



## Looking to the Future: Preparing for the Next Generation in Health Careers

### Final Report on Forum Results

- May 2-3, 2008
- Albuquerque Marriott  
Albuquerque, NM

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## Executive Summary

New Mexicans in urban, rural, and tribal communities want healthcare services that are accessible and that provide alternatives. They want comprehensive care that is “culturally competent.” New Mexicans want healthcare providers and professionals that represent the diversity of the community and that are competent in addressing the needs of a culturally diverse population. They realize that to improve the health of their communities, people who are interested in health careers and professions need to have access to educational opportunities at all levels that are seamless and are aligned with workforce needs. They also realize that reliable population health data, adequate financial support, and policymaker commitment is required. New Mexicans want rational healthcare policies that maximize our healthcare dollars in an efficient and equitable way and healthcare services that assure preventive and primary care access, delivery, and career development, especially in our underserved communities.

These recommendations and others resulted from the health careers pipeline forum *Looking to the Future: Preparing for the Next Generation of Health Careers*. This event was convened by the **University of New Mexico Health Sciences Center Office of Diversity** and the **University of New Mexico Hospitals** on May 2-3, 2008 in Albuquerque, NM. It brought together 160 people from all parts of the state. Participants included students, educators, and administrators from the secondary and higher education school systems, healthcare employers and practitioners, members of rural and tribal communities, and federal and state policymakers.

The forum was facilitated by **New Mexico First**, a nonpartisan, nonprofit organization co-founded in 1986 by U.S. Senators Pete Domenici (R-NM) and Jeff Bingaman (D-NM). **New Mexico First** events bring together people from all walks of life to identify practical solutions to the state’s toughest problems. In **New Mexico First’s** 22-year history, it has engaged over 8,000 people in the democratic process. The organization conducts an annual statewide town hall focusing on a critical issue facing the state and also facilitates specialized forums for communities and institutions that need consensus feedback. This event was a specialized forum conducted through a contract with UNM.

The recommendations for strengthening the health careers pathways are summarized below, with additional details provided in the full report.

### Education and Workforce Policy

1. Simplify the credentialing system for all licensed health professionals and develop a system to utilize retired and inactive licensed health professionals.
2. Establish a healthcare career pathway structure.
3. Transform the healthcare philosophy and culture to patient and caregiver-centered care.

### Community-based Care and Training

4. Develop and support an integrated, interdisciplinary system of care that is appropriate to the community.
5. Fund recruitment, retention, and professional development for math and science teachers and develop multiple sites of community-based health professions training.

### Education and Workforce Resources

6. Increase resources for core academic programs and career awareness programs in all public schools.
7. Provide appropriate and adequate resources to expand health professions education infrastructure and faculty.
8. Develop and implement a marketing plan for the entire education system (pre-school through college) to promote health professions career awareness and career preparation and to support urban, rural, and tribal communities in recruiting and retaining healthcare providers.
9. Increase funding and reimbursement for evidence-based intervention and prevention programs.

### Collaboration

10. Commit time and resources to collaborate and educate students about the relevancy of core curriculum to healthcare professions.
11. Engage in meaningful collaboration that results in timely implementation of proposed initiatives.
12. Improve recruitment and retention efforts through sustainable collaboration.
13. Create an alliance of stakeholders.

### Incentives

14. Promote educational, financial, and other support systems as incentives to recruit and retain healthcare educators and providers in the community.
15. Distribute resources that are incentives to employers and healthcare professionals for increased recruitment, training, and retention and for positive health outcomes.

### Technology

16. Produce a website portal focused on all healthcare careers that provides resource information and links to local healthcare professionals.
17. Disseminate information regarding best practices, educational funding, job vacancies, community and family resources, and mentor/speaker resources.
18. Optimize the use of technology to include a strategic marketing plan, web portal, and data tracking system.
19. Integrate and utilize telehealth.

These recommendations will be prioritized by an implementation team composed of forum participants. This group will spend the next 6-12 months advancing the recommendations with policymakers, community leaders, educators, and the public.

