



Clerkship Logbook

A grid representing a clerkship logbook. It consists of 6 rows and 2 columns of cells. The cells are colored in a pattern: the top row has a yellow cell in the first column and a grey cell in the second column. The second row has a yellow cell in the first column. The third row has a yellow cell in the second column. The fourth row has a grey cell in the first column and a yellow cell in the second column. The fifth row has a yellow cell in the second column. The sixth row has a red cell in the second column. The grid is bordered by blue lines, and there are green and red horizontal bars at the bottom of each row.

This journal shall be kept by students and shall serve as evidence of the clerkship times and contents as regulated by the University Studies Act and as furthermore defined in the curriculum. The forms included in the journal have to be submitted to the Registration and Examinations Office of the Medical of Vienna after attendance of the clerkship or before registration to the oral comprehensive examination before the committee (Curriculum Art. 7.4.3.1.2 c) the latest. This journal will be adapted in the course of the development of the curriculum.

Medical students rights and responsibilities

The rights and responsibilities of students in training, as well as any liability consequences due lapse are determined by the relevant legal provisions of the respective guest country, where the medical student is doing the clerkship and where the institution is located.

Legal insurance situation:

The Austrian University has taken out an accident and liability insurance policy for all the members of the university. On principle all students are included in this insurance, who have been admitted to study or who have registered to continue their studies.

The insurance coverage of the liability insurance policy is explicitly for the “personal, incumbent liability as in civil law regarding injury to persons and damage to property, which can arise from the dangers in daily life” of the students and which, among other things could occur “during the performance of activities such as practical studies and medical practice (which are designated by law, decree, curriculum) in all the countries of the European Union, up to an insured amount of €363.365 per liability.

However, the insurance coverage is only effective, if and in so far as, the insured person in an insurance case cannot claim the insurance benefit from another liability insurance (subsidiary clause). In view of the applicable liability insurance for all students taken out by the Austrian University, there is no need for medical students to take out a private liability insurance policy.

The same applies to accident insurance, as the Austrian University insurance covers all accidents, which could occur “during the performance of activities such as practical studies and medical practice (which are designated by law, decree, curriculum) in all the countries of the European Union.

Furthermore, all students are part insured under the existing regulations of § 8 Abs. 1 Z 3 lit i ASVG of the lawful ASVG accident insurance.

If the medical practice is absolved in a country outside the European Union, then it is urgently recommended to take out an independent, personal accident and liability insurance policy.

Dr. Markus Grimm
Medical Faculty of the University of Vienna

3. Forms

Clerkship Certificate

M(r)s. / Mr.

First name

Last name

Registration number

Born on

____/____/____
Day Month Year

Has performed a clerkship in _____
Clinical subject

from

____/____/20____
Day Month Year

to

____/____/20____
Day Month Year

in:

Name of institution (hospital + department)

Contact address, phone, email

Head of institution (department/division)

Name of supervisor

The student has completed the clerkship with/without success.

Additional remarks:

Head of Department:

Seal

Date, Name, Signature

Logbook

Week from ___/___/20___ to ___/___/20___
Day Month Year Day Month Year

Date	Department/ Division	Tasks	Observed diseases	Seminars (optional)
___/___ <small>Day Month</small>				
Additional remarks - Reflexions:				
___/___ <small>Day Month</small>				
Additional remarks - Reflexions:				
___/___ <small>Day Month</small>				
Additional remarks - Reflexions:				
___/___ <small>Day Month</small>				
Additional remarks - Reflexions:				
___/___ <small>Day Month</small>				
Additional remarks - Reflexions:				

Signature of the supervisor

Seal

Night-, Weekend Duties (optional)

Date	Department/ Division	Tasks	Observed diseases
<div style="text-align: center;"> ____ / ____ Day Month </div>			
Additional remarks - Reflexions:			

Date	Department/ Division	Tasks	Observed diseases
<div style="text-align: center;"> ____ / ____ Day Month </div>			
Additional remarks - Reflexions:			

Date	Department/ Division	Tasks	Observed diseases
<div style="text-align: center;"> ____ / ____ Day Month </div>			
Additional remarks - Reflexions:			

Signature of the supervisor

Seal

4. Evaluation Forms

(see Word-Documents „Clerkship Questionnaire for Students.doc“ and „Clerkship Questionnaire for Supervisors.doc)