

G2
The Power
of ...
Empowering the
Mother

ATTACHMENT B1

Education Activity Content Outline

EDUCATIONAL ACTIVITY CONTENT OUTLINE

Title of activity: The Power of...Empowering the Mother

Total time of activity: 445 min

<i>EDUCATIONAL OBJECTIVE</i>	<i>CONTENT (Topics)</i>	<i>TIME FRAME</i>	<i>PRESENTER</i>	<i>TEACHING METHOD</i>
At the end of this activity, the learner will be able to:	Provide an outline of the content for each objective. Make a restatement of the objective. Number each corresponding objective.	Indicate the time frame for each objective.	List the faculty for each objective.	Describe the teaching strategies i.e. – materials, delivery methods, resources.
Define empowerment	I What is empowerment?	5 m	Maren Zeretzke, MEd	Lecture, examples
List 3 ways empowerment can help a mother	II. What is the impact of empowerment?	10 m		
Discuss 3 ways to empower a mother through breastfeeding counseling	III. How mothers can be empowered	15 m		
Describe 2 ways to validate a mother	IV Validating the mother	10 m		
	V. Questions/evaluation	5 m		

Karen Zeretzke, MEd, IBCLC, RLC

Empowerment Bibliography
Spring 2010

Bolton, Robert. *People Skills: How to Assert Yourself, Listen to Others, and Resolve Conflicts*. Touchstone Books, 1986. 324 pp.

Boston Robert and Dorothy G. Bolton. [People Styles at Work... and Beyond: Making Bad Relationships Good and Good Relationships Better.](#) Anacom Printing: 1996. 176 pp.

La Leche League International. *Human Relations Enrichment Training Workbook. LLLI: 1994.*

Lowers, Judith and Anna Swisher. *Counseling the Nursing Mother: A Guide for the Lactation Consultant*. Jones and Batllett, 5005. 679 pp

Morebacher, Nancy and Julie Stock. *The Breastfeeding Answer Book: Third Revised Edition*. La Leche League International::Shaaumberg Illimois, 2003. 680 pp.

Hilleke, Beth. *The Leader's Handbook* . La Leche League International::Shaaumberg IllimoisL 2003., 268 pp.

ATTACHMENT A

(9/09)

Biographical Data Form
Louisiana State Nurses
Association**Biographical Data Form (2009 Criteria)**

Instructions: If you are a planner for this activity, complete Sections 1, 2, 4, 5 & 8. If you are a speaker/ content expert for this activity, complete Sections 1, 3, 4, 5, 6, 7 & 8. Return this form to the nurse planner by the date specified. If there is a perceived conflict, the nurse planner will discuss with you how the conflict will be resolved before your continued participation in this learning activity.

Section 1: (Planner and/or Speaker) Demographic Data

Name, Degrees & Credentials Karen M. Zeretzke, MEd, IBCLC, RLC

Date January 12, 2010

If RN, nursing degree(s):

- AD
 Diploma
 BSN
 Masters
 Doctorate

Home Address **OR** Business Address: 1318 Rue Desiree, Baton Rouge, LA 70810

Day Telephone: 225-766-3350

Email Address: lactation@juno.com

Present Position (Title) & Employer: Lactation Associates, Lactation Consultant**Section 2: (Planner Information): Describe your familiarity/expertise with the following:**

I am knowledgeable about the nursing CNE process through: (Describe): previous experience with the last 12 Breastfeeding: The Gold Stantard conferences

Section 3: (Speaker Information): Faculty/Content Expert Information: Describe your expertise in this topic:

I represent the target audience by: (Describe):

I have content expertise in this topic by: (Describe 33 years in the field, IBCLC and La Leche League Leader credentials

Other: (Describe):

Planner, Faculty and Content Specialist Conflict of Interest Statement

If you are in a position to control the content of this educational activity (planner, faculty, content specialist), you must disclose whether or not you have a conflict of interest. Conflict of interest disclosure identifies the presence **or** absence of *any* potentially biasing relationship of a financial, professional or personal nature. A perceived conflict of interest would occur, for example, if you have or a member of your family has, within the past 12 months, received a salary, royalty, speaking honorarium, research appointment, board of directors remuneration, or consulting fee from an organization whose product or service is being discussed in the learning activity or if you or a family member own stock in such a company. Conflict of interest would also occur if you have any potential to benefit personally or professionally from the presentation (work for a proprietary company presenting the learning activity, have written a book about the topic, provide consulting services related to the topic, etc.)

All information disclosed must be shared with the audience on the program handouts, advertising and/or audiovisual presentation.

Section 4: (Planner and/or Speaker) Conflict of Interest

Is there a perceived financial, professional or personal conflict of interest (self or family)?

- Yes
 No

If yes, describe the perceived conflict:

Section 5: (Planners and/or Speaker) Resolution of Conflict

Procedures used to resolve conflict of interest or potential bias if applicable for this activity: (Check all that apply)

1. I have discussed this conflict with the nurse planner and agree to the provider unit's policy.
 2. I have signed a statement that says I will present information fairly & without bias.
 3. In conjunction with 1 & 2, I understand that the nurse planner or designee will monitor session to ensure conflict does not arise.
 4. Not applicable since no conflict of interest.
 5. Other: Describe:

Section 6: (Speaker) Off-label Use

Presenter/Content Specialist discussion of off-labeled uses:

- Yes
 No

If yes, you must disclose this information during your presentation. How will you do this?

1. Verbal statement during the presentation
 2. Information provided on handouts
 3. Information provided in audiovisuals (slides, overhead, etc.)
 4. Other: Describe:

Section 7: (Speaker) In regard to the above requirements, please check one of the following:

- My presentation(s) will not refer to products, drugs or devices of a commercial company with which I have a significant relationship. I have not accepted a fee from a commercial company for this presentation.
- I have a significant relationship with the following commercial company(s) whose product(s) I will refer to in my presentation. I will disclose my relationship with the commercial company to the participants during the introduction of my session. I will refer to other products equally in my presentation. I have not accepted any fees from a commercial company for this presentation.

List company(s):

Section 8: (Planner and/or Speaker)

Signature *Karen M. Zeretzke* Date January 12, 2010

Electronic Signature acceptable

An authentic signature must be provided. A faxed copy with the signature or a computerized generated signature is acceptable. A typed name is NOT acceptable.