

Medical University of Vienna

**International Office**

Spitalgasse 23, 1090 Vienna

T: +43 (0)1 40160-21023

internationaloffice@

meduniwien.ac.at

www.meduniwien.ac.at/

internationalmobility

Susanne Flatzbauer

Outgoing Student Mobility

NAME:

VORNAME:

Matrikelnummer:

## ANSUCHEN UM ABSOLVIERUNG EINES AUSLANDS KPJ

KPJ A 16 Wochen

KPJ A1 8 Wochen

KPJ A2 8 Wochen

KPJ B 16 Wochen

KPJ B1 8 Wochen

KPJ B2 8 Wochen

KPJ C 16 Wochen

KPJ C1 8 Wochen

KPJ 2C 8 Wochen

Im Fach laut KPJ-Liste <https://kpj.meduniwien.ac.at>:

von

(tt/mm/JJJJ)

bis:

(tt/mm/JJJJ)

Die Bestätigung des erfolgten Aufenthaltes auf dem einzureichenden Testatblatt darf NICHT vor dem offiziellen Ende datiert sein!

*Dieses Ansuchen ist ELEKTRONISCH AUSGEFÜLLT gemeinsam mit dem nachstehenden von der aufnehmenden Einrichtung zu unterzeichnenden Agreement per Mail, per Einwurf oder zu den Sprechstunden im International Office for Student & Staff Affairs einzureichen!*

## TRAINING AGREEMENT AND QUALITY COMMITMENT

The present agreement regulates the relationship with regard to student work placements between the following parties:

### **Higher Education Institute**

#### **Medical University of Vienna**

whose registered / principal office

is situated at: Spitalgasse 23, A-1090 Vienna/Austria hereinafter

referred to as "**Home Institution**"

and

### **Host Organisation AND Department for:**

whose registered / principal office

is situated at:

represented by:

Teaching hospital of (please list the host university):

hereinafter referred to as "**Host Organisation**"

and

### **The student**

hereinafter referred to as "**Student**".

## I. DETAILS OF THE STUDENT

<b>Name of the student:</b>	
Subject area:	Academic year:
Degree:	
<b>Sending institution: Medical University of Vienna</b>	

## II. DETAILS OF THE PROPOSED TRAINING PROGRAMME ABROAD

<b>Host organisation:</b> Personal supervisor, eventually mentor:
Start and end dates planned for the placement period: from ..... till ..... , that is ..... months.
<b>Tasks and Content:</b> <b>Department for:</b> <b>Knowledge, skills and competences to be acquired:</b> Fulfilment of the learning objectives contained in the enclosed "Austrian Competence Level Catalogue for Medical Skills" (in the scope defined by MedUni Vienna for the relevant subject of the Clinical Practical Year (CPY): <a href="http://bit.ly/2gBkME6">http://bit.ly/2gBkME6</a>
<b>Detailed programme of the training period:</b> Clinical Practical Year students will have the opportunity to participate regularly in the following events: <ul style="list-style-type: none"> <li>• Routine meetings/reviews of an educational nature (morning reviews, ward rounds, radiological reviews, tumor boards, case reviews, midday reviews etc.)</li> <li>• Hospital in-house training and professional development (e.g. intern training, journal clubs, conference reports etc.)</li> </ul>
<b>Tasks of the trainee:</b> <ul style="list-style-type: none"> <li>• Patient case presentations under guidance.</li> <li>• Writing up of case notes/medical reports under guidance.</li> <li>• Performance of state-of-the-art presentations on selected diseases based on specific patients under guidance.</li> <li>• Preparing specific chart requests under guidance.</li> <li>• Writing prescriptions under guidance.</li> <li>• Performance of defined elective tasks (for details see CPY –Skills) under guidance: <a href="http://kpj.meduniwien.ac.at/lerninhalte/ausbildungsplaene/">http://kpj.meduniwien.ac.at/lerninhalte/ausbildungsplaene/</a></li> </ul>
<b>Monitoring and evaluation plan:</b> <ul style="list-style-type: none"> <li>• Performance and assessment of oral examinations (Mini-CEX and DOPS), including feedback</li> <li>• Holding of a personal introductory meeting defining the realisation of a training plan.</li> <li>• Holding of a personal mid-term meeting with the student after 4 or 8 weeks.</li> <li>• Holding of a personal final meeting with the student at the end of the training.</li> <li>• Confirmation of learning objectives achieved in the log book.</li> <li>• Confirmation of learning progress in the portfolio.</li> </ul>

