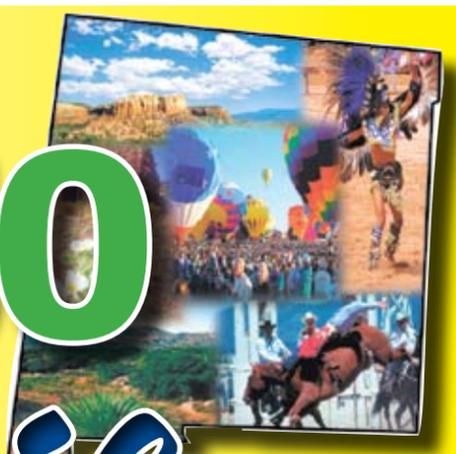


The NEW MEXICO Nurse



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NIMNA

**NEW MEXICO NURSES
ASSOCIATION**

A Constituent Member Association of the American Nurses Association

Quarterly circulation approximately 25,000 to all RNs, LPNs, and Student Nurses in New Mexico.

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Leadership and Self-Advocacy

by **Dr. Leslie D. Paternoster**
Part 3 of 4

This is the third article discussing the transformational leadership style and self advocacy. In the last two issues of the *New Mexico Nurse*, the first two attributes of the transformational leadership style proposed by Burns (1978) were introduced and discussed. Here is a summary of the last two attributes; inspirational motivation and intellectual stimulation. Inspirational Motivation is used by being optimistic about your expectations, believing nurses are part of a cohesive unit and knowing they are the ones you can count on to help. This attribute helps you empower people. Enthusiasm and optimism are a true part of this attribute. More than ever when you are working with nurses who are new to your unit, the ability to communicate your expectations clearly is crucial. The 2nd attribute is Intellectual Stimulation. The definition for this attribute according to Northouse (2001) is "leadership that stimulates followers to be creative and innovative and to challenge their own beliefs and values as well as those of the leader and organization" (p.138). This approach will help nurses think critically and engage in evidenced based practices to ensure their units are up to date on current practice. An example is of a leader who works with more established nurses to develop ways to solve problems that have caused turmoil or questions on the unit. When considering all the new medications and treatments for our patients, it is imperative that nurses work to keep their practice relevant.

The third attribute of Burn's theory is Individualized Consideration. According to Northouse (2001), this attribute is "representative of leaders who provide a supportive climate in which they listen carefully to the needs of the followers" (p. 138). Think of a manager you have had in the past who spent time treating each employee in a caring way. Did you notice the difference? Another important task in nursing is delegation. The true purpose of delegation is to help followers grow through personal challenges. Think about when you delegate tasks to a nurse or nurse's aide. What is your reason for doing it? Is it because you do not have the time? Or are you trying to help this nurse learn and grow through your supervision? It is crucial that we, as nurses, care for each other, help each other learn, and challenge the notion that

we eat our young. When we realize the different levels of nurses we have on our units we should realize that they all need support, understanding, and a helpful hand. Utilizing this attribute can help move followers to accomplish more than what is usually expected of them. They become motivated to transcend their own self-interests for the good of the group (Northouse, 2001).

Let's review Benner's (1984) theory of skill acquisition, which is actually the Dreyfus brother's theory that Benner was wise enough to apply to the world of nursing (Benner, 1984). Nursing students that come to your workplace to learn are considered novice nurses. It is crucial for the profession that we support and guide these up and coming nurses in an individualized manner. Each student nurse needs to feel worthy and valued. Remember back when you were in nursing school. What great amounts of information you had to process. According to Benner (1984), it takes each nurse 2-3 years to become competent. This means we as more experienced nurses need to continue to mentor and support these nurses for at least 2-3 years. How often have you thought about the amount of time we give for orientation? An orientation time of 2-8 weeks doesn't even begin to address the amount of support new nurses will need.

To reiterate the third attribute of the transformational style of leadership, idealized influence is one tool that can help you support the nurses you work with on a daily basis. Utilizing the three attributes discussed so far: Intellectual Stimulation, Inspirational Motivation and Idealized Influence; take the challenge to incorporate these attributes into your work life. Smile more, encourage more, and in general take care of the people you work with. In the next edition of the *New Mexico Nurse*, we will finish up this series. I look forward to pulling it all together for you in the hope you can become a better, more supportive leader.

References

- Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park: Addison-Wesley.
- Burns, J.M. (1978). *Leadership*. Harper Torchbooks: New York.
- Northouse, P. (2001) *Leadership: Theory and practice* (2nd Ed.). Thousand Oaks: Sage.

