# exams:Publications:Publications projects:AMC Branding and Word templates:2010-brand-review:files:Tools∩Çólogo:AMC_Main_Brandmark:AMC_Main_PMS_Logo:AMC_PMS5415_Logo.pngImproving performance action plan (IPAP)

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.

|  |  |
| --- | --- |
| 1. Intern details | |
| Intern name |  |
| AHPRA registration no. |  |

|  |  |
| --- | --- |
| 1. Term supervisor details | |
| Term supervisor name: |  |

|  |  |
| --- | --- |
| 1. Term details | |
| From: (dd/mm/yyyy) |  |
| To: (dd/mm/yyyy) |  |
| Term name/number |  |
| Organisation and department / unit term undertaken |  |

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| --- | --- | --- | --- | --- | --- |
| 1. AMC intern outcome statement (E.g. intern outcome statement 2.1) | 1. Issues related to specific outcome statement | 1. Actions/tasks | 1. Responsibility | 1. Timeframe | 1. Review date(s) |
|  |  |  |  |  |  |

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| 1. Supervisor progress notes and comments on the outcome of remediation |
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| 1. Director of clinical training progress notes and comments on the outcome of remediation |
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## Supervisor

Name (print clearly)

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Signature

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Position

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Date

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## Intern

Name (print clearly)

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Signature

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Date

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## Director of Clinical Training

Name (print clearly)

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Signature

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Date

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