



Reporting an Incident in Clinical Education Procedure

Reporting an Incident in Clinical Education Procedure V.1.1

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Supporting Process:

- [Student Management and Support Processes](#)
- [MDHS Managing Incidents in Clinical Education Principles](#)
- [MDHS Student Fitness to Practice](#)
- [Sexual Misconduct Prevention and Response Policy](#)

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1. Clinical Education Incidents

An incident is where an event has occurred which results in actual or potential harm. This can be harm to stakeholders involved in clinical education or to the strategic objectives of clinical education. Stakeholders can include student, patients, UoM staff, non-UoM staff that are involved in our clinical education programs and educational settings.

Examples of incidents and some consequences that are applicable and will impact MDHS clinical education:

- Core Business – Operational
 - Natural disasters
 - Loss of practicing licences
 - Pandemics
 - Geopolitical conflict and unrest
- Reputation - Brand Image
 - Negative public & social media attention
- Sustainability
 - Loss of stakeholder relationships
 - Loss of placement agreements
- Workplace health and safety
 - Physical injury
 - Mental Health & Well-being
 - death, serious injury or any threat thereof
 - death of a student
 - prolonged unexplained absence with no contact from student
 - Physical and family violence
 - Sexual assault
 - Ongoing behavioral concerns and fitness to practice
 - Professional misconduct
 - Cultural safety
- Legal & Regulatory – Compliance & Obligatory Requirements
 - Breaches in compliance requirements
 - Policy adherence
 - student behaviour
 - fitness to practice
 - code of conduct)
 - Accreditation
- Financial – Cost Impacts
 - Compensation and/or damage repair costs
 - Fines

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Further details about the principles of responding to an incident in clinical education can be found [here](#).

2. Additional Reporting Requirements

There will be instances where internal and external reporting requirements are required in addition to reporting to CESAR (ie. APHRA). This may not apply to all disciplines in Clinical Education; however it is important to be aware of the additional reporting requirement relevant to the industry the course is educating for. Clear expectations for students is also important to ensure they are aware of their reporting rights, where they may be involved in a reporting process or the process and potential consequences if a report is made against them.

Fitness to Practice, Student Conduct and Professional Behaviour

All Incidents that require reporting due to concerns raised about fitness to practice and student general misconduct should be done in accordance with the relevant policy:

[Student Conduct Policy](#)

[Student Fitness to Practice](#)

[Sexual Misconduct Prevention and Response Policy](#)

Fitness to practice concern means that a student may potentially, or has, breached one or more of the [fitness to practice rules](#).

- *Incidents of this nature rated medium or higher should also be reported to CESAR via the form below.*

Hazards and Occupational Health and Safety

When the incident is directly related to a physical hazard or is an occupational health and safety incident, it needs to be reported to ERMS.

The process for reporting a hazard is found [here](#).

- *Incidents of this nature rated medium or higher should also be reported to CESAR via the form below.*

3. Reporting a Clinical Education Incident

Determine an incident rating, see section 5. and proceed as follows.

Incident Ratings:

Low: Report to line manager. Follow local internal processes for managing incident.

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Medium: Report to line manager, department/team manager and head of department as soon as reasonably possible following the notification of the incident. Follow local internal processes for managing incident. Report to CESAR.

High: Immediately report to line manager, department /team manager, head of department who will advise the head of school. Follow local internal processes. Head of school may delegate or take direct involvement in the remediation actions. Report to CESAR.

Very High: Report to line manager, department manager, head of department and head of school immediately. Head of school to inform Dean (or delegate) within 24 hours. Report to CESAR.

Where there is uncertainty regarding the severity of the incident it is preferable to assume a greater severity rating.

It is essential to notify our partners and external stakeholders when a clinical education incident has occurred at their premises, or if they have direct involvement in the matter.

Process chart for incident ratings and following steps is available in Appendix 1.

