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**TRAINING AGREEMENT and QUALITY COMMITMENT LEONARDO DA VINCI PROGRAMME**

**I. DETAILS ON THE PARTICIPANT**

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| **Name of the participant:** Dr. Judit Reka Hetthessy  **Field of vocational education:** Hand Surgery  **Sending institution (name, address):** Department of Hand Surgery, Trauma Center Péterfy Sándor Hospital, 1081 Fiumei út 17. Budapest, Hungary  **Contact person (name, function, e-mail, tel):** Dr. György Vereb, coordinator, *e-mail:* erasmus@med.unideb.hu, *tel:* (36) 52-258-011 |

**II. DETAILS OF THE PROPOSED TRAINING PROGRAMME ABROAD**

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| **Receiving organisation (name, address**):  Department of Plastic and Hand Surgery  Orthopaedic Clinic, Markgröningen (Stuttgart)  Markgröningen, Germany Kurt-Lindemann-Weg10 71706 Markgröningen Telefon 07145 91-0 Telefax 07145 91-53900  **Contact Person (name, function, e-mail, tel, fax):**  Chefarzt Professor Dr. Max Haerle  Head of Department, Plastic and Hand Surgery, Orthopedic Clinic, Markgröningen (Stuttgart)  Telefon 07145 91-0 Telefax 07145 91-53900 |
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| **Planned dates of start and end of the placement period:** 2013.10.14.-2014.01.05. |

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| - **Knowledge, skills and competence to be acquired:**  - Evaluating patient symptoms, and implementing physical examination appropriate for the given clinical situation of a hand surgical patient  - Implementing and evaluating X-rays, CT, MRI, US and nerve conduction investigations.  - Evaluating acute, chronic, degenerative, infectious, neurological, vascular, timorous diseases of the hand based on knowledge gained from the clinical decision making process of experienced hand surgeons  - Choosing the most appropriate treatment methods for the individual, involving conservative, and surgical treatment  - Hands-on experience with procedures performed in the Department, with emphasis on procedures not routinely performed at home Institution – arthroscopic diagnostics, and treatment of degenerative, a trauma-related conditions of the hand and wrist, management of soft tissue injuries with regional or distant flaps, experience with implants not routinely used in home Institution – prostheses of the small joint, the basal joint, the wrist and the elbow, implant used for partial fusion of the carpal bones  - Implementing up-to date post-operative treatment regimes.  - Incorporating the use of up-to- date fixation and splinting devices into post-operative care, or conservative treatment |
| - **Detailed programme of the training period:**  - 50% observing assisting in the daily hand surgical operative procedures  - 30% taking part in the out-patient clinic  - 20% taking part in the hand surgical on-call duties, observing/assisting in acute procedures |
| - **Tasks of the trainee:**  - Taking part in the daily routine of the department.  - Observing/assisting in hand surgical procedure.  - Observing/assisting in plastic surgical procedures  - Observing/assisting in on call duties/procedures  - Helping the daily work of the staff |
| - **Monitoring and Mentoring of the participant:**   * Home tutor revises work plan, host mentor provides daily supervision and consultation possibilities. * Participant writes up a daily training log which is supervised and countersigned by the host mentor. |
| - **Evaluation and Validation of the training placement:**  Evaluation and completion certificate will be issued by Mentor at the end of the training period. |

**III. COMMITMENT OF THE THREE PARTIES**

**By signing this document, the participant, the sending institution and the receiving organisation confirm that they will abide by the principles of the Quality Commitment for Leonardo da Vinci training placements attached below.**

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| **THE PARTICIPANT**  Participant’s signature  ........................................................................... Date: |

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| **THE SENDING INSTITUTION**  We confirm that this proposed training programme agreement is approved.  On completion of the placement the sending institution will acknowledge the training as part of the postgraduate vocational education programme of the participant, based on the preliminary approval of the person(s) responsible for the postgraduate education of the participant. | |
| Coordinator’s signature  ............................................................................. | Date: ................................................................... |

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| **THE RECEIVING ORGANISATION**  We confirm that this proposed training programme is approved.  On completion of the training programme the organisation will issue a “Certificate of Completion” to the participant | |
| Coordinator’s signature  .............................................................................. | Date: ................................................................... |

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**Leonardo da Vinci Mobility - Quality Commitment**

**for the management of the placements within the „Resident mobility Programme” coordinated by Semmelweis University**

**The sending/coordinating organizations undertake to:**

**Define** specific sections of medicine for which external training periods are profitable. Define placement objectives in terms of the skills and competencies to be developed.

**Select** the partner institutes and determine the duration of the training period to guarantee most effectively the achievement of the objectives.

**Propose** a detailed programme for the training period based on the professional requirements of beneficiary and the opinion of the Vocational Training Committee of the sending country.

**Evaluate** applications and select beneficiaries on the basis of a predetermined, clearly defined, transparent criteria, including professional eligibility and language skills.

**Establish** a contract including a training agreement whose contents are transparent for all parties involved.

**Evaluate** - together with the trainees - the benefits, the personal and the professional development achieved through participation in the Leonardo programme.

**The host organization undertakes to:**

**Introduce** the conventions of the host country to the beneficiary and foster understanding of the culture and mentality.

**Judge** the abilities of the beneficiaries and assign them tasks and responsibilities to match their knowledge, skills, competences and training objectives.

**Ensure** appropriate working conditions and that necessary equipments are available.

**Provide** practical support if required.

**Identify** a mentor and/or tutor who is involved in the preparation of the training programme, monitors the beneficiary’s progress and certifies the completion of the training period.

**Ensure** possibility of regular communication with sending country’s project coordinator.

**Check** in case necessary insurance cover for the beneficiary is available (chamber registry, liability insurance where appropriate).

T**he sending and the host organizations jointly undertake to:**

**Negotiate** a detailed programme for the training period with regard to local professional opportunities and the specific requirements of the beneficiary. The training programme should be determined in accordance with the Vocational Training Committee’s educational requirements in the sending country to ensure the recognition of the gained knowledge and qualifications.

**Agree** that the mentor and the coordinator communicate regularly to evaluate the progress of the project and to make necessary interventions. The mentor certifies the completion of the training period detailing the knowledge, skills and competencies gained by the beneficiary. The mentor immediately connects the coordinator in case of extraordinary event and jointly take appropriate action.

**Agree** on the main form of communication as emailing. Exceptions are the official letter of intent, the training agreement (original signature, surface mail) and the certification of completion (delivered by the beneficiary).

**The participant undertakes to:**

**Comply** with all agreements negotiated for his/her placement by host and sending institute.

**Comply** with the laws and regulations of host country related to providing medical service.

**Abide** by the rules of the host organization, its working hours, code of conduct and rules of confidentiality.

**Do his/her best** to make the placement a success.

**Communicate** with the sending/coordinating organization about any problem or changes regarding the placement.

**Present** a certification of completion to the project coordinator at the end of the placement signed by the mentor.

**Submit** reports in the specified format at the end of the placement.

*TO BE COMPLETED AT THE END OF THE TRAINING PERIOD*

*Letterhead of the host institute*

**Certificate of Completion**

**Leonardo da Vinci Mobility**

This is to certify that *(name of beneficiary)* has completed a vocational training period supported by Leonardo Mobility Programme at *(name of host institue)* from to *(start and end date of placement)*.

The trainee has performed the activities described in the training agreement defined prior to the training period:

The beneficiary participated in the following activities during the placement:



The following tasks were completed, improvement achieved:



He/She participated at the regular events of the host institute such as



Qualification of the participant with special respect to improvements during the training period



*place and date*

*Name and signature of mentor*