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American Assn. of Critical Care Nurses (AACN)
Albuquerque Chapter, P.O. Box 36546
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American Assn. of Nurse Assessment Coordinators

www.aanac.org a website for members of assn. of Long Term Care MDS Coordinators, offering CNE, on-line discussion, latest news updates.
1873 S. Bellaire Street, Suite 800
Denver, CO 80222
1-800-768-1880, Contact: Debbie Hoellen

American Nurses Association

8515 Georgia Avenue - Suite 400
Silver Spring, MD 20910
1-800-274-4ANA
www.nursingworld.org

American Society for Pain Management Nursing

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4401 Royene Ave. NE, Albuquerque, NM 87110
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New Mexico Association of Neonatal Nurses

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New Mexico Board of Nursing

6301 Indian School, NE, Suite 710
Albuquerque, NM 87110
(505) 841-8340

New Mexico Developmental Disabilities Nurses Association

Contact Person: Judi Murphy
(505) 332-6820 or jmurphy@arc-a.org

NM Emergency Nurses Association (ENA)

Contact information, meeting dates, etc. can be found at www.nmena.com

NM Native American Indian Nurses Association

PO Box 26674, Albuquerque, NM 87125
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New Mexico Nurse Practitioner Council

Contact any Board of Directors Member at nmnp@nmnp.org

New Mexico Organization of Nurse Executives

PO Box 4491
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www.nmone.org

NM School Nurses Association (NMSNA)

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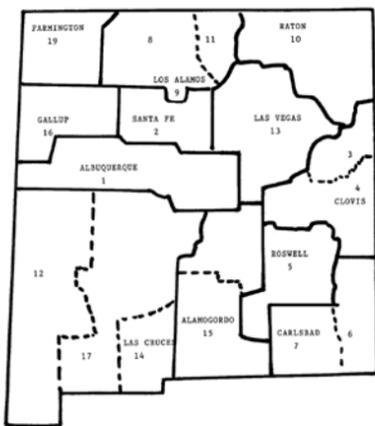
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NM Nurses Association: www.nmna.org

Information on the organization, calendar of events, legislative update, on line registration for workshops, job listings for all kinds of health care jobs, and Continuing Education applications for workshops for nurses.

NM Board of Nursing: www.bon.state.nm.us

Lists board meeting dates, download the Nursing Practice Act, Rules and Regulations, download renewal forms, complaint forms, get information on recent rules and regulation changes, get names of board members.

NM Center for Nursing Excellence:

www.nmnursingexcellence.org

Information on NMCNE activities to lessen the nursing shortage, recognize nurses for their accomplishments, Links to nursing organizations, workforce reports and much, much more.

NM Nurse Practitioner Council:

www.nmnpc.org

Information on the organization, activities, legislative initiatives, and formulary for sale to NPs.

American Nurses Association:

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Membership, bookstore to buy standards of various nursing practices, the Code of Ethics for Nurses, Online Journal of Nursing, press releases on various legislative initiatives, connections to state (constituent) nurses associations, American Nurses Credentialing Center, and the American Academy of Nursing.

Exceptional Nurse: www.ExceptionalNurse.com

A nonprofit resource for nurses and students with disabilities. The email address is exceptionalnurse@aol.com.

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New Mexico Nurses Association is committed to advocating for all licensed nurses, improving health care, and promoting life-long learning.

Core Values

- Promote the professional and educational advancement of nurses.
- Develop alliances with other professional health care organizations on issues affecting nurses and health care.
- Enhance recognition of the contribution of the nurse in health care.
- Promote high standards of nursing practice by upholding the integrity of the New Mexico Nursing Practice Act.
- Improve access to health care services by expanding opportunities for nurses.
- Foster personal and professional self-advocacy.
- Advocate for nurses through legislative, regulatory, and policy making endeavors.

revised 06/03/2008

Legislative Session Different Than Most

Linda Siegle
Lobbyist NMNA

As most legislative sessions go this was a strange one. Starting off slowly is not unusual for the New Mexico Legislature, but going home two long weekends the first two weeks certainly is. In a "normal" 60-day legislative session, over 2000 bills, memorials or constitutional amendments are introduced. Just over 1500 pieces of legislation were introduced this session. Only two hundred eighty-four bills actually passed in the frenzied last two weeks. The last Richardson administration 60-day session saw over 700 bills passed. The new governor signed 186 of those bills; vetoed 35 bills; and pocket vetoed 63 (just let them die without signing or vetoing). The last hour of the session from 11 a.m to 11:55a.m. on March 19th was spent in filibuster in both chambers. Some important legislation failed to pass including the \$220 million plus capital outlay bill. Some call it the pork bill, but it builds many essential structures, water systems and roads in New Mexico and creates jobs.

Health care bills were a hot topic for our one hundred twelve legislators. One of the most debated

and controversial topics was the creation of a federally mandated health insurance exchange. Though the state does not *have* to create a health insurance exchange by January 2013, if we don't we must participate in the federal exchange system. All legislators agreed in hearings held during last summer that no one thought being part of the federal exchange was a good idea. The various bills morphed into one bill identified as SB38/SB370 combined and passed both chambers primarily along party line. The governor vetoed the bill indicating that we would still have time to reach a compromise on this issue in future legislative sessions perhaps even the special redistricting session to be held in September of this year.

One important bill to nurses that passed and was signed was Senator Feldman's SB14, the workforce data collection bill. Expect to see many more questions about where you work, what is your specialty, when do you expect to retire, etc. on your next renewal of license. Every health care licensing board is now required to collect essential demographic information, practice status, practice type, hours worked and other data so that we can better plan for our workforce needs.

Unfortunately a number of proactive pieces of legislation benefiting health care and nursing failed to pass in the waning days of the session. Rep. Eleanor Chavez's HB103 which would have created a mechanism to coordinate all our schools of nursing curriculum languished on the Senate floor failing to get a vote after the filibuster started. A bill to fix problem language in an existing statute concerning imaging including ultrasound and other procedures that nurses routinely perform died in the House. You will hear more about this in the future as we work to improve the language in the next legislative session.

