Learning Agreement for Traineeship
For a part of the clinical practical year abroad

The Trainee

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| --- | --- | --- | --- |
| Last name (s) |   | First name (s) |   |
| **Date of Birth** |   | **Nationality[[1]](#footnote-1)** |   |
| **Sex (M/F)** |   | **Acádemic year** |   |
| **EQF-Level** | 7 | **Subject area, Code** | 0912 Medicine |
| **Phone** |   | **E-mail** |   |

The Sending Institution

|  |  |
| --- | --- |
| Name | Johannes Kepler Universität Linz |
| **Faculty/Department** | Faculty of Medicine/ International Office |
| **Address** | Altenberger Straße 694040 Linz |
| **Country Code[[2]](#footnote-2)** | Austria, AT |
| **Erasmus code** | A LINZ01 |
| **Contact Person[[3]](#footnote-3)**E-MailPhone | Ms. Esther Wöckingeresther.woeckinger@jku.at+43 732 2468 3207 |

The Receiving Institution

|  |  |
| --- | --- |
| Name |   |
| **Department** |   |
| **Address** |  |
| **Sector** |  Q86.1 Hospital activities | **Private or Public** |   |
| **Country Code3** |   | **Region[[4]](#footnote-4)** |   |
| **Website** |   | **Number of staff[[5]](#footnote-5)** |   |
| **Type of Organisation** |   | **Profit or Non-Profit** |   |
| **Contact Person4**PositionE-MailPhone |     | **Mentor[[6]](#footnote-6)**PositionE-MailPhone |     |

**Section to be completed BEFORE THE MOBILITY**

1. **Proposed Mobility Programme**

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| Planned period of the mobility: from (day/month/year) till (day/month/year)  |
| **Number of working hours per week:** 35 |
| **It is a full time traineeship (mandatory):** Yes |

**Detailed programme of the traineeship period**

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| 1 First Tertial: Module Internal Medicine and Neurology |
| 16 weeks at one of the following departments:[ ] Internal Medicine[ ] Internal Medicine and Gastroenterology and Hepatology[ ] Internal Medicine and Hematology and Internal Oncology[ ] Internal Medicine and Infectiology[ ] Internal Medicine and Cardiology[ ] Internal Medicine and Nephrology[ ] Internal Medicine and Pneumology |
| **OR** |  |
| 8 weeks at one of the following departments: | and 8 weeks at one of the following departments: |
| [ ] Internal Medicine[ ] Internal Medicine and Gastroenterology and Hepatology[ ] Internal Medicine and Hematology and Internal Oncology[ ] Internal Medicine and Infectiology[ ] Internal Medicine and Cardiology[ ] Internal Medicine and Nephrology[ ] Internal Medicine and Pneumology | [ ] Neurology[ ] Internal Medicine and Angiology[ ] Internal Medicine and Endocrinology and Diabetology[ ] Internal Medicine and intensive care[ ] Internal Medicine and Rheumatology |
| **2 Second Tertial: Module Surgery** |
| 16 weeks at one of the following departments:[ ] General and Visceral Surgery[ ] Genaral and Vascular Surgery[ ] Cardiosurgery[ ] Pediatric Surgery[ ] Neurosurgery[ ] Surgery of the Chest[ ] Orthopaedics and Traumatology |
| **OR** |  |
| 8 weeks at one of the following departments:  | and 8 weeks at one of the following departments: |
| [ ] General and Visceral Surgery[ ] General and Vascular Surgery[ ] Cardiosurgery[ ] Paediatric Surgery[ ] Neurosurgery[ ] Surgery of the Chest[ ] Orthopaedics and Traumatology | [ ] Anaesthesiology and Intensive Care[ ] Optometry[ ] Plastic, Reconstructive and Aesthetic Surgery[ ] Gynaecology and Obstetrics[ ] Otolaryngology[ ] Skin and Venereal Diseases[ ] Oral Maxillofacial Surgery[ ] Urology |
| **3 Third Tertial: Module General medicine, Elective Module Pediatric Medicine or Psychiatry and psychotherapeutic medicine, Module elective subjects** |
| **3a Module Primary Health Care (general practitioner)**The module Primary Health Care has to be completed in Austria |
| **3b Elective Module** |
| 4 weeks Paediatric Medicine at one of the following departments:[ ] Paediatric Medicine[ ] Neonatology**OR**4 weeks Psychiatry and psychotherapeutic medicine at one of the following departments:[ ] Psychiatry and Psychotherapeutic Medicine[ ] Child and Adolescent Psychiatry |
| **3c Module Elective subjects**4 weeks at the following department:[ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4 weeks at the following department:[ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Knowledge, skills and competences to be acquired by the trainee at the end of the traineeship:**  |

