

Arizona WIC Breastfeeding Peer Counselor Observation Form

REVIEWER: _____ DATE: _____

AGENCY: _____ CLINIC: _____

	1	Comments	2	Comments
BFPC Staff				
ID Number/Category				
Invest in the Interaction	0 1 2 3		0 1 2 3	
<ul style="list-style-type: none"> • Reviews previous notes before calling the participant • Staff introduces self • Greets participant by name • Sets the agenda in the spirit of PCS • Affirms participant 				
Assessment	0 1 2 3		0 1 2 3	
<ul style="list-style-type: none"> • Affirms the participant's breastfeeding knowledge and experiences • Asks the participant open-ended, relevant and probing questions to get complete information • Reflects what participant is saying 				
Breastfeeding Counseling and Education	0 1 2 3		0 1 2 3	
<ul style="list-style-type: none"> • Offers education at appropriate times • Tailors messages based on assessment and interest • Offers anticipatory guidance • Tailors discussion around participant's needs and interests in the spirit of PCS <ul style="list-style-type: none"> ○ Uses OARS ○ Asks permission ○ Uses consensus ○ Explores and offers ideas ○ Explores participant's feelings • Session is interactive • Brainstorms 'how to' ideas with participant • Breastfeeding education is appropriate for participants needs, risks, and interest 				

Support Breastfeeding Outcomes	0 1 2 3	0 1 2 3
<ul style="list-style-type: none"> • Facilitates goal setting • Asks and discusses the next steps with participant • Summarizes discussion in more detail • Affirms the participant • Sets up topic(s) for next contact for follow up • Uses positive affirmations, reflective listening, and summarizing during discussion • Stays within scope of practice and appropriate referrals were made, if applicable 		
Documentation	0 1 2 3	0 1 2 3
<ul style="list-style-type: none"> • Appropriately documents the appointment using TGIF format • Uses TGIF note structure appropriately <ul style="list-style-type: none"> T: Tool <ul style="list-style-type: none"> ○ GHTM tool used, if applicable G: Goals <ul style="list-style-type: none"> ○ Personal goals or areas identified by participant that they plan to work on I: Information <ul style="list-style-type: none"> ○ Knowledge, feelings, and beliefs about breastfeeding for pregnant and breastfeeding women categories (if applicable) ○ Caregiver knowledge, feelings, beliefs of infant feeding for infant category (if applicable) ○ Relevant information you would want the next person seeing this client to know ○ Any information pertinent to the interaction during the visit ○ Further detail on breastfeeding education provided as needed to clarify F: Follow-up <ul style="list-style-type: none"> ○ Any information the staff person has identified as areas to follow-up with at subsequent visits 		

Customer Service				
Breastfeeding education is appropriate to the participant's cultural preferences and considers household situation and educational background?	Y/N		Y/N	
Staff focuses on the participant and not the computer.	Y/N		Y/N	
Allows for silence during the session, giving the client time to think and respond.	Y/N		Y/N	

Y = Complete, done correctly

N = Incorrectly done or not done

N/A = Not applicable

0* 1* 2* 3*

*See [Scale Rubric for Arizona WIC](#) appointments

Notes—1 st appointment

Notes—2nd appointment