



# Do It Yourself: Innovations for YOUR Classroom

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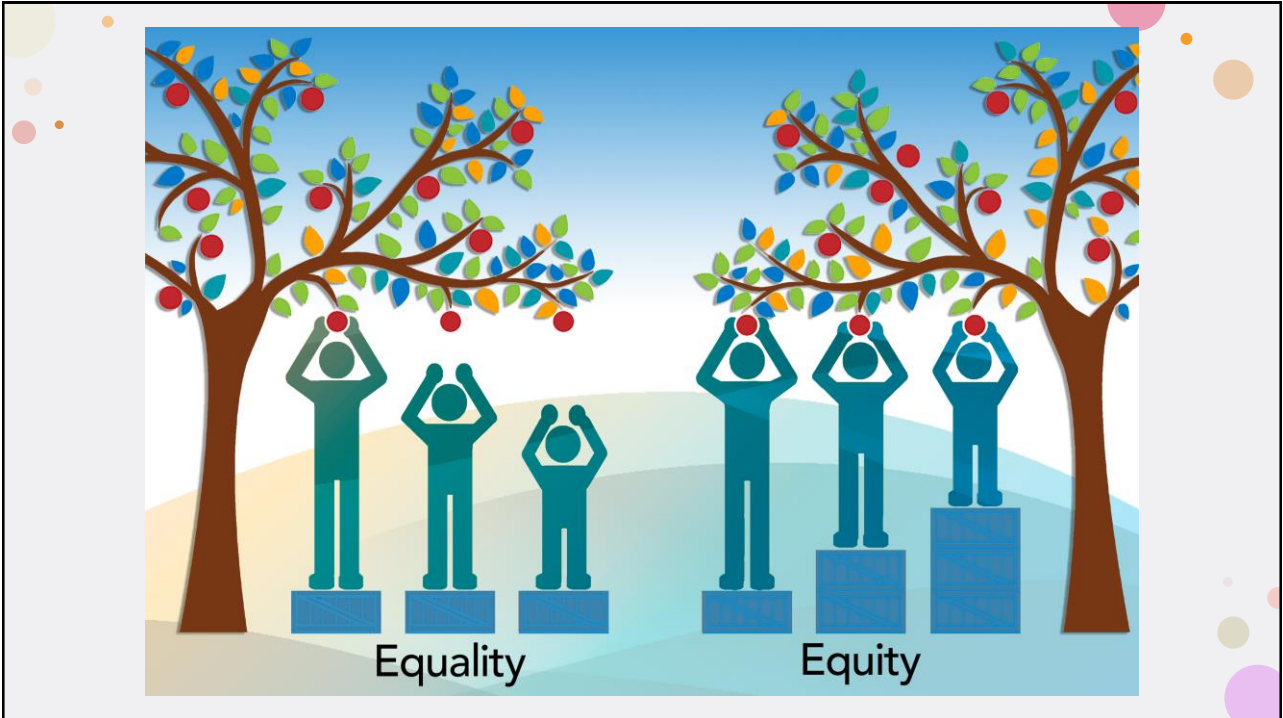
 MORAVIAN UNIVERSITY

1



# the WHY

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3



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5

Attention Span **9 seconds**

Attention Span **6 seconds**

AUDIENCE ATTENTION

TARGET

TIME / WORDS

BLAST LECTURE

A slide titled "BLAST LECTURE" comparing attention spans. On the left, a goldfish icon is labeled "Attention Span 9 seconds". An arrow points to the right, where an illustration of a man and a woman looking at a large smartphone is labeled "Attention Span 6 seconds". To the right is a graph with "AUDIENCE ATTENTION" on the y-axis and "TIME / WORDS" on the x-axis. A red curve rises to a peak labeled "TARGET" and then decays. At the bottom right are icons for a presentation and a document.

