Leadership and Self-Advocacy

by Dr. Leslie Paternoster
Part 4 of 4

This is the fourth and final article discussing the transformational leadership style and self-advocacy. In the last three articles we discussed three of the four attributes of the transformational leadership first envisioned by Burns (1978). To summarize the ones previously discussed it is best to remember that all of them can be learned. Inspirational motivation means being optimistic about your expectations, believing nurses are a part of a cohesive unit. This attribute helps you to empower people to do their best in their situations and place of employment. Enthusiasm and optimism are the pinnacle of this trait. Isn’t it wonderful when a whole unit of nurses are optimistic and enthusiastic about work? When a nurse utilizes this trait the whole unit can benefit by making the workplace a productive and meaningful place to work.

The second attribute previously described was intellectual stimulation. Northouse (2001) defined this attribute as “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 prevents a stagnant workplace and encourages nurses to use their brains, by not accepting the status quo. It encourages each nurse to use evidenced based practice to improve nursing care at the bedside and on the administrative side. With all the changes in the healthcare system, nurses need to continually improve care standards to ensure our population is well cared for.

The third attribute of Burns (1978) theory is individualized consideration. Northouse defined this attribute as “representative of leaders who provide a supportive climate in which they listen carefully to the needs of the followers” (p. 138). It is imperative that nurse leaders utilize this attribute to make a unit one of caring and support. Who wants to work in an environment where a person does not feel cared for and supported? We have many different levels of nurses that work on our units; we are not all the same. Each person should be respected for whom they are and what they bring to the table of great nursing care. Remember Ed. Thou consider each person individually; they can be motivated to transcend their own self-interests for the good of the group or organization (Northouse, 2001).

The final attribute described by Burns (1978) is probably the one that is the hardest to learn. In the beginning of the theory, Burns described the attribute of Idealized Influence as charisma. He based this attribute from observing male leaders in the military and business venues. As the theory was refined by others (Northouse, 2001; Benus & Nanus, 1985, & Tichy & DeVanna, 1990), they modified the definition to describe a leader who acts as a strong role model. Followers identify with this type of leader and want to try to be like them. These leaders have “very high standards of moral and ethical conduct and can be counted on to do the right thing” (Northouse, 2001, p. 137). A leader who utilizes the attribute of idealized influence is deeply respected by followers and usually has a great deal of trust placed in them (Northouse). Think about Nelson Mandela, the first black president of South Africa. He had high moral standards for his country and his vision led to a monumental change in the governing of South Africa (Nelson Mandela Foundation). We as nurses can do so much for the healthcare system in the United States. Think if nurses could be one united voice. By utilizing the four attributes of the transformational leadership style our workplaces can become a more productive, fun place to work. I hope these articles will help you to become a more effective leader. Remember, we can all make mistakes, but it is the better person who can learn from these mistakes and help to change our world to being a better place to live and prosper. Thank you for allowing me to write these articles for you. Nursing is a wonderful profession that we should all be a proud part of. Keep practicing these four attributes and soon you will be a respected member of this noble profession.

References

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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.nmcenterfornursingexcellence.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: www.nursingworld.org
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.

MISSION STATEMENT

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.

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What of Ethics and Perceived Conflicts of Interest in State Offices?

[Letter to Editor]

Recently, the Albuquerque Journal published a front page editorial, titled, “NM Judges must walk the talk.” What I found to be profound from this editorial was that it brought forth recent issues surrounding the behaviors and attitudes of a few key members of our state’s judicial system. Charles W. Daniels, the Chief Justice of the New Mexico Supreme Court stated, “I think we take this job knowing that we’re held to a higher standard and that we’ll suffer greater consequences if we have a human failing,” and, “Not only does someone stumbling and falling affect that judge and that family, it affects people’s perception of the judiciary as a whole and it undermines their faith in their institutions.”

How is this issue related to our current board of nursing? I think it is relatively understood that the Board of Nursing in New Mexico, which is responsible for regulating the profession of nursing and ensuring public safety does so by spending the majority of their time sitting in judgment of the licensed nurses, medication aides and hemodialysis technicians, and rendering decisions that can affect the lives of nurses, nor shall the Board of Nursing appointees’ duties and obligations, it is important that these individuals should be pillars and respected by their own profession as any deviation would definitely have an impact on their abilities to serve and the perception of Nursing.

