The Importance of Your Professional Organizations

Leigh DeRoos, RN, MSN
President of the New Mexico Nurses Association

I often think about the impact of our professional organizations - the New Mexico Nurse Association (NMNA) and the American Nurses Association (ANA) on the nursing profession. Why do we have professional organizations? How does their work influence my practice and the communities that I serve? How do they help me become a safer, more knowledgeable and ethical nurse?

One has to look no further than the revised ANA’s Code of Ethics for Nurses with their Interpretive Statements (ANA, 2015). The nine Provisions that make up our Code are “broad and non-contextual statements of the obligations of nurses” (ANA, 2015). However, “the interpretive statements provide additional, more specific guidance in the application of this obligation to current nursing practice” (ANA, 2015).

Although all of the Provisions can address the questions above, Provision 9 of our Code specifically addresses professional organizations, noting that, “the profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and healthcare policy” (ANA, 2015).

Fundamental to this Code is one of the pillars of nursing – advocacy. NMNA’s mission is “committed to advocating for all licensed nurses, improving health care, and promoting life-long learning for nurses” (NMNA, 2017). The American Nurses Association, which represents more than 3.6 million nurses, advocates “on health care issues that affect nurses and the public” (ANA, 2017).

Matthews (2012) addresses “advocacy activities of professional nursing organizations” and notes that there are several tenets that reflect the importance of advocacy: “unity in advocacy, political advocacy, informing nurses, dissemination of professional knowledge, & professional development.”

• Unity in advocacy means there is power in numbers and in speaking with one voice.

President’s Message continued on page 2
ARE YOU LICENSED TO PRACTICE IN NEW MEXICO?

The New Mexico Nurses Association invites you to join us today...

And help determine the impact of health care reform on nursing practice...

Just because you are receiving this newsletter, it does not mean you are a member of NMNA.

See page 8 for ANA/New Mexico Membership Application and join today!


President's Message continued from page 1

is the largest healthcare profession in this country and we must speak with one voice to advocate for healthcare issues that impact our profession, our patients, and our communities.

• Political advocacy means meeting with our elected representatives at local, state and federal levels to educate and inform them of our position on numerous health care issues that impact our profession and our communities.

• Informing our members on health care issues that can have a significant impact on our profession and practice is accomplished through various communication modalities. NMNA utilizes to directly reach our nursing community.

• Dissemination of professional knowledge begins to occur when NMNA solicits scholarly articles from the nursing community for our peer-reviewed quarterly publication, The New Mexico Nurse. Also, we hold educational and informational forums both to disseminate and to obtain information from nurses in New Mexico on issues that impact our profession. Finally,

• Professional development is offered through a variety of tools: NMNA/ANA offer many educational opportunities via CEU offerings for free or reduced cost to the nursing community. Offerings occur via webinars or in-person workshops and conferences. Non-members have access to most of these educational offerings but at a higher cost. With NMNA’s special interests groups (SIGs), members are taking the lead to facilitate professional growth and development for themselves and for their nurse colleagues.

In keeping with the tenets of advocacy, NMNA, at the state level, constantly monitors for anything that might impact nurses and the communities that they serve. We seek to educate our nurses about issues that might impact their professional practice. The NMNA Board of Directors and Government Relations Committee, along with our NMNA lobbyist, Linda Siegle, and Executive Director Deborah Walker RN, MN, also monitor legislation that could have a negative impact on our practices, our patients, and sometimes our wallets. NMNA networks with other New Mexico nursing organizations and often collaborates with them on proposed initiatives that impact their members and often all nurses. We have several nursing organizations that have affiliated with NMNA, including the NM Native American Indian Nurses Association, the NM Holistic Health Nurses and the NM Nurse Practitioner Council. Since NMNA is nonpartisan, we meet with our elected representatives regardless of their party affiliation at local, state and national levels to educate and inform them of our position on proposed legislation.

Some recent examples of NMNA’s nursing advocacy include:

We are presently holding educational and informational dialogue forums throughout the state on the proposed enhanced Nurses Licensure Compact (eNLC). We are in the process of obtaining additional information about this initiative, based on questions from our members and the broader profession and practice is accomplished through various communication modalities. NMNA utilizes to directly reach our nursing community. Offerings occur via webinars or in-person workshops and conferences. Non-members have access to most of these educational offerings but at a higher cost. With NMNA’s special interests groups (SIGs), members are taking the lead to facilitate professional growth and development for themselves and for their nurse colleagues.

In keeping with the tenets of advocacy, NMNA, at the state level, constantly monitors for anything that might impact nurses and the communities that they serve. We seek to educate our nurses about issues that might impact their professional practice. The NMNA Board of Directors and Government Relations Committee, along with our NMNA lobbyist, Linda Siegle, and Executive Director Deborah Walker RN, MN, also monitor legislation that could have a negative impact on our practices, our patients, and sometimes our wallets. NMNA networks with other New Mexico nursing organizations and often collaborates with them on proposed initiatives that impact their members and often all nurses. We have several nursing organizations that have affiliated with NMNA, including the NM Native American Indian Nurses Association, the NM Holistic Health Nurses and the NM Nurse Practitioner Council. Since NMNA is nonpartisan, we meet with our elected representatives regardless of their party affiliation at local, state and national levels to educate and inform them of our position on proposed legislation.

Some recent examples of NMNA’s nursing advocacy include:

We are presently holding educational and informational dialogue forums throughout the state on the proposed enhanced Nurses Licensure Compact (eNLC). We are in the process of obtaining additional information about this initiative, based on questions from our members and the broader profession and practice is accomplished through various communication modalities. NMNA utilizes to directly reach our nursing community. Offerings occur via webinars or in-person workshops and conferences. Non-members have access to most of these educational offerings but at a higher cost. With NMNA’s special interests groups (SIGs), members are taking the lead to facilitate professional growth and development for themselves and for their nurse colleagues.

