

## Student Incident Report Form - Clerkship

### REPORT

#### Student Information

Student Name: \_\_\_\_\_

Student Year: \_\_\_\_\_

Current Rotation: \_\_\_\_\_

Incident Date(s): \_\_\_\_\_

Base Hospital/DME: \_\_\_\_\_

#### Issues Identified (Select all that apply)

- Academic Dishonesty** – This includes, but is not limited to plagiarism; copying exam answers from other students, with or without their knowledge or consent; providing answers to another student; acquiring and using in any way a secured exam answer key; taking an exam on behalf of another student and subsequently submitting it under that student’s name; falsifying academic records, medical records or evaluation forms.
- Disrespect or Inappropriate Care of Patients** - Deliberately acting or permitting others to act in ways which would endanger the life or medical welfare of patients; failure to respect the well-acknowledged rights of patients and families or other caregivers (e.g., the rights of informed consent and confidentiality).
- Disrespect & Inappropriate Interaction with Health Professionals** - Insulting or degrading other students, faculty or health professionals.
- Knowledge of Peer Substance Abuse** – When student becomes aware that a peer has a substance abuse problem or is functioning under the influence of drugs and/or alcohol it is the duty of the student to report it to their superior (e.g. Chief Resident or Attending of service, DME).
- Disrespect for the Law and/or Policy** - Engaging in felonious criminal activity or activity that violates College/hospital policies.
- Violation of the American Osteopathic Association (AOA) Code of Ethics or Institutional Standards of Conduct** - Students shall also be bound by the other precepts of professional behavior contained within the AOA Code of Ethics and the institutions in which they rotate on services.
- Inappropriate or Unprofessional Behavior** - This includes, but is not limited to alcohol and other substance abuse, intoxication, sexual harassment or abuse of others in word or deed.
- Other (please specify)** - \_\_\_\_\_

#### Description of Issue (Please be specific)

Name/Signature of DME \_\_\_\_\_

Date \_\_\_\_\_

Discussed w/Student?

Student Name/Signature \_\_\_\_\_

Date \_\_\_\_\_

**After completion, please email form directly to Dr. Bill Falls: [Bill.Falls@hc.msu.edu](mailto:Bill.Falls@hc.msu.edu)**