It is no deep dark secret that board appointments, which are made by the governor have in the past have deviated from the statute “Nurse members shall be appointed from lists submitted to the Board by any generally recognized organization of nurses in this state,” and made “political” appointments based on contributions, relation and favoritism. YES, the governor, by law is directed how appointments are to be made. And one would think that the common sense approach to this would be should that all levels of practice and specialty areas of nursing would be represented. Apparently not, as demonstrated by the compilation of this board.

Currently, our Board is comprised of five licensed nurses and two public members. By statute, “The board shall consist of four licensed nurses, one preferably a licensed practical nurse, and three members who shall represent the public and shall not have been licensed as registered or licensed practical nurses, nor shall the public members have any significant financial interest, direct or indirect, in the profession regulated.”

Out of the five licensed nurses, three are advanced nurse practitioners. The statute mandates that, “not more than two registered nurse members shall be from any one field of nursing.” The word, “field” is the gray area here. Field is also a synonym of area. The third licensed member who is a nurse practitioner also replaced a public member by the previous administration. This administration has not addressed the loss of that required public member.

The public member selection is addressed in the statute with, “and three members who shall represent the public and shall not have been licensed as registered or licensed practical nurses, nor shall the public members have any significant financial interest, direct or indirect, in the profession regulated.” One of the two most recent public member appointees just happens to be the sister-in-law of one of our current licensed board members. That licensed board member is married to a major campaign contributor to our current governor of just under 50K. This contributor has been recently reappointed as a regent of one of the state’s higher learning institutions. The position as a regent definitely makes decisions and affects financial issues relating to the programs that we regulate as a profession; not the governor does that control. Many in our community definitely think there is an indirect conflict of interest in this appointment. I think it is obvious that nepotism is also in play here. In addition, this same licensed board member voted last June to award BON Nursing Excellence funds to her husband’s institution, which is a clear conflict of interest both if not in the legal sense but definitely it isn’t ethical. The second recently appointed public member lives and teaches at the local college in the community where the above licensed board member and her regent-husband live and work.

Perhaps, some would say, so what? The law is not “technically” being broken, furthermore, if it isn’t written, we can do as we please. Some defendees have even declared that the governor can exercise “executive privilege.” Stop there. Go to our state’s constitution. It address’ executive privilege. If it isn’t written, we can do as we please. Some defenders have even declared that the governor can exercise “executive privilege.” Stop there. Go to our state’s constitution. It address’ executive privilege. Some defenders have even declared that the governor can exercise “executive privilege.” Stop there. Go to our state’s constitution. It address’ executive privilege. Some defenders have even declared that the governor can exercise “executive privilege.” Stop there. Go to our state’s constitution. It address’ executive privilege. Some defenders have even declared that the governor can exercise “executive privilege.” Stop there. Go to our state’s constitution. It address’ executive privilege. Some defenders have even declared that the governor can exercise “executive privilege.” Stop there. Go to our state’s constitution. It address’ executive privilege. Some defenders have even declared that the governor can exercise “executive privilege.” Stop there. Go to our state’s constitution. It address’ executive privilege. Some defenders have even declared that the governor can exercise “executive privilege.” Stop there. Go to our state’s constitution. It address’ executive privilege.

What about ethical and moral responsibilities? These are intrinsic values, and many argue that they cannot be taught, but must be learned. These two words are the most important values that as a professional nurse are asked to exercise in the discharge of their duties as a nurse and patient advocate. Frankly, I fail to comprehend how someone can proclaim them self a leader and professional in this profession when they cannot exercise or comprehend the meaning of these values.

Back to the beginning of this issue that these current board members sit in judgment of nurses that have broken the rules and not exercised professional judgment or conduct. What kind of message does this send to those who stand before them? It seems that a “political” tone has been set for this board and turning a deaf ear to the circumstances of their appointments does not reflect well on them as “leaders” or our profession. As Justice Daniels concludes, “We do not want our judges to be the arbiters of the law breaking it.”

Ron Nelson, RN
Leigh DeRoos, MSN, RN—director of Vista College nursing program and co-founder of Just Peaceful Caring
Sunnie Bell, CDE—diabetes educator and co-founder of Just Peaceful Caring

Learning Objectives:* The learner will be able to:

1. List 4 key messages included in the IOM report (TFON)
2. Describe IOM's role in supporting practice to the full extent of education
3. Discuss importance of diversity and inclusion in all ethnicities in the nursing workforce
4. Name 3 schools within the surrounding area of your home working with NMCNE to achieve their goals
5. Discuss impact of Nurse Residency programs on transition to practice.
6. Identify common areas of difficulty for new nurses transitioning into a practice role from a nursing student role.
7. Compare the cost of RN residency to Return On Investment.
8. Describe the purpose of the community-based group
9. Discuss the implications and opportunities of the IOM recommendation.

