

**Communication Preferences**

Communication preferences for email/phone/scheduled and unscheduled meetings:	One on one conversations
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**Feedback**

Approach to providing feedback on:

Work Products:	Weekly meeting discussions
Career planning and progression:	Annually discuss career plans

**Attendance/participation at meetings**

Expectations/support regarding your fellow's attendance at:

Group/Branch meetings, seminars, etc.:	weekly lab meeting
Professional meetings:	When the fellow has a paper to present
Career and professional development courses, workshops and other activities:	As needed

**Responsible conduct of research**

Group's expectations for storage and tracking of work records:	We expect all scientists to maintain auditable lab books
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**Renewal Decision Process**

Process for renewal decisions:	We assess the needs and accomplishments and make decisions about renewal
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**RENEWAL DECISIONS**

You will be renewed at your anniversary date **Comments:** Renewal is subject to satisfactory progress

I acknowledge the renewal decision from my mentor.  
Note: Acknowledgement does not necessarily mean agreement. Only that the details have been discussed between Primary Mentor and Trainee.

**COMMENTS/FEEDBACK**

I reviewed my mentor's expectations and renewal decision and have no feedback  I reviewed my mentor's expectations and renewal decision and would like to request revisions

**Comments/Feedback:**

You can add your comment here.

500 characters left

[← PREVIOUS](#)
[Save](#) [REVIEW & TAKE ACTION](#)

## 2. Trainee will not be renewed.

**Mentor Expectations** (Primary Mentor Name: Peter Choyke)

**RENEWAL YEAR UPDATES:**

What is working well, additional needs/expectations, and suggestions for additional mentors/advisors, etc. for the coming year.

Everything is working well. All good.

+ View updates from Previous Year(s)

**GENERAL EXPECTATIONS:**

Mentor will strive to:	Mentor strongly encourages Trainee to:
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**CORE AREAS OF EXPECTATION:**

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**Communication Preferences**

Communication preferences for email/phone/scheduled and unscheduled meetings:	One on one conversations
---	--------------------------

**Feedback**

Approach to providing feedback on:

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**Responsible conduct of research**

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**Renewal Decision Process**

Process for renewal decisions:	We assess the needs and accomplishments and make decisions about renewal
--------------------------------	--

**RENEWAL DECISIONS**

This is your last year as an NCI trainee. Your NCI and NIH training offices have resources to help with your career transition.	<b>Comments:</b> This will be a last year as Trainee is finishing the 5th year.
---	---

I acknowledge the renewal decision from my mentor.

Note: Acknowledgement does not necessarily mean agreement. Only that the details have been discussed between Primary Mentor and Trainee.

**COMMENTS/FEEDBACK**

I reviewed my mentor's expectations and renewal decision and have no feedback  I reviewed my mentor's expectations and renewal decision and would like to request revisions

**Comments/Feedback:**

You can add your comment here.

300 characters left

← PREVIOUS
Save
REVIEW & TAKE ACTION

### 3. Mentor has not made the renewal decision.

**Mentor Expectations** (Primary Mentor Name: Peter Choyke)

**RENEWAL YEAR UPDATES:**

What is working well, additional needs/expectations, and suggestions for additional mentors/advisors, etc. for the coming year.

Everything is working well. All good.

[+ View updates from Previous Year\(s\)](#)

