**STUDENT PORTFOLIO**

The Faculty of Health Sciences

Education & Quality

J.B. Winsløwsvej 19, 3. sal

5000 Odense C

Phone: +45 6550 9679

Mail: StudyAbroad@health.sdu.dk

Web: [www.sdu.dk/health](http://www.sdu.dk/health)

**5th SEMESTER GRADUATE CLINICAL TRAINING**

**Confirm the type of Clinical Training below (with a X)**

6 weeks elective clinical practice training (10 ECTS)

**Address where Clinical Training has taken place:**

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE! This is a mandatory exam document that the student must submit to the Registration & Legality office at the University of Southern Denmark upon completion of the Clinical Training. This document ensures that the student can receive a credit transfer for the completed Clinical Training activity.

NOTE! In order to pass the Clinical Practice, the student must pass 3 out of 4 Learning Objectives and Learning Objective 1 must always be included as one of the 8.

| **Student’s name** |  |
| --- | --- |
| **Date of birth** |  |
| **Semester** |  |

| **That the student is able to,** | **Weeks/year** | |
| --- | --- | --- |
| 1. Identify and present a medical problem, make a tentative diagnosis and differential diagnoses in the clinical setting of the hospital department in the host country. | Fail | Pass |
|  |  |
| 1. Be able to use acquired knowledge, curative and preventive medical skills in the host country context. | Fail | Pass |
|  |  |
| 1. Collaborate with colleagues and people from other professions cutting across differences in ethnicity, culture, religion and language. | Fail | Pass |
|  |  |
| 1. Demonstrate professional behavior and sensitivity in the relationship with patients and interaction with local customs. | Fail | Pass |
|  |  |
| **SUPPLEMENTARY COMMENTS** (OPTIONAL) | | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature – clinical associate professor/clinical adviser/clinical tutor (incl. stamp)