President’s Message

Leigh deRoos, MSN, RN
NMNA President

In June of this year, Andrew Vick, RN, BSN, and I represented nurses of New Mexico at the 2014 American Nurses Association’s (ANA) Membership Assembly in Washington, DC. At this event, more than 300 nurses from constituent and state nurse associations throughout the United States including Guam, coalesced around the theme “Nurses Leading the Way”. Besides electing new officers and new board members, these nurse leaders dialogued on three different nursing forums: nurses’ full practice authority, access to palliative care, and high-performing interprofessional teams. Each forum was proposed by different entities, two by constituent nurse associations and one from the VA Centers of Excellence in Primary Care Education in collaboration with the Hartford Institute for Geriatric Nursing.

Elected representatives voiced opinions on each forum topic and recommendations were made to the ANA Board of Directors. The recommendations on the first forum, “Scope of Practice – Full Authority for All RNs,” were that “ANA support interprofessional education, practice and research to promote the full scope of RN practice; encourage nursing research to compare full practice authority states, transition to APRN practice states, and restricted APRN states; educate the public, policy makers and other health professionals about emerging roles and overlapping responsibilities; and support eliminating practice agreements between APRNs and physicians.”

On the second forum, “Integration of Palliative Care into Health Care Delivery Systems: Removing Barriers, Improving Access,” recommendations were made “asking ANA to promote and support payment models to improve access to palliative and hospice care, including nursing care provided by both RNs and APRNs; advocate for comprehensive integration of palliative and hospice care education at all levels of nursing educational programs and professional development programs; and, support developing and expanding models of nursing care that include advanced care planning for early identification and support of patients’ preferences for palliative and hospice service.”

At the final forum, “Looking at High-performing, Interprofessional Teams,” representatives recommended that ANA “consider educating nurses about the application and impact of evolving patient-centered, team-based care models on patient outcomes, and identify metrics that evaluate the impact of high-performing, interdisciplinary health care teams on patient outcomes.”

Finally, before the membership assembly met, the ANA Board of Directors on June 11, approved the 2014-2016 ANA Strategic Plans (http://ananet.nursingworld.org/Main-Menu/Governance/Strategic-Plan). There were five strategic goals. NMNA is collaborating with ANA to advance these goals:

1) “Promote a safe, ethical work environment, as well as the health and wellness of nurses in all settings.” ANA characterized that, “a healthy nurse as one who actively focuses on creating and maintaining a balance and synergy of physical, intellectual, emotional, social, spiritual, personal and professional wellbeing” (http://www.nursingworld.org/healthynurse). I encourage all nurses to access the Healthy Nurse website to become proactive in optimizing your own health and well-being.

2) “Advance the quality and safety of patient care in a transforming health care system.” ANA has utilized the National Quality Strategy’s (NQS) three broad aims - better care, healthy people/healthy communities, and affordable care - to assess the delivery and improvement in health care in the United States (http://www.ahrq.gov/workingforquality/whatabout.html). In addition, in order to have safe patients we must have healthy nurses. As many of you know, musculoskeletal injuries are common among nurses and are often career altering for many of us. ANA’s advocacy for nurses’ safety in the workplace resulted in a position paper on Safe Patient Handling and Mobility. I encourage you to access this information and share it with your colleagues (http://www.nursingworld.org/workingforquality/whatabout.html).

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New Mexico Nurse is a juried nursing publication for nurses licensed in New Mexico. The Editorial Board reviews articles submitted for publication and articles for consideration should be submitted to dwalker@nmna.org.
Nurses in our News

Nurses: Appointed to Health Commissions in Santa Fe and Sandoval Counties and to the St. Vincent Health Foundation

Carolyn Roberts, MSN, RN, has been appointed to a three year term on the Santa Fe Health Policy and Planning Commission by the Santa Fe County Board of Commissioners. She joins two other nurses and seven others on this commission, whose role is to improve the living conditions and health of residents of Santa Fe County.

The commission serves as a convener and connection between many social welfare groups in the county, meeting the needs for child care, early childhood education, access to healthy foods, increasing the number of residents with health insurance, facilitating programs to address Substance Abuse treatment programs for pregnant women and youth/adults, coordinating “Take Back” days at pharmacies to reduce the number of opioid drugs in homes, and guiding the development of a mental health crisis response team for the county.

In addition, Santa Fe Community Health has a Mobile Health Van that travels from Edgewood to Pojoque, 7 days a week for three hours each stop, to do free BP, glucose, wt., O2 saturation, total cholesterol, and A1C tests, including education and referrals. The schedule for Mobile Health Van Stops can be found at http://www.co.santa-fe.nm.us/community_services/hhsd/mhv.

