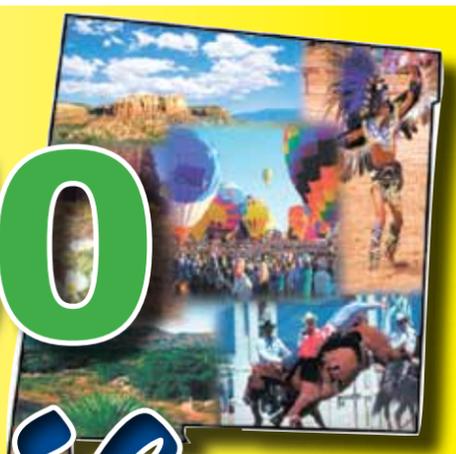


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Capitol Challenge 2014
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Nursing in the Forefront During the 2014 New Mexico Legislative Session

Linda Siegle, NMNA Lobbyist

The thirty day 2014 Legislative Session ended at noon on Thursday February 20th. By State Constitution, the only items addressed in a thirty day session typically are focused on the budget... or must be ruled germane and have a "message" from the Governor. Despite that construct, this session proved to be a very active one for the New Mexico Nurses Association, the NM School Nurses Association, the nurse midwives, the leadership team of the NM Nursing Education Consortium and nurses in state government.

One thousand eighty-five (1085) pieces of legislation, memorials and constitutional amendments were introduced in the 30-day session. One hundred twenty-six (126) of those bills have passed both chambers and gone to the Governor's desk. By March 12, 2014, the Governor will have acted to sign, veto or pocket veto those efforts.

The primary purpose of a 30-day session, a state budget, was finally negotiated successfully on the 16th of February with four days remaining

in the session. With \$293 million new dollars available for appropriation, the total budget for the state increased to \$6.19 billion almost back to pre-recession levels of 2009.

The public school budget was increased by \$171 million along with a \$46 million increase for higher education. Health care provider education and provider loan repayment programs were increased by \$5.9 million.

Beyond the budget, this was also a very positive year for nursing issues. Budgets for almost all schools of nursing were increased by a total of \$4.77 million. Slots at both universities were expanded to increase the enrollment of advance practice nurses including NPs, CNMs and DNPs.

School nurses achieved a legislative victory for their students this session. Beginning in the next school year, school nurses will be able to provide certain emergency medications. After the NM Department of Health develops rules, school nurses may stock epinephrine and albuterol to

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Your President's Perspective

Leigh DeRoos, BSN, RN

In my previous column, I discussed the importance of nurses having a voice and of being *at the table*. I had several nurses ask what I meant by *being at the table*. To be *at the table*, a figurative expression, means we are represented and empowered to influence and affect outcomes that impact nurses' ability to "practice to the full extent of their education and training" (National Research Council, 2011). The table is where nurses' three million voices can be heard, by nurses and non-nurses alike, to address every event, issue, policy, protocol, regulatory guideline, statute, and law that affect nursing practice, and in doing so, to empower nurses to take the lead in their communities to improve and facilitate the delivery of healthcare, including in the prevention and education of health-related problems, as they relate to members of their communities.

Because of my interest and belief in the importance of nurses at the grassroots level taking the lead in health care decisions and health care policy, I read articles and books on nursing empowerment, the power of nurses and the importance of the nurse as an influencer, especially as it relates to the delivery of health care in this country. This is especially timely given

the implementation of the Affordable Care Act in which nurses should be expected to take the lead on health care issues. One of these articles titled "Want to Improve Health Care? Let Nurses Take the Lead" made several interesting points but, I found comments readers made in response to the article to be equally interesting.

In the article, Gaffney and Bemker (2012) made two main points stating that in order to have a voice and become the leaders in health care policy and decisions:

1. Nurses must attain higher levels of education to be better prepared to take the lead. Research shows that better educated nurses correlate with better patient outcomes.
2. We as nurses need to improve our leadership skills, listing several ways this could be accomplished, including joining your professional organization. The article specifically cited the ANA's American Nurses Advocacy Institute which has been tasked with facilitating nurses' "strategic thinking" and nurses leading with a vision in order to have a voice.

At the end of the article there were over 160 comments, most appeared to be by nurses, and several appeared to be by MDs.

