**The Student**

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| --- | --- | --- | --- |
| Last name (s) |  | First name (s) |  |
| Date of birth |  | Nationality1 |  |
| Sex [*M/F*] | Choose an item | Academic year |  |
| Study cycle | Single cycle | Field of education | MEDICINE  Isced 0912 |
| E-mail campus | | Matriculation number | |

**The Sending Institution**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | University of Milano-Bicocca | | Erasmus code | | I MILANO 16 |
| Department | Medicine and Surgery | Degree | | Medicine and Surgery | |
| Address | Piazza Ateneo Nuovo 1,  20126 Milano | Country | | Italy | |
| Contact  person  and  position | Prof. Marco Domenico Parenti, Coordinator of International Mobility School of Medicine | e-mail / phone | | [marco.parenti@unimib.it](mailto:marco.parenti@unimib.it) /  0039-02-6448 8202 | |

**The Receiving Institution**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | | | | |
| Department  (if applicable) |  | | Erasmus code  (if applicable) | |  |
| Size | Choose an item | | | | |
| Address,  web site |  | Country | |  | |
| Contact  person name  and position |  | e-mail /  phone | |  | |

#### **BEFORE THE MOBILITY**

#### **TABLE A. Mobility project at the Receiving Organisation**

|  |
| --- |
| **Planned period of the mobility:**  from Choose the date to Choose the date |
| **Number of working hours per week:**  *(The practical training must correspond to* *at least 100 hours of professionalizing teaching activity and no more than 25 hours of individual study)* |
| **Traineeship title:**  **Medical and/or Surgical clerkship(s) for the Italian Medical Licensure** |
| **Detailed programme of the traineeship:**  According to the article 3 of Health Ministerial Decree (May 9, 2018 no. 58) the Medical and/or Surgical clerkship(s) required for the Italian Medical Licensure will be aimed at ascertaining the student’s abilities related to knowing ‘how to do’ and ‘how to be’ a physician. This consists in applying biomedical and clinical knowledge to the medical practice, resolving ethical issues, demonstrating attitude to solve clinical problems related to the areas of Medicine and Surgery and related specialties, laboratory and instrumental diagnostics and public health, and to apply the principles of good and clear communication.  Specifically:  - during the **Medical Clerkship**, I shall assist to rounds in the ward with medical staff; will undertake patient’s physical and neurological examinations; will help filling and updating the electronic health records for all incoming and outgoing patients; will report EKGs. Moreover, I shall learn how to assess and manage patients together with other members of the medical team, such as nurses, physicians, and specialists. Furthermore, I will have the opportunity to apply interview techniques and to carry out critical reasoning in relation to laboratory tests.  - During the **Surgical Clerkship**, I shall get involved in the management of patients before and after the surgery, and have the chance to take part to surgical interventions, and performing basic surgical procedures. I will consolidate and improve the skills required to undertake physical examination of the whole body, especially the abdomen, and to execute proper maneuvers to detect phlogistic signs.  **I shall perform the Medical and/or Surgical clerkship(s) in the ward(s) of**      **of the hospital:**  *(complete with specific information on reference ward and integrate the description of clerkship(s) if necessary)* |
| **Knowledge, skills and competences to be acquired by the end of the traineeship**  **(expected Learning Outcomes):**  The traineeship will be aimed at increasing the awareness and professional identity required during attendance of hospital wards. More specifically, the traineeship will allow to acquire; personal clinical skills, in regard to both scientific knowledge and evidence; proper communication skills; correct clinical reasoning skills; the right care of the patients; the commitment to honesty, integrity and enthusiasm in the practice of medicine; the ability to relate to the various professional figures who take active part in the care team; the commitment to achieve excellence in the medical practice**.**  *(complete with additional description if necessary)* |
| **Monitoring plan:**  The trainee has a practical training **Booklet for the Evaluation of Medical Students for Medical and Surgical Clerkships**. In the Booklet the days and times of the ward attendance will be noted, describing the activities carried out and describing the underlying ideas on what has been done and observed. The Booklet will be countersigned by the Ward Tutor and by the Tutor Coordinator. The trainee will declare that he has received an ongoing opinion from the Ward Tutor about the progress made during the clerkship, signing the appropriate spaces in the Booklet. The Ward Tutor will provide information to the trainee on the attendance itself, highlighting all non-positive feedback(s), in order to improve the performance during the period of training. |
| **Evaluation plan:**  The principles that must inspire the criteria of the evaluation of “how to do” and “how to be" are aimed at characterizing the level of maturation and awareness of the trainee, both in the field of their clinical skills, both as regards the increase of personal skills. These principles inspire the evaluation grid present in the Booklet**.**  The practical training certification of attendance and evaluation is under the direct responsibility of the Ward Tutor, who will fill in the Booklet(s) certifying the hours of student’s attendance in the ward(s), and the activities performed during the clerkship(s), and will give an EVALUATION with the corresponding marks: A: Excellent; B: Very good; C: Good; D: Satisfactory; E: Sufficient; F: Insufficient; to all items listed in the Booklet. |