The super board review bill introduced every session which would mandate that all scope of practice changes be reviewed by a committee chaired by the Dean of Medicine at UNM was killed once again. Most nurses believe that the Board of Nursing is competent to determine nurses' scope of practice.

Look for a 10-14 day special redistricting session sometime in September this year. It is likely to be contentious because of the division of power with a Democratically controlled House and Senate and a Republican governor. The last time we did redistricting in 2002 when Governor Gary Johnson presided, the court ended up deciding the legislative and congressional districts.

Let's hope some of that rain along the Mississippi River comes to New Mexico soon.

The Institute of Medicine/Robert Wood Johnson Foundation report: The Future of Nursing: Leading Change, Advancing Health

The IOM finds that with more than three million (3,000,000) nurses, we are the largest segment of the nation's health care workforce, and working in almost every single type of health care facility, nurses must have a larger role in the development of health care delivery systems to realize the objectives set forth in the 2010 Affordable Care Act.

The report outlines four key messages that structure the recommendations presented in the report:

1. Nurses should practice to the full extent of their education and training.

Because licensing and practice rules vary across states, the regulations regarding scope of practice have varying effects on different types of nurses in different parts of the country. Consequently the tasks nurses perform are determined not by their education and training but by the unique state laws under which they work.

The report offers recommendations to state legislators, Congress, the Center for Medicare and Medicaid, and the Federal Trade Commission related to changes in regulations required to allow nurses to practice to the full extent of their education and licensure. The federal government was urged to promote changes that would provide incentives for the adoption of best practices.

Residency programs for new nurses in both hospitals and large health systems AND in smaller facilities and community settings are needed to reduce the high turnover rates of new nurses.

New Mexico was chosen as one of the first fifteen states to begin working on these recommendations, partly we think, because of our strong nursing practice act that allows

registered nurses to expand their practice with education, experience and documented expertise, and allows nurse practitioners and clinical nurse specialists to practice independently with independent prescriptive authority, and certified registered nurse anesthetists to practice almost independently. There are still issues with practicing to the full extent of educational scope in so far as some facilities do not allow Advanced Practice Registered Nurses (APRNs) to practice independently, some facilities' Medical Staff will not allow APRNs to admit or follow or discharge patients in the facility. Some insurance companies take months and months and often multiple submissions of paperwork in order for APRNs to be "credentialed" by them to bill for services rendered. *There was a bill in the legislature in 2011 to require facilities and insurers to more expeditiously credential these health care providers, but it did not get through the process and get signed by the Governor.*

As we reported in January, the NM Center for Nursing Excellence has been working with the U of Idaho on a program that provides rural newly licensed nurses a one-year residency in their rural facility, using computer programs and preceptors trained to work with them. The program graduated their first group recently, and the preceptors and new RNs were very pleased with the program. NMCNE is working to expand this program to more rural facilities. The only other residency programs we know of in NM are in Alamogordo at Gerald Champion Regional Medical Center and at UNM Hospitals. At this time there is no plan for legislative support for residency programs.

2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression. The nursing education system must be improved to provide leadership, health policy, system

improvement, search and evidence-based practice, teamwork and collaboration, as well as competency in specific content areas including community, public health and geriatrics.

Education should include opportunities for seamless transition into higher degree programs: LPN→A.D.N.→BSN→MSN→PhD/Doctor of Nursing Practice, and should be educated with physicians and other health professionals as students and throughout their careers.

To improve quality of care, emphasis must be placed on greater diversity in the nursing workforce in areas of gender and race/ethnicity.

The New Mexico Nursing Education Consortium (NMNEC) consisting of representatives from every public nursing education program and many proprietary programs and affiliated professional groups has been working for almost two years to outline a coordinated curriculum used by all that would allow for dual enrollments in A.D.N. and B.S.N. programs with seamless movement from one to the other without barriers of having to repeat courses at a higher academic level. Additionally NMNEC has been helping schools to develop Memoranda of Agreement between the community college and University levels so that specialized faculty, classroom and technology laboratories can be share. There are still some major areas to work out, but New Mexico is moving forward with the process and over the next few years nursing education should be much more flexible for students. *There was a bill in the legislature in 2011 requiring the development of a statewide nursing curriculum to improve seamless movement from one program to another, however it, too, did not get through the process and signed.*

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Future of Nursing continued from page 5

The legislature in the past has been very supportive of Nursing Faculty Loan for Service programs so that nursing faculty needing to complete their M.S.N. or doctorate could receive tuition funds and pay the funds back by serving as faculty in a publicly funding program for a period of time. In addition the legislature has provided funds to expand nursing programs. *The amount of money available for these programs is limited at this point, given the economy.*

Statistics and nursing research, leadership and change theory are part of B.S.N. and M.S.N. educational curricula, and facilities are beginning to encourage their staff nurses to do literature searches and develop projects to reduce identified patient care issues on individual units, and evidence-based practice is frequently found in nursing journals. As more and more nurses develop competence in reading and judging the validity of research reports, leadership competence will increase.