# Looking to the Future: Preparing for the Next Generation in Health Careers

## Introduction

In May 2008, the **University of New Mexico Health Sciences Center Office of Diversity** and **University of New Mexico Hospitals** convened a statewide forum. The event focused on how to strengthen New Mexico's pipeline for health careers. Participants included students, educators and administrators from the secondary and higher education school systems, healthcare employers and practitioners, members of rural and tribal communities, and federal and state policymakers. These committed citizens made it clear that the shortage of health professionals of all types, especially in New Mexico's rural and tribal communities is an issue of critical importance.

This event used **New Mexico First's** unique consensus-building process: a two-day deliberation during which participants identified challenges and came to agreement on possible solutions. Their deliberation was informed by a comprehensive background report that participants reviewed in advance, outlining the status of New Mexico's health careers pipeline, the barriers that impede the pipeline's flow, and best practices that have proven successful. The report is available online at [www.newmexicofirst.org](http://www.newmexicofirst.org).

In addition, participants benefitted from keynote presentations by Senator Jeff Bingaman, Dr. Robert Otto Valdez, Executive Director of the Robert Wood Johnson Foundation Center for Health Policy, Dr. Daniel Derksen, a Robert Wood Johnson Foundation Fellow with Senator Bingaman's office, and Cabinet Secretary Dr. Alfredo Vigil. A panel of experts on health careers issues in rural and tribal communities also spoke about the strategies they believe are having a favorable impact.

The forum was held May 2-3, 2008 at the Marriott Hotel in Albuquerque, NM. Scholarships covered the registration fees for those with financial need.

## Common Themes

After extensive discussions, forum participants came to consensus on 19 recommendations as one large group. Participants developed their initial ideas in small groups. The ideas were refined until the full group agreed to all the recommendations. Common themes began to emerge immediately including:

- Establishing and supporting education and workforce policies that support multi-disciplinary healthcare approaches, flexible health career pathways, and simple credentialing rules
- Promoting community-based and interdisciplinary models for educational preparation, professional training, and patient care
- Providing increased resources for core academic and career awareness programs, educational faculty and infrastructure, and community marketing initiatives
- Making the commitment to collaborate to ensure educational relevancy, cultural acclimation and accommodation, and timely implementation of forum proposals
- Optimizing the benefits of technology to organize and disseminate educational, career, community, as well as research and tracking information widely

In the small groups, participants were asked to imagine what the health careers pipeline might look like in ten years if it is working perfectly. The common ground that emerged from these discussions was reviewed by the entire group prior to developing their initial ideas. The recommendations are based on the common ground that evolved from the first discussion. The visions for common ground are compared in Appendix A.

## Forum Recommendations

| MAIN IDEA  | RECOMMENDATION   |
|--|--|
| <b>Theme: EDUCATION AND WORKFORCE POLICY</b>   |  |
| <p><b>1. Simplify credentialing and utilize retired and inactive licensed professionals.</b></p>         | <p>In order to address the healthcare workforce shortage and to improve the healthcare of all New Mexicans by maximally utilizing existing resources, state government and/or oversight agencies should develop a credentialing system for all licensed health professionals that is unified and reciprocal, standardized, and streamlined, as well as develop a system for supporting and utilizing retired and inactive licensed health professionals. For example, one strategy might include providing standardized continuing education to ensure competency and centralized re-entry allocation assistance.</p>  |
| <p><b>2. Establish a clearer healthcare career pathway structure.</b></p>                                | <p>So that more New Mexicans choose healthcare careers and professions, stakeholders should establish a recognized and institutionalized healthcare career pathway structure that includes multiple entry and exit points, support services, employers, and mentors.</p>   |
| <p><b>3. Transform the healthcare philosophy and culture to patient and caregiver-centered care.</b></p> | <p>So that New Mexico has an accessible, quality, and holistic healthcare system, all stakeholders should commit to transforming the healthcare philosophy and culture to patient and caregiver-centered care, including:</p> <ul style="list-style-type: none"> <li>• providing intentional, purposeful, and interactive exposure through mentorships and internships at every level of education for every student</li> <li>• encouraging training institutions to stay involved in the professional lives of their graduates throughout their careers</li> <li>• training and hiring multi-professional, multi-disciplinary health teams</li> <li>• providing practice relief support to staff for time off</li> </ul> <p>The Planetree model is an example of this type of holistic healthcare system.<sup>1</sup></p> |
| <b>Theme: COMMUNITY-BASED CARE AND TRAINING</b>  |  |
| <p><b>4. Support integrated, interdisciplinary care that is appropriate to the community.</b></p>        | <p>In order to provide quality education and employment experience, multi-disciplinary pipeline training opportunities, and optimal healthcare, including a broad definition of primary care, (such as oral, behavioral, vision, etc.) an interdisciplinary model should be developed and supported. (One example is the Health Commons model<sup>2</sup>). The healthcare workforce, rural and tribal authorities, and governments (i.e., city, county, tribal, state, federal) should review and assess current models, analyze, develop, fund, and operate functions of community appropriate, integrated, interdisciplinary care.</p>  |