The van is scheduled based on co-occuring events, such as food distribution at pantries; health fairs; flu shot offerings; and presence of workers able to sign up residents for health insurance. The van provides pamphlets in English and Spanish on services offered in the county and supports healthy communities; with special emphasis on expanding services to the rural areas of the County.

As a member of the SCHC, Gary’s background in adult critical care, nursing education and nursing administration; plus a strong commitment to community service, will play a vital role in assessing and communicating the needs Sandoval County residents.

Gary is the current chief clinical officer for Kindred Hospital – Albuquerque, and the inaugural program director for the College of Nursing and Health Care Professions at Grand Canyon University-Albuquerque. He is a member of both the New Mexico and Arizona Nurses Associations.

Caroline Burnett, ScD, RN of Burnett Health Care Consultants was recently elected to The St. Vincent Hospital Foundation Board in Santa Fe, NM. Dr. Burnett is retired from Georgetown University where she was an adjunct Professor of Nursing and Oncology. While on faculty she taught nursing and ethics, served on the ethics consult team, and conducted research and published in the areas of patient information-seeking and decision-making behaviors. She lectures on bioethics to health care professionals and community groups, serves as a member of the ethics committee at CHRISTUS St. Vincent Regional Medical Center and is on faculty of the Northern New Mexico Family Medicine Residency Program. Dr. Burnett served on the SVH Support Board.

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Dyess, S. M. & Sherman, R. O. (2004). The first assembly. I come away re-invigorated knowing the importance of assuming our leadership role in our profession, in our communities and to our patients, but also the value of engaging nurses in our state. We are also aware that research indicates there are knowledge gaps among new graduates transitioning from nursing school to RN. Dyess and Sherman (2009) have identified several new “themes” of the new graduate nurse’s learning needs as confidence vs. fear, communication deficits, horizontal violence issues, critical reasoning deficits (especially on complex units), professional isolation and receipt of contradictory information. NMNA, as your advocate, is developing a professional development and mentoring program for new graduates that we hope to have in place this fall. We are looking for mentors and if you are interested in being part of this dynamic initiative please contact me at nursesempowered@gmail.com.

5) “Strengthen Constituent and State Nurses Associations and the ANA Enterprise through mutual partnerships.” NMNA works closely with ANA and will continue to collaborate with them as we take advantage of the resources available through our national organization. This is the second Membership Assembly that I have attended as your elected representative. I am always revitalized by the knowledgeable, professional and proactive nurses I meet at this assembly. I come away re-invigorated as I hear how nurses share common issues that revolve not only around the delivery of efficient, person-centered and equitable nursing care to our communities and to our patients, but also the importance of assuming our leadership role in healthcare by practicing to the full extent of our education and our skill-set. I want to encourage all of you that in the course of your career to attend one of these assemblies and become re-invigorated, proactive and an advocate for your profession.

As always, please feel free to contact me at nursesempowered@gmail.com.

References


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Do you know the history behind this building? The New Mexico Nurses Foundation is undertaking an effort to begin a series of recorded, talking histories and written narratives specific to our professional history in New Mexico. The American Association for the History of Nursing and several Centers in the US have been established and dedicated to the research and preservation of nursing scholarship related to nursing history. Letters, diaries, collections exist in our universities, state archives and private collections and New Mexico centric nursing history deserves the continued, specific effort of preservation.

If you are interested in participating and have ideas to offer, contact dwalker@nmna.org or franahernsmith@comcast.net.

The New Mexico Nurses Foundation is a non-partisan PAC that supports candidates who support nurses and nursing issues. In addition, the American Nurses Advocacy Institute (ANAI) sponsors a year-long mentoring program for nurses interested in improving their political acumen and leadership skills in the political arena. If you are interested in serving on the Government Relations Committee, running for an elective office or attending the ANAI mentoring program, please contact Deborah Walker at dwalker@nmna.org.

4) “Aggressively grow membership by acquiring, engaging and retaining members, strengthening the membership value proposition, and increase ANAs’ capacity to deliver customized experiences.” The New Mexico Nurses Association is your voice and your advocate on issues and policies that impact your practice, your community and your patients. Many of our members have been members for a number of years and it is apparent that we need to encourage our younger nurses to become active in NMNA so they can become a dynamic and powerful voice for nurses in our state. We are also aware that research indicates there are knowledge gaps among new graduates transitioning from nursing student to RN. Dyess and Sherman (2009) have identified several new “themes” of the new graduate nurse’s learning needs as confidence vs. fear, communication deficits, horizontal violence issues, critical reasoning deficits (especially on complex units), professional isolation and receipt of contradictory information. NMNA, as your advocate, is developing a professional development and mentoring program for new graduates that we hope to have in place this fall. We are looking for mentors and if you are interested in being part of this dynamic initiative please contact me at nursesempowered@gmail.com.