- 3. Nurses should be full partners, with physicians and other health care professionals in redesigning health care in the United States.** As leaders, nurses must act as full partners in efforts to redesign the healthcare systems, be accountable for their own contributions and work collaboratively with leaders of other professions.

As a full partner, nurses will be responsible for identifying problems and areas of waste, devise and implement improvement plans, track improvement over time, and make necessary adjustments to realize the established goals. Nurses will participate in and lead decision making and work on health care reform-related implementation efforts, and should serve on advisory boards to develop policies to advance health systems and improve patient care.

Nursing education programs must imbed leadership competencies throughout, and leadership development and mentoring programs must be made available to nurses at all levels in a culture that promotes and values that leadership.

UNM/ Robert Wood Johnson Foundation have a PhD in health policy that many nurses are enrolled in, and at the master's level health policy and leadership have been in the curriculum for more than twenty years and continues to have a major part in MSN education. Current nursing leaders have been working toward the day when nurses are "at the table" with other health professionals, making decisions, setting policy, reviewing systems and implementing changes to improve health care delivery.

- 4. Effective workforce planning and policy making require better data collection and an improved information infrastructure.** Planning will require comprehensive data on the numbers and types of health professionals currently available and required to meet future needs. Once this improved system is in place, systematic assessment and projection of workforce requirements by role, skill mix, region, and demographics will be needed to inform changes in nursing practice and education. Accurate predictions of workforce needs and the coordinated collection of data on the healthcare workforce must occur at the state and regional levels, and the data collected must be timely and publicly accessible.

Over the past five years the NM Center for Nursing Excellence's Research Committee and their Executive Director, Pat Boyle, has been working with the NM Board of Nursing, and the Higher Education Department to outline the data collection needs of the nursing profession in New Mexico. Because of the work done with the Board of Nursing much of the data needed to be able to understand the current number and makeup of licensed nurses is already being gathered at the time of license renewal. The NM Higher Education Department had included a number of our questions related to capacity of the nursing programs to accept as many qualified applications as applied, what needs they have for faculty, classrooms, labs, and more.

Although New Mexico, like the rest of the country, will eventually be hit with the dual problem of baby boomers a) retiring, and b) requiring more health care themselves, the economic downturn starting in 2008 has delayed many retirements and encouraged many nurses approaching retirement to keep working full time and to not decrease the number of days a week they work. Although it seems that some newly licensed nurses are having some difficulty finding just exactly the job they were hoping for, this situation will not last very long—our abused, decrepit middle-aged bodies can only take lifting, pushing, assisting to stand, sit, etc. for so long before our shoulders, backs and knees give out. The expected nursing shortage is approaching and we MUST be educating a cadre of new nurses NOW to fill our shoes in the next 3-9 years. By 2020 we will be in the middle of the baby-boom retirements!

House Bill 14, the Data Collection bill DID pass the house, senate and was signed into law by the Governor during the regular 2011 session. This bill stipulates the types of data that must be collected upon license renewal by all health care licensing boards. The data will then be sent to the Department of Health, which will make the aggregate information available to policy groups that need these numbers for their predictions and recommendations for what kinds of health care providers are needed. This means that not only will we be able to find out if there are, for instance, any psych-mental health providers in a given county, but how many might be Hispanic or Native American or Asian-American or African-American. We could discover that we need certified Hemodialysis Clinical Nurse Specialists in certain areas of the state, and have the legislature release funds to educate these providers at one of the Universities in the region. Or we might find that we don't need a lot of rehab nurses anymore because we've completely cured strokes, motorcycle accidents and other causes of disability, and we could encourage those rehab nurses to be retrained into another, needed specialty. If there were a significant drop in the birth rate, we might not recommend a new pediatric intensive care unit be built in a town that already has three, but instead recommend that they develop a new type of assisted living facility for geriatric patients that do not need inpatient care. There is SO Much to be gained by having this data available to us! Thank you, Governor Martinez for signing, and every legislator who voted for passage of, HB14!

New Mexico Nurses Association has not taken the lead on these issues, but we are working with the Regional Action Coalition of the IOM/ RWJF to move these four issues forward to improve health care for all New Mexicans. More about "The Future of Nursing – New Mexico" group in October.

New Mexico Ethics Alliance

Written by the NM Ethics Alliance and originally published in their newsletter *NM Ethics Online*.
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Get to Know

In a Gallup poll conducted last November, Americans were asked to rate the ethical standards of professionals in a variety of fields. In 10 of the last 11 years, nurses have topped the charts, except for 2001 when firefighters ranked first.

The 2010 poll revealed that 81% of those surveyed viewed nurses as having “very high or high” ethical standards. Nurses beat out medical doctors—only 66% viewed doctors in the same light—and eclipsed bankers and lobbyists who were regarded with a mere 23% and 7% respectively.

What is it that sets nurses apart from other professions? In this issue we wanted to “get to know” why nurses are regarded so highly for their ethical standards. So, we asked a variety of nurses their thoughts on the topic of nursing and ethics.

Here’s who we asked...



Carolyn Roberts is the Executive Director of the New Mexico Nurses Association, an organization committed to fostering high standards of nursing, stimulating and promoting the professional development of nurses, and advancing their educational, economic and general welfare. Ms. Roberts is a Registered Nurse that holds a Master’s of Science in Nursing (MSN) degree from the University of New Mexico.