<sup>1</sup> Planetree is a model of healthcare that promotes the importance of human interaction in creating a healing environment, complementary therapies to expand the choices offered to patients, and expanding the boundary of healthcare to include interventions to support healthy communities. [www.planetree.org](http://www.planetree.org)

<sup>2</sup> The Health Commons model is a seamless system of social, behavioral, and medical services for the uninsured created to address the social determinants of disease, reduce health disparities, and foster local economic development in two inner-city neighborhoods and two rural counties in New Mexico. Kaufman MD, Arthur et al, "The Health Commons and Care of New Mexico's Uninsured," *Annals of Family Medicine* 4:S22-S27 (2006).

|   |  |
|---|--|
| <p><b>5. Fund math/science teachers and develop sites for community-based training.</b></p> | <p>So that more students are academically and professionally prepared, the New Mexico Public Education Department (PED) and New Mexico Higher Education Department (HED) should fund recruitment, retention, and professional development for math and science teachers. The New Mexico Public Education Department, New Mexico Department of Health, and University of New Mexico Hospitals should develop multiple sites of community-based health profession training using all rural colleges and programs such as the HERO program<sup>3</sup> and Telehealth<sup>4</sup> to increase the number of professionals.<sup>5</sup></p>  |
| <p><b>Theme: EDUCATION AND WORKFORCE RESOURCES</b></p>                                      |  |
| <p><b>6. Increase resources for core academic and career awareness programs.</b></p>        | <p>So that all New Mexico students (pre-school through college) will be adequately prepared by meeting or exceeding standards for success in healthcare education and knowledgeable of career options available, the federal and state governments should significantly increase resources for core academic programs and career awareness programs in all public schools.</p>   |
| <p><b>7. Provide resources to expand education infrastructure and faculty.</b></p>          | <p>So that all eligible New Mexico residents who want to enter the healthcare pipeline will have reasonable access to health care educational opportunities and an adequate number of trained healthcare professionals can meet the healthcare needs of New Mexicans, the federal and state governments should provide appropriate and adequate resources to expand health professions education infrastructure and faculty.</p>   |
| <p><b>8. Develop marketing plans and tools.</b></p>   | <p>So that there is an adequate supply of health professionals, a marketing plan should be developed and implemented for students (pre-school through college) to promote health professions career awareness and preparation and for urban, rural, and tribal communities to recruit and retain healthcare providers. The marketing plan should include, but not be limited to:</p> <ul style="list-style-type: none"> <li>• establishing a network of rural and tribal providers who would prepare each new healthcare provider and the provider's family for entering the community by establishing a peer group for continuous support</li> <li>• providing sponsors and mentors from professional and community groups</li> <li>• offering community marketing "tool-kits"</li> </ul> <p>The New Mexico Department of Health should spearhead the development of the marketing plan in collaboration with healthcare professionals from all cultural backgrounds, school educators and students, representatives from healthcare clinics and employers, community and tribal leaders and families, and Indian Health Services and other state agencies.</p> |
| <p><b>9. Increase resources for evidence-based programs.</b></p>                            | <p>So that improved outcomes can be accomplished for family resiliency (i.e., hardiness) including children, health education, as well as career outcomes and satisfaction, federal, state, and private entities should increase funding and reimbursement for evidence-based intervention and prevention programs.</p>  |

<sup>3</sup> The Health Education Resource Office (HERO) is an initiative to bring health education and information to rural counties as well as rural needs to Health Education & Research Institutions. Description provided by forum participant.