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This writing is in response to the article written by D. Evans-Prior, N. Morton and D. Brady highlighting milestones and next steps for the New Mexico Nursing Education Consortium (NMNEC). The advanced teaching strategy of concept-based teaching is also showcased in terms of its importance toward helping nursing students develop and appreciate overarching clinical ideas pertinent to care of patients. The authors opine that such thinking activities of the students might legitimately preempt, to a degree, bedside care such that “to the bedside nurse (observing), the students are not busy or that they are sitting when they should be doing.”

Further, it appears from this writing that the role of the community, junior or two year college as well as the nursing faculty at these hallowed halls of learning are pivotal to the implementation, indeed the success, of the NMNEC initiative. According to the authors, “Ideally, the additional BSN coursework is taught by [the] community college faculty member or under a university contract.”

Serious unresolved questions are prompted by the aforementioned. Beyond contracting with a community college faculty member to teach the additional BSN coursework, what is the obligation of the community college faculty member, who typically holds the MSN degree, to pursue and obtain a doctoral degree? Are there any institutional requirements or express expectations by the NMNEC leadership of doctoral education? Or, in the alternative, is the preferred view that the most basic level of graduate education can be provided by the faculty member who typically holds the MSN degree, to pursue and obtain a doctoral degree? Are there any institutional requirements or express expectations by the NMNEC leadership of doctoral education? Or, in the alternative, is the preferred view that the most basic level of graduate education can be provided by the faculty member who typically holds the MSN degree, to pursue and obtain a doctoral degree, to teach advanced concepts for the BSN program?

Also, concept-based teaching bases, for some reason, has been pronounced as the teaching model for the NMNEC curriculum. Concept-based is one methodology, the success of which is also enhanced by a close relationship with strong foundational or content-based learning, high achieving students and faculty with doctoral preparation. It is puzzling to think that students who are attempting to engage in overarching clinical thinking might not be able to simultaneously fully participate in activities associated with bedside care. This is absurd and provides students with a thinly veiled excuse for indolence. Nursing students deserve better and so do patients.

By the way, I have taught concept-based and content-based nursing. And I usually counter this with “All nursing is psych.”

An innovative teaching approach now being used to improve students’ understanding of mental illness on a deeper personal level is called “Readers Theater.” It is an active problem-based teaching and learning strategy in which student volunteers read unrehearsed scripts to the class. Students play the roles of nurses and mental patients and read teacher-constructed dialogue. Students watching become the audience and observe the characters being portrayed. Using this method before actually starting clinical experiences may help alter negative attitudes and improve the care eventually provided.

A year and a half ago, while I was still president of the Dona Ana County National Alliance on Mental Illness Affiliate I actively worked on a production called “Minds Interrupted.” This was a live production of people with a mental illness or a family member affected by it actually telling their stories to a community audience. In my promotional part of this, I approached a Dean at the nursing school at NMSU and she was so supportive, she purchased tickets for approximately 50 students, and formulated a plan to have the students receive credit and do reports after the performance. The students I talked to said this was one of the most important parts of their psychiatric nursing rotation. I was informed that a production will be at the Kimo Theater in Albuquerque October 24, and I highly recommend nursing instructors support students to see this as part of their education. Information about this can be received by contacting the compassionate@touch.netomal.com.
I was awakened last night by the booming thunder, the crackling lightning close to my house, the downpour of rain, as if the Creator was desperately trying to sue away the evil that has permeated the world this past month. People have forgotten the lessons of the past, that we cannot treat living creatures as life that has permeated the world this past month.

Evil is present in the world; it never leaves, nor has it EVER left. When things stop being presented in the news we forget, become complacent. “People are better than that now. The Holocaust could never happen again, nor could Apartheid. We are more evolved now, better than that.” No we are not.

Evil can take over when people stop telling the stories to teach the next generation, to remind the current one who chooses to forget. I visited Auschwitz & Buchenwald. I read Dr. Eichmann’s meticulous surgical notes detailing how to perform atrocities upon human beings, calling the experiments “necessary.” I was beaten & my companions killed during the civil rights movement because we believed all people in the United States should be allowed to vote or go to school or live in whatever neighborhood they could afford. I still remember the signs in restaurants in off reservations towns like Gallup & Farmington that read “No dogs or Indians allowed.” The dogs were mentioned first. I remember Matthew Shepherd being beaten & killed only because he was Gay.