**GENERAL EXPECTATIONS:**

Mentor will strive to:	Mentor strongly encourages Trainee to:
<p><b>COMMUNICATE EFFECTIVELY</b></p> <ul style="list-style-type: none"> <li>-Communicate openly, frequently, and respectfully with you.</li> <li>-Provide consistent, timely, and honest feedback to help you achieve the highest possible standards in your work.</li> <li>-Encourage open discussion about our ideas.</li> <li>-Listen to you carefully and discuss any concerns you have.</li> </ul> <p><b>FOSTER A SUPPORTIVE ENVIRONMENT</b></p> <ul style="list-style-type: none"> <li>-Maintain a relationship with you that is based on trust and mutual respect.</li> <li>-Provide a workplace that is free from harassment.</li> <li>-Familiarize you with our group's standard operating procedures and assist you to navigate your way through our organization.</li> <li>-Do my best to understand your unique situation and mentor you accordingly.</li> <li>-Make sure my expectations of your work are clear.</li> <li>-Connect you with the colleagues and resources needed to do your work.</li> <li>-Support your success and help you achieve your career goals.</li> <li>-Review your work thoughtfully and carefully.</li> </ul> <p><b>PROMOTE YOUR PROFESSIONAL DEVELOPMENT</b></p> <ul style="list-style-type: none"> <li>-Review your progress regularly and discuss any problems you have encountered.</li> <li>-Support your attendance at training events that help you with your work and career goals.</li> <li>-Identify and encourage networking opportunities.</li> </ul>	<p><b>COMMUNICATE EFFECTIVELY</b></p> <ul style="list-style-type: none"> <li>-Communicate openly, frequently, and respectfully with me.</li> <li>-Engage in open discussions about our ideas.</li> <li>-Share your ideas during group meetings and informal discussions.</li> <li>-Ask questions of me and/or others if anything is unclear.</li> <li>-Tell me about any problems or challenges as soon as they arise.</li> <li>-Be open to advice and constructive suggestions.</li> </ul> <p><b>PARTNER WITH ME TO FOSTER A SUPPORTIVE ENVIRONMENT</b></p> <ul style="list-style-type: none"> <li>-Maintain a relationship with me that is based on trust and mutual respect.</li> <li>-Work and act with integrity, respect and honesty, <b>never</b> compromising the work process.</li> <li>-Inform me of your needs and if you need additional support.</li> <li>-Interact professionally with colleagues.</li> </ul> <p><b>TAKE RESPONSIBILITY FOR YOUR SUCCESS</b></p> <ul style="list-style-type: none"> <li>-Be proactive and transparent in discussing your work plans, needs, and career goals with me and others.</li> <li>-Be the driving force behind your projects.</li> <li>-Maintain detailed, organized, and accurate work records.</li> <li>-Be responsible for the first written draft of your work products.</li> <li>-Be an active learner by connecting with me and others in and outside of your work area.</li> </ul>

**CORE AREAS OF EXPECTATION:**

**Work schedule/leave**

Group's vacation, sick, and telework policies:	We maintain compliance with NIH guidelines regarding vacation sickleave and teleworking. In general, teleworking is not appropriate for this position
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**Meeting frequency/time**

One-on-one meeting frequency:	Weekly
Planned meeting time:	Currently meeting weekly during COVID. Usually every two weeks once we are back to normal and in addition a group meeting every week and a prostate FLEX meeting once per month

**Communication Preferences**

Communication preferences for email/phone/scheduled and unscheduled meetings:	One on one conversations
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**Feedback**

Approach to providing feedback on:

Work Products:	Weekly meeting discussions
Career planning and progression:	Annually discuss career plans

**Attendance/participation at meetings**

Expectations/support regarding your fellow's attendance at:

Group/Branch meetings, seminars, etc:	weekly lab meeting
Professional meetings:	When the fellow has a paper to present
Career and professional development courses, workshops and other activities:	As needed

**Responsible conduct of research**

Group's expectations for storage and tracking of work records:	We expect all scientists to maintain auditable lab books
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**Renewal Decision Process**

Process for renewal decisions:	We assess the needs and accomplishments and make decisions about renewal
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**RENEWAL DECISIONS**

Your renewal decision has not yet been made and your mentor anticipates to make a renewal decision within 6 months	<b>Comments:</b> Renewal Decision will be made prior to 7/1/2022
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I acknowledge the renewal decision from my mentor.

Note: Acknowledgement does not necessarily mean agreement. Only that the details have been discussed between Primary Mentor and Trainee.

**COMMENTS/FEEDBACK**

I reviewed my mentor's expectations and renewal decision and have no feedback  I reviewed my mentor's expectations and renewal decision and would like to request revisions

**Comments/Feedback:**

You can add your comment here.

500 characters left

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