<sup>4</sup> Telehealth is a delivery mechanism for health-related services and information using telecommunications technologies. It is an expansion of telemedicine in that it includes preventive and curative aspects of healthcare and utilizes a variety of technology solutions.

<sup>5</sup> The authoring group recommended the following addition to the recommendation, however due to time constraints, the full group was unable to review the addition: "Stipends and loan repayment should be explored by NM HED & NM DOH and introduced to the legislature."

| Theme: COLLABORATION   |  |
|--|--|
| 10. <b>Commit time and resources for collaboration.</b>                          | So that we can improve student achievement through evidence-based education programs, all stakeholders should commit time and resources to collaborate and educate students about the relevancy of core curriculum to healthcare professions.  |
| 11. <b>Collaborate for timely implementation.</b>                                | So that the healthcare pipeline can be strengthened and improved, community groups and organizations should engage in meaningful collaboration that results in timely implementation of proposed initiatives.  |
| 12. <b>Collaborate locally to ensure cultural acclimation and accommodation.</b> | To ensure cultural acclimation and accommodation for students and health care providers, community leaders and healthcare stakeholders should improve recruitment and retention efforts through sustainable collaboration.   |
| 13. <b>Create an alliance.</b>   | In order to create an environment that attracts, recruits, retains, mentors, and supports a diverse student and practitioner base, an alliance comprised of underserved, rural and tribal communities, government, educational systems, and health care workforce will be created.   |
| Theme: INCENTIVES  |  |
| 14. <b>Provide local incentives.</b>   | So that all New Mexicans receive consistent health care services from a stable healthcare workforce, the governing bodies, communities, and employers should establish partnerships to promote educational, financial, and other support systems as incentives to recruit and retain healthcare educators and providers in the community.  |
| 15. <b>Provide incentives to employers and healthcare professionals.</b>         | So that rural and tribal communities receive increased healthcare resources, all stakeholders and the legislature, should distribute resources that are incentives to employers and healthcare professionals for increased recruitment, training, and retention and for positive health outcomes.  |
| Theme: TECHNOLOGY  |  |
| 16. <b>Create web portal for career awareness.</b>                               | To increase the pool of qualified healthcare professionals by increasing career awareness, federal and state departments of health should produce a website portal focused on all healthcare careers with the course studies needed and links to available schools. This web portal should provide specific information on certifications, degrees, and curriculum with links to local health care professionals who will make contact with the portal user.                             |
| 17. <b>Distribute information regarding resources widely.</b>                    | So that the health career pipeline is healthy and viable in New Mexico, the New Mexico Public Education Department (PED) and the New Mexico Higher Education Department (HED) should establish a speaker/mentor bureau as well as collaborate with appropriate stakeholders to establish a repository of resources and widely disseminate information regarding best practices, educational funding opportunities, specific job vacancies, and information for communities and families. |
| 18. <b>Optimize use of technology for data, information, and education.</b>      | To provide better accessibility to healthcare information, health professional education, and data for New Mexico urban, rural, and tribal areas, the state should optimize the use of technology to include a strategic marketing plan, web portal, and data tracking system. This plan should be facilitated by the New Mexico Higher Education Department (HED), institutions of higher education, and private employers.   |

|  |   |
|--|---|
| <b>19. Integrate and utilize telehealth.</b> | So that students at all grade levels and health professionals with different backgrounds at different locations can be engaged in pursuing health careers that will address the health care needs of rural and tribal communities and so that healthcare professionals can be retained, telehealth should be integrated and utilized. For example, with financial support from federal, state, and private funding sources, the Telehealth Alliance, the New Mexico Telehealth and Health Information Technology Commission, and University of New Mexico Center for Telehealth could provide the planning, implementation, and integration of telehealth into a broad spectrum addressing recruitment and retention in all health professions. |
|--|---|

## Implementation of the Forum Recommendations

This health careers pipeline forum was not a destination, but rather was a launching point for state and local reform. In order to ensure that these recommendations will be acted upon, the forum conveners identified an Implementation Team co-chairs with leadership experience and influence. Dr. Arthur Kaufman is Vice President for Community Health at the University of New Mexico Health Sciences Center, and Chair of the Department of Family and Community Medicine at the University of New Mexico. Dr. Valerie Romero-Leggott is Vice President for Diversity at the University of New Mexico Health Sciences Center, Associate Dean of the School of Medicine Office of Diversity, and Associate Professor in the Department of Family and Community Medicine.