Maggie Greenberg has been a nurse for more than forty-nine years, twenty-six of which she spent practicing in New Mexico and three of those were as an APS school nurse. She holds a Master’s of Science in Community Health Nursing. A nurse educator, Maggie has taught at the UNM College of Nursing for twenty-five years.



Terri Wells is a registered nurse with a Med-Surgical certification (RNC) and is Critical Care Certified (CCRN). She is the charge nurse of the Adult Intensive Care unit at Presbyterian Hospital. She holds an Associate Degree Nursing (ADN), a Bachelor’s of Science in Nursing (BSN) and a Master’s of Science in Nursing (MSN).



Danielle LaPrise earned a Bachelor’s of Science in Nursing from the University of New Mexico. She is the Acute Inpatient Surgical Charge Nurse at Presbyterian Kaseman Hospital.

Here’s what they had to say...

New Mexico Ethics Online (NMEO): *What is it about nurses that causes Americans to view them as having higher ethical standards than any other profession?*

Carrie Roberts: Americans believe that nurses have high ethical standards because of their contact with nurses in clinics, offices, hospitals and nursing homes- the nurses give them information to make their own decisions on care, and try very hard to provide the patient/family with all information necessary to make an informed decision. They see physicians decreeing what needs to be done, and like to think that their values will be honored by nurses, who stand for them with administration and other providers of care.

Maggie Greenberg: I feel proud that nurses are evaluated so highly regarding their ethical standards. This view derives, in all probability, from the intimate and personal contact that nurses establish with people receiving health care, enabling patients to know nurses as caring individuals and not just technicians. Nurses speak for the patient to other caregivers and often interpret what physicians say to the patients in a language that people understand. Her communication must, of necessity, be clear and honest, further connecting the nurse with her/his patients.

As a result, people feel confident, cared for, and more relaxed when communicating with nurses. The nurse is held accountable for the quality of patient care, and when mistakes are made nurses must communicate with the person receiving the care. A relationship of trust emerges from the nature of interactions between nurses and patients, forming a greater sense that the nurse is functioning in an ethical manner.

Terri Wells: Nurses provide care, comfort, teaching and advocacy for the patients. We generally have more time to interact on a personal level with individuals and their families. We comfort through providing physical care such as administering medications, bathing, motivating, and helping eat and move. Even when we are busy, we take the time to give a hug or hold a hand if that person needs it. Nurses do the nice work and the dirty work. We explain, as much as it takes, and try to help patients and families make sense of information regarding their condition.

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Honesty and Integrity in Professions Gallup Poll Nov. 19-21, 2010

FIELD	percent of respondents who view as having high/very high ethical standards
Nurses	81%
Military Officers	73%
Druggists or Pharmacists	71%
Grade School Teachers	67%
Medical Doctors	66%
Police Officers	57%
Clergy	53%
Judges	47%
Day Care Providers	47%
Auto Mechanics	28%
Nursing Home Operators	26%
Bankers	23%
TV Reporters	23%
Newspaper Reporters	22%
Local Officeholders	20%
Lawyers	17%
Business Executives	15%
State Officeholders	12%
Advertising Practicioners	11%
Members of Congress	9%
Car Salespeople	7%
Lobbyists	7%

New Mexico Ethics Alliance continued from page 7

Americans see us working hard in all our roles, whether it's in a school, physician office, home, ER, hospital unit or the unknown face in the operating room. Our work is continuous, demanding, stressful and rewarding. We embrace the challenge and Americans sense our desire to be helpful and the pride our profession gives us. I think many physicians are caring and excellent communicators, but are still viewed as the one to diagnose and give the orders to treat or cure.

Danielle LaPrise: Simply stated, nurses are part of people's lives at very difficult and troublesome periods. Serving in times of national disasters and every war this country has fought embeds nurses in the very fabric of this country. Nurses aim to treat the whole person to include physical, medical, emotional, cultural, and spiritual needs. Nurses respond with compassion, respect for autonomy of the patient, hold themselves accountable for their actions, and are responsible for maintaining patient privacy and confidentiality.

We are the patient's advocate and collaborate with other team members, their families, and other agencies as appropriate. Our goal is to provide safe care to each and every patient in order to help him or her recover and move on with his or her lives. This dedication to their profession and the people they serve that allows them to maintain high ethical standards in the public's opinion.

NMEO: What guides a nurse's ethical standards?

Carrie Roberts: The ANA Code of Ethics has been written and revised as health care has changed, starting in the early 1900's. Most nurses deal with ethical dilemmas multiple times a day, whether it is a patient's belief different from their own, or being ordered to do something they believe is not in the patient's best interest. Ethics courses are taught in BSN and MSN courses, and those in diploma and associate degree programs are also taught at least ethical principles.

NMEO: In educating nurses, how is the teaching of ethics incorporated into their training? What is emphasized?

Maggie Greenberg: One of the very first courses students take upon entering nursing education, at either a 2 or 4 year program, is a class on professional behavior, as well as nursing history. In such courses, the student learns professional practices that incorporate the ethics of patient care and personal behavior as a necessary substrate for nursing care. Ethical/moral issues are discussed around case studies, work issues, and the personal trajectories of nurses.