Now it is homeless people. I was homeless once; I guess that is why I am so protective of my homeless. It is nothing special, I make sure the taxes are paid on it, because I never want to be on the streets again. No one wakes up one day & decides to be homeless; it is a long slide into darkness or financial instability, not some character flaw. Sometimes family struggles cause someone to leave & then they lose their way.

I spoke briefly to Alison (Al Gorman’s mother) at the memorial held at Noonday (homeless) Ministries as we looked at high school photos of her son. “Alison was not homeless”, she said. “He had a home with us. He just lost his way.” Nancy Myers was sleeping on the sidewalk next to the facility where she would be fed breakfast & lunch & allowed to sleep on a mattress up against a wall when 3 teenagers, 2 brothers & a friend, bashed their heads in with concrete blocks & baseball bats. The 15 year old said they were out to “get rid of homeless, so they would not take over.” The boys’ father said he doesn’t understand because they were once homeless. Maybe these boys didn’t discuss homelessness at home, they didn’t go to school where it could be taught there, at church or wherever they gathered & were never told that evil should NEVER be allowed to exist, that there are not categories of people, only US.

We lowered the body of our boy to the ground where the men were killed, using feathers & chants & burning sage. My heart went out to the first responders & nurses, regardless of their culture can say that evil cannot be allowed to be spoken in our presence, to refuse to treat the virus, saving lives. And in New Mexico 3 weeks & 2 hours & 46 minutes & 10 seconds after the boys touched their faces to the ground & closed their eyes. The murder scene was left as they found it. The 2 brothers were on the ground suffering from a beating & he was bashed again and again. The boy was standing over him, blood pouring from his nose & mouth. The 3rd boy didn’t do anything. He was standing next to the siblings. The boy next to him didn’t move until his brother was done. The last brother had a chance to run but he didn’t. They all watched as the boy was bashed.

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As I stood in that field praying & felt the pain of one more young Indian boy who has lost his way, I remembered the words of Abraham Lincoln’s Gettysburg address. “The world will little note, nor long remember what we say here, but they should never forget what happened here. We should be highly resolved that these dead shall not have died in vain.” Love & hate cannot abide in the same place. Let us raise our voices against others who choose to put people in categories that presume they are somehow less than us. If we forget the atrocities of the past or don’t repeatedly condemn them, such evil will continue. As creatures in the image of the Creator, we are better than that.
“Concepts, Competencies and Compassion” was the title of the American Psychiatric Nurses New Mexico Chapter and UNM Hospital Behavioral Health Education’s 1st Annual Psychiatric Mental Health Nursing Conference held on April 26, 2014 at the Domenici Center on the UNM Campus in Albuquerque, New Mexico. The purpose of this gathering was for psychiatric mental health nurses, and all nurses interested in the mental health of individuals and families, to share evidence-based research and practice to enhance the quality of patient care in various settings. Sixty-seven psychiatric mental health nurses from all parts of New Mexico participated in this conference which gave them the opportunity to discuss mental health care issues across the lifespan, mental health care issues in various settings, current nursing research with various populations and best practice solutions for mental health concerns.

All of the presenters were New Mexico Psychiatric-Mental Health Nurses who are accomplishing amazing things for the recovery of patients and their families! Tina Carlson MSN, APRN, PMHCNS-BC with UNMH Project Echo, presented on “ECHO Access: An Innovative Model to Expand Treatment for Mental Health & Addictions in Underserved Areas of New Mexico”, Carol Capitano, PhD, PMHCNS-BC of the UNMH Adult Psychiatric Recovery and Resiliency Clinic presented on the “Recognition and Prevention of Suicide Through Risk Assessment”. Maureen Kolomeir, RN, MBA, MSN, PMHNP-BC, owner of the Kolomeir Private Psychiatric Clinic in Albuquerque, updated the participants on “Use of Pharmaceuticals and OTC Supplements in the Treatment of Psychiatric Disorders”. Martha Snow, RN, MSN, PMHNP-BC, AP-CARN-BC, Acting Director of the Veteran’s Administration Medical Center Substance Use Disorders Treatment Program in Albuquerque, presented on “Co-Occurring Disorders: Providing Effective and Compassionate Nursing Care”. Justin White, RN, DNP, CNP, PMHNP-BC, LISW, owner of New Vision Behavioral Health in Rio Rancho informed the audience of “Barriers to Geriatric Mental Health Care in a Primary Care Setting: A Nursing Perspective.” Molly Faulkner RN, PhD, CFNP, LISW of UNMH Children’s Psychiatric Outpatient Services updated the participants on “Child and Adolescent Psychopharmacology: Standards of Practice”.