President's Perspective continued on page 3

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President's Perspective continued from page 1

There were several remarks by individuals who appeared to be MDs that reflected a significant lack of knowledge about nurses' educational requirements, skill set, knowledge base, and scope of practice. In this article, an individual commented, "Nurses are the face, the heart, and the hands of health care," and physicians are the brain" (Gaffney & Bemker). Many of us have had the experience of working at a major medical center with new physicians. We trained many of these new doctors and on many occasions prevented these new physicians from causing harm to our patients. On numerous occasions I had physicians thank me for saving their "butts." My responsibility, of course, was not to save their "butts" but to protect my patients from harm by this individual. How does nurse-physician collaboration occur for the betterment of patient care when nurses are seen in such a limited role by physicians?

There were remarks by individuals who appeared to be RNs that focused on the unique set of skills and knowledge that nurses bring to the bedside, but because many hospitals are now a for-profit business, many believe that this interferes with the nurses' ability to provide the nursing care they want to give to their patients. How do we, as nurses, change the system so the focus is on patient care and not corporate profits? Remember, we are 3 million strong; we need to exercise our voice.

There were comments about the need for nurses to not only be involved in healthcare decision-making and policy development, but to lead, to have a voice, and to be at the table on all aspects of health care issues. One comment in the article said, "Healthcare? Nursing needs leadership. The void is deafening." (Gaffney & Bemker). How do we, as nurses, empower ourselves and our profession, if not by leading and being at the table?

The most troubling comments centered on nurses disparaging other nurses, especially those

nurses who had attained more advanced degrees. One nurse wrote... "let me just say that there is nothing in the world more useless than a (sic) MSN or a PhD." (Gaffney & Bemker). Several comments of this nature centered on nurses acquiring advanced degrees which would enable them to leave bedside nursing. Several nurses in the trenches stated that they did not see the need to obtain an advanced degree to practice bedside nursing. Many nurses have chosen to obtain an advanced degree so that we have nurse educators, nurse researchers and empowered nurse managers who facilitate nurses in the trenches to be able to provide excellence in bedside nursing. All empowered nurses have unique and valuable contributions to make to our profession, regardless of their nursing degree or experience. On the other hand, not all nurses are empowered, regardless of their nursing degree or experience. How do we, as a profession, respect and help all nurses appreciate the value of what each of us brings to the profession?

The purpose of discussing these comments is to start a dialogue within our profession. I believe they touch on a wide range of topics that affect nursing, all that are related to themes of lack of power and being disempowered. I believe many nurses believe they are not empowered and I will address this issue in a future column but I would like to hear your views. As a profession of 3 million strong we have a means of being empowered through ANA, the only nursing organization that represents all nurses regardless of one's nursing degree. I strongly encourage those of you who are not yet members to join ANA, and if you are a member, to become involved in ANA and your district organization.

In February 2014, over 200 nursing students attended Capitol Challenge in Santa Fe and learned how to take those first steps toward empowerment by becoming a voice at the table. I ask all nurses, especially nursing faculty, to facilitate and support nursing students as they begin their journey toward empowerment.

Please e-mail me your comments on this column and your ideas on ways to empower nurses. I hope to share the general theme of these comments from you with readers of this column. My e-mail is nurseempowered@gmail.com.

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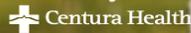
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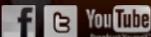
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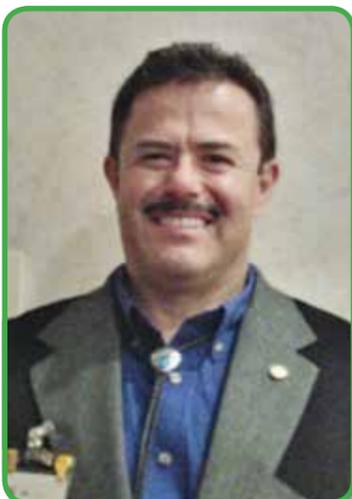
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Student Forum

Capitol Challenge 2014

Fifteen programs had students and faculty attend Capitol Challenge this year. Student leaders from across NM introduced speakers and facilitated a Student Nurses Association Forum during Capitol Challenge this year. NMNA links the SNAs via a conference call once a month and any program interested in having their SNAs participate should contact: Deborah Walker, Executive Director of the NMNA at dwalker@nmna.org or call her directly at (505) 471-3324.