The history of nursing describes the contributions of nurses throughout history, usually emphasizing their underlying ethics. Such nurses include those

who, in the beginning, were taken off the streets and given rudimentary information on how to assist a doctor or how to be a midwife, to nurses such as Florence Nightingale and her brilliant contributions, to present day nursing education which may be pursued in multiple specialties and at the doctoral level. Every area of nursing education spends time on ethical/moral values and how they apply to a given area of health care.

For instance, if a student has moral beliefs that might keep her/him from educating a person about birth control, these feelings are discussed in the framework of the class so that all learn to examine their own values and their interactions with their clinical responsibilities. Nurses are an inviolate part of creating a safe care environment in terms of medications, and procedures necessary to take in the event of medication errors. Honesty within oneself and within one's professional behavior is an absolute necessity in nursing practice.

NMEO: Do you think that people who are drawn to the nursing profession are more ethical than average?

Maggie Greenberg: I don't think so. However, the professional education that nurses receive, and the nature of their relationships to patients emphasize practicing within an ethical and moral framework. They are taught that honesty is an essential attribute of nurses.

Carrie Roberts: No, I don't think they are more ethical than others, but I think that in dealing with issues of privacy, self-determination, and more, the nursing students and nurses begin to develop a "moral compass" if you wish. I have met nurses whose ethics were questionable, however they don't usually continue in the profession but move on to other careers.

NMEO: As a nurse, do you think you face more ethical dilemmas than other professionals? Why or why not?

Terri Wells: I cannot say what other professions face regarding ethical dilemmas. I suspect most professions that serve the public, like police officers or teachers face issues that somehow mirror struggles nurses have. I can say that there are numerous aspects of providing nursing care that involves ethical dilemmas. If you think of what it means to advocate and protect the health, safety and rights of a patient, there are endless situations that come to mind.

First, what "health" or "quality of life" means to one individual, might not match the nurse's personal view. Patients might choose to have one more surgery, one more chemotherapy treatment, etc. even if the outcome does not provide what the nurse would consider "quality of life." Safety issues involve preventing falls, pulling out medical treatments such as IVs and invasive tubes, and skin care. Decisions might involve restraints for safety. Safety also involves reporting suspected impairment of a coworker who

might also be a friend. The patient must always come first, but that does not make these decisions easy. Rights of the patient are rarely clear-cut in the critical care environment.

End of life issues perhaps frustrate nurses the most. There are numerous nursing research articles discussing moral distress nurses feel when performing invasive, heroic and perhaps painful end of life care. Nurses must be knowledgeable and respectful of spiritual and cultural differences, while these views may conflict greatly with the nurse's beliefs. The duties nurses try to adhere to when caring for patient such as "do no harm," "advocacy," "prevent suffering," and "preserve dignity" can often seem blurred when it is unclear whether the care given is ultimately helping a patient reach optimal health (as defined by the individual) or causing harm. Ultimately, we get to know our patients and their families and this helps assure us we are honoring and respecting them. Overall, nursing is both challenging and rewarding and I cannot imagine doing anything else with my life. My personal decision to become a nurse has easily been the best decision I have ever made in my life and the learning never ends!

Danielle LaPrise: I believe nurse's face many ethical dilemmas every day we practice. Whether illness, surgery, birth, death, or tests being performed, nurses surround people during very stressful periods of life. Patients are overwhelmed about their condition—how bad is this?, will I be in pain?, can this be cured or corrected?, will the medical staff treat me and my disease or problem correctly?, how will this affect my finances?, how will this affect my family?—and the list of questions can go on and on for each individual. As nurses care for each person as an individual human being, that human being comes with their own beliefs, problems, and backgrounds.

Below are ethical dilemmas in healthcare on a daily basis divided into two categories:

1) Challenging Circumstances: child abuse, rape, drunk driver who killed innocent people, angry and aggressive people, and birth of babies born with drugs and/or alcohol addictions just to name of few.

2) Patient Centered: confused and mentally ill, care of the dying and how to help patients and families deal with this process, religious beliefs that don't allow for medical interventions, nurse to patient ratios and nurse and doctor relationships and how this relates to each patient's care, knowing some insurances under serve what patients need, and knowing that many people are treated in the healthcare without paying or having insurance and it is overwhelming the whole healthcare system.

In all of the above instances, nurses drop their own belief system, look at each patient's needs objectively and move to obtain maximum health and emotional needs for the patient and their family.

Jill VonOsten, Executive Director
New Mexico Ethics Alliance

Carrie's Corner

Goodness, this Spring has been busy. The legislative session ended on March 19th, but we couldn't report on what passed and what didn't until well into April. The winds have been amazing, triggering wildfires across the entire state. There have been some homes and other buildings lost, but fortunately the fires have not yet been as devastating as some in the past have been. So despite a limited state budget, the fire crews have been very effective in putting the fires out. By the time you read this it will July and full-blown summer, but right now we've only just (on May 15th) said goodbye to the last of the freezing nighttime temperatures.

Back in the fall, the Institute of Medicine with collaboration from the Robert Wood Johnson Foundation released their new report: *The Future of Nursing: Leading Change, Advancing Health*. See the article about efforts in New Mexico to meet the challenges set in the report on page 5 & 6.