Two “Best Practice” panels were staffed by nurses and nurse practitioners respectively, shared current nursing issues and evidence based solutions in their practice arenas. The staff nurse panel was facilitated by Jill Martin RN, BA, PMH-BC, Assistant Nurse Manager of the Adult Psychiatric Unit at the Veteran’s Administration Medical Center in Albuquerque. Members of the panel included Marianne Broyles, RN, BSN, MA of the Veteran’s Administration Medical Center who spoke on “Creative Writing in the Treatment of Post Traumatic Stress Disorder”; Kathleen Silva RN, of Santa Fe Adult Detention Center spoke on “Mental Health Nursing: Care Issues in an Adult Detention Facility”; Lisa McGuire, RN, PMH-BC of the UNMH Adult Psychiatric Center spoke on “A Primary Care Focus in a Psychiatric Clinic”; Alice Whitt, RN, PMH-BC of the UNMH Psychiatric Clinic spoke on “The Implementation of Electronic Records” and Cristina Berry, RN, of the New Mexico Behavioral Health Institute in Las Vegas, NM spoke on “Nursing Care of the Patient who Responds with Violence”.

The Nurse Practitioner Panel was facilitated by Patricia Cuhilette RN, PMHNP-BC of the El Paso Psychiatric Center in El Paso, Texas. Speakers and topics included the following: Lisa Atwa MSN, PMHNP, PMHCRN, RN of the UNMH Emergency Department spoke on “Use of Pharmaceutical Foods and OTC Supplements in the Treatment of Psychiatric Disorders”; Martha Snow, RN, MSN, PMHNP-BC of San Juan Regional Medical Center in Farmington spoke on “Mental Health Care in the General Hospital Setting”; and Carol Capitano PhD, PMHCNS-BC of UNMH Psychiatric Recovery and Resiliency Clinic spoke on “Psychiatric Urgent Care Issues”.

The outcomes for this 1st Annual New Mexico Psychiatric Mental Health Nursing Conference were extremely positive. There were many comments such as “wonderful presentations, excellent topics, inspiring, relevant & helpful”. Participants overwhelmingly felt this conference met their learning needs and their expectations.

In 1952, Hildegard Peplau stated, “...Nursing is an educative instrument, a maturing force, that aims to promote forward movement of personality in the direction of creative, constructive, productive, personal, and community living.” Her definition of nursing corresponds closely with SAMSHA’s current definition of Recovery: “Recovery refers to the process in which people are able to live, work, learn, and participate fully in their communities. For some individuals, recovery implies the ability to live a fulfilling and productive life despite a disability”. (DHHS, 2003, p. 7). Nursing is at the heart of Recovery. Recovery is what the person does and Nursing Interventions are the tools we use to assist the individual in their Recovery. Recovery begins with the very first interaction we have with a patient. These concepts are clearly defined and stated in the newest edition of the Psychiatric-Mental Health Nursing Scope and Standards of Practice, 2nd Edition which was just published in June 2014. It is with these, “Concepts”, “Competencies”, and a tremendous amount of “Compassion” that the APNA NM Chapter and the UNMH Psychiatric Center and Education Department begin plans for our 2nd Annual New Mexico Psychiatric-Mental Health Nursing Conference which will be held in April 2015. Stay tuned!

Shirlee Davidson MSN, RN, a Psychiatric Mental Health Nurse specializing in liaison consultation in the general hospital, college health and education.

By Shirlee Davidson MSN, RN

“Concepts, Competencies and Compassion” was the title of the American Psychiatric Nurses New Mexico Chapter and UNM Hospital Behavioral Health Education’s 1st Annual Psychiatric Mental Health Nursing Conference held on April 26, 2014 at the Domenici Center on the UNM Campus in Albuquerque, New Mexico. The purpose of this gathering was for psychiatric mental health nurses, and all nurses interested in the mental health of individuals and families, to share evidence-based research and practice to enhance the quality of patient care in various settings. Sixty-seven psychiatric mental health nurses from all parts of New Mexico participated in this conference which gave them the opportunity to discuss mental health care issues across the lifespan, mental health care issues in various settings, current nursing research with various populations and best practice solutions for mental health concerns.
Grand Canyon University

Will Liebhard, SN, GCU

As August marches on, it brings with it many changes here at Grand Canyon University in Albuquerque. A new group of 24 bright students, chosen from 74 qualified applicants, is preparing to begin their journey into nursing. Simultaneously, 13 graduating students are preparing to sit for the NCLEX. They have studied ardently, and are ready to add to GCU’s 100% passing rate. The student body is also preparing for The United Blood Service’s blood drive. It will be held on September 17th, and those who donate have a chance to win: 2 tickets to the Chargers at Denver, plus a $300 gift card! Drawing will be held September 29th. Call United Blood Services at 505-246-1457 to sign up, or visit www.unitedbloodservices.org, and enter Sponsor Code: GCU.