In keeping with the tenets of advocacy, NMNA, at the state level, constantly monitors for anything that might impact nurses and the communities that they serve. We seek to educate our nurses about issues that might impact their professional practice. The NMNA Board of Directors and Government Relations Committee, along with our NMNA lobbyist, Linda Siegle, and Executive Director Deborah Walker RN, MN, also monitor legislation that could have a negative impact on our practices, our patients, and sometimes our wallets. NMNA networks with other New Mexico nursing organizations and often collaborates with them on proposed initiatives that impact their members and often all nurses. We have several nursing organizations that have affiliated with NMNA, including the NM Native American Indian Nurses Association, the NM Holistic Health Nurses and the NM Nurse Practitioner Council. Since NMNA is nonpartisan, we meet with our elected representatives regardless of their party affiliation at local, state and national levels to educate and inform them of our position on proposed legislation.

Some recent examples of NMNA’s nursing advocacy include:

We are presently holding educational and informational dialogue forums throughout the state on the proposed enhanced Nurses Licensure Compact (eNLC). We are in the process of obtaining additional information about this initiative, based on questions from our members and the broader profession and practice is accomplished through various communication modalities. NMNA utilizes to directly reach our nursing community. Offerings occur via webinars or in-person workshops and conferences. Non-members have access to most of these educational offerings but at a higher cost. With NMNA’s special interests groups (SIGs), members are taking the lead to facilitate professional growth and development for themselves and for their nurse colleagues.

In keeping with the tenets of advocacy, NMNA, at the state level, constantly monitors for anything that might impact nurses and the communities that they serve. We seek to educate our nurses about issues that might impact their professional practice. The NMNA Board of Directors and Government Relations Committee, along with our NMNA lobbyist, Linda Siegle, and Executive Director Deborah Walker RN, MN, also monitor legislation that could have a negative impact on our practices, our patients, and sometimes our wallets. NMNA networks with other New Mexico nursing organizations and often collaborates with them on proposed initiatives that impact their members and often all nurses. We have several nursing organizations that have affiliated with NMNA, including the NM Native American Indian Nurses Association, the NM Holistic Health Nurses and the NM Nurse Practitioner Council. Since NMNA is nonpartisan, we meet with our elected representatives regardless of their party affiliation at local, state and national levels to educate and inform them of our position on proposed legislation.

Some recent examples of NMNA’s nursing advocacy include:

We are presently holding educational and informational dialogue forums throughout the state on the proposed enhanced Nurses Licensure Compact (eNLC). We are in the process of obtaining additional information about this initiative, based on questions from our members and the broader profession and practice is accomplished through various communication modalities. NMNA utilizes to directly reach our nursing community. Offerings occur via webinars or in-person workshops and conferences. Non-members have access to most of these educational offerings but at a higher cost. With NMNA’s special interests groups (SIGs), members are taking the lead to facilitate professional growth and development for themselves and for their nurse colleagues.

In keeping with the tenets of advocacy, NMNA, at the state level, constantly monitors for anything that might impact nurses and the communities that they serve. We seek to educate our nurses about issues that might impact their professional practice. The NMNA Board of Directors and Government Relations Committee, along with our NMNA lobbyist, Linda Siegle, and Executive Director Deborah Walker RN, MN, also monitor legislation that could have a negative impact on our practices, our patients, and sometimes our wallets. NMNA networks with other New Mexico nursing organizations and often collaborates with them on proposed initiatives that impact their members and often all nurses. We have several nursing organizations that have affiliated with NMNA, including the NM Native American Indian Nurses Association, the NM Holistic Health Nurses and the NM Nurse Practitioner Council. Since NMNA is nonpartisan, we meet with our elected representatives regardless of their party affiliation at local, state and national levels to educate and inform them of our position on proposed legislation.

Some recent examples of NMNA’s nursing advocacy include:

We are presently holding educational and informational dialogue forums throughout the state on the proposed enhanced Nurses Licensure Compact (eNLC). We are in the process of obtaining additional information about this initiative, based on questions from our members and the broader profession and practice is accomplished through various communication modalities. NMNA utilizes to directly reach our nursing community. Offerings occur via webinars or in-person workshops and conferences. Non-members have access to most of these educational offerings but at a higher cost. With NMNA’s special interests groups (SIGs), members are taking the lead to facilitate professional growth and development for themselves and for their nurse colleagues.

In keeping with the tenets of advocacy, NMNA, at the state level, constantly monitors for anything that might impact nurses and the communities that they serve. We seek to educate our nurses about issues that might impact their professional practice. The NMNA Board of Directors and Government Relations Committee, along with our NMNA lobbyist, Linda Siegle, and Executive Director Deborah Walker RN, MN, also monitor legislation that could have a negative impact on our practices, our patients, and sometimes our wallets. NMNA networks with other New Mexico nursing organizations and often collaborates with them on proposed initiatives that impact their members and often all nurses. We have several nursing organizations that have affiliated with NMNA, including the NM Native American Indian Nurses Association, the NM Holistic Health Nurses and the NM Nurse Practitioner Council. Since NMNA is nonpartisan, we meet with our elected representatives regardless of their party affiliation at local, state and national levels to educate and inform them of our position on proposed legislation.