4. Reporting an Incident to CESAR

In addition to notifying the relevant staff members within departments and/or schools and any external stakeholders, incidents of a **medium**, **high** or **very high** consequence, should be reported to CESAR. Respect for those involved, privacy and discretion must be applied when reporting all incidents but especially for those more serious in nature.

An online form for reporting incidents to CESAR is available [HERE](#).

What information needs to be collected?

- Time
- Date
- Location
- Summary of Events
- Involved parties

What information needs to be reported?

- Collected information (as above)
- Level of consequence (as per the description matrix in Appendix 1)
- Actions being taken to resolve the incident
- Any recommendations to mitigate the incident reoccurring

When do the various steps need to be completed?

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Medium consequence incidents should be reported as soon as reasonably possible. **High** and **very high** consequence incidents should be reported immediately. **Very high** incidents should be reported to the Dean (or delegate) within 24 hours.

Who does the report go to?

All reports submitted through the form will go to delegated members of the CESAR committee, including the Academic Director and Executive Support.

Role of CESAR committee in management of Clinical Education Incidents

CESAR will:

1. Assess the incident and identify if it as an eventuation of a known risk recorded in the Risk Register.
2. Investigate why controls in place to mitigate such a risk were not effective.
3. Investigate if new controls, or changes to existing controls, are required following investigation of the incident.
4. Communicate with those accountable for controls.
5. If new risks are identified through investigation of the incident, CESAR adds these to the risk register and undertakes, analysis and instigates risk treatments.
6. Report on all incidents 6 monthly through their audit process.
7. The development, implementation, and continuous improvement of incident management processes.
8. Investigation of incidents and sharing of learnings throughout MDHS.
9. Incident analysis and reports on the adequacy and effectiveness of risk management (including internal controls) when incidents have occurred.
10. Integration of clinical education incidents for university reporting.

5. Incident Rating Descriptions

To understand the severity of the incident, the matrix below provides an understanding of the consequences that may be associated.

For the purpose of the matrix:

- Stakeholders include Students, Staff, Patients and Providers

If it is unclear which category the incident belongs to, select the rating based on the most appropriate description with the highest outcome.