*Objectives for breakouts on Writing CE apps appear below.

**Disclosure:**

* The Target Audience—Registered Nurses in all areas of practice and levels of expertise, Advanced Practice Registered Nurses, Licensed Practical Nurses, and nursing students.
* Criteria for Successful Completion—Learners must register to attend, sign in for activity, complete and submit the evaluation form and attend the entire day to receive 6.25 contact hours of CNE credit.
* Conflicts of Interest—The planning committee members have no conflict of interests (COI) or relevant financial relationships to declare relevant to this activity, and thus no resolution of COI was necessary.
* The content experts/faculty/presenters/authors have no conflicts of interests or relevant financial relationships to declare relevant to this activity, and thus no resolution of COI was necessary.
* Off-label Use of Products—No presenters intend to discuss off-label uses of drugs, mechanical devices, biologics, or diagnostics not approved by the FDA for use in the United States.
* Non-endorsement of products—Accreditation refers to recognition of continuing nursing education only and does not imply ANA, NMNA or ANCC Commission on Accreditation approval or endorsement of any commercial product.

**Commercial Support:** The following entities are exhibitors/vendors for this activity:

* (Name of exhibitors/vendors)

**Approval statement:** This activity has been submitted to the Arizona Nurses Association for approval to award contact hours. The Arizona Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

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**Registaration Form**

2011 NMNA Conference: The Institute of Medicine Report: The Future of Nursing: Leading Change, Advancing Health:

How New Mexico Will Meet the Challenge. October 22, 2011 in Las Cruces, NM

Name: ____________________________

Email: ____________________________

Address: ____________________________
City: ____________________  St: ______ Zip: __________

Full day registration: fee covers breakfast, lunch, breaks, handouts
_____ NMNA Member — $80.00
_____ Non-member — $100.00

_____ Students — $25.00
_____ Retired — $50.00

Saturday night dinner: $40.00 from 6-8 p.m. (At the dinner there will be plenty of time for groups to recognize their districts, discuss needs in their communities, how they would like to work on some of the issues raised during the workshop. Mentors will be available to assist in your plans, if desired.)

You must attend for the entire day to earn CNE contact hours (6.25 contact hours) and will be attending the entire Future of Nursing activity (6.25 contact hours)

_____ I will be attending the first and last FON activity and two breakouts (Writing Individual CE applications and Writing AP applications the late morning and early afternoon sessions) (6.25 contact hours)

Partial day registration for: Writing CE Apps breakouts (same disclosures apply, Objectives below)

Writing CNE applications (Individual and Approved Provider)

Target Audience: RNs with experience in writing CE applications or familiar with the forms, and nursing educators.

_____ ONLY the two CE application writing workshops and will have lunch on my own for 3.0 contact hours ($50.00)

_____ ONLY the late morning activity: Writing Individual CNE Applications for 1.5 contact hours ($30.00)

_____ ONLY the early afternoon Activity: Writing an Approved Provider Application, 1.5 contact hours ($30.00)

Writing Individual CNE Applications Objectives: Learners will be able to:

- Describe the part CNE plays in life-long learning, a nationally recognized nursing responsibility mentioned in the IOM Report
- List three areas of common difficulties in documenting CNE applications
- Document conflicts of interest and their resolution
- Choose the level of evaluation needed for the purpose/learning goal developed

Writing an Approved Provider Application Objectives: Learners will be able to:

- Describe how Approver Units can show Return on Investment and improved performance/outcomes with higher levels of evaluation for the individual activity
- List three areas of common difficulties in writing AP Applications
- Recognize conflicts of interest and document how they were resolved
- Describe the documentation of evaluations of the Provider UNIT

Please mail check and registration to: NMNA, P.O. Box 29658, Santa Fe, NM 87592-9658
In the last edition of NM Nurse, Carrie reported on the Institute of Medicine’s (IOM) report: “The Future of Nursing: Leading Change, Advancing Health,” released in October 2010. This is a landmark report and will catapult nursing into a new future.