Central New Mexico Community College Student Nurses Association officers took part in the tour of the Capitol and are pictured here in the Governor's office in Santa Fe for Capitol Challenge.



The tour included as part of Capitol Challenge is designed to acquaint students with the Capitol, Legislative and Executive offices, committee processes, and serves to also instill an appreciation of the Capitol itself. Led by experienced nurses the tours this year provided an overview of the floor session when some students were present for the passage of the Memorial declaring February 13 as NM Student Nurse Day at the Capitol.



Students from Western University are pictured with James Ross of the Governor's staff and with Romona Scholder and Monique Keulen-Nolet, members of the NMNA Board. Students were given detailed tours of the Executive offices on the 4th floor of the capitol during the event.




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SFCC and NMSU to Collaborate on New Statewide Nursing Education Curriculum

Pioneering collaborative nursing program to provide more BSN- trained nurses and health care workers for New Mexico.

Carmen Angel, MSN, RN

Santa Fe Community College (SFCC), in collaboration with New Mexico State University (NMSU) and the New Mexico Nursing Education Consortium (NMNEC), and with support from clinical partners such as Christus St. Vincent, is taking the lead in training accredited nurses by expanding their nurse education and accreditation programs.

One of the brightest spots in today's job market is health care. Between an aging population and a ballooning insured population due to the Affordable Care Act, more nurses are needed than ever before. Nurses with a Bachelor's in Nursing (BSN) are in especially high demand. This new program strives to meet that demand by expanding the number of graduates with BSN's in our community.

Nationally, the trend is hire more people with BSN's rather than associate degrees in nursing, and SFCC is working hard to give nursing students the degrees they will need to succeed in the field of health care. Up until now, SFCC has had an accredited two-year associates degree nursing program, but starting in the summer of 2014, SFCC will implement a new 'concept-based' statewide nursing education curriculum (NMNEC curriculum). Students can now graduate with either a bachelor's (BSN) or an associate (AAS) degree in nursing. By taking one extra semester of nursing courses, both an AAS from SFCC and a BSN from NMSU can be granted to SFCC students while staying in the community. SFCC plans to offer the first BSN track in collaboration with NMSU starting in the summer of 2014.

Research shows that when students leave a community to obtain a BSN, they often end up leaving their communities for good. SFCC's new educational initiative provides a strong incentive for students to stay, live and work in Northern New Mexico. Furthermore, research indicates that patients have lower morbidity and mortality when cared for by BSN-trained nurses. By training and accrediting more BSN's in New Mexico and right here in Santa Fe, the program is not only helping to strengthen our local economy and community, but also, most importantly, delivering better overall health care.

Jenny Landen, Dean of the School of Health, Math and Sciences at SFCC, says of the effort, "New Mexico is receiving national attention with this effort to bring collaboration between community colleges and universities by utilizing a common transferrable curriculum for nursing education. Governor Martinez has been supportive of this effort and has told the NMNEC Leadership Council that she sees this nursing education initiative as a model for other disciplines to follow."

The SFCC nursing program is currently a full-time program. Students need to have a GPA of at least 2.75, complete the prerequisites and pass an entrance exam in order to apply.

The new effort is a collaboration between the New Mexico Nursing Education Consortium (NMNEC), SFCC Nursing Faculty, NMSU Nursing Faculty, with local support from clinical partners in an advisory role. For more information on the specifics of this partnership, **contact Carmen Angel, MSN, RN, Director of Nursing Education and Allied Health by calling (505) 428-1763.**



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New Mexico Nursing Education Consortium (NMNEC)

D. Evans-Prior, N. Morton, D. Brady

January, 2014 marked the beginning of a new era in nursing education in New Mexico. Twenty-four students at Central New Mexico Community College (CNM) and sixty-four at the University of New Mexico (UNM) are the first enrolled in New Mexico Nursing Education Consortium (NMNEC) curriculum. For nursing educators across the state, the term is the culmination of nearly four years of hard work, dedication, and passion.

History:

NMNEC formed in early 2010 when a group of nursing educators from around the state came together with a common goal: to streamline and standardize nursing education in New Mexico. The idea of establishing common prerequisites had been discussed in the early 2000s but consensus at the time was difficult to achieve. Those discussions were important, however, because they opened the dialogue and demonstrated a willingness by the universities and community colleges in New Mexico to entertain the possibilities.