Some recent examples of NMNA’s nursing advocacy include:

We are presently holding educational and informational dialogue forums throughout the state on the proposed enhanced Nurses Licensure Compact (eNLC). We are in the process of obtaining additional information about this initiative, based on questions from our members and the broader profession and practice is accomplished through various communication modalities. NMNA utilizes to directly reach our nursing community. Offerings occur via webinars or in-person workshops and conferences. Non-members have access to most of these educational offerings but at a higher cost. With NMNA’s special interests groups (SIGs), members are taking the lead to facilitate professional growth and development for themselves and for their nurse colleagues.
community of nurses throughout New Mexico. NMNA will ask our Board to vote on the eNLC once we have obtained additional information that answers our inquiries.

At the last New Mexico state legislative session, there was a proposed bill to have people who were interested in becoming a consultant in a specific area to seek licensure in that area and be licensed by the NM Board of Nursing. Initially, Registered Nurses (RNs) would have been required to receive a second license to engage in this activity. RNs were already providing services under their RN license and obtain specialty certification since it is within their scope of practice. Legislative intent was not to have the RN obtain a second license. We often have had to educate our elected officials about our scope of practice, both on this issue and other issues as the need arises.

During our legislative session every year, NMNA issues frequent updates by e-mails on relevant bills being proposed. If the passage of a bill is dependent on just a few votes, an email alert is sent to ask NMNA members to call their elected representative to voice either their support or displeasure on that particular bill. NMNA is a presence at the Round House in Santa Fe every February during our legislative event, Capitol Challenge, where we seek to advance our agenda. Every fall, we have our annual conference for all of our members, in which our elected representatives or their spokespersons are to identify and discuss issues of concern to members and provide direction to the ANA Board of Directors” (ANA, 2017). During Membership Assembly, we have Lobby Day, a nonpartisan event, where we meet with our national elected representatives or their spokespersons to discuss proposed bills at the national level that might impact our professional practice and our communities.

Also, we send one or two NMNA members to ANA’s annual American Nurses Advocacy Institute (ANAI). NMNA members who apply and are selected for the Institute spend several days in Washington, DC to learn the philosophy, the strategies and the policies that facilitate advocacy and leadership development.

Neither our Code of Ethics for Nurses with their Interpretive Statements nor our advocacy efforts would be possible without ANA’s national voice. Space does not allow for details about the wealth of information provided by ANA, but I would be remiss if I did not inform and disseminate information of a major ANA advocacy initiative for nurses where we have the opportunity to advocate for ourselves.

The Healthy Nurse, Healthy Nation™ Grand Challenge is, “an initiative to connect and engage nurses, employers, and organizations around improving health in five areas: physical activity, nutrition, rest, quality of life, and safety” (ANA, 2017). This initiative is a focused plan to increase nurses’ personal wellness. The goal is that by changing nurses’ behaviors to a more healthier life style they can positively influence and act as a role model to family members, their coworkers and their patients resulting in a healthier nation. After joining this initiative, nurses take a health assessment survey and get a “heat map” of their health risk.

Nurses can then pick a focused area to make a health commitment and participate in one of five “health challenges” previously mentioned. Nurses also have the opportunity to network with other nurses for support and shared successes. Nurses are encouraged to repeat the survey annually as a way to map their success.

When you go to ANA’s website for Healthy Nurse, Healthy Nation™ be sure to listen to the podcast “Nurses Healing Their Own,” where two of our own NMNA members Keith Carlson, RN and Camille Adair, RN, who head NMNA’s Healthy Nurse, Healthy NM Interest Group conduct an interview with Dr. Pam Cipriano, RN, President of the American Nurses Association on this topic. I hope all nurses will take time to access ANA’s website for this information at http://www.nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Nurse.

If you have not read our Code of Ethics recently, please take a look at the provisions again and be proud of your profession. Please look at the ninth provision and if you are not an NMNA/ANA member, please join today. We need your voice for advocacy. There truly is power in numbers.

References


Matthews, J., (January 31, 2012) “Role of Professional Organizations in Advocating for the Nursing Profession” DOI: 10.3912/JNINov01Man03


The Healthy Nurse, Healthy Nation,™ be sure to listen to the podcast “Nurses Healing their Own,” where two of our own NMNA members Keith Carlson, RN and Camille Adair, RN, who head NMNA’s Healthy Nurse, Healthy NM Interest Group conduct an interview with Dr. Pam Cipriano, RN, President of the American Nurses Association on this topic. I hope all nurses will take time to access ANA’s website for this information at http://www.nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Nurse.

If you have not read our Code of Ethics recently, please take a look at the provisions again and be proud of your profession. Please look at the ninth provision and if you are not an NMNA/ANA member, please join today. We need your voice for advocacy. There truly is power in numbers.

Experience your ideal career in southern Colorado!

Mercy Regional Medical Center is a full-service, acute care hospital with Level III Trauma designation and a 4:1 nursing ratio. We’re proud to be recognized for Outstanding Patient Experience and Patient Safety Excellence by Healthgrades™, as well as an "A" Hospital Safety rating from The Leapfrog Group. If you are passionate to live in a place described as "paradise," while working with a supportive team that lives up to its mission and values, we want to meet you!

- RN, surgery — full-time, variable shifts, ENOR preferred (job 103597)
- RN, Radiology Support — part-time, days (job 108941)
- RN, Step-down — full- and part-time, nights (jobs 113371, 113369)
- RN, Homecare — full-time, days, per visit (job 108941)
- RN, Medical/Ortho — full-time, days (job 112478)
- RN, Clinic Lead — full-time, days (job 107949)
- Staff RNs — various specialties and shifts (job 100022)

We welcome recent RN grads! Pay starts at $27.32 an hour! Relocation may be offered for select positions. Also hiring for CNAs, MAs and Allied Health.

Apply online or join our talent community:
careers.centura.org

For questions, contact our recruiters:
970-764-3757 | jennifer.coddington@centura.org
970-764-3754 | alison.williams@centura.org

Mercy Regional Medical Center
Centura Health.

