**Performance Improvement Plan (PIP)**

| **Caregiver:** | | | | | **Designation:** | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Supervisor/Manager/Director:** | | | | | **Plan Duration:** | | |
| **Performance Area** | **Behaviour Of Concern** | **Examples of Behaviours of Concern** | **Expected Behaviours** | **Examples of Expected Behaviour** | | **Required Actions and completion Dates** | **Review Timeframe** |
| Link this to the position description wherever possible  **Example:**   **Communication Skills** | Generalise the behaviour patterns that are of concern / need to change   **Unacceptable telephone manner when dealing with Doctors** | Provide specific evidence of behaviours needing to change   **Uses abrupt language.**  ** Complaint from doctor about being unhelpful.** | Generalise the behaviour patterns that are expected  Professional phone technique.   **Strong customer service skills – no doctor complaints** | Spell out behaviours expected providing detail  **Make these statements of objectives using the SMART (Specific, Measureable, Attainable, Relevant and Timely) approach**   **Uses polite language on the phone.**   **Displays a helpful attitude.** | | Outline actions required to show improvement. This may include specific instructions, learning and development strategies, identifying targets / timeframes for completion of jobs / tasks / projects   **Complete the Learning package provided and undertake formal assessment** | Specify the timeframes for each required action / improvement expected   **1 month** |

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| AGREEMENT  I have discussed the above issue and my responses with my Manager, and I have agreed to further discussions to resolve the matters and to comply with the behaviours expected of me as indicated above. I understand that there is opportunity to discuss this with my Manager at any time.  Signature *(caregiver)*: DATE: Signature *(Manager)*: DATE: |