While early NMNEC conversations identified common prerequisites, these innovative educators widened the topic to include curricular alignment, conceptual teaching, and seamless transition – not only for Associate to Baccalaureate matriculation but also for college to college transfer while pre-licensure coursework is still in progress.

Providing the needed external impetus to the initiative was the timely publication of the Institute of Medicine's (IOM) Report, "The Future of Nursing: Leading Change, Advancing Health," which was released on October 5, 2010. It recognized the vital role that nurses would play in the transformation of healthcare as set forth in the Affordable Care Act. Among the four major recommendations was one specifically targeting nursing education. It read, "Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression." (National Research Council, 2011).

NMNEC leadership recognized the opportunity provided by the seminal report. In early 2012, RWJF established the Academic Progression in Nursing (APIN) grant making considerable funds available to support the initiative. The UNM College of Nursing and the New Mexico Action Coalition was awarded one of the nine grants in August, 2012. NMNEC was a prominent feature in the grant. The New Mexico Board of Nursing (NMBON) also contributed a recurring and substantial grant to

assist in the process. To date, the fiscal resources have been used to fund three staff roles including a program leader, a program coordinator, and a program assistant. Beyond these roles, NMNEC is an all-volunteer initiative with the remaining money going almost exclusively to the statewide meetings that have been essential to achieving consensus, faculty development, consulting, and travel reimbursement.

Other Influences:

While the IOM report provided external validation, several state agencies have also demonstrated their support of the NMNEC initiative. The New Mexico Higher Education Department (NMHED) has supported NMNEC in a range of initiatives from providing funding for nursing expansion at public colleges to providing financial support for NMNEC to upgrade its website. Further, the NMHED is currently acting to improve funding available to nurses and nursing educators to pursue higher degrees. In 2010, the NMBON in conjunction with the New Mexico Center for Nursing Excellence (NMCNE) wrote a report for House Memorial 50, A Statewide Plan for Nursing Education, which identified the need to recruit and retain nursing faculty as well as promote baccalaureate preparation of nurses in New Mexico.

Governor Susana Martinez has been vocal in her support of the NMNEC initiative. Over the course of several news conferences in late 2013, she applauded NMNEC's seamless transfer of nursing credits, the pursuit of the BSN in home communities, and the end result of the increase in number of BSN nurses. These BSN graduates will then have access to additional educational avenues, including those in advance practice roles, thereby helping to meet the primary care needs of New Mexicans particularly in rural areas.

Development and Partnerships:

From the years of 2011 to 2013 the focus of NMNEC has been curricular development. The NMNEC curriculum is predominantly a BSN program of study with an identified ADN track as a degree option. Students must identify prior to enrollment which of the two degree paths they would like to pursue, and acceptance to either is not guaranteed. Applicants must meet a minimum grade point average, successfully complete an entrance exam, and then meet any college specific requirements (e.g. interview, residency, etc.).

It is important to note; this is not a traditional 2+2 model where a student completes an ADN and

then continues to the BSN after obtaining initial licensure. The NMNEC curriculum is a true concurrent enrollment. The ADN and BSN degrees are earned at the same time.

NMNEC students accepted at the University level through a community college partner earn their BSN degrees physically at the community college. There are several ways to accomplish this. Ideally, the additional BSN nursing coursework is taught by community college faculty under a university contract. Other options include having a university faculty member teach the course on site or administering the course using distance learning or other technological means. The key point is that the student remains on the community college campus allowing completion of the BSN while never leaving the home community. This will have the most impact when community colleges outside of Bernalillo and Dona Ana counties implement the curriculum later this year.

Concept-Based Teaching in the Classroom:

The NMNEC curriculum is concept-based. This differs from a traditional, medical-model that most practicing nurses in New Mexico experienced as part of their nursing education.

Medical-model teaching presents a disease process and nursing instruction generally begins with pathophysiology, signs/symptoms, abnormal lab values, collaborative care, then nursing specific interventions and outcomes. Students learning in this paradigm often spend a great deal of time memorizing data with limited focus on application.

