

# **Clinical mentor agreement**

Master of Science in Advanced Practice **(Midwifery)**

Dear Course Director,

Student Name (PRINT NAME):

Organisation:

I am agreeing to support the above student as clinical mentor for the Master of Science in Advanced Practice (Midwifery). I understand that this support includes the following (please tick  all that apply):

* Support opportunities for the student to practice examination of patients/women for

NM6002 Advanced Health Assessment.

* Provide clinical supervision and complete competence assessment for Clinical Practicum in Nursing/Midwifery Prescribing 1& 2.
* Support opportunities for clinical teaching and learning for NM6003 Advanced Practice Clinical Practicum (Midwifery) 1, NM6004 Advanced Practice Clinical Practicum (Midwifery) 2.
* Oversee competence assessment completion for NM6003 Advanced Practice Clinical Practicum (Midwifery) 1, NM6004 Advanced Practice Clinical Practicum (Midwifery) 2.
* Assist the student in meeting and modifying clinical learning objectives.
* Collaborate with the student to identify clinical experiences appropriate to objectives.
* Provide and document timely and necessary feedback to the student.
* Communicate with the Course Director as required during the course.
* Support AMP role development.

Yours sincerely,

Signature PRINT NAME

Job Title: Date: \_/\_\_/\_\_