Centura Health is an equal opportunity, non-smoking/non-drug testing employer. M/F/D/V.

U.S. Army

INCREASE YOUR SKILLS AND ADVANCE AS A NURSE ANESTHETIST.

As a nurse anesthetist on the U.S. Army or Army Reserve health care team, you’ll develop skills through extensive case diversity, use sophisticated innovative technology and work in advanced facilities, all to help you advance in your career. You may also qualify for other financial benefits, special training assistance and student loan repayment. If you meet the requirements, you may even qualify for a full-tuition doctorate program.

To learn more about a career in the Army Nurse Corps, visit goarmy.com/amedo/nurse or contact SFC Erick Villa, (915)351-6746, Email: chaves.evilta.mill.5@mail.mil.
We are the most trusted profession. As nurses, we listen to people. Listening is fundamental to caring. As we look at issues facing nursing, like burnout and compassion fatigue and the consequential serious need for self-care, it’s fair to ask ourselves, who listens to us? Who can we talk to? And, how safe do we feel in sharing our feelings and experiences?

The need for disclosure is basic to being human. It reflects our need to feel connected. Disclosure can mean sharing secrets, telling the truth, exposure and revelation. Often, when we share our stories and feelings with another, we discover that we are mining our own wisdom. In sharing, we gain clarity, insight and lessen our burdens.

Have you ever come to an important understanding of yourself and your situation after talking to someone? Telling our stories is a process of self-reflection. Listening is a powerful exchange of regard and respect.

In his book, Writing to Heal: A Guided Journal for Recovering from Trauma & Emotional Upheaval, James W. Pennebaker PhD writes on page 4:

“Researchers knew that after emotional upheavals, people are likely to become depressed or ill, experience changes in body weight and sleep habits, and even die of heart disease and cancer at higher rates that the non-traumatized population.

We also found something more striking. Having a traumatic experience was certainly bad in many ways. But those people who had a trauma and kept that experience secret were much worse off. We learned that not talking to others about a trauma places people at an even higher risk for major and minor illness compared to those who did talk about their traumas.” (Page 4)

Many nurses and others in health care have experienced a lack of safety. Health care and nursing culture, in general, are well known for bullying and incivility. We may feel that the trust we are known for may not be available to us from our colleagues and within the workplace.

Is it possible that we may counterbalance some of the challenges of the profession and support our health and well-being by sharing being heard? And if so, how? Looking at trust, what we are known for, is a good place to begin.

Brene Brown, PhD. social scientist and author says, “if you find yourself in struggle with trust, the thing to examine first is how you treat yourself. Because, we can’t ask people to give to us something we do not believe we are worthy of receiving. And, you will know you are worthy of receiving it when you trust yourself above everyone else.”

Brown also quotes author Maya Angelou, who says, “I don’t trust people who don’t love themselves, but say I love you, borrowing from the African Proverb, “be wary of the naked man offering you a shirt.”

In looking at trust, like many of the Healthy Nurse domains we navigate, that which we offer others is also likely that which we are developing in ourselves. Nurses are the most trusted profession. Are we trustworthy in care of ourselves and each other?
The following tips are behaviors that support trust and disclosure:

• Ask if the listener is in a good place to listen
• Practice non-judgement
• Honor confidentiality
• Ask permission before offering feedback
• Engage in no cross talk or interruption of the person talking
• Exercise brevity when talking
• Speak and listen from your heart
• Be curious in both speaking and listening
  • https://greatergood.berkeley.edu/article/item/six_surprising_benefits_of_curiosity
• Engage empathy
• Consider reciprocity. We are more apt to hold space for others in a shared exchange.
• Abstain from gossip (keep it about you) and
• Be aware of the victim, perpetrator, rescuer, relationship triangle in your own story.
  • https://www.psychologytoday.com/blog/fixed-families/201106/the-relationship-triangle

In an ideal world, nurses would hold sacred, caring space for themselves and each other. While we may have a ways to go, this goal is worthy of our careful attention in strengthening the profession from the inside out. In a world where we may have a ways to go, this goal is worthy of our careful attention in strengthening the profession from the inside out.

Finding a counselor, therapist or coach can be a positive way to begin a practice of disclosure. Walking, hiking, working out and engaging in other healthy behaviors as a social activity with a friend or colleague can be a great way to share in each other’s company while caring for our bodies, minds and hearts at the same time.

Marie Manthey’s Nurse Salons are a model for bonding, support and disclosure among nurses. Her story, links and guidelines are in the July 2016, Healthy Nurse | Healthy New Mexico article, page 4. http://www.nursingald.com/publications/1364

During NMNA’s 2017 conference celebrating Nurses Week in May, 150 nurses, including ANA President Pam Cipriano, engaged in Expressive and Therapeutic Writing. Each nurse wrote from their experience and then shared with another nurse. Disclosure occurs between ourselves and the page through writing, and by sharing with another, if we choose.


Based on Pennebaker’s research, we know the benefits of disclosure through expressive and therapeutic writing include:

• Increased immune function
• Decreased insomnia
• Increased functioning at work
• Decreased pain related to arthritis
• Increased lung capacity and decreased incidents of asthma
• Increased working memory (the technical term for the ability to think about complex tasks) and
• Decreased anger

Healthy Nurse, Healthy New Mexico Interest Group

If you are interested in our state-wide Wellness Wednesday Campaign, Nurses Walk NM or would like to join the monthly Healthy Nurse, Healthy New Mexico Interest Group calls, or a Nurses Writing Group, please contact Camille Adair: camille@CamilleAdair.com.

Healthy Nurse, Healthy New Mexico Interest Group

If you are interested in our state-wide Wellness Wednesday Campaign, Nurses Walk NM or would like to join the monthly Healthy Nurse, Healthy New Mexico Interest Group calls, or a Nurses Writing Group, please contact Camille Adair: camille@CamilleAdair.com.