In contrast, concept-based teaching identifies a patient need such as Gas Exchange, for example. Students are introduced to the scope and categories of the concept. They identify not only risk factors, but individuals and populations at risk. The instructor engages the student to identify strategies to assess for the problem and how those assessments might change based on client age, culture, comorbidities, and condition. Exemplars (typical examples of a condition encompassed by the concept) are identified, and students work in groups to compare and contrast findings between the examples. Ultimately, the student can then demonstrate that while a client might have atelectasis, pneumonia, or asthma, all three populations require similar assessments and interventions. They can also describe how the treatments are different, based on specific client needs.

NMNEC continued on page 7

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New Mexico Nursing Education Consortium (NMNEC)

NMNEC continued from page 6

Ultimately, over forty major concepts have been identified and developed by NMNEC. Each is in a standardized format and encompasses the human lifespan. The exemplars listed in the NMNEC curriculum were chosen by their incidence in World Health Organization (WHO) prevalence, Healthcare Cost and Utilization Project (HCUP) data for New Mexico, and Diagnostic Related Group (DRG) discharge data. This ensures that students are learning about pertinent disease processes that impact the greatest health care needs on a global, national, and statewide basis.

Concept Based Teaching in the Clinical Setting:

Now, in 2014, the first of the NMNEC students are enrolled in the statewide curriculum. Soon, hospitals, nursing homes, and other clinical sites will experience a new type of nursing student learning at their facilities.

A major challenge in traditional clinical education has been not only identifying appropriate patients that a student can follow for at least two days but also finding those who have conditions covered in lecture that week. Length of stay has shortened, making it difficult for a student to prepare the night before to care for a specific client. Further, traditional clinical experiences center on the student learning in the role of the primary nurse and delivering total patient care.

While total care remains important, concept based clinical teaching brings in greater, overarching ideas. Students will be assigned patients with similar health care needs but

differing ages or conditions; their role would be to compare and contrast the care provided. They could perform multiple focused assessments to determine how clients with different diagnoses have similar needs. The permutations are virtually endless.

This approach allows the clinical instructor to tailor the clinical experience to better align with what is presented in the classroom. Studies have shown that students who learn in this manner have better reasoning skills and an improved ability to transfer these skills into new contexts (Collard, et al, 2009).

When students are engaged in these thinking activities, it may appear to the bedside nurse that the students are not “busy” or that they are “sitting” when they should be “doing.” While managing total care of one or multiple clients remains a valid teaching tool, in concept based learning environments students will be performing more focused care. Students also require greater amounts of time to consider patient factors and draw conclusions. Spending time in data gathering activities is a valid use of clinical time. Christine Tanner, a champion for clinical judgment and concept based learning, states that clinical reasoning, “includes both the deliberate process of generating alternatives, weighing them against the evidence, and choosing the most appropriate,” (2006, p. 204-5).

It is critical to student success that any nurse who is engaged in mentoring or direct supervision of a NMNEC student to be aware of the conceptual framework behind the learning activities. To help achieve this, the New Mexico Center for Nursing Excellence (NMCNE) has stepped forward as a leader to facilitate the education of the nursing workforce about the statewide curriculum and

strategies that the bedside nurse can employ to help foster learning in the student nurse. Further, the NMCNE has also organized and facilitated the New Mexico Nursing Education Conference. This annual, two-day event is now in its sixth year and has been an important venue for both faculty and community development.

Next Steps:

While the first students at UNM and CNM began their journey in January of 2014, summer marks the first class at Santa Fe Community College, New Mexico Junior College, New Mexico State University, San Juan College, and NMSU

NMNEC continued on page 10

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Issue: Nursing Workforce Diversity

LisaMarie Turk, MSN, RN

Health disparities result in multifaceted societal burden. Decreasing health disparities has thus received much attention and is currently identified as a priority issue in our nation. Individuals – including policymakers, academicians, and researchers – regard diversification of the health care workforce as a strategy for decreasing health disparities by increasing the availability of culturally competent health care providers for all populations (Williams et al., 2013).

Per congressional mandate, the Agency for Healthcare Research and Quality (AHRQ) annually publishes *The National Healthcare Disparities Report* (NHDR), which focuses on “prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations” (AHRQ, 2013, p. 1). The most recent NHDR by AHRQ (2013) reveals that health disparities persist, especially for minority and low-income populations. In the same vein of these persisting racial/ethnic health disparities, the United States’ health care workforce is not racially/ethnically reflective of the overall US population. New Mexico (NM) mirrors the workforce

demographics of the nation with a 59% minority population and 11% representation of minorities in its nursing workforce. The lack of diversity in NM’s health care workforce contributes to racial and ethnic health disparities evidenced by – for example – higher rates of diabetes, obesity, and teen pregnancy among racial/ethnic minorities in the state (Con Alma Health Foundation, 2012).