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| **Monitoring plan**   |

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| **Evaluation plan:**  |

1. **Language Competence of the trainee**

The level[[7]](#footnote-7) of language competence in \_\_\_\_\_\_\_\_ (workplace language) that the trainee already has or agrees to acquire by the start of the mobility period is:

[ ]  A1 [ ]  A2 [ ]  B1 [ ]  B2 [ ]  C1 [ ]  C2

1. **The sending institution**

The traineeship is embedded in the curriculum and upon satisfactory completion of the traineeship, the institution undertakes to:

* Award \_\_\_\_\_ ECTS credits.
* Evaluate the traineeship according to the logbook. [x]  Yes [ ]  No
* Record the traineeship in the trainee’s Transcript of Records. [x]  Yes [ ]  No
* Record the traineeship in the trainee`s Diploma Supplement (or equivalent). [x]  Yes [ ]  No
* Record the traineeship in the trainee`s Europass Mobility Document. [ ]  Yes [x]  No
1. **The receiving institution**
* The trainee will receive a financial support for his/her traineeship: [ ]  Yes [ ]  No
* If yes, amount in EUR/month: \_\_\_\_\_
* The trainee will receive a contribution in kind for his/her traineeship: [ ]  Yes [ ]  No
	+ If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Is the trainee covered by the accident insurance? [ ]  Yes [ ]  No
* If not, please specify whether the trainee is covered by an accident insurance provided by the sending institution? [ ]  Yes [ ]  No
* If yes, please specify if it also covers:
* Accidents during travels made for work purpose: [ ]  Yes [ ]  No
* Accidents on the way to work and back from work: [ ]  Yes [ ]  No
* Is the trainee covered by a liability insurance (covering damages caused by the trainee at the workplace)? [ ]  Yes [ ]  No
* The trainee will be registered as a student at the university of the teaching hospital abroad. [ ]  Yes [ ]  No
* The receiving institution undertakes to ensure that appropriate equipment and support is available to the trainee. [ ]  Yes [ ]  No
* Upon completion of the traineeship, the institution undertakes to issue a Traineeship Certificate to the trainee. [ ]  Yes [ ]  No
1. **Johannes Kepler University of Linz students are entitled to do parts of the clinical practical year abroad if the hospital meets the following criteria:**

**The hospital:**

* The hospital is a University hospital. [ ]  Yes [ ]  No
	+ If yes, Name of the University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* The hospital is a Teaching hospital for a University/a Medical Faculty. [ ]  Yes [ ]  No
	+ If yes, Name of the University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Teachers are registered as medical specialists or are at least in last third of medical speciality training. [ ]  Yes [ ]  No
* The division is qualified to train medical specialists. [ ]  Yes [ ]  No

**Resources, infrastructure:**

* The hospital has wards with inpatient beds. [ ]  Yes [ ]  No
* Coordinators are available for students on short notice. [ ]  Yes [ ]  No
* Students have access to divisions relevant for their clinical practical year. [ ]  Yes [ ]  No
* Students have internet access and access to the library or a study room. [ ]  Yes [ ]  No
* Students are provided with access to necessary IT-systems, changing rooms, meals (at least for the same conditions as local employees) and adequate rooms for night shifts (if applicable). [ ]  Yes [ ]  No

