

20 October 2020

# SDU Agreement for: Graduate clinical training abroad K4 or K7

The University of Southern Denmark, The Faculty of Health Sciences | MSc in Medicine Program

Fill out the information below confirming that the department (mentioned by name) and the student (mentioned by name) have agreed on the following terms for an unpaid clinical training period.

# Information

Student name and e-mail	[Name] [E-mail]
Semester abroad	[K4] [K7]
Clinic type	"[Type of clinic]"
Clinical training period	[DD-MM-YYYY] to [DD-MM-YYYY]
Number of clinical training weeks (max. 6 weeks)	[Weeks]
Clinical advisor	[Name] [Title]
Name of hospital and department/ward	[Hospital] [Department/Ward]
Address and country	[Address] [Country]
Working hours pr. week	"[Hours pr. week]"

### Learning Objectives

#### During the clinical training period, the clinical advisor assesses the student's ability to:

- 1. display professional behavior
- 2. under guidance take medical responsibility for one or more patients
- 3. on a basic level record anamnesis, perform an objective examination, assess para-clinical results and write a medical record
- 4. draw up a relevant examination- and treatment plan and assess possible differential diagnoses.
- 5. present a patient's problem clearly and precisely both orally and in writing.
- 6. master the basic skills and procedures most often used at the hospital ward/clinic.
- 7. interact with patients, relatives and colleagues in a respectful and considerate manner.
- 8. participate in teamwork with colleagues and other staff groups.
- 9. make ethical reflections on everyday clinical life.
- 10. reflect upon his or her own medical and interpersonal ability and competence.
- 11. focus on patient safety and quality in the clinical work

### Student portfolio

Upon completion of the clinical training period, the clinical advisor evaluates the student's performance on the above-mentioned Learning Objectives by filling out a student portfolio. The portfolio must be signed by

the clinical advisor as it serves as documentation and is essential for the student's subsequent ability to earn credits (ECTS) for the training period.



# Teaching form and placement

*Teaching form:* A clinical advisor will be attached to the student for the duration of the training period.

*Placement requirements:* Clinical training at hospitals, health clinics or similar attached to a a) university or b) with an educational infrastructure that provides teaching and competences of the highest standard for medical students.

#### Insurance

The student is responsible for taking out an insurance scheme that adequately covers the internship period and lives up to the clinic's insurance requirements, e.g. public liability, professional indemnity/medical malpractice and/or personal accident insurance.

### **Special conditions**

Describe any special conditions applicable to the clinical training such as confidentiality, show of proof of required vaccinations, insurance, etc.

## Documentation

By signing this agreement, I hereby attest that [insert name of clinical advisor] will make sure that [student name] will be assessed and evaluated in accordance with the Learning Objectives stated in this agreement. Upon completion of the clinical practice, [insert name of clinical advisor] will provide [student name] with a filled-out and signed student portfolio.

By signing this agreement, I also confirm that *[insert name of hospital/department]* is a) affiliated to a university hospital or b) has an educational infrastructure that provides teaching and competences of the highest standard for medical students.



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Clinical adviser, date

Student name, date