Diversification of the healthcare workforce includes recruitment and preparation of a racially/ethnically, culturally, and ideologically diverse cadre of nurses in healthcare practice, research, and advocacy. Diversification efforts include expanding nurses’ leadership capacity in all areas of professional practice and community. The Robert Wood Johnson Foundation and Institute of Medicine (2011) in their consensus report, *The Future of Nursing: Leading Change, Advancing Health* recommend that “nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States” (key message #3, p. S-6). The IOM (2011) emphasizes the importance of developing nursing knowledge and engagement in the health policy sector – offering the following assertion:

Being a full partner translates more broadly to the health policy arena. To be effective in reconceptualized roles, nurses must see policy as something they can shape rather than something that happens to them. Nurses should have a voice in health policy decision making and be engaged in implementation efforts related to health care reform. Nurses also should serve actively on advisory committees, commissions, and boards where policy decisions are made to advance health systems to improve patient care. (p. S-6)

Diversification Strategies in New Mexico

Given the national consensus regarding the need for diversification of the nursing workforce, several initiatives have been implemented within the state

to address this need. For example, the Con Alma Health Foundation recently received a *Partners Investing in Nursing’s Future* grant from the RWJF and Northwest Health Foundation (RWJF, 2011), which allowed for development of strategies for strengthening community and organizational capacity via formation of new connections and partnerships among stakeholders invested in healthcare and nursing workforce diversity. From initial discussions in capacity development and strategic planning, the New Mexico Institute for Nursing Diversity, Empowerment, and Health Equity (hereafter referred to as the Institute) was founded, as an affinity group of the New Mexico Nurses Association.

The Institute works toward improving the leadership status of Hispanic and other minority nurses and advancing health equity for the citizens of New Mexico. Our goals include expanding nursing’s effective participation in political and public policy arenas, improving the recruitment and retention of a diverse nursing workforce, and enhancing communications and relationships across racial and ethnic lines. We envision providing a center for nursing resources and informing and illuminating New Mexico’s public policy issues through community participation, research, analysis, information dissemination, and social and systems transformation.

Given the current political context in New Mexico, the Institute recognizes the need to empower nurses with education regarding implementation of the Patient Protection and Affordable Care Act (ACA) (2010) and its implications for New Mexico healthcare systems, workforce, patients, families, and communities. Nurses are regarded by the public as trusted sources of health-related information, and will be increasingly sought out by their communities for

Nursing Workforce Diversity continued on page 11

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¹ Source: Forum, May 2008
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Continuing Nursing Education

The Continuing Nursing Education Process- Monday, April 28, 2014

In two parts:

Part 1- Morning session: Documenting CE Planning: Learn the Process, Reduce the Stress! (new or infrequent writers of CE Individual Applications) 3.0 contact hours

Part 2- Afternoon session: Documenting Your Effectiveness Using the New Approved Provider Application (ANCC 2013 Criteria) 3.0 contact hours

Presbyterian Healthcare Services Education Building Pathways Classroom 5901 Harper, NE Albuquerque, NM

**PART 1 0820—1145
PART 2 1250—1610**

**Part 1-Morning : 8:15 a.m.-12:40 p.m.
Documenting CE Planning: Learn the Process, Reduce the Stress**

Agenda:	
8:15—8:30	Registration
0830—0835	Welcome and Introductions
0835—0855	Documenting needs assessment, Gaps, and Developing a Purpose statement
0855—0920	Choosing presenters, locations
0920—0940	Completing Biographical Data/ Conflict of Interest forms
0940—09500	Break
0955—1030	Writing measurable learning objectives and the content that makes them achievable
1030—1050	Choosing teaching/ learning strategies that meet Adult Learning Needs
1050—1120	Evaluating learning—critical to demonstrating Return on Investment
1120—1130	Putting it all together
1130—1145	Complete/ submit the evaluation form and receive a Certificate for 3.0 contact hours.

