|  |
| --- |
| **CLINIC MENTORING REFLECTIVE ACCOUNTS FORM** |
| Record of two cases from your clinic mentoring day. These are in addition to your reflective accounts of your own practice. Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient, service user, colleague or other individuals.  |
| **Tongue-tie and Infant Feeding assessment Case Study:** |
| Student Name: |  |
| Nursing Parents’ Parity: |  |
| Age of Infant: |  |
| Date of Consultation/Assessment: |  |
| Observation details (feeding history): |  |
|  |
| Nature of support given: |  |
|  |

|  |  |
| --- | --- |
| Recommendations Made: |  |
|  |
|  |
| Feeding Outcome for Parent/Baby Dyad |
|  |
|  |
| Reflection on practice? |
|  |
|  |
| Follow up (please consider the following)*Did the baby have a frenulotomy? If so, have they been doing the exercises? Do they perceive the procedure to be the reason for any improvement, or is it down to following feeding advice?**Has feeding improved? (ie, is feeding less painful, does baby latch more easily, has weight gain improved)If there was a pain score what is the pain score now?* |
|  |
|  |

|  |
| --- |
| **Tongue-tie and Infant Feeding assessment Case Study:** |
| Student Name: |  |
| Nursing Parents’ Parity: |  |
| Age of Infant: |  |
| Date of Consultation/Assessment: |  |
| Observation details (feeding history): |  |
|  |
| Nature of support given: |  |
|  |
| Recommendations Made: |  |
|  |
|  |

|  |
| --- |
| Feeding Outcome for Parent/Baby Dyad |
|  |
|  |
| Reflection on practice? |
|  |
|  |
| Follow up (please consider the following)*Did the baby have a frenulotomy? If so, have they been doing the exercises? Do they perceive the procedure to be the reason for any improvement, or is it down to following feeding advice?**Has feeding improved? (ie, is feeding less painful, does baby latch more easily, has weight gain improved)If there was a pain score what is the pain score now?* |
|  |
|  |