

MIDWIFERY STUDENT CLINICAL INCIDENT REPORTING FORM

Students are advised to report all non-routine clinical incidents.

Student Name:	
Student ID:	
Date:	
Course Name:	
Current Clinical Placement:	

People present when incident occurred. Please do not refer to individuals by name. Instead use descriptors for other individuals, e.g. use "Birthing Parent" or "Baby", "Midwife or Physician responsible for care":

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Location (e.g. Hospital, Birthing Parent's home):	
Date of Incident:	

Brief factual description of incident. Please provide facts only, without reference to your opinions or conclusions, if any. Please do not refer to client or child by name. Instead use "Birthing Parent" or "Baby":

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Signature:		Date:	
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Send this report without undue delay to: mepadvising@torontomu.ca