• Visit Healthy Nurse | Healthy New Mexico at: http://www.nmna.org/Main-Menu-Category/HealthyNurseNM
• And, join us on Facebook! https://www.facebook.com/nmna.org/

We are interested in YOU: your stories, your voice, your experience.

Watch for the next HNHNM article featuring the international work of New Mexico’s Barbara Dossey, PhD, RN!

This column is dedicated to the health and wellbeing of nurses in New Mexico and will include interviews, articles, resources and statewide events contributing to an emergent and continuing focus on strengthening the nursing profession from within.

If you are interested in Healthy Nurse | Healthy New Mexico, please visit nmna.org and click on the Healthy Nurse NM tab.
The Nominations Committee is seeking nominees from the NMNA membership for the slate of candidates. Elections will be held electronically in October. PLEASE MAKE SURE THAT YOUR EMAIL IS ACCURATE IN THE ANA DATABASE SO THAT YOU CAN PARTICIPATE BY VOTING IN THE ELECTION. This shall constitute an official notice to members without emails. There will be a notification via email blast out to members with accurate email addresses.

All nominations should be received by October 16. Please send electronically to: dwalker@nmna.org

The New Mexico Nurses Association has four positions that will be filled during the election. A total of six individuals will be needed to serve in these positions.

The following positions for the NMNA Board of Directors will be elected in 2017 and the Committee is seeking nominations for the following:

OFFICERS
• PRESIDENT (2 year term 2017-2019)

As Chair of the Board, represents the membership and the best interests of the organization

• SECRETARY/TREASURER (2 year term 2017-2019)

Assumes responsibility for the Finance Committee and documentation of records for the Board of Directors among other duties

DIRECTOR-AT-LARGE POSITIONS
(2 year term 2017-2019)

Directors conduct the business of NMNA between Annual Meeting/Convention and adopt such policies and procedures and standing rules as needed to carry on business of NMNA
• 2 (2) Director-at-Large positions will be open*

ANA MEMBERSHIP ASSEMBLY REPRESENTATIVES
• Two (2) Representatives will be elected with one (1) alternate (one year term: 2018)

*Additional slots may be available pending adoption of proposed bylaw changes.

If you are interested in advocating for nurses in NM but not yet ready to run for office, please contact the NMNA office at (505) 471-3324. There are many opportunities within NMNA and your involvement is welcomed!!!

The New Mexico Nurses Association has four positions that will be filled during the election. A total of six individuals will be needed to serve in these positions.

The following positions for the NMNA Board of Directors will be elected in 2017 and the Committee is seeking nominations for the following:

OFFICERS
• PRESIDENT (2 year term 2017-2019)

As Chair of the Board, represents the membership and the best interests of the organization

• SECRETARY/TREASURER (2 year term 2017-2019)

Assumes responsibility for the Finance Committee and documentation of records for the Board of Directors among other duties

DIRECTOR-AT-LARGE POSITIONS
(2 year term 2017-2019)

Directors conduct the business of NMNA between Annual Meeting/Convention and adopt such policies and procedures and standing rules as needed to carry on business of NMNA
• 2 (2) Director-at-Large positions will be open*

ANA MEMBERSHIP ASSEMBLY REPRESENTATIVES
• Two (2) Representatives will be elected with one (1) alternate (one year term: 2018)

*Additional slots may be available pending adoption of proposed bylaw changes.

If you are interested in advocating for nurses in NM but not yet ready to run for office, please contact the NMNA office at (505) 471-3324. There are many opportunities within NMNA and your involvement is welcomed!!!

2017 New Mexico Nurses Association
CALL FOR NOMINATIONS

The Nominations Committee is seeking nominees from the NMNA membership for the slate of candidates. Elections will be held electronically in October. PLEASE MAKE SURE THAT YOUR EMAIL IS ACCURATE IN THE ANA DATABASE SO THAT YOU CAN PARTICIPATE BY VOTING IN THE ELECTION. This shall constitute an official notice to members without emails. There will be a notification via email blast out to members with accurate email addresses.

All nominations should be received by October 16. Please send electronically to: dwalker@nmna.org

The New Mexico Nurses Association has four positions that will be filled during the election. A total of six individuals will be needed to serve in these positions.

The following positions for the NMNA Board of Directors will be elected in 2017 and the Committee is seeking nominations for the following:

OFFICERS
• PRESIDENT (2 year term 2017-2019)

As Chair of the Board, represents the membership and the best interests of the organization

• SECRETARY/TREASURER (2 year term 2017-2019)

Assumes responsibility for the Finance Committee and documentation of records for the Board of Directors among other duties

DIRECTOR-AT-LARGE POSITIONS
(2 year term 2017-2019)

Directors conduct the business of NMNA between Annual Meeting/Convention and adopt such policies and procedures and standing rules as needed to carry on business of NMNA
• 2 (2) Director-at-Large positions will be open*

ANA MEMBERSHIP ASSEMBLY REPRESENTATIVES
• Two (2) Representatives will be elected with one (1) alternate (one year term: 2018)

*Additional slots may be available pending adoption of proposed bylaw changes.

If you are interested in advocating for nurses in NM but not yet ready to run for office, please contact the NMNA office at (505) 471-3324. There are many opportunities within NMNA and your involvement is welcomed!!!

2017 New Mexico Nurses Association
CALL FOR NOMINATIONS

The Nominations Committee is seeking nominees from the NMNA membership for the slate of candidates. Elections will be held electronically in October. PLEASE MAKE SURE THAT YOUR EMAIL IS ACCURATE IN THE ANA DATABASE SO THAT YOU CAN PARTICIPATE BY VOTING IN THE ELECTION. This shall constitute an official notice to members without emails. There will be a notification via email blast out to members with accurate email addresses.