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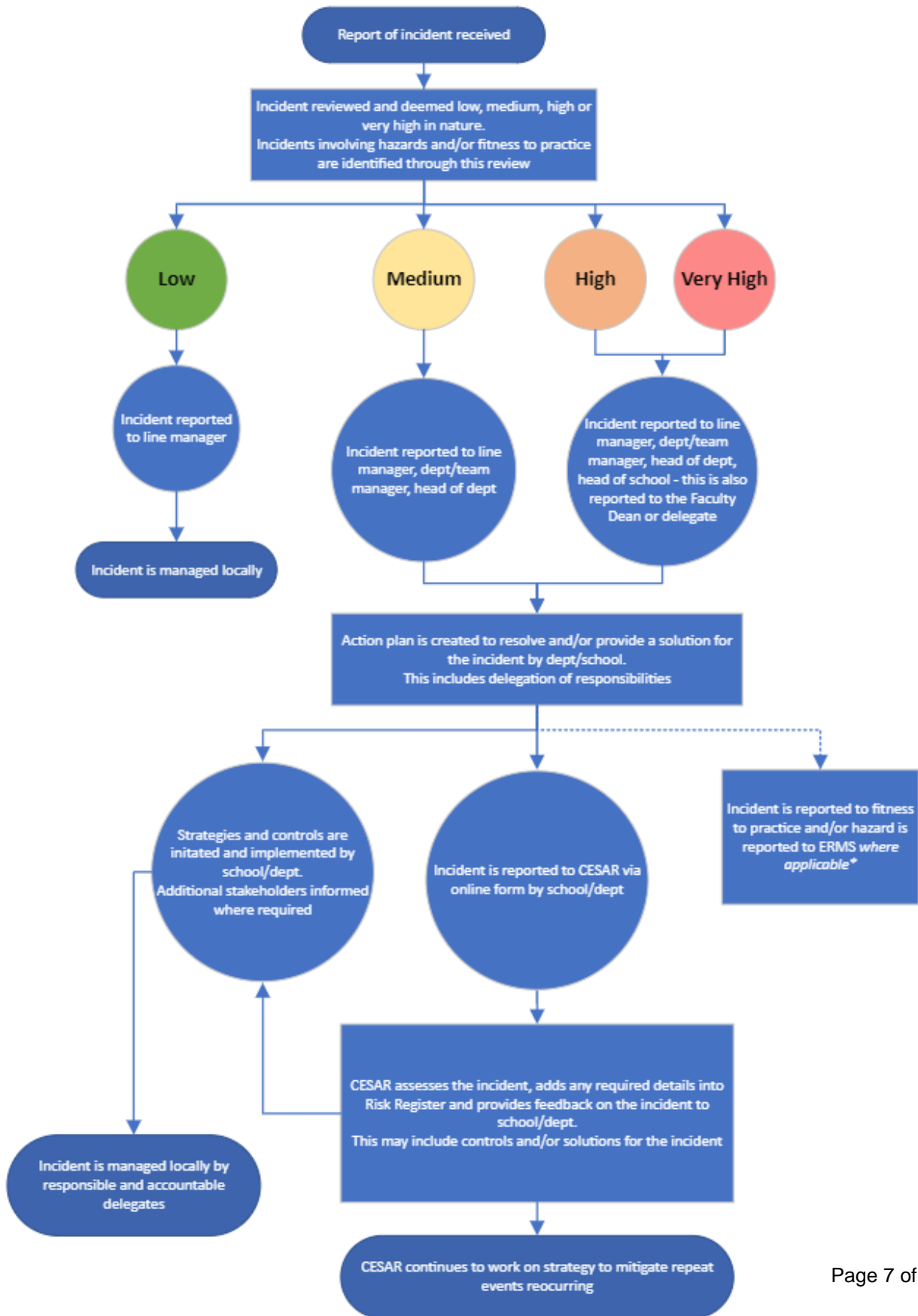
Incident Rating Descriptions:

Ratings >	Insignificant/Minor	Moderate	Major	Severe
Core Business	Operational impact with low level of disruption or cost.	Adverse impact on the delivery of a few key operational elements with minimal impact on the University or sustainability of the established programs	Significant adverse impact on the achievement of operational objectives and affects a few major University strategic priorities. Established programs are less sustainable	Inability to execute the operational requirements and has a substantial, widespread, and/ or sustained impact on the delivery of the University strategy. Established programs are not sustainable Natural disasters Pandemics Geopolitical conflict and unrest
Reputation & Sustainability of Clinical Education	Temporary issue resolved with routine management	Significant damage to our relationships with one or more stakeholders and /or minimal impact on UoM's brand	Damage to a relationship with one or more key stakeholders lasting more than 12 months and/or has a material impact on UoM's brand Noticeable negative social and public media attention Loss of placement providers	Enduring and significant damage to UoM's brand, affecting social license to operate and relationships with multiple key stakeholder groups Widespread negative media public attention Loss of multiple placement providers
Physical Safety	Injuries involving minor first aid or medical treatment	Injuries requiring further treatment or medical treatment	Injuries requiring short-term hospitalisation	Any fatalities and/ or serious permanent injuries Sexual assault Family violence Child abuse Serious permanent injuries
Mental Health and Well Being	Minor impact on stakeholders where some guidance and support are required Providing temporary support Referrals to assistance programs (example: EAP)	A stakeholder requires ongoing treatment to support or monitoring the impact on their mental health and well-being There is a loss in time and/or productivity Student engagement and educational experience has been impacted Negative impacts and threats on Cultural Safety Harassment & Bullying Threats to psychological safety Threats of physical harm	More than one stakeholder requires ongoing treatment to support or monitoring the impact on their mental health and well-being Significant loss of time or productivity Prolonged and unusual absence from a student, especially where there is a milestone event (i.e exam) Prolonged signs of poor mental health or self-harm Threats to cultural safety (FtP committee/misconduct referral) Threats of physical harm (FtP committee/misconduct referral)	Multiple stakeholders require ongoing treatment to support or monitor the impact on their mental health and well-being Stakeholders are unable to continue working with MDHS permanently Death of a student
Legal and Regulatory	Minor non-compliance/ breach Litigation with a no financial cost	Non-compliance/ breach involving investigation, warning, and low-level penalty Policy breaches Fitness to Practice – notification to FtP officer Scope of practice	Significant or multiple non-compliances breaches which may result in financial costs Compensation or damage repair costs Fitness to Practice – referral to committee	Serious non-compliances/ breaches Fines and penalties The loss of license or prohibition to operate Highly complex and protracted litigation Recommendations for termination of any stakeholder UoM accreditation impacts
Rating	Low	Medium	High	Very High