As co-chairs of the Implementation Team Dr. Kaufman and Dr. Romero-Leggott will lead a group of 25 forum volunteers who want to take action on the recommendations there were so thoughtfully prepared during the two-day process.

## Appendix A: Forum Vision for Common Ground

During the forum, participants divided into small groups and were asked to envision that the health careers pipeline was working perfectly within ten years. They discussed indicators of a healthy pipeline from beginning to end.

Several themes emerged from the indicators envisioned by all five groups. The following common themes are illustrated by a sample of the indicators expressed by the small groups.

### Equitable Access to Health Services

- Access to well-trained healthcare providers within a reasonable distance and wait time
- Access to alternative healthcare
- Access to insurance coverage

### Access to Educational Opportunities

- Multiple entries and exits for education with increased distance and online programs
- Fully integrated health careers lessons at K-12 levels
- K-25 well versed in math, science, written language, computer language, and wide range of occupational knowledge

### Alignment of Educational Systems with Workforce Needs

- Internship programs for full spectrum of healthcare providers
- Exposure from K-12 to health careers through combined school/clinic facilities and joint professional development opportunities for students and faculty
- Career sponsors to connect with students from K-12

### Supply of Providers Equals the Demand

- Maintain data that allows for assessing current capacity and developing proactive policy and financing structures
- Expand capacity of teaching institutions to meet demand (i.e., infrastructure, faculty, available placements)
- Retain healthcare providers through compensation, incentives, and educational opportunities regardless of where they work

### Cultural Competence

- Health professionals are representative of the populations of NM—ethnic, racial, cultural, generational, geographic
- People in health careers are educated about the culture they work in
- Adequate number of minority healthcare providers work in rural and tribal areas so that communities have access to culturally competent care

### Family and Community Involvement

- Community and life cycle of community members are supported through a culture of wellness
- Education for families to raise their children for success and a healthy lifestyle
- Parental support and developmental programs for students to help them achieve their goals

### Partnerships—Collaboration—Integration

- Policymakers, communities, providers, educators, parents are engaged and involved
- Constant employer interaction with education system
- Common access point for shared knowledge; fluid way of finding resources in an area

### Communication—Information—Publicity--Technology

- Information disseminated on a timely basis
- Statewide clearing house on pipeline information for students
- Fully integrated telehealth and health information

### Mentoring at Multiple Levels

- Hands on opportunities and shadowing for students with doctors at hospitals
- Establish lifetime mentoring opportunities and professional opportunities
- Utilize retired professionals as career advisors and mentors

### Adequate and Integrated Funding Resources

- Increased federal and state loan repayment for service opportunities for all professionals
- System supports a living wage for healthcare teachers and equitable pay in healthcare centers
- Federal, state, and local community forces come together to provide funds for healthcare programs in all areas

### Improved Health Results

- All parts of the continuum of care are served
- Focus on prevention
- People are healthier

In summary, one participant succinctly offered a vision of a perfectly working pipeline, "There is no pipeline. It is now a semi-permeable membrane that allows for change."

## Appendix B: Forum Stakeholder Challenges

When participants registered for the forum, they were asked to select a specific stakeholder group they felt comfortable representing. The choices included four very important groups of people who must collaborate to ensure that the health career pipeline works effectively and efficiently. These stakeholders include:

- Rural and tribal communities
- Middle and high schools
- Colleges, universities, and professional schools
- Healthcare employers, providers, and professionals

During the forum, participants were asked to work in these stakeholder groups and come to consensus on the three biggest challenges their group faces in resolving the health careers pipeline issue. The groups found that they had a lot in common.

