Appendix A: Synthesis table

Alb- augh	Amiel	Arbour- Nicito poulos	At- tux	Baptista,	Brown	Maneesakorn	Melamed	Tham	Wu
2011	2008	2010	2013	2008	2011	2007	2008	2007	2008
RCT	SR	SR	RCT	SR	RCT	RCT	D	CSS	NRC
15	NR	92	160	NR	89	82	59	42	128
X	X		X				X	X	X
		X	X	X	X				X
									<u> </u>
X	X	X	X	X	X	X	X	X	X
X								X	
X	X		X	X	X	X			X
X		X	X	X	X		X		X
X			X			X			
X								X	
	•		•					•	
X			**						1
37	- X7	177	X	37	37	***	37	37	77
	X	X		X	X	X	X	X	X
	1		X		v				
	augh 2011 RCT 15 X X X X X X X X X	augh	augh Nicito poulos 2011 2008 2010 RCT SR SR 15 NR 92 X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X	augh Nicito poulos tux 2011 2008 2010 2013 RCT SR SR RCT 15 NR 92 160 X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X	augh Nicito poulos tux 2011 2008 2010 2013 2008 RCT SR SR RCT SR 15 NR 92 160 NR X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X<	Augh	Augh	Augh	Augh

Appendix B

Dietary and Exercise Educational Program: Logic Model for Program Evaluation.

SITUATION: Increased rate of obesity among patients taking prescriptive medication in the mental health setting.

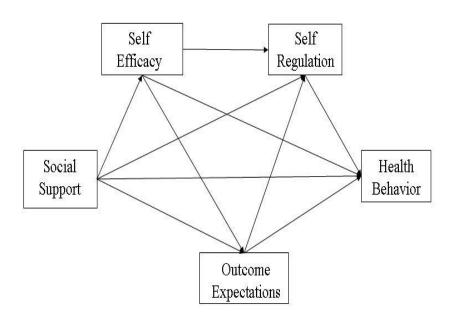
PRIORITIES: Promotion of healthy lifestyle to all patients

Encourage weight reduction among the mental health population

INPUTS	OUTPUTS		OUTCOMES				
	Activities	Participants	Short-term	Medium-term	Long-term		

1. Staff 2. Time 3. Money 4.Materials 5. Research base	1.Assess participants' knowledge level 2. Conduct an evidence- based program of 12 sessions 3. Keeping a food journal	1. Participants with BMI of over 25 and are taking antipsychotic medication.	1. Healthy food choices 2. Better understanding of the necessity of an exercising regimen.	1.Participants will know the necessity to inquire questions about their medication from their physician. 2. Exercise 3 times weekly	1.Knowledge of the medication side-effects 2. Ability to maintain weight assessed at the beginning of the project.
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Appendix C. Social Cognitive Theory (SCT) Model

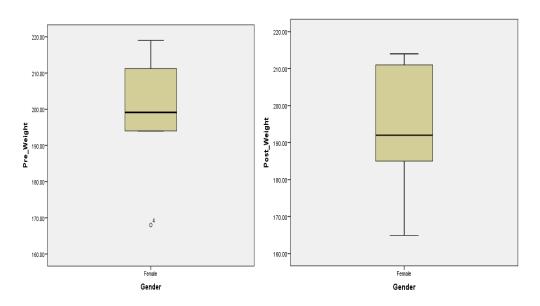


Appendix D: EBP model

Practice to Promote Quality Care Problem Focused Triggers Knowledge Focused Triggers . Risk Management Data . Process Improvement Data . Internal/External Benchmarking Data . Financial Data . Identification of Clinical Problem New Research or Other Literature National Agencies or Organizational Standards & Guidelines Philosophies of Care Questions from Institutional Standards Committee s this Topic Consider a Priority For the Other Triggers Organization' Form a Team Assemble Relevant Research & Related Literature Critique & Synthesize Research for Use in Practice Is There a Sufficient Research Base? Pilot the Change in Practice 1. Select Outcomes to be Achieved 2. Collect Baseline Data 3. Design Evidence-Based Practice (EBP) Guideline(s) 4. Implement EBP on Pilot Units 5. Evaluate Process & Outcomes 6. Modify the Practice Guideline Base Practice on Other Types of Evidence: 1. Case Reports 2. Expert Opinion 3. Scientific Principles 4. Theory Conduct Research Is Change Appropriate for Adoption in Practice? Continue to Evaluate Quality of Care and New Knowledge Institute the Change in Practice Monitor and Analyze Structure, Process, and Outcome Data • Environment • Staff • Cost • Patient and Family Disseminate Results Titler, M.G., C., Steelman, V.J., Rakel., B. A., Budreau, G., Everett, L.Q., Buckwalter, K.C., Tripp-Reimer, T., & Goode C. (2001). The lowa Model Of Evidence-Based Practice REQUESTS TO: = a decision point Department of Nursing University of Iowa Hospitals and Clinics Iowa City, IA 52242-1009 to Promote Quality Care. Critical Care Nursing Clinics of North America, 13(4), 497-509. DO NOT REPRODUCE WITHOUT PERMISSION Revised April 1998 © UIHC

The Iowa Model of Evidence-Based

Appendix E



		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Pre_Weight	198.2640	5	19.57132	8.75256
	Post_Weight	193.3800	5	20.11770	8.99691

Histogram

