

Deficiency	Select
<i>Cognitive</i>	
<i>Attitudinal</i>	
<i>Skills</i>	

MODULE PERFORMANCE IMPROVEMENT PLAN (PIP)

Student Name: _____ Module: _____

Item	Description	Plan of Action
Briefly summarize the lapse or performance deficiency:	Select relevant core competency(ies):	State overall goal
State recommendations for improvement :	Identify any of the following: Readings Practice problems Tutorial assistance Skills practice Professionalism and attitude consult	State expected performance level, proficiency, or compliance
Indicate any requirement for monitoring:	Identify what will be monitored	State with whom or how often, if applicable
Consequences for continued deficiency	Indicate one or both with a "check" Deficient course grade (cognitive; skills) Physicianship Early Concern Note (attitude	Administrative referral SPEC review

Signed (student): _____

Date:

Signed (module director): _____

Date:

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