### Rural and Tribal Communities

1. *Lack of Resources & Collaboration:* Rural and tribal communities often lack the resources to provide practitioners with the life style they want and there is a lack of collaboration among community partners to utilize their existing resources.
2. *Student Awareness:* Students are often unaware of the educational options and resources available to them. Some students lack access to educational programs because they face barriers in moving to urban areas where there are more choices. Therefore, distance education is very important to rural and tribal students.
3. *Cultural Competency:* Tribal and rural communities are perpetually changing and therefore must keep learning.

### Middle and High Schools

1. *Lack of Resources & Collaboration:* Schools also lack the resources they need as well as the quality of collaboration they need to make progress.
2. *Systems Alignment:* The secondary school system recognizes the need to align their systems to make for smoother operations and transitions.
3. *Real-world Experiences:* Students need to have the opportunity to experience and learn from the lessons that can be found in the actual healthcare environment of their communities. They need to interact with actual healthcare providers, practitioners, and professionals.

### Colleges, Universities, and Professional Schools

1. *Lack of Resources & Infrastructure:* For the post-secondary system there is a need for additional faculty, classrooms, and laboratories.
2. *Community Awareness:* There is a need for more outreach, specifically to rural and tribal communities, to increase the awareness of community members about the issues and to help them get more involved in resolving the issues.
3. *Student Preparedness:* Students need more support in order to prepare for health careers and to remain motivated, otherwise, student retention decreases.

### Healthcare Employers, Providers, and Professionals

1. *Lack of Collaboration:* Once in the workforce, people in the health careers still need to be mentored, have opportunities to share information and access to resources, support to be fully aware of their roles and responsibilities, and work in an environment of professional respect.
2. *Lack of Resources:* There is a need for more clinical sites, faculty and students. There is also a need for more information flow.
3. *Work Environment:* Retention of people in the health careers workforce are effected by burnout, lack of resources, risk management practices, and turnover of staff.

## Appendix C: Forum Best Practices

### Best Practices Defined

A best practice is any program, technique, method, process, procedure, activity, incentive, or reward that is more effective at delivering a specific, measurable outcome than any other. A best practice is considered the most efficient and most effective way of accomplishing a task or achieving an outcome. Ideally, the practice has proven to be successful over time for large numbers of people and can be repeated or duplicated widely.

### New Mexico Best Practices

#### Alamo Navajo Community School

During senior year, students can spend five months working in the various departments of the Health Clinic. The students rotate to a different department every two weeks. They receive minimum wage while working at the clinic. Every summer, if attending college, students can continue to work at the clinic in any department they choose. Lesson Learned: *There are different needs and qualities that should be met in every department.* Contact: Fitisha Baca, [fitisha\\_jade@yahoo.com](mailto:fitisha_jade@yahoo.com)

#### CNM Career Clusters and Pathways Project

CNM has created a healthcare alliance of K-12, college, industry and professional organizations to partner in creating career pathways using the national models of practice standards, programs of study, dual credit, and curriculum alignment that fosters health career awareness, contextual learning, and partnerships. Lesson Learned: *Shared resources provide better opportunities to coordinate and standardize pathways exposure and integrate real world experiences.* Richard Gentile, [rgentile@cnm.edu](mailto:rgentile@cnm.edu)

#### CNM Participation in UNM Rural Interdisciplinary Healthcare Program

The CNM Respiratory Therapy Program has participated in the UNM project that uses the problem-based learning format to introduce various health disciplines to the specific roles they each play in healthcare. It introduces students to effective teamwork models, the roles of various healthcare professionals, and exposes them to rural healthcare settings. Lesson Learned: *Teamwork and communication can be enhanced by allowing students to learn about roles and responsibilities of various healthcare fields.* Richard Gentile, [rgentile@cnm.edu](mailto:rgentile@cnm.edu)

#### Del Norte High School Health Fair

The fair is a culminating, interdisciplinary activity for students in the Health Sciences Career Pathway Team of students and teachers. Each content area in the team plans research activities and a class presentation around a central theme which addresses content standards, American Diplomacy Project standards, and industry standards. The fair also involves community organizations, post-secondary institutions, career presenters, and health screenings. Lesson Learned: *Students*