**Supervision of Students:**

* Students have the opportunity to participate in clinical meetings. [ ]  Yes [ ]  No
* Students have the opportunity to supervised patient-care from admission to discharge from the hospital and to write necessary case reports. [ ]  Yes [ ]  No
* Students have the opportunity to work night shifts (optional) [ ]  Yes [ ]  No
* Teachers assess the training success of students, which includes: [ ]  Yes [ ]  No
	+ Regular oral feedback
	+ Regular examinations Mini CEX (Mini-Clinical Evaluation Exercise), DOPS (Direct Observation of Procedural Skills)
	+ Feedback on case reports
	+ Documentation of attendance and absence times as well as confirmation of student’s entries in the logbook.
	+ Confirmation of the Traineeship certificate
1. **Responsible Persons[[8]](#footnote-8)**

|  |
| --- |
| Responsible Person in the sending institution |
| Name | Prim. Univ. Prof. Dr. Franz FellnerPrim. Priv.-Doz. Dr. Bernd Lamprecht |
| Function | Dean |
| Phone | +43 732 2468 3356 |
| E-mail | studiendekan-med@jku.at |

|  |
| --- |
| Responsible Person in the receiving institution |
| Name |   |
| Function |   |
| Phone |   |
| E-mail |   |

1. **Commitment of the three parties**

By signing this document, the trainee, the sending institution and the receiving institution confirm that they approve the proposed Training Agreement and that they will comply with all the arrangements agreed by all parties.

The trainee and receiving institution will communicate to the sending institution any problem or changes regarding the mobility period.

**The trainee**

Date: \_\_\_\_\_\_\_\_\_\_\_ Trainee`s signature

**The sending institution**

Date: \_\_\_\_\_\_\_\_\_\_\_ Responsible person`s stamp and signature

**The receiving institution**

Date: \_\_\_\_\_\_\_\_\_\_\_ Responsible person`s stamp and signature

**Section to be completed DURING THE MOBILITY**

Exceptional Major Changes to the original Learning Agreement

1. **Exceptional Changes to the proposed Mobility Programme**

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| --- |
| Planned period of the mobility: from (day/month/year) till (day/month/year)  |
| **Number of working hours per week:**  |
| **Traineeship title:**  |
| **Detailed programme of the traineeship period:**  |
| **Knowledge, skills and competences to be acquired by the trainee at the end of the traineeship:**  |
| **Monitoring plan:**  |
| **Evaluation plan:**  |

The trainee, the sending institution and the receiving institution confirm that the proposed amendments to the mobility programme are approved.

Approval by e-mail or signature from the trainee, the responsible person in the sending institution and the responsible person in the receiving institution.

1. **Changes in the Responsible Person(s), if any:**

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| --- |
| Responsible Person in the sending institution |
| Name |   |
| Function |   |
| Phone |   |
| E-mail |   |

|  |
| --- |
| Responsible Person in the receiving institution |
| Name |   |
| Function |   |
| Phone |   |
| E-mail |   |

**Section to be completed AFTER THE MOBILITY**

Traineeship Certificate

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| --- |
| **Name of the trainee:**  |

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| **Name of the receiving institution:** |
| **Address of the receiving institution:**Street: City: Country: Phone: E-Mail Address: Website:  |

|  |
| --- |
| **Start and end of the traineeship:**from (day/month/year) till (day/month/year)  |

|  |
| --- |
| **Traineeship title:**  |

|  |
| --- |
| **Detailed program of the traineeship period including tasks carried out by the trainee:**  |

|  |
| --- |
| **Knowledge, skills (intellectual and practical) and competences acquired (learning outcomes achieved):**  |

|  |
| --- |
| **Evaluation of the trainee:**  |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and signature of the responsible person at the receiving institution:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Country to which the person belongs administratively and that issues the ID card and/or passport. [↑](#footnote-ref-1)
2. Refered to ISO 3166-2 country codes [↑](#footnote-ref-2)
3. A person, who can provide administrative information [↑](#footnote-ref-3)
4. <https://www.jku.at/fileadmin/gruppen/50/Dokumente/Austausch/Erasmus_Dictionary.pdf> [↑](#footnote-ref-4)
5. For instance 1-50/ 51-500/ more than 500 employees [↑](#footnote-ref-5)
6. : The role of the mentor is to provide support, encouragement and information to the trainee on the life and experience relative to the enterprise (culture of the enterprise, informal codes and conducts, etc.). The mentor can/should be a different person than the supervisor. [↑](#footnote-ref-6)
7. Common European Framework of Reference for Languages [↑](#footnote-ref-7)
8. A person who has the authority to approve the mobility program of students. [↑](#footnote-ref-8)