6

**Stetler's Model of Evidence-Based Practice**

**Phase I: Preparation**

- Define purposes and outcomes
- Confirm priority
- Consider influences
- Collect relevant evidence (External & Internal)

**Phase II: Validation**

- Critique and summarize evidence
- Synthesize and evaluate level and quality of evidence
- Accept or reject the evidence

**Phase III: Comparative Evaluation/Decision Making**

- Examine Fit of setting, feasibility, Substantiating evidence, Current practice
- Decide to proceed, stop, or consider delaying implementation to gather more evidence

**Phase IV: Translation/ Application**

- Translate the findings into operational definitions of use
- Present findings (writing and/or orally) to others
- Additional evidence
- Plan for implementation, then evaluate

**Phase V: Evaluation**

- Clarify expected outcomes
- Determine if further research or refinement is warranted
- Assess whether or not to put into practice

## Stetler's Model of Evidence Based Practice

What is EBP? P.I.C.O.(T) Evidence Table Apply & Assess

First Edition NDNP 9006 Fall 2016

# Evidence Based Practice Models

A showcase of student created content

Missi Stec, DNP, APRN, CNM, FACNM  
Lead Faculty

CONTENT BLOCKING

7

**What are your thoughts about how the history of midwifery has been skewed in the US?**

**What strategies are needed? What is relevant?**

**How do we overcome this?**

ongoing...

there's still so much that isn't taught in CNM programs, and sometimes the more I learn about midwifery the harder it is to marry midwifery and nursing in my brain - like sometimes the two professions feel so at odds with each other. I think theoretically the nursing model does align with midwifery values, but in practice (today) there are so many things that feel counterproductive. I know this is tangential to the question being asked but when I think about the history of midwifery, it brings up lots of conflicting feelings and thoughts about what's missing (or sacrificed) in this CNM version of midwifery.

It's sad that a whole piece of midwifery history was left behind in the mid 20th century with the shift to CNMs from traditional midwifery. Even though traditional midwifery is again practiced today, I don't feel we've done a good enough job to acknowledge the contributions of the traditional midwives of the past to the profession

I feel we need to reconnect with the real, full history of our past and learn from these past midwives both in a clinical/practice sense and from an accountability standpoint

I think that transparency about the true history around some of midwifery and nursing's founders is just the beginning. We must recognize the wrongdoing, but also acknowledge and honor the many BIPOC midwives who laid a rich foundation for midwifery. It will take many conversations, but also a commitment to not forget the work that still needs to be done in our own CNM community.

Lessen barriers for BIPOC to become CNMs and/or more accessibility in higher education = more BIPOC practitioners and teachers

- More BIPOC leadership in educational programs and health systems
- Scholarships supporting BIPOC CNM and RN students
- History of Midwifery/ Implicit bias trainings in the US class in university programs
- More midwifery leadership and researchers in health and education systems
- Acknowledge and own the history of midwifery and its harms in educational and professional worlds. It's not enough just to talk about it.

Continued on next page

**What do you mean? How is that done?**

ENGAGEMENT

8

**01 Obesity**  
An Epidemic in the United States

- More than 1/3 of adults are obese
- Costs \$14.7 billion healthcare annually
- Leads to conditions such as heart disease, stroke, & diabetes

**02 The Problem**  
Clinician-Patient Engagement

Obesity management involves total lifestyle intervention including physical activity and nutrition changes. Traditionally, the patient and clinician dyad was relegated to office visits that limited patient accountability, transparency and clinician involvement. A solution is needed to increase provider-client engagement, bridge the gap in communication between interactions and provide frequent feedback to better motivate behavior changes.

**03 SOLUTION**  
**MY FITNESS PAL TRACKER**

Integrates the use of a weight loss application to increase patient engagement and care-team accountability

**04 EBP**  
**SOCIAL COGNITIVE THEORY**

The social cognitive theory based upon the realization that self-awareness of outcomes is paramount in achieving one's goals.

- Patient's cognition of weight gain and weight loss provide motivation and self-actualization of goals
- Evidence-based lifestyle interventions are intensive, involve multiple in-person visits, effective behavior could be delivered via mobile technology, (Pigozo et al., 2013).

**05 INTEGRATION**  
ADAPTING SOLUTION INTO PRACTICE

"Post failures in the integration of weight loss applications are not attributable to technology failures, but due to lack of meaningful integration into the daily practice and systems," (Nakasek & Leon, 2016).

**06 OUTCOMES**  
IMPROVED WEIGHT LOSS MANAGEMENT

- Participants found a positive ease of use and usability of mobile weight loss app 98% and goal setting process 98%
- Acceptability of mobile weight loss app was high with setting of personal goals (75%)
- Ratings of satisfaction with monitoring and feedback on physical activities was highly positive (97.9%)

**VISUAL STORYTELLING**

9

**What do you know about obesity and weight management?**

Narrated and Curated by: Dr. Karen D. Groller #DrGrollerBytes

**STUDENT CREATED CONTENT**

10

# ALTERNATIVE ASSESSMENT

# your IDEAS





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