

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?

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