**Emergency Department Mentor (EDM) Agreement Form**

Name of Medical Practitioner

General Medical Council reference number

Qualification

Work Address\_

Contact Tel No

Email address

Please supply the following information:

Please tick the appropriate boxes.

I am a registered medical practitioner who has had at least 3 years medical, treatment and prescribing responsibility for a group of patient/clients in the field of practice that the applicant will prescribe.

Yes No

I have the support of the employing organisation to act as the emergency department mentor who will provide supervision, support and opportunities to develop competence in advanced clinical skills

Yes No

I have some experience or training in teaching and/or supervision in practice.

Yes No

**Competencies for emergency department mentor:**

Your role as an EDM will require you to effectively undertake the following:

Establishing a learning contract with the student

Planning a learning programme which will provide the opportunity for the student to meet their learning objectives and gain competency in advanced clinical skills

Facilitating learning by encouraging critical thinking and reflection and promoting integration of theory into practice

Providing dedicated time and opportunities for the student to observe how the EDM conducts a consultation and develops a management plan

Allowing opportunities for the student to carry out consultations, clinical examinations and suggest clinical management options, which are then discussed with the EDM

Taking opportunities to allow in‐depth discussion and analysis of clinical management using a random case analysis approach, when patient care and clinical assessment can be examined further

Ensuing there are sufficient learning resources to support evidence based practice

Assessing and verifying that, by the end of the programme, the student is competent to assume the advanced clinical skills role.

**EDM training session**

A requirement of the course is that you undertake a training session to familiarise you with the course and your roles and responsibilities to the student. This will be administered online at the start of the course and the programme team will contact you to arrange this.

**EDM Statement**

I confirm that I am able to carry out the role of emergency department mentor and can demonstrate the competencies required to undertake the role of EDM. I confirm that I have agreed to supervise, support and assess the applicant for a minimum of fifteen days in the development of their advanced clinical skills during clinical placement.

Authorised EDM

Date