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| The level of **language competence**\* in indicate here the main language of work that the trainee already has or agrees to acquire by the start of the mobility period is:  Choose the level |

#### *\*Level of language competence: a description of the European Language Levels (CEFR) is available at:* [*https://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr*](https://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr)

#### **TABLE B. Sending Institution**

There are two different provisions for Extra UE traineeships: 1. Traineeships embedded in the curriculum (including clinical clerkship(s) for the Medical License); 2. Voluntary traineeships (not obligatory for the Medical Degree).

*Please check the first box if you plan to only perform the clinical clerkship(s) for the Medical License during the mobility or the second if you plan to perform both clinical clerkship(s) and additional voluntary activities (the sum of both ECTS credits must be indicated)*

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| The traineeship is **embedded in the curriculum** and upon satisfactory completion of the traineeship, the Institution undertakes to:   * Award enter the number of credits ECTS credits (or equivalent). * Give a grade to all items listed in Booklets for the Evaluation of Medical Students for Medical and Surgical Clerkships **Yes** * Record the traineeship in the trainee's Transcript of Records and Diploma Supplement (or equivalent) **Yes** * Record the traineeship in the trainee's Europass Mobility Document **No** |

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| The traineeship is **voluntary** and upon satisfactory completion of the traineeship, the Institution undertakes to:   * Award ECTS credits: Choose an item If yes, please indicate the number of ECTS credits: enter the number of credits * Give a grade: Choose an item   If yes, please indicate if this will be based on:  Traineeship certificate Final report **Yes**, Interview **No**   * Record the traineeship in the trainee's Transcript of Records **No** * Record the traineeship in the trainee's Diploma Supplement **Yes** * Record the traineeship in the trainee's Europass Mobility Document **No** |

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| The Sending Institution will provide an accident insurance to the trainee (if not provided by the Receiving Institution): **Yes**  The accident insurance covers:  - accidents during travels made for work purposes: **Yes**  - accidents on the way to work and back from work: **Yes**  The Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Institution)? **Yes** |

#### **TABLE C. Receiving Institution**

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| The Receiving Institution will provide financial support to the trainee for the traineeship: Choose an item  If yes, amount: enter €/month  The Receiving Institution will provide a contribution in kind to the trainee for the traineeship: Choose an item If yes, please specify: Specify here  The Receiving Institution will provide an accident insurance to the trainee (if not provided by the Sending Institution): Choose an item  The accident insurance covers:  - accidents during travels made for work purposes: Choose an item  - accidents on the way to work and back from work: Choose an item  The Receiving Institution will provide a liability insurance to the trainee (if not provided by the Sending Institution): Choose an item  The Receiving Institution will provide appropriate support and equipment to the trainee.  Upon completion of the traineeship, the Receiving Institution will issue a Traineeship Certificate *(see AFTER MOBILITY)* and the completed Booklet(s) for the Evaluation of Medical Students for Medical and/or Surgical Clerkships within 5 weeks after the end of the traineeship. |

By signing this document, the trainee, the Sending Institution and the Receiving Organisation confirm that they approve the Learning Agreement and that they will comply with all the arrangements agreed by all parties. The Receiving Organisation ensures the truthfulness of what certified in the Booklet for the Evaluation of Medical Students for Medical and Surgical Clerkships. The trainee and Receiving Organisation will communicate to the Sending Institution any problem or changes regarding the traineeship period.

#### **COMMITMENT**

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| --- |
| **Trainee**  Name:  E-mail:  Signature  Date:Choose the date |

|  |
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| **Responsible person at the Sending Institution**  Name: Prof. Marco Domenico Parenti  Position: Coordinator of International Mobility School of Medicine and Surgery  E-mail: marco.parenti@unimib.it  Signature  Date:Choose the date |

|  |
| --- |
| **Coordinating Tutor at the Receiving Institution**  Name:  Position:  E-mail:  Signature  Date:Choose the date |