In 2009 a group of radiology techs and sonographers initiated a bill in the legislature that passed which, when the regulations are written, could require anyone using ultrasound, dopplers and more to be certified by their certifying body. We worked during the last legislative session to negotiate with these groups to exempt nurses and advanced practice nurses from this requirement, because upon close reading the law could actually prevent nurses from using bili-lights on jaundiced newborns, prevent nurses from



Carrie Roberts

using pulse oxymeters, using dopplers to assess bladder residuals, peripheral circulation, or using ultrasound for biophysical profiles of fetuses, or for placement of central lines. If the rules and regulations are written as is, this is going to increase the cost to insurers, patients, and to health care facilities, because more sonographers will have to be educated and deployed across the state in order to meet the needs of our patients. To our knowledge there are NO nurses doing x-rays or providing radiation therapy, yet these two groups sent to the legislators pictures of patients with terrible radiation burns and disfigurement, essentially implying that allowing nurses to be "unregulated" would result in more of these terrible outcomes. Because of their efforts, the amendment to the bill did not pass; we still hope to find language they can live with before rules and regulations are promulgated.

Educating the new and experienced legislators on many different issues they will be hearing about in the next two years will be NMNA's focus over the next year, so that when the next long session occurs in January, 2013 they will have some understanding of what nurses do, the status of the nursing shortage, the need for a common curriculum and seamless transitions from A.D.N. to B.S.N. to M.S.N., the need for more doctorally prepared nurses to serve as faculty and resources for other nurses. As the economy improves, we'll need to begin requesting more funding to help nurses to advance their education:

- because often the licensed nurse doesn't qualify for federal funding for education,
- if the nurse has been working for several years they wouldn't qualify for scholarships because of their earned income,

- yet tuition, books, and limited time to work would cause severe hardship for the nurse and his/her family.

See Linda Siegle's article about the legislative session on page 4.

My family is building a memorial garden for my son Artemus, who died in December. We're starting to put in some of the plants and trees, looking at catalogs of chimes, benches, garden lanterns and more. Healing comes with working on the garden and working together for a common purpose, and I am personally grateful that spring is here and we can be active and outside more.

Carrie

Continuing Nursing Education Listings

NMNA is now an ANCC-accredited approver—all CNE is ANCC approved!

A: = Alternative Therapies

Date	Location	Title	CE	Sponsor	Contact
May 25, 2011	Albuquerque	Providing Immunity for Healthcare Providers Responding during Disasters [HB372 died in session]	1.0	Emergency Nurses Association of NM	Kfmcfarlane@salud.unm.edu
June 16-17, 2011	Roswell	OSHA Healthcare Course with Special Focus on Pandemic Influenza Preparedness and Response FREE!	12.0	U of TX at Arlington	www.uta.edu/ded/nursing or call 866-906-9190
July 11, 2011	Albuquerque	Writing CNE Applications	5.25	NM Nurses Assn, CNE Unit	www.nmna.org under Events, or carrie@nmna.org
Aug 6, 2011	Albuquerque	Introduction to IV Procedures for Nurses and Non-licensed Professionals	7.2	Central NM Community College	Alicia West at 505-224-5204
Sept 10, 2011 and TBA	Albuquerque	Introduction to IV Procedures for Nurses and Non-licensed Professionals	7.2	Central NM Community College	Alicia West at 505-224-5204
TBA	TBA	Homeopathy, a Complementary Therapy	6.5	The Mirus Foundation	Lia: 505-474-4917
Anytime	Home Study	Infection Control Statistics, Outbreak Investigation and Surveillance	1.25	RBC Limited Healthcare and Management Consultants	Tammy Mortier rbcmortier@nycap.rr.com 518-456-0525
Anytime	Online	Multiple titles-high quality CNE	varies	Graduate Education Foundation: CE Lectures	www.nmna.org , click on Lecture of the Month on Home page.
Any time	Home Study	Neck and Shoulder Pain	3.0	Institute for Natural Resources	925-609-2820
Any time	Home Study	Chronic Fatigue Syndrome	3.0	Institute for Natural Resources	925-609-2820
Anytime	Online or video course	Professional Legal Nurse Consultant certification course	16.0	Jurex Center for Legal Nurse Consulting	www.jurexnurse.com 901-496-5447
Any time	at your home computer	multiple titles	various	National Council of State Boards of Nursing	www.learningext.com
Any time	at your home computer	multiple titles—all free!	various	Medscape website	www.medscape.com
Any time	at your home computer or by book & mail	multiple titles	various	Nursing Education of America	www.nursingeducation.com 1-800-234-8706
Any time	at your home computer or by book & mail	multiple titles	various	Western Schools	www.westernschools.com 1-800-438-8888
Any time	at your home computer or by book & mail	multiple titles	various	National Center of Continuing Education	www.nursece.com 1-800-824-1254
Any time	at your home computer	multiple titles	various	American Nurses Association	http://nursingworld.org/ce/cehome.cfm
look at the website	NM and elsewhere	Various CE activities—all ANCC approved via Wisconsin Nurses Association	various	HEALTH Education Network	http://www.health-ed.com/

Give the Board of Nursing your NEW ADDRESS!

