

Improving performance action plan (IPAP)

Term details

From:
(dd/mm/yyyy)

To:
(dd/mm/yyyy)

Term name/
number

About this form

The purpose of this form is to aid in documenting the remediation process for interns. This form is to be completed by supervisors in consultation with the Director of Clinical Training to address identified issues that require remediation.

The supervisor must indicate the intern outcome statements that the issues relate to, and complete the form with appropriate detail to assist the intern with remediation. Please refer to the guidelines, Intern training – Assessing and certifying completion, pages 3-5 for further information on remediation.

s and comments on the outcome of remediation

ing progress notes and comments on the outcome of remediation

/

Year