All nominations should be received by October 16. Please send electronically to: dwalker@nmna.org

The New Mexico Nurses Association has four positions that will be filled during the election. A total of six individuals will be needed to serve in these positions.

The following positions for the NMNA Board of Directors will be elected in 2017 and the Committee is seeking nominations for the following:

OFFICERS
• PRESIDENT (2 year term 2017-2019)

As Chair of the Board, represents the membership and the best interests of the organization

• SECRETARY/TREASURER (2 year term 2017-2019)

Assumes responsibility for the Finance Committee and documentation of records for the Board of Directors among other duties

DIRECTOR-AT-LARGE POSITIONS
(2 year term 2017-2019)

Directors conduct the business of NMNA between Annual Meeting/Convention and adopt such policies and procedures and standing rules as needed to carry on business of NMNA
• 2 (2) Director-at-Large positions will be open*

ANA MEMBERSHIP ASSEMBLY REPRESENTATIVES
• Two (2) Representatives will be elected with one (1) alternate (one year term: 2018)

*Additional slots may be available pending adoption of proposed bylaw changes.

If you are interested in advocating for nurses in NM but not yet ready to run for office, please contact the NMNA office at (505) 471-3324. There are many opportunities within NMNA and your involvement is welcomed!!!

2017 New Mexico Nurses Association
CALL FOR NOMINATIONS

The Nominations Committee is seeking nominees from the NMNA membership for the slate of candidates. Elections will be held electronically in October. PLEASE MAKE SURE THAT YOUR EMAIL IS ACCURATE IN THE ANA DATABASE SO THAT YOU CAN PARTICIPATE BY VOTING IN THE ELECTION. This shall constitute an official notice to members without emails. There will be a notification via email blast out to members with accurate email addresses.

All nominations should be received by October 16. Please send electronically to: dwalker@nmna.org

The New Mexico Nurses Association has four positions that will be filled during the election. A total of six individuals will be needed to serve in these positions.

The following positions for the NMNA Board of Directors will be elected in 2017 and the Committee is seeking nominations for the following:

OFFICERS
• PRESIDENT (2 year term 2017-2019)

As Chair of the Board, represents the membership and the best interests of the organization

• SECRETARY/TREASURER (2 year term 2017-2019)

Assumes responsibility for the Finance Committee and documentation of records for the Board of Directors among other duties

DIRECTOR-AT-LARGE POSITIONS
(2 year term 2017-2019)

Directors conduct the business of NMNA between Annual Meeting/Convention and adopt such policies and procedures and standing rules as needed to carry on business of NMNA
• 2 (2) Director-at-Large positions will be open*

ANA MEMBERSHIP ASSEMBLY REPRESENTATIVES
• Two (2) Representatives will be elected with one (1) alternate (one year term: 2018)

*Additional slots may be available pending adoption of proposed bylaw changes.

If you are interested in advocating for nurses in NM but not yet ready to run for office, please contact the NMNA office at (505) 471-3324. There are many opportunities within NMNA and your involvement is welcomed!!!
The purpose of this article is to provide readers with some background information on the Pilates method, and its application for rehabilitation in a hospital setting. There is little literature that includes Pilates as the primary rehabilitation tool for hospitalized patients. However, nurses could introduce simple postural Pilates principles to help patients with daily functioning.

The Pilates method was created by German born Joseph Pilates in the early 1900s. He suffered from asthma and other illnesses. He used a holistic approach to health, incorporating exercise as the primary tool to help improve his health condition. His method was based on the Greek ideal of a perfectly balanced body, mind, and spirit. He developed his own exercise system based on this concept. He defined his method as a corrective system of exercises that reeducates the body to execute movements with a high level of control and efficiency. At the start of World War I, Joseph Pilates was in England and was captured due to being an enemy alien. He worked at a hospital, and in order to help some of the prisoners to rehabilitate after being confined to bed rest, he used the bed springs to assist with the exercises included in his rehabilitation program. He claimed that his exercise method helped his trainees not to be debilitated by the influenza epidemic that struck England in 1918.

The primary principle of the Pilates method is that all the movements initiate from the center of the body, what he called the “powerhouse.” In current literature the powerhouse is referred as “core muscles.” Several research studies have shown the positive effects of this type of exercise modality to combat lower back pain. Pilates also works on flexibility, muscle strength and endurance.

A few studies have shown the efficacy of Pilates as a viable method for hospitalized patients. Sarmento, Pinto, da Silva, Cabral, & Chiavegato (2017) compared the effect of conventional physical therapy and Pilates on function, hospitalized patients. Sarmento, Pinto, da Silva, Cabral, & Chiavegato (2017) compared the effect of conventional physical therapy and Pilates on function, hospitalization, and exercise ability in hospitalized chronic renal patients. There was no significant difference in functionality, respiratory muscle strength, and aerobic capacity after the 5th, 10th session or at discharge, between the two methods. A case study was also used to examine the impact of a Pilates-based rehabilitation program on reducing fall risk in an elderly woman after a hip fracture (Stivala & Hartley, 2014). Pilates exercises were used to increase core strength and dynamic stabilization during the performance of functional activities. The patient increased her strength and decreased her risk of falling.

The best documented data on the effects of Pilates for a hospital-based resistance exercise in acutely-ill elderly patients was published on the BMC Geriatrics Journal (Mallery et al., 2003). They found that only a select group of participants were able to participate without contraindications to exercise. In these participants, Pilates-based exercises can be successfully performed shortly after hospitalization, and the participation adherence was moderately high. They concluded that further studies are needed to determine if resistance exercise modalities can prevent hospital-related deconditioning in mobility and functionality.