**Part 2-Afternoon: 12:50 -4:10 p.m.
Documenting Your Effectiveness Using the New Approved Provider Application (ANCC 2013 Criteria)**

Agenda:	
1250—1300	Registration
1300—1305	Welcome/ Introductions
1305—1345	Eligibility to be an Approved Provider: NPlanners, P&P
1345—1500	Break
1500—1540	New AP Documentation Requirements
1540—1600	Choosing Application Examples
1600—1610	Complete/ submit the Evaluation form and receive a Certificate for 3.0 contact hours.

Purpose Statements:

Part 1: Learners will be able to accurately document needs assessments, knowledge/skills/ practice gaps, and plan a coordinated Continuing Education activity to address needs and demonstrate improvement in nursing practice.

Part 2: The learner will be able to correctly document facility policies and procedures related to planning, implementing, and evaluating CNE activities and provide concise, illustrative examples of how the policies meet ANCC criteria. The learner will choose Example applications for the approved provider application that meet all ANCC criteria.

DISCLOSURES:

- 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.
- Criteria for Successful Completion: Must register for course, sign in, attend the full session (morning, afternoon or both), and submit a completed evaluation form in order to receive contact hours.
- No planners or presenters had conflicts of interest to disclose, and thus no resolution was required.
- Presbyterian Health Services Education Dept. is providing in-kind sponsorship in the form of meeting space.
- There is no commercial support being received for these events.
- *This continuing nursing education activity was approved by the Arizona Nurses' Association, an approver by the American Nurses Credentialing Center's Commission on Accreditation.*

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- Afternoon session ONLY
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NMNEC continued from page 7

Alamogordo welcome their first cohorts in the Fall. By September of 2017, the remaining accredited public institutions will be offering the NMNEC curriculum.

New Mexico's nurses in all roles are encouraged to visit the NMNEC website at nmnec.org to learn more about the statewide curriculum and the timelines for adoption. Further, all educators and nurses who come into contact with students in clinical settings are invited to the 6th Annual Nursing Educators Conference on June 9th and 10th in Albuquerque to learn more about concept based teaching. This conference is a hands-on learning event and is well attended. NMCNE offers continuing education credits for attendance. For more information, please visit www.nmnursingexcellence.org.

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Nursing in the Forefront continued from page 1

administer on an emergency basis to students who may not have a prescription on file.

A bill passed this session that will require the NM Board of Nursing to expedite licensure for registered nurses, licensed practical nurses, certified nurse practitioners, certified registered nurse anesthetists, and clinical nurse specialists who are licensed in other states. Upon a determination by the board that an application is complete, a license shall be issued within five business days. This law will also apply to in-state nurse licensure. A sunset clause for five years is contained in the bill.

Advance practice nurses and nurse midwives will be part of Memorial directed task force analyzing New Mexico Statutes to determine administrative impediments to their practicing at their full extent of their education.

Nurses were visible throughout the session in support of a range of initiatives. The Capitol and legislators were visited by over 220 New Mexico student nurses and faculty on February 13 during the Capitol Challenge Student Nurse Day and the following day's Capitol Challenge for RNs convened sixty RNs to engage on advocacy. The Nurse Midwives had their third Nurse Midwives Day at the Capitol with over 30 CNMs and students attending.

Some form of nursing issues was discussed in almost every committee of the legislature this year. NMNA therefore is already laying the groundwork for 2015. If you are interested in policy and government relations, please contact Deborah Walker RN, MSA either at dwalker@nmna.org or by calling (505) 471-3324. NMNA wants our nurse volunteers to engage during the interim so that our legislators hear from constituents and NMNA wants YOUR input on the policy issues ahead. We hope you will join us as we continue to educate our policy makers about the role of nurses in our health care delivery system and as we advocate for patients and nursing practice.



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Nursing Workforce Diversity continued from page 8

information regarding the ACA – including Medicaid expansion and Health Insurance Exchange implementation.

In light of our commitment to collective impact, the Institute is partnering with other organizations to train nurses as community educators who will be prepared to engage with communities, in order to provide outreach and information associated with the ACA. This is an exciting time for nurses to be involved in groundbreaking work that will transform our state's healthcare delivery. The Institute is proud to support your current and future involvement in these important and empowering initiatives.