Finally, Perla Arreola, LPN, was awarded the 2014 Secretary’s Award for Nursing Excellence, at both the state and national levels. Perla is a level 2 nursing student at GCU, who looks forward to expanding her practice to the BSN level. If you have any questions about GCU, Albuquerque, please contact Kristin Kelley-Gomez at Kristin.kelleygomez@gcu.edu.

One of the worst parts of being a nursing student is losing classmates along the way. Heather Guthenzi spent levels I & II with this class and although she was not able to graduate with them today, is still a testament to the bonds that are formed and the uniqueness of this cohort. She says of today’s graduates, “I can’t explain why or how, but this group seemed to click from the very start. Maybe because it truly is filled with kind, compassionate, and hard-working people… everyone in this class genuinely cares and wants to help. Even though I didn’t get to see the program through with this class, I know I’ve made some lifelong friends.”

Graduation Day is a time of joy and celebrating the great achievement felt by these students, but also a time of sadness as this chapter of their lives comes to a close. Most have spent 14 months side by side on this once in a lifetime journey, and looking across the room as they formed the line to enter the hall, it was hard to miss the sense of closeness that filled the room. As the class parts ways for the last time we can be confident that the newest generation of nurses just gained 65 exceptional members who will take the skills and knowledge gained at CNM and go forward to be extraordinary RNs full of strength and compassion.

CNM is proud to announce the graduation of another class of outstanding future RNs. On Saturday, August 9th, we celebrated the pinning ceremony of 65 of our most recent graduates including more than a dozen LPN mobility students. Diversity and the ability to overcome personal struggles are two attributes Program Director Diane Evans-Prior is proud to say this particular cohort of students possess. The greatest accomplishment of nursing school does not end at the level 2 nursing student. The greatest accomplishment of nursing school does not end at the level 2 nursing student. The greatest accomplishment of nursing school does not end at the level 2 nursing student. The greatest accomplishment of nursing school does not end at the level 2 nursing student. The greatest accomplishment of nursing school does not end at the level 2 nursing student. The greatest accomplishment of nursing school does not end at the level 2 nursing student. The greatest accomplishment of nursing school does not end at the level 2 nursing student. The greatest accomplishment of nursing school does not end at the level 2 nursing student. The greatest accomplishment of nursing school does not end at the level 2 nursing student. The greatest accomplishment of nursing school does not end at the level 2 nursing student. The greatest accomplishment of nursing school does not end at the level 2 nursing student. The greatest accomplishment of nursing school does not end at the level 2 nursing student. The greatest accomplishment of nursing school does not end at the level 2 nursing student. The greatest accomplishment of nursing school does not end at the level 2 nursing student. The greatest accomplishment of nursing school does not end at the level 2 nursing student. The greatest accomplishment of nursing school does not end at the level 2 nursing student. The greatest accomplishment of nursing school does not end at the level 2 nursing student. The greatest accomplishment of nursing school does not end at the level 2 nursing student. The greatest accomplishment of nursing school does not end at the level 2 nursing student. The greatest accomplishment of nursing school does not end at the level 2 nursing student. The greatest accomplishment of nursing school does not end at the level 2 nursing student. The greatest accomplishment of nursing school does not end at the level 2 nursing student. The greatest accomplishment of nursing school does not end at the level 2 nursing student. The greatest accomplishment of nursing school does not end at the level 2 nursing student. The greatest accomplishment of nursing school does not end at the level 2 nursing student. The greatest accomplishment of nursing school does not end at the level 2 nursing student. The greatest accomplishment of nursing school does not end at the level 2 nursing student. The greatest accomplishment of nursing school does not end at the level 2 nursing student. The greatest accomplishment of nursing school does not end at the level 2 nursing student. The greatest accomplishment of nursing school does not end at the level 2 nursing student. The greatest accomplishment of nursing school does not end at the level 2 nursing student. The greatest accomplishment of nursing school does not end at the level 2 nursing student. The greatest accomplishment of nursing school does not end at the level 2 nursing student. The greatest accomplishment of nursing school does not end at the level 2 nursing student. The greatest accomplishment of nursing school does not end at the level 2 nursing student. The greatest accomplishment of nursing school does not end at the level 2 nursing student. The greatest accomplishment of nursing school does not end at the level 2 nursing student.
Increased Investment Needed to Produce 1.1 Million RNs, Head Off Nursing Shortage