If the Board of Nursing sends you a notice and you don't receive it because they don't have your latest address, you may miss something critical to your license! There is a Name/Address change/Residency Change form at www.bon.state.nm.us under Licensing Forms



A constituent member association of the American Nurses Association
 P. O. Box 29658, Santa Fe, NM 87592-9658 www.nmna.org
 505-471-3324 Fax: 1-877-350-7499 toll free

Combined Membership Application

for ANA/NMNA/ District membership, NMNA or NMNA/ District ONLY, and LPN Affiliate membership

Last name _____ First name _____ MI _____ DOB: _____

Check preferred contact

Home Address _____ City _____
 County _____ State _____ Zipcode _____ Hm. Phone (_____) _____ - _____
 Fax (_____) _____ - _____ Email: _____

OR Employer name _____
 Street/POB _____ City _____
 County _____ State _____ Zipcode _____ Wk Phone (_____) _____ - _____
 Fax (_____) _____ - _____ Email: _____

Basic nursing program/ City/ State _____ License # _____ License State _____

Graduation month/year _____ Highest degree held _____

Member of a collective bargaining unit? YES—specify what unit _____ NO

Trilevel-ANA, NMNA, and Active district membership

<input type="checkbox"/> Full membership (employed full or part time in nursing)	\$230.00 yearly or	\$19.67 /month
<input type="checkbox"/> Reduced 50% reduction in membership fees <input type="checkbox"/> Not employed <input type="checkbox"/> Full Time student <input type="checkbox"/> New licensee within 6 mo. of graduation <input type="checkbox"/> 62 y/o and not earning more than Social Security allows	\$115.00 yearly or	\$10.08 /month
<input type="checkbox"/> Special—75% reduction in membership fees <input type="checkbox"/> > 62 y/o and not employed or <input type="checkbox"/> Totally disabled	\$57.50 yearly or	\$5.30 /month

Only the following districts are active and are either receiving membership fees or are accruing them:
District 01– Albuquerque; **District 02**– Sante Fe; **District 04**– Clovis/Portales; **District 10**– Raton;
District 14– Las Cruces; **District 15**– Alamogordo; and **District 19**– Farmington.

Bi-level-ANA, NMNA, no active district or District “50” membership

<input type="checkbox"/> Full membership	\$218.00 yearly or	\$18.67 /month
<input type="checkbox"/> Reduced 50% reduction in membership fees <input type="checkbox"/> Not employed <input type="checkbox"/> Full Time student <input type="checkbox"/> New licensee within 6 mo. of graduation <input type="checkbox"/> 62 y/o and not earning more than Social Security allows	\$109.00 yearly or	\$9.58 /month
<input type="checkbox"/> Special—75% reduction in membership fees <input type="checkbox"/> > 62 y/o and not employed or <input type="checkbox"/> Totally disabled	\$54.50 yearly or	\$5.05 /month

Choice of payment:

- Full 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 my Constituent Member Association (CMA)/ 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.

Monthly 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.

NMNA-only or NMNA/ District- ONLY membership (Not ANA)

Membership Category (check 1)

- NMNA only \$128.00/year
- NMNA & active district only \$140.00/year

LPN Affiliate membership (Not ANA)

Membership Category (check 1)

- NMNA only \$50.00/year
- NMNA & active district only \$62.00/year

Active districts: **District 01**– Albuquerque; **District 02**– Sante Fe; **District 04**– Clovis/Portales; **District 10**– Raton; **District 14**– Las Cruces; **District 15**– Alamogordo; and **District 19**– Farmington.

Office Use Only	
CMA _____	DNA _____
Exp date _____	
Approved by _____	Date _____
Amt. enclosed _____	Ck # _____

New Members

March - May 2011

NM 01 Albuquerque area

Maryam Bornaei
 Tina Bui
 Jacqueline R. Chimni
 Christine Cogil
 Lori Straba Frohe
 Boshia A. Gordon
 Debra J. Jaccard
 Anne B. Kelly
 Patricia A. Kelly
 Marie L. Lobo
 Liana K. Martinez
 Lisa A. McGuire
 Ashley Schafstall
 Whitney Schluter
 Eugene Sprunk
 Rosemary Urban-Penn
 Trisch Van Sciver
 Josephine Anna Vejar

NM 02 Santa Fe area

Barbara Salas

NM 14 Las Cruces area

Rebecca Charlotte Myers
 James Phillip Salazar
 Sara Sell

NM 19 Farmington area

Beth Wengert

NM 50- At Large or no active district nearby

Lori Ann Day- Orchard, CO
 Michele I. Eskridge- Toledo, WA
 Kathy Falkenhagen- Taos
 Eileen Falzini- Clarksburg, MD
 Kimberly S. Gililand- Tularosa
 Judy Glenn- Roswell
 Kathy L. Grindle- Toledo, OH
 Polly Anne Hickman- Cloudcroft
 Jerijah Mobely- Gallup
 Kathleen Murch- Pinos Altos
 Seyed-Hassan Nzirpour-Caloor- Roswell
 Aileen Romero- Springer
 Andreita Vigil- El Prado
 Jaron Yazzie- Mexican Springs
 Sarah C. Yue- Hobbs