The IOM looked at ways to improve health in this country and concluded that nurses, as the largest segment of the healthcare workforce, were the linchpin to reform. While the recommendations may not be new to nurses, the importance of this report goes beyond the recommendations themselves. Because the IOM is viewed as a trusted, unbiased source of nursing workforce information by policy makers and, since their recommendations must be evidence-based, critical nursing issues regarding practice, education, leadership and data are now solidly on the national stage for discussion and action.

The critical question is how to implement the recommendations. The Robert Wood Johnson Foundation and the AARP Foundation have partnered to establish the Future of Nursing Campaign for Action (CFA)—a national endeavor to focus on implementing the recommendations. As a part of this initiative, New Mexico was one of 35 states selected by the CFA to be the first “action coalitions” to coordinate and advance this work at the state level.

The New Mexico Action Coalition, a coalition of nursing organizations and other stakeholders, is focusing initially on four areas: 1) a state plan for nursing education, 2) practice, 3) nurse residencies, and 4) data. The NMNA conference October 22, 2011, in Las Cruces will include presentations on the hard work being done by many around the state in these areas. The New Mexico Action coalition will focus on strategic coordination. Two committees have been established: communications and strategic funding for nursing initiatives.

We are delighted to have Nancy Salem of the New Mexico Business Weekly as co-chair of the NM Action Coalition. Nancy brings tremendous expertise in helping us communicate the value of nurses to their communities, articulate how a strong nursing workforce is an economic development issue, and can guide us in building relationships with the business community. Thanks, Nancy, for being our champion!

On a personal note, I see the IOM report as a call to action. Nursing has been voted the most highly respected profession in Gallup polls for 10 years. We have incredible potential to influence health and healthcare in this state. It will take all of us to do it. True success will be nurses working in every community to address the challenges unique to that community. Success lies with each of us looking at the IOM recommendations and asking “How I can I advance nursing in my own practice? Within my organization? Within my community?” The New Mexico Action Coalition is here to educate, challenge, and support. Real change starts with me... and you.

If you have comments or questions, please call me at 505-889-4818 or email at phoyle@nmnurseexcellence.org.

IOM Recommendations for Nursing
1) Remove scope-of-practice barriers
2) Expand opportunities for nurses to lead and diffuse collaborative improvement efforts
3) Implement nurse residency programs
4) Increase proportion of nurses with BSN degree to 80% by 2020
5) Double the number of nurses with a doctorate by 2020
6) Ensure that nurses engage in lifelong learning
7) Prepare and enable nurses to lead change to advance health
8) Build an infrastructure to collect and analyze health care workforce data

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Pat Boyle, MSN RN
Co-Chair, New Mexico Action Coalition
Executive Director, NM Center for Nursing Excellence

Future of Nursing, Campaign for Action:
The New Mexico Action Coalition
Carrie’s Corner

Fall is upon us, after a summer of incredibly hot, dry weather, wild fires across the state. Although we didn’t get as much water as we needed, I am grateful for the gorgeous sunrises and sunsets, the bounty of my potted tomato plants and the reliability of my well water!

NMNA’s annual meeting and conference is going to be terrific! It is scheduled for Saturday, Oct. 22nd in Las Cruces at the Hilton Garden Inn. See the flier and registration form on page 5. We have a number of speakers discussing the Institute of Medicine/Robert Wood Johnson Foundation report of Oct. 10, The Future of Nursing: Leading Change, Advancing Health. The presenters will be discussing the basics of this important report, including the formation of the NM Action Coalition, which is taking on the challenges in the report:

- making nursing education as seamless as possible so that nurses can move from their LPN to ADN to BSN to MSN or DNP and PhD programs
- increasing the number of BSNs from 37% to 80% by 2020
- doubling the number of doctorally prepared nurses by 2020
- protecting the NM Nursing Practice Act in NM so that all nurses can function to the full scope of their education and licensure
- facilitating the development of nurse residency programs:
  - for newly licensed nurses to build their self-confidence and competence
  - for nurses changing roles from staff to management or staff to advanced practice roles
- working with the NM Dept. of Health, NM Workforce Solutions, NM Higher Education Dept. to facilitate the gathering of reliable data on our workforce so that accurate projections of future needs can be developed.

For those nurses, organizations and facilities that need it, we will be offering two breakout sessions: Writing Continuing Education Applications (going line-by-line through the application) and Writing Approved Provider Applications (spending time on how to evaluate and document the evaluation of the provider unit). During lunch we will be installing our new board officers and directors, hearing from Linda Siegel (our lobbyist) about the recent special session, and from our government relations folks about the effort to update that Nursing Practice Act in 2013 (yes, over 15 months from the meeting, but lots of work to do).