**DURING THE MOBILITY**

#### **TABLE A2. Exceptional Changes to the Mobility project at the Receiving Institution. Any changes to the Traineeship Programme must comply with the provisions of the Health Ministerial Decree (May 9, 2018 n.58)** *(to be approved by e-mail or signature by the student, the contact person in the Sending Institution and the contact person in the Receiving Organisation)*

|  |
| --- |
| **Planned period of the mobility**  from Choose the date till Choose the date |
| **Number of working hours per week:** |
| **Traineeship title:** |
| **Detailed programme of the traineeship period:** |
| **Knowledge, skills and competences to be acquired by the end of the traineeship (expected learning outcomes):** |
| **Monitoring plan** |
| **Evaluation plan** |

|  |
| --- |
| **Trainee**  Name:  E-mail:  Signature or approval by e-mail  Date: Choose the date |

|  |
| --- |
| **Responsible person at the Sending Institution**  Name: Prof. Marco Domenico Parenti  Position: Coordinator of international Mobility School of Medicine and Surgery  E-mail: marco.parenti@unimib.it  Signature or approval by e-mail  Date: Choose the date |

|  |
| --- |
| **Coordinating Tutor at the Receiving Institution**  Name:  Position:  Email:  Signature or approval by e-mail  Date: Choose the date |

**AFTER THE MOBILITY**

**TABLE D. Traineeship Certificate by the Receiving Institution**

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| **Name of the trainee:** |

|  |
| --- |
| **Name of the Receiving Institution:** |

|  |
| --- |
| **Sector of the Receiving Institution:** |
| **Address of the Receiving Institution** street, city, country, phone, e-mail address**, website:** |
| **Start date and end date of the traineeship:**  from Choose the date to Choose the date |
| **Traineeship title:** |
| **Detailed programme of the traineeship period including tasks carried out by the trainee:**  *Please see the attached Booklet for the Evaluation of Medical Students MEDICAL and/or SURGICAL clerkship(s)* |
| **Knowledge, skills (intellectual and practical) and competences acquired (achieved Learning Outcomes):**  Please see the attached booklet for evaluation of medical students MEDICAL and/or SURGICAL clerkship(s) |
| **Evaluation of the trainee:**  *Please see the attached Booklet for the Evaluation of Medical Students MEDICAL and/or SURGICAL clerkship(s)* |

|  |  |
| --- | --- |
| **Coordinating Tutor at the Receiving Institution:**  Name:  Position:  Phone number:  E-mail:  Signature: | **Stamp:** |

**The Trainee**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name |  | First name |  |
| Date of birth |  | Nationality |  |
| E-mail campus | | Matriculation number | |

**The Sending Institution**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | UNIVERSITY OF MILANO - BICOCCA | Erasmus code | | I MILANO 16 |
| Address | Piazza Ateneo Nuovo 1  20126 Milano Italy | Country | ITALY | |
| Contact  person |  | e-mail |  | |

**The Receiving Organisation/Enterprise**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Department  (if applicable) |  | Erasmus code  (if applicable) |  |
| Address,  web site |  | Country |  |
| Contact person  Name, position |  | e-mail /  phone |  |

By signing this "Addendum", which is an integral part of the Learning Agreement for…………the parties declare the following:

* The Receiving Institution declares that it has adopted a protocol for the containment of the coronavirus (Covid-19) infection and informs the trainee about this protocol;
* The Receiving Institution is responsible for the correct application of the protocols issued by its competent authorities to protect the trainee's health and safety from coronavirus infection;
* The Receiving Institution commits to inform the trainee of any preventive and safeguarding measures for public health and personal safety required by the state in which the Receiving Institution is located;
* The Receiving Institution, in case of need, commits to provide, where possible, smart working;
* The Receiving Institution commits to immediately notify the trainee of the adoption of more restrictive measures to deal with the coronavirus (Covid-19) infection throughout the Erasmus Traineeship/ Exchange Extra UE;
* The Receiving Institution commits to immediately communicate to the Sending Institution any inappropriate behaviours by the trainee;
* The Trainee commits to respect the protocol and every preventive measure and to safeguard the public health and personal safety required by the destination and the foreign state of which he/she is a guest;
* The trainee is aware that if he/she does not comply with the indicated prevention measures or adopts inappropriate and dangerous sanitary behaviours, he/she will be held personally responsible for the damage caused to him/herself or to others.
* The Sending Institution commits to immediately warn the student who has adopted inappropriate or dangerous behaviours for public health or personal safety and if necessary to recall the trainee back to Italy;
* The Sending and the Receiving Institution commits to provide assistance to the student in the event of an emergency that leads to the blocking of activities and the suspension of departures.

**COMMITMENT**

|  |
| --- |
| **Trainee**  Name:  Trainee’s signature  Date: |

|  |
| --- |
| **Responsible person at the Sending Institution**  Name:  Responsible person’s signature  Date: |

|  |
| --- |
| **Supervisor at the Receiving Organisation/Enterprise**  Name:  Supervisor’s signature  Date: |