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6. Appendices

Appendix 1. Reporting an incident in clinical education process chart



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Appendix 2: Example of an Incident and Identifying the Rating - Low

<p>Scenario: A first-year student meets with the Year 1 coordinator, feels very stressed and overwhelmed and possibly reporting symptoms of anxiety and depression. Requires ongoing support from Year 1 coordinator and health and well-being practitioner</p>
<p>Determine the Rating</p> <p>Category: Mental Health & Well Being</p> <p>Description most suited:</p> <ul style="list-style-type: none"> ○ Minor impact on stakeholders where some guidance and support are required ○ Providing temporary support ○ Referring to assistance programs <p>Rating: Low</p>
<p>Next Steps</p> <ol style="list-style-type: none"> 1. Report incident to line manager and manage incident locally

Appendix 3: Example of an Incident and Identifying the Rating - Medium

<p>Scenario: A second year student notably underweight is having difficulties meeting course requirements as reported by clinical school and tutors. The student is placed on Professional Behaviour Review that is ongoing and requires student to engage actively with health care. Student has limited insight and refuses to take a long leave of absence and continues with limited physical endurance.</p>
<p>Determine the Rating</p> <p>Category: Mental Health & Well Being</p> <p>Description most suited:</p> <ul style="list-style-type: none"> ○ A stakeholder requires ongoing treatment to support the impact on their mental health and well-being ○ There is a loss in time and/or productivity ○ Student engagement and educational experience has been impacted <p>Rating: Medium</p>
<p>Next Steps:</p> <ol style="list-style-type: none"> 1. Report incident to line manager, team manager, head of department 2. Establish an approach/solution appropriate for the incident and delegate responsibilities

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3. Report to CESAR
4. Implement strategies and solutions for the incident
5. Discuss the incident with CESAR and implement any additional feedback

Appendix 3: Example of an Incident and Identifying the Rating – High & Very High

Scenario: The dean of a clinical school advises us that a second year student has been seen in a hospital ED for attempted suicide, currently well supported and attending placement and tutorials with no issues raised on placement.

Determine the Rating

Category: Mental Health & Well Being

Description most suited:

- More than one stakeholder requires ongoing treatment to support the impact on their mental health and well-being
- Significant loss of time or productivity
- Prolonged and unusual absence from a student, especially where there is a milestone event (ie. exam)
- Prolonged signs of poor mental health or self-harm

Rating: High

Next Steps:

1. Report incident to line manager, team manager, head of department. Head of Department will notify Head of School
2. Establish an approach/solution appropriate for the incident and delegate responsibilities
3. Report to CESAR
4. Implement strategies and solutions for the incident
5. Discuss the incident with CESAR and implement any additional feedback

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VERSION HISTORY

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0.1 Draft	AD CESAR	N/A	N/A	Draft Created
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V.1.1	E. Corallo, Manager EL	05.08.2024	05.08.2024	Updated form link