12 Percent Increase in Nursing Workforce Development Funding Urged

SILVER SPRING, MD – The U.S. will need to produce 1.1 million new registered nurses (RNs) by 2022 to fill newly created jobs and replace a legion of soon-to-be retirees. The American Nurses Association (ANA) is recommending specific actions related to federal funding, nursing education and hiring practices to ensure a sufficient nursing workforce to meet the demand.

As the nation commemorates the 50th anniversary on Sept. 4 of the historic Nurse Training Act (Title VIII of the Public Health Service Act) aimed at educating, recruiting and retaining RNs, ANA is advocating a multi-pronged plan to ensure a sufficient number of nurses. Demand for health care services is growing largely due to aging Baby Boomers and health care reforms that increase access to care, transform the system to pay for quality, and increase the focus on prevention and primary care services.

“We’re seeing mixed signals today in the nurse employment market. There have been layoffs by some hospitals at the same time that ‘registered nurse’ ranks as the most advertised position nationwide,” said ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN. “But it would be a big mistake to ignore the reality of an aging population coupled with a graying nursing workforce. It is essential that we take common sense actions to plan for and invest in the next generations of nurses. Demand for care is going to grow and nurses are going to retire in droves, so specific actions related to federal funding, nursing education and planning and hiring practices are needed to ensure a sufficient number of nurses.

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ANA’s recommendations include:

- Increasing federal funding for Title VIII, a program that has seen an average 2 percent funding decrease over the last four years, while the growing demand for RNs and shortages in some areas. ANA advocates an increase of 12 percent for 2015.
- Bolstering nursing education by developing and recruiting more nursing professors and ensuring an adequate number of clinical training sites for nursing students. To meet the needs for new nurses, nursing schools must increase capacity and replace an aging faculty workforce, and increase incentives to teach the next generation of RNs. About 80,000 qualified applicants were turned away from nursing programs in 2012, largely due to a shortage of faculty. A 2013 survey showed that 72 percent of faculty holding full-time teaching positions was over 50 years old, portending a large wave of pending retirements. And nursing faculty salaries generally are lower than what many nurses with advanced degrees could earn in clinical practice. Additionally, securing an adequate number of clinical training sites is an essential part of nursing education.
- A June 2014 report found that most nursing school deans believe a shortage of sites is a problem.

Highly highlighting the importance of the transition from education to practice for the nursing workforce. With so many RNs nearing retirement age, forward-thinking hospitals and other employers should hire new nursing graduates now to learn from experienced RNs.

By a wide margin, “registered nurse” ranks first among all occupations requiring an associate or baccalaureate degree for entry in the projected number of annual job openings through 2022. ANA is focusing efforts this month as Title VIII turns 50 on ensuring that policy makers recognize the employment demands and actions needed to develop a sufficient workforce.
American Nurses Foundation Launches E-tools, Interactive Website to Aid Nurses in Providing PTSD Care

PTSD is a cluster of symptoms that occur when a person experiences or witnesses a threat of injury or death. It is estimated that half a million veterans and military service members suffer the disabling agitation, nightmares and emotional withdrawal that characterize this disorder.

To improve nurse competency in screening and intervening with PTSD in military members, in June of 2013, ANF made an $85,000 grant to the University of Pennsylvania School of Nursing (Penn Nursing) to develop the toolkit. Penn Nursing’s Nancy Hanrahan, PhD, RN, FAAN, led the project at the university. The grant was made possible by funding from the Jessie Ball duPont Fund.

“Nurses often represent the first point of contact for veterans and military personnel seeking care. We want them to have tools to help veterans find the help they need to transition back to civilian life,” Hanrahan said. “The PTSD toolkit’s care interventions maximize the potential for self-care management and help move veterans to providers and programs that can help them. PTSD can be treated and cured. Failed transitions from military life to civilian life are unacceptable outcomes.”

The toolkit, an interactive, PTSD-focused website and an e-learning module, is based on advanced gaming techniques that will provide immediate access to materials for RNs to assess, treat and refer military members and veterans for help with their symptoms. These e-learning tools will certify that an RN is grounded in assessment, treatment, referral and non-stigmatizing educational approaches to self-care and mutual help.