Preventing and treating fitness deconditioning during hospitalization is of great importance for health professionals. Even though there is not enough data on the optimal exercise prescription needed to prevent muscle loss and decreased muscle strength, emphasis should be put in increasing interventions that can help patients in these situations, addressing safety and efficacy of treatment. A health care plan to prevent and treat low baseline fitness level

Pilates for Patient Care continued on page 8
of patients prior to hospital admission is crucial to counteract the decline due to bed rest. This article provides some insight into the advantages of the Pilates method for patient care under the supervision of a qualified health professional who can monitor the safety, posture and positions of the basic Pilates exercises.

References

Proactively Protecting the Nursing License and Casting Off Helplessness

Dr. Karen L. Brooks, Esq., EdD, MSN RN
Graduate Nursing Lead Faculty
(Remote: Santa Fe, New Mexico)
College of Online and Continuing Education
Southern New Hampshire University

This column on nursing liability considers how learned helplessness might be an influencing factor on whether or not nurses choose to protect the nursing license, that is, to insure their license. The concept of learned helplessness is usually portrayed in health care and nursing literature in terms of how it affects patient behavior when coping with illness events. A perception of decreased autonomy over one’s circumstances and a sense of non-accountability are offered as examples of how learned helplessness can manifest for those patients facing disruptions in health status and other traumatic events.

Several common reasons nurses offer for not protecting (insuring) the license sound like something very much akin to learned helplessness. Nurses, those new in professional practice and those with many years of practice experience in nursing, offer similar rationales for not insuring the license. These notions include:

1. not recognizing the need for liability insurance as someone else will be more responsible or accountable (than the nurse)
2. the topic was never discussed with the nurse as a student or while in practice
3. a fear that having liability insurance is more likely to expose the nurse to legal causes of action or board of nursing investigations
4. the workplace does not encourage or support nurses insuring the license, in fact just the opposite; nurses are led to believe that the health care organization will “take care of” or protect the nurse in the event of a legal issue.

In considering the aforementioned reasons, some persistent themes evoke a certain measure of helplessness. These include an over-reliance on those persons or structures, perceived by the nurse, to be higher in authority, a diminished view of one’s autonomy in professional practice and a willingness to rely on external information as opposed to seeking to educate oneself about the topic at hand. Further, the willingness on the part of the nurse to allow one’s own professional practice to be placed in potential legal jeopardy suggests that the incorrect beliefs are deeply rooted and not easily subject to change.

It is recommended that education about the importance of nursing liability insurance and ongoing discussions about the protections offered by insurance begin in basic nursing educational programs and continue throughout the program of study. Learning opportunities about nursing liability can also be incorporated into incident reviews and safety events in the healthcare organization. Admittedly, educating leadership in the healthcare organization about the importance of nurses insuring their own licenses can be a challenge. Suggesting that nurses practicing safely and proactively under their licenses (meaning nurses insuring their individual licenses) also positively contributes to the delivery of safe and quality patient care in the healthcare organization may be a persuasive way to start.

Presbyterian Healthcare Services is a locally owned, not-for-profit healthcare system comprised of eight hospitals, a statewide health plan, and a growing multi-specialty medical group. Founded in New Mexico in 1908, it is the state’s largest private employer, with approximately 11,000 employees. We have a variety of openings throughout New Mexico for nurse managers and nurses in inpatient and outpatient settings, including:

- Emergency Department
- ICU
- Labor & Delivery
- Oncology
- Outpatient Family Practice
- Operating Room/Recovery Room

We offer competitive salaries, sign-on bonuses, relocation, day-one benefits packages, and wellness programs. To learn more about career opportunities at Presbyterian, contact Janna Christopher at jchristop2@phs.org, (505) 923-5239. To apply directly, please visit phs.org/careers.

AA/EOE/VET/DISABLED. PHS is committed to ensuring a drug-free workplace.

Make every moment of your life count for more here.

October, November, December 2017

The New Mexico Nurse • Page 9
Preserving the Power of Antibiotics

About Get Smart

Antibiotic resistance causes serious harm around the world and in our own communities—much of it due to inappropriate use of antibiotics. HealthInsight’s Get Smart: Preserving the Power of Antibiotics initiative is your chance to take a stand for eliminating this harm.

Get Smart is a quality improvement and education initiative, aligned with the Centers for Disease Control and Prevention’s (CDC) Get Smart: Know When Antibiotics Work program, to support clinics and other outpatient facilities in implementing antibiotic stewardship to combat antibiotic resistance.

Reaching 500 clinics and facilities in our four-state region, Get Smart applies antibiotic stewardship principles at the point of care, where antibiotics are being prescribed. HealthInsight’s experienced staff bring up-to-date information on appropriate prescribing practices, as well as supporting clinicians in educating patients about avoiding antibiotics when not warranted.

As a Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO), HealthInsight is experienced in antibiotic stewardship through our hospital and nursing home initiatives on preventing healthcare-associated infections. Through Get Smart, we are working directly with outpatient prescribers, with the goal of increasing the number of clinics and facilities that have incorporated all Core Elements of Outpatient Antibiotic Stewardship (CDC, 2016) by 2019.

Who can participate?

- Medical practices and outpatient clinics
- Federally Qualified Health Centers
- Hospital emergency departments
- Public health clinics
- Outpatient pharmacies and pharmacy-based clinics
- Urgent care

Benefits

You will...

