

Fidelity Observation Form: Implementation Team

1. SESSION INFORMATION									
1A.	Clinic Name								
1.1	Date (dd/mm/yy)								
1.2	Observer								
1.3	What time was group scheduled to start?								
1.4	What time did the first woman arrive?								
1.5	What time did the last woman arrive?								
1.6a	What is this Group's number?								
1.6b	What is this Group's name?								
1.7	Meeting number	□ 2	□ 3	□ 4	□ 5	□ 6	□ 7	□ 8	□ PP
1.8	Name of midwife								
1.9	Name of volunteer								

2. PREPARATION		
2.1	Was the room set up before the women arrived?	<input type="checkbox"/> YES <input type="checkbox"/> NO

3. GREETING AND SOCIALIZING		
3.1	Were women were greeted by the co-facilitators?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.2	Are women socializing with one another?	<input type="checkbox"/> YES <input type="checkbox"/> NO

4. HEALTH ASSESSMENTS		
4.1	What time did health assessments begin?	
4.2	Was self-assessment equipment available and functioning?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	4.2a. If NO, explain:	
4.3	Did all women participate in self-measures?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.4	Did health assessments with the midwife take place within group space?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.5	What time did health assessments end?	
4.5	Observations (note major challenges and/or successes of health assessments):	

5.0 GROUP HEALTH PROMOTION DISCUSSION		
5.1	What time did group discussion begin?	
5.2	Did discussion begin after all health assessments were completed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	5.2a. If NO, explain:	

5.3	How many facilitators are present?		
5.4	How many women are present?		
5.5	How many partners are present?		
5.6	How many observers are present?		
5.7	Was discussion interrupted for any reason?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.8	Did any of the participants arrive after group discussion already began?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.9	Did anything challenging happen during this discussion?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.9a. If YES , please describe:			
5.13	What time did group discussion end?		

6.0 ENVIRONMENT AND LOGISTICS			
6.1	Is the room size adequate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.2	Were materials needed for activities present and in good repair?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.3	Did both co-facilitators have a facilitator's guide available to them?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.4	Was discussion conducted in a circle?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.5	Did co-facilitators sit across from (not next to) one another in the circle?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.6	Was there enough privacy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.7	Was everyone in the group able to hear?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

7. GROUP DYNAMICS				
About how many members engaged in the following?	None	One to a few	About half	Most to All
7.1 Asked questions freely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2 Shared ideas, personal feelings, experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.3 Were engaged, focused and participating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4 Avoided or resisted participating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.5 Talked excessively and interrupted flow of discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.6 Disrespectful or judgmental of other group members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. CO-FACILITATOR BEHAVIORS				
	Not at all	Partly	Mostly	N/A
8.1 Facilitators were well-prepared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8.2	Facilitators used the guide well (did not just read)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.3	Facilitators worked collaboratively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.4	Facilitators actively used acknowledge, refer and return (ARR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.5	Anything important to note about facilitator interactions with one another?				

9. FACILITATION	
9.1	Overall, to what extent was this group meeting more like a class or more like a discussion?
	<input type="checkbox"/> Mostly like a class <input type="checkbox"/> More a class than a discussion <input type="checkbox"/> Half class, half discussion <input type="checkbox"/> More a discussion than a class <input type="checkbox"/> Mostly like a discussion
9.2	Overall, what was the level of engagement and connectedness among group members throughout this session?
	<input type="checkbox"/> Low <input type="checkbox"/> Low to medium <input type="checkbox"/> Medium <input type="checkbox"/> Medium to high <input type="checkbox"/> High
9.3	Is there anything else important to document about this meeting?

10. SELF-EVALUATION REVIEW	
10.1	How did you feel about today?
10.2	What went well?
10.3	What could be improved?

11. CONSTRUCTIVE FEEDBACK

- Before you share your feedback, ask if they would like to hear your comments from your observations.
- Tactfully describe strengths and areas for improvements that you noted. ALWAYS begin with at least one strength.
- End with a positive suggestion that would help them to improve their facilitation skills.
- Make note of the feedback you offered to the facilitators, noting if responses to the feedback were positive (accepting), neutral (no response) or negative (defensive).

11.1 Feedback Notes:

Care Circles: Co-facilitators Self Evaluation Fidelity Form								
Date								
Facilitators								
Clinic name								
Group number								
Group name								
Meeting	2	3	4	5	6	7	8	PP

Part A

1. Did Health assessments take place in group space?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Did all women participate in self-measures?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Did discussion take place in a circle?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Was the group size 8-12 women only?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Was at least one assigned co-facilitator present?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Were women were socializing with one another?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Did women talk freely and share experiences?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Part B

8. To what extent was the session like a class or like a discussion?	<input type="checkbox"/> Mostly like a class
	<input type="checkbox"/> Somewhat like a class
	<input type="checkbox"/> Half class, half discussion
	<input type="checkbox"/> Somewhat a discussion
	<input type="checkbox"/> Mostly a discussion

Part C

9. Overall, how engaged and connected were group members at this session?	<input type="checkbox"/> Very Low
	<input type="checkbox"/> Low to medium
	<input type="checkbox"/> Medium
	<input type="checkbox"/> Medium to high
	<input type="checkbox"/> Very High

12. What can be done to improve your facilitation skills?

13. What can be done to improve this session's activities?

14. Describe ideas for new activities that might work for this or other sessions