In the evening we will have a dinner with reports from the local districts, the committees, and the awarding of scholarships and certificates of appreciation for our volunteers.

We hope you will all consider attending the conference so that you can learn what is going on nationally regarding nursing, and what we in New Mexico are doing. There will be lots of opportunities for you to get involved to help us shape nursing in New Mexico for the future.

SCHEDULED FOR: Capitol Challenge 2012 will occur on January 26th, 2012 at the Hilton Hotel in Santa Fe (corner of Sandoval and Water streets). This is our yearly legislative workshop for both nursing students and nurses. The morning is going to be terrific! It will be busy with Ms. Siegel’s presentation on the Power of One Voice, reports on what bills have been introduced that matter to nursing, how to talk with or write to legislators about issues. In the afternoon the student nurses will go to the legislature to observe the legislative process while the nurses attending the morning sessions go on an in-depth education of their legislators in relation to the changes to the Nursing Practice Act in 2013, issues of nurse staffing, safe patient handling, grants to nurses for furthering their education, and other issues of interest to ANA and NMNA.

As of the writing of this column, the Board of Nursing has not yet found someone to fill the Executive Director position. Dr. Nancy Darbro is doing double duty running the Diversion Program and managing the office. They have, after three years of promises and two or three IT folks working on it, instituted online license renewals (for LPNs only at this time). We understand that working with the state IT system was their idea and the archaic systems in place when the effort started slowed this process to a crawl for a long time. We’re delighted that the LPNs can now renew online, and hope that soon RNs and APRNs will also be able to renew online. [Board of Nursing reports they hope the RNs will be able to renew online starting in October!]

Too often, we all get so caught up in our work lives, our family responsibilities, our church, our social lives that we don’t step back and consider why we are working so hard. Twenty years ago computers were supposed to free us up and give us more free time with our families. How’s that worked out for YOU? For me, I think that computers are wonderful, and allow us to produce letters, newsletters, provide information, and search for information more quickly than ever before, however it has also raised our expectations that everything will be perfect the first time, that reports will almost generate themselves. It has also raised the expectations of the public, of our supervisors and others that we can get more done in less time. Well, we can, and the quality is superior to what we could do in the 70’s, 80’s and 90’s, but WE have to input the data, WE have to write the reports, WE have to document our assessments and care plans more extensively than before. Not only are our patients sicker than ever before (many in the hospital used to be in ICU and are now on the regular floors), but the Government and every regulatory body expects perfect documentation, new efforts to prevent “Never Events,” research to find the best way to treat myriad conditions and the nurses to know all of these facts instantly. Give yourself permission to take a deep breath, to look up and see the drugs and treatments, to ask for help, to give help to others, to provide the best care you can get, then let the tasks done, but touch each patient, show you care… You will feel better at the end of your shift if we just slow down a little and take the time to CARE. Wishing you the very best this fall and through the Holidays…Next issue is due out January 1, 2012.

Carrie

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.

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Unintended Consequences of 2009 Law May Adversely Impact Nurses

In 2009, the Medical Imaging and Radiation Therapy Health and Safety Act passed the legislature and was signed by the governor. The general purpose of the law was to create a structure within the Department of Environment to license sonographers and radiology techns. No such licensing system existed in New Mexico prior to this legislation. Many professions including medical doctors, doctors of osteopathy, dentists, chiropractors and podiatrists were exempt from all provisions of the new law. Unfortunately nurses were not exempt, and the result is a very cumbersome statutory process which would require the Board of Nursing to approve each and every training, education or certification program of every nurse, advance practice nurse and nurse midwife (Department of Health) in the state who performs any type of ultrasound, ultraviolet light, lasers, Woods lamps, TENS units and other nonionizing procedures. In addition, under this law, the Department of Environment must approve it as well as a final approval granted by the Environmental Improvement Board (EIB) within the Department of Environment. This extremely costly and bureaucratic process which usurps the responsibility of the Board of Nursing or DOH for nurse-midwives cannot work. The Board of Nursing’s responsibility (as well as the individual nurses) is to assure that all nurses working within their scope of practice are adequately trained and educated. The Board has regulations in place and disciplinary procedures available to address any nurse who operates outside of her or his scope of practice.

