

## CLINIC MENTORING REFLECTIVE ACCOUNTS FORM

*This is a record of two cases from your clinic mentoring day. These are in addition to your reflective accounts of your own practice/case study. This form must be submitted within 3 weeks of your clinic day.*

*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 1:

Mother's Name: \_\_\_\_\_

What number baby is this?: \_\_\_\_\_

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?

Yes

No

**If YES please ask:**

Have you been doing the oral exercises prescribed?

Yes

No

How many times in 24 hours were you able to achieve this?

If there has been an improvement, do you feel the procedure is the reason for any improvement or do you feel the improvement is down to following feeding advice? (What do they have to say about it?)

**If YES or NO, please ask:**

Has feeding improved?

Yes

No

Somewhat

In what way?

(ie, is feeding less painful, does baby latch more easily, has weight gain improved)

If there was a pain score, what was it?

/10

What is the pain score now?

/10

Considering the information you have received, what are your reflections on this case?

Follow up information

**Tongue-tie and Infant Feeding assessment Case Study 2:**

Mother's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Previous Children by birth: \_\_\_\_\_

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?

Yes

No

**If YES please ask:**

Have you been doing the oral exercises prescribed?

Yes

No

How many times in 24 hours were you able to achieve this?

If there has been an improvement, do you feel the procedure is the reason for any improvement or do you feel the improvement is down to following feeding advice? (What do they have to say about it?)

**If YES or NO, please ask:**

Has feeding improved?

Yes

No

Somewhat

In what way?

(ie, is feeding less painful, does baby latch more easily, has weight gain improved)

If there was a pain score, what was it?

/10

What is the pain score now?

/10

Considering the information you have received, what are your reflections on this case?

Follow up information