*are engaged and empowered by completing class work and presenting at the fair. They are able to make connections and see the relevancy of what they are learning.* Kay Provolt, [kandgp@comcast.net](mailto:kandgp@comcast.net)

#### ENLACE New Mexico

The Engaging Latino Communities for Education program increases student access and success in higher education institutions by establishing seamless pathways, involving parents and family in the process, and reforming education policy to fit the needs of all New Mexico students. Lesson Learned: *Collaboration requires more communication than you may think.* Contact: Diana Montoya-Boyer, [deemb@unm.edu](mailto:deemb@unm.edu)

#### Gerald Champion Regional Medical Center Graduate Nurse Internship Program

This program bridges the gap between the academic environment and the acute care clinical environment. It creates structure, establishes guidelines, and formats expectations for the graduate nurse. It focuses on developing critical thinking, team, communication, and clinical skills. Program components include: structured orientation, mentoring and precepting, classroom and bedside education, and weekly individual conferences. [www.gcrmc.org](http://www.gcrmc.org)

#### Mesilla Valley Hospital Retention/Supervision Track

The hospital provides a retention bonus to nurses who sign an agreement to stay with the facility at least one year. Linda Moya, [linda.moya@psysolutions.com](mailto:linda.moya@psysolutions.com)

#### NM Organization of Nurse Executives

The organization offers guidelines that address staffing practices that encourage departments to develop a staffing framework and planning process that takes into account the number, skill mix, and experience of nursing personnel, the acuity of patients and the complexity of their care, the availability of support staff, available technology, and the physical environment of a given nursing unit. [www.nmone.org](http://www.nmone.org)

#### NM Self-Directed Medical Waiver (MiVia)

This program allows individuals to have more responsibility, choice, and control over the services they receive in order to help them have a successful day—everyday. Lesson Learned: *Self direction is not for everyone, but where appropriate, these individuals are healthier, happier, and these services generally cost less.* Doyle Smith, [doyle.smith@state.nm.us](mailto:doyle.smith@state.nm.us)

#### NMSU Carlsbad Health Careers Transition Program

A Health Careers and a Certified Nursing Assistant program are offered at local high schools through partnerships with local healthcare facilities. The program includes using school retention strategies, articulation agreements, advisement, counseling, and community services. Lesson Learned: *You have to get involved—petition for funding, communicate for*

awareness, and network. Deanna Suggs, [dsuggs@cavern.nmsu.edu](mailto:dsuggs@cavern.nmsu.edu)

### **Presbyterian Healthcare Services Graduate Nurse Common Curriculum**

This program seeks to ease and facilitate the transition of graduate nurses into the working clinical environment. The five-day program improves critical thinking skills, teaches NCLEX and test-anxiety skills. It also introduces major clinical concepts allowing the nurses to apply learning simulated patient-care scenarios. Lesson Learned: *Multiple tracking strategies improve learning and retention of critical thinking, prioritizing, and multi-tasking skills.* Julie Lopez, [jlopez12@phs.org](mailto:jlopez12@phs.org)

### **Presbyterian Healthcare Services Job Shadow Program**

This is a year-round opportunity for students to shadow healthcare professionals in their field of interest. Students may spend a portion of the day or the full day with a professional observing their work, watching the interaction that they have with patients, and identifying ways in which they collaborate with other healthcare professionals. Lesson Learned: *Structure is needed for this observation experience to maximize what the students gain. Unit mentors must plan with the student experience unique to the student's interests.* Veronica Montano, [vmontano2@phs.org](mailto:vmontano2@phs.org)

### **Presbyterian Healthcare Services Summer Intern Program**

This program introduces students to a wide array of healthcare career opportunities. Students rotate through many different areas of the healthcare system in order to identify careers that might be of interest to them. Mentors are matched with the students. Lesson Learned: *Projects and regular discussion forums provide direction for the students and ensure they gain the most from the program.* Veronica Montano, [vmontano2@phs.org](mailto:vmontano2@phs.org)

### **San Juan Community College Support for Student Success**

The college's Department of Nursing has two student support instructors whose role is to work with faculty in the Associate Degree in Nursing program. Their key responsibility is to tutor nursing students. These tutors