- Receive education on the Core Elements of Outpatient Antibiotic Stewardship (AS), risks of misuse/overuse of antibiotics in health care and how to talk with patients about antibiotics
- Gain experience in determining which Core Elements of AS your facility has in place or needs to implement
- Acquire tools to assess for and implement AS, including patient outreach and education materials
- Have an opportunity to participate in a multidisciplinary advisory team on AS
- Network with and learn from other local, regional and national experts working together on AS
- Participate in educational activities that promote and spread AS best practices in outpatient settings

Expectations

You will...

- Agree to remain active in Get Smart through July 2019
- Agree to publicly disclose participation in this initiative
- Form an interdisciplinary team to incorporate the Core Elements of Outpatient AS into practice
- Identify a clinic lead (administrator) and a staff champion (day-to-day leader)
- Participate in educational network events, other education sessions, webinars and conferences
- Share results, best practices and lessons learned

Visit healthinsight.org/getsmart to sign up today!


This material was prepared by HealthInsight, the Medicare Quality Innovation Network-Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 11SOW-C.3.10-17.02 3/8/17

Checklist for Core Elements of Outpatient Antibiotic Stewardship

Outpatient clinicians and health care facilities can take steps to implement antibiotic stewardship
activities. Use this checklist as a baseline assessment of policies and practices which are in place. Then use the checklist to review progress in expanding stewardship activities on a regular basis (e.g., annually).

Commitment

1. Can your facility demonstrate dedication to and accountability for optimizing antibiotic prescribing and patient safety related to antibiotics?  
   - Yes  
   - No
   If yes, indicate which of the following are in place (select all that apply):
   - Write and display public commitments in support of antibiotic stewardship.
   - Identify a single leader to direct antibiotic stewardship activities within a facility.
   - Include antibiotic stewardship-related duties in position descriptions or job evaluation criteria.
   - Communicate with all clinic staff to set patient expectations.

Action

2. Has your facility implemented at least one policy or practice to improve antibiotic prescribing?  
   - Yes  
   - No
   If yes, indicate which of the following are in place (select all that apply):
   - Use evidence-based diagnostic criteria and treatment recommendations.
   - Use delayed prescribing practices or watchful waiting, when appropriate.
   - Provide communications skills training for clinicians.
   - Require explicit written justification in the medical record for non-recommended antibiotic prescribing.

Tracking and Reporting

3. Does your facility monitor at least one aspect of antibiotic prescribing?  
   - Yes  
   - No
   If yes, indicate which of the following are in place (select all that apply):
   - Self-evaluate antibiotic prescribing practices. (This intervention only applies to solo practitioners or practices with fewer than 5 clinicians as long as all clinicians participate.)
   - Participate in continuing medical education and quality improvement activities to track and improve antibiotic prescribing. (This intervention only applies if all clinicians in the practice participate in the activity.)
   - Track and report antibiotic prescribing for one or more high priority conditions.
   - Track and report the percentage of all visits leading to antibiotic prescriptions.
   - If already tracking and reporting one of the above, track and report, at the level of a health care system, complications of antibiotic use and antibiotic resistance trends among common outpatient bacterial pathogens.
   - Assess and share performance on quality measures and established reduction goals addressing appropriate antibiotic prescribing from health care plans and payers.

Education and Expertise

4. Does your facility provide resources to clinicians and patients on evidence-based antibiotic prescribing?  
   - Yes  
   - No
   If yes, indicate how your facility provides antibiotic stewardship education to patients (select all that apply):
   - Use effective communications strategies to educate patients about when antibiotics are and are not needed.
   - Educate about the potential harms of antibiotic treatment.
   - Provide patient education materials.
   - Provide face-to-face educational training (academic detailing).
   - Provide continuing education activities for clinicians.
   - Ensure timely access to persons with expertise.

Checklist provided by Centers for Disease Control and Prevention and Centers for Medicare & Medicaid Services (CMS). This material was prepared by HealthInsight, the Medicare Quality Innovation Network-Quality Improvement Organization, under contract with the CMS, an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.
Mesilla Valley Hospital is a 120 bed, free-standing psychiatric hospital in Las Cruces, New Mexico that provides mental health and addiction treatment to adolescents and adults.

OPEN POSITIONS – RN PSYCHIATRIC
Day & Night shifts (8 hours and weekend doubles) Full time and PRN positions.

Full Time positions with a full benefit package after 30 days.
- Competitive Salaries
- Awesome Shifts Differentials for evenings, nights and weekends – up to $10 per hour for weekend nights
- Our FT employees obtain PTO and ELB (Extended Leave) Accruals
- Medical
- Dental
- Vision
- Employee assistance program
- Life insurance
- Long term disability benefits
- Short term disability benefits
- 401(k) plan

Go to Mesilla Valley Hospital website to apply:
http://mesillavalleyhospital.com/

LEAD WITH YOUR PASSION TO HELP OTHERS
Take your education and skills to the next level

Earn your RN to BSN, MSN or DNP degree 100% online to meet high industry demand and improve patient outcomes.

Take the next step in your nursing career today.
gcu.edu/NMNurse

FIND YOUR PURPOSE
GRAND CANYON UNIVERSITY

COLLEGE OF NURSING & HEALTH CARE PROFESSIONS

Mesilla Valley Hospital

Heart Hospital of New Mexico
at Lovelace Medical Center

Lovelace Medical Center and the Heart Hospital of New Mexico at Lovelace Medical Center have a variety of opportunities for RNs to grow in their career at Lovelace.

• ICU
• Emergency Dept
• Coronary Care
• Cardiovascular Intensive Care
• Intermediate Care
• Medical Oncology
• Med/Surg
• Neuroscience
• Ortho/Surgical/Spine
• Surgical Services

Full time and Per Diem/Seasonal Opportunities available
Shift Differentials, Certification Pay

love the difference you make at Lovelace!

Apply today at Lovelace jobs or contact Jennifer.Preston@lovelace.com.

lovelace.com