Get Involved

There are various ways available for you to get involved in your state's initiatives on diversity, policy, leadership, and community engagement. For more information, please contact: **LisaMarie Turk, MSN, RN** or **Juanice Reyes, BSN, RN** at Phone: (505)471-3324 | Fax: (877)350-7499 or visit our website at: <http://www.nmna.org/Top-Menu-Items-Category/Institute-Nursing-Diversity>

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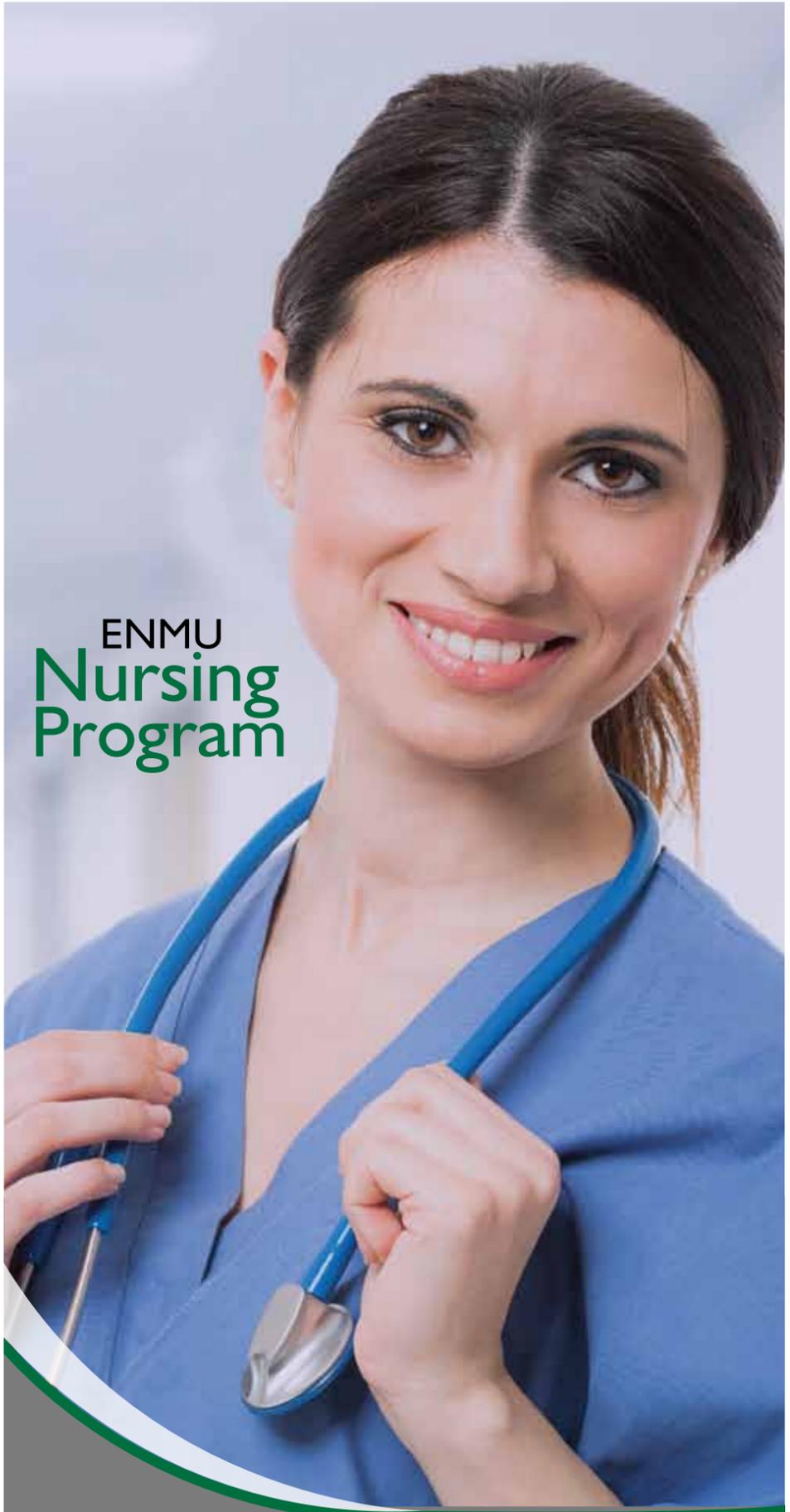


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