### III. INFORMATION on THE HOST INSTITUTION

The contact person in the host institution is:	
Name:	Function:
Phone number:	E-mail:
Address:	

## QUALITY COMMITMENT

### For student placements

This Quality Commitment replicates the principles of the European Quality Charter for Mobility

#### THE HOME INSTITUTION UNDERTAKES TO:

Define the **learning outcomes** of the placement in terms of the knowledge, skills and competencies to be acquired;

Assist the student in **choosing** the appropriate host organisation, project duration and placement content to achieve these learning outcomes;

**Select** students on the basis of clearly defined and transparent criteria and procedures and agree a **Training Agreement** with each selected student;

Provide **logistical support** to students concerning travel arrangements, visa, accommodation, residence or work permits and social security cover and insurance;

Give **full recognition** to the student for satisfactory completed activities specified in the Training Agreement;

**Evaluate** with each student the personal and professional development achieved through participation in the programme.

#### THE SENDING INSTITUTION<sup>1</sup> AND HOST ORGANISATION JOINTLY UNDERTAKE TO:

Negotiate and agree a tailor-made **Training Agreement** (including the programme of the placement and the recognition arrangements) for each student and the adequate mentoring arrangements;

**Monitor** the progress of the placement and take appropriate action if required.

#### THE HOST ORGANISATION UNDERTAKES TO:

Assign to students **tasks and responsibilities** (as stipulated in the Training Agreement) to match their knowledge, skills, competencies and training objectives and ensure that appropriate equipment and support is available;

Draw a **Training Agreement** for the placement in accordance with the requirements of the national legislation;

**Appoint a mentor** to advise students, help them with their integration in the host environment and monitor their training progress;

#### THE STUDENT UNDERTAKES TO:

Comply with all **arrangements** negotiated for his/her placement and to do his/her best to make the placement a success;

Abide by the **rules and regulations** of the host organisation, its normal working hours, code of conduct and rules of confidentiality;

**Communicate** with the sending institution (home institution or consortium) about any problem or changes regarding the placement;

**Submit a report** in the specified format and any required supporting documents at the end of the placement.

#### IV. COMMITMENT OF THE THREE

By signing this document the student, the sending institution and the host organisation confirm that they will abide by the principles of the Quality Commitment for student placements set out in the document above.

##### The student

Student's signature

..... Date: .....

##### Sending institution

We confirm that this proposed training agreement is approved.

The placement is part of the curricula ☐ Yes ☐ No

On satisfactory completion of the training programme the institution will

☐ award ECTS credits  
and/or

If yes: number of ECTS credits:

9,85 per 8 weeks!

☐ record it in the student's transcript of records.

##### *Sending Institution*

Coordinator's name and function

..... Date and stamp: .....

Signature

##### The host organisation

Name and position of the mentor:

Normal working hours /week (overtime should not be the rule):

The student will receive financial support for his/her placement Yes ☐ No ☐

Is the student covered by the accident insurance of the host organisation (covering at least damages caused to the student at the workplace):

Yes ☐ (optional: accident insurance nr: insurer: ) No ☐

If yes, please specify if it covers also:

- accidents during travels made for work purposes: Yes ☐ No ☐

- accidents on the way to work and back from work: Yes ☐ No ☐

Is the student covered by a liability insurance of the host organisation (covering damages caused by the student at the workplace):

Yes ☐ No ☐

We confirm that this proposed training programme is approved. On completion of the training programme the organisation will issue a certificate (Transcript of Work) to the student.

Coordinator's name and function:

Date and stamp

.....  
Coordinator's signature