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 69  4040 Linz |
| **Country Code[[2]](#footnote-2)** | Austria, AT |
| **Erasmus code** | A LINZ01 |
| **Contact Person[[3]](#footnote-3)**  E-Mail  Phone | Ms. Esther Wöckinger  [esther.woeckinger@jku.at](mailto:esther.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**  Position  E-Mail  Phone |  | **Mentor[[6]](#footnote-6)**  Position  E-Mail  Phone |  |

**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**

|  |  |
| --- | --- |
| 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.  Yes  No
* Record the traineeship in the trainee’s Transcript of Records.  Yes  No
* Record the traineeship in the trainee`s Diploma Supplement (or equivalent).  Yes  No
* Record the traineeship in the trainee`s Europass Mobility Document.  Yes  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 Fellner  Prim. 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)