Joining Forces is a national initiative to engage all sectors of society to give our service members and their families the opportunities and support they have earned, led by First Lady Michelle Obama and Jill Biden. In 2012, ANA, in coordination with the Departments of Veterans Affairs and Defense, convened a coordinated effort of more than 160 state and national nursing organizations and more than 500 nursing schools to ensure our nation’s 3.1 million nurses can better meet the unique health needs of service members, veterans and their families. ANF has prioritized support of the ANA Joining Forces initiative as a key component to its mission of “transforming the nation’s health through the power of nursing.”

Next, ANF will distribute the toolkit nationally via nursing publications, websites and through emails and newsletters of nursing associations and schools.

For more information about ANF, visit www.givetonus.org.
Combined Membership Application for ANA/NMNA/ District membership, NMNA

Last name ___________________________ First name ___________________________ MI __________________ DOB: ________________

Check preferred contact ❏ Mail ❏ Email ❏ Please include an alternate email address:

County __________________ State ______ Zip code ___________________________ City _____________________________________________

Fax (______)_______- ________________   Email: _________________________________________________________________

Graduation month/ year _________________________  Highest degree held  _______________________________________

Basic nursing program/ City/ State __________________ ________________________ Lic ense # ____________ License State _____

Fax (______)_______- ________________   Email: _________________________________________________________________

Member of a collective bargaining unit? ❏ YES ❏ NO

Active districts: District 01–Albuquerque; District 02–Santa Fe; District 04–Clovis/Portales; District 10–Raton; District 14–Las Cruces; District 15–Alamogordo; District 16–Gallup and District 19–Farmington, “District” 17 Institute for Nursing Diversity

❏ Trilevel–ANA, NMNA, and Active district membership yearly or monthly $235.00 $20.50

❏ Reduced 50% reduction in membership fees $119.00 $10.42

❏ Not employed ❏ Full time student ❏ Not licensed within 6 months of first licensure $59.50 $5.46

❏ 62 y/o and not earning more than Social Security allows ❏ 62 y/o and not employed or ❏ Totally disabled

Only the following districts are active and receiving membership fees: District 01–Albuquerque; District 02–Santa Fe; District 04–Clovis/Portales; District 14–Las Cruces; District 15–Alamogordo; District 16–Gallup and District 19–Farmington.

❏ Bi-level–ANA, NMNA or District “50” (at large membership–no active district nearby).

❏ Full membership $226.00 $19.34

❏ Reduced 50% reduction in membership fees $113.00 $9.92

❏ Not employed ❏ Full time student ❏ Not licensed within 6 months of first licensure $56.50 $5.21

❏ Special—75% reduction in membership fees ❏ 62 y/o and not employed or ❏ Totally disabled

CHOICE OF PAYMENT

❏ Annual Payment ( submit application with a check payable to ANA for the yearly amount)

❏ Online (www.nursingworld.org—credit card only)

❏ E-Pay (This is to authorize monthly electronic payments to American Nurses Association, Inc. (ANA)). By signing on the line, I authorize NMNA/ ANA to withdraw of 1/12 of my annual dues plus bank fees from my account.

❏ Checking—Please enclose a check for the first month’s payment; the account designated by the enclosed check will be drafted on or after the 15th of each month.

Electronic Deduction Authorization Signature

❏ Automated Annual Credit Card Payment This is to authorize annual credit card payments to American Nurses Association, Inc., (ANA). By signing on the line, I authorize my Constituent Member Association (CMA)/ ANA to charge the credit card listed in the credit card information below for the annual dues on the 1st day of the month when the annual renewal is due.

❏ Monthly Electronic Payment through Credit Card Please complete the credit card information below and this credit card will be debited on or after the 1st day of each month.

CREDIT CARD INFORMATION

❏ VISA ❏ Mastercard

Bank Card Number and Expiration Date _________________________

Authorization Signature ______________________________________

Printed Name on Card ___________________________ Amount ____________

Please mail your completed application to: New Mexico Nurses Association, P. O. Box 29658, Santa Fe, NM 87592 or American Nurses Association Customer and Member Billing, P. O. Box 17026, Baltimore, MD 21297-0405

By signing the Monthly Electronic Deduction Authorization or the Automatic Credit Card Payment Authorization, you are authorizing ANA to change the amount by giving the above-signed thirty (30) days advance written notice. Above signed may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to deduction date designated above. Membership will continue unless this notification is received. ANA will charge a $5 fee for any returned drafts or chargebacks.
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*CME-Designated Activity (1.00 prescribed credits)