We must correct this situation in the 2012 thirty day Legislative Session. By working with our legislators and the sonographers, we may reach an agreement that will allow you to continue to work within your scope of practice. But if we don’t, here are just a few of the procedures you may not be able to do until you prove your training and education to the Environment Department:

- Use of ultrasound to assess pulses, wound depth, hemodynamic urinary bladder evaluations, placement of PICC lines, central arterial line placement, peripheral nerve blocks, tube placement, joint injections, IUD placement, amniotic fluid index and others.
- Use of infrared light, ultraviolet light phototherapy for jaundiced infants, woods lamp for evaluation of ocular foreign bodies, TENS unit and radio frequency for pain therapy.
- Use of laser for cosmetic or therapeutic treatment.
- And other procedures consistently utilized by nurses day in and day out.

It is time to get involved so that your scope of practice and your ability to serve patients continues to be under the purview of the Board of Nursing and for nurse midwives the Department of Health. Call your nursing or midwifery association today to find out what you can do.

Linda Siegle Lobbyist NMNA
Thousands of Native Americans are in need of life-saving organ transplants. “I received a life-saving liver transplant last year. Please consider being an organ donor.”

Dr. Lita Matthews
Gathering of Nations Co-Founder

Visit www.NMdonor.org to learn more and to register as an organ donor.

Nurses do amazing things every single day. Without fanfare or acclaim, they work tirelessly to help patients in need—easing their pain, offering them comfort and giving them hope. We take a moment to salute our nurses for everything they do to improve the lives of others. You truly are our heroes.
### Continuing Nursing Education Listings

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

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<th>Location</th>
<th>Title</th>
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<td>Violence Against Health Care Workers</td>
<td>1.0</td>
<td>UNMH Rural Health Initiative and RNA</td>
<td><a href="mailto:teri.hamburg@ymail.com">teri.hamburg@ymail.com</a></td>
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<td>Online</td>
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<td>Anytime</td>
<td>Online</td>
<td>Multiple titles—high quality CNE</td>
<td>varies</td>
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<td><a href="http://www.nmna.org">www.nmna.org</a></td>
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<td>Anytime</td>
<td>Home Study</td>
<td>Neck and Shoulder Pain</td>
<td>3.0</td>
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<td>925-409-2820</td>
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<td>Anytime</td>
<td>Online or video course</td>
<td>Professional Legal Nurse Consultant certification course</td>
<td>30.0</td>
<td>Juses Center for Legal Nurse Consulting</td>
<td><a href="http://www.npmscenario.com">www.npmscenario.com</a></td>
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<tr>
<td>Anytime</td>
<td>at your home computer</td>
<td>multiple titles— all free!</td>
<td>various</td>
<td>Medscape website</td>
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### Ad: Alternative Therapies

- **A:** Alternative Therapies

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<td>09/30/2011</td>
<td>Albuquerque</td>
<td>Vascular Access from Insertion to Removal with All Things in Between</td>
<td>7.5</td>
<td>Turquoise Trail NH Infusion Nurses Society</td>
<td><a href="mailto:turquoisetrailnurses@gmail.com">turquoisetrailnurses@gmail.com</a></td>
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<td>10/22/2011</td>
<td>Las Cruces</td>
<td>2011 NMNA Conference: The 100% Report Future of Nursing Leading Change, Advancing Health and How NM will Meet the Challenge</td>
<td>6.25</td>
<td>NMNA</td>
<td><a href="mailto:cnuhnmna@gmail.com">cnuhnmna@gmail.com</a></td>
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<td>10/22/2011</td>
<td>Las Cruces</td>
<td>Writing Individual CE applications and Writing an Approved Provider application</td>
<td>1.5</td>
<td>NMNA—These are breakouts for the conference above</td>
<td><a href="mailto:cnuhnmna@gmail.com">cnuhnmna@gmail.com</a></td>
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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

Full membership (employed full or part time in nursing) $230.00 yearly or $19.67/month

Reduced 50% reduction in membership fees $115.00 yearly or $10.08/month

Not employed □ Full Time license □ New licensee within 6 mo. of graduation □ 62 y/o and not earning more than Social Security allows

Special—75% reduction in membership fees $57.50 yearly or $5.30/month

> 62 y/o and not employed or □ Totally disabled

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)

□ P-Fax 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 for 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 __________________________

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

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

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Membership Category (check 1) □ NMNA only $128.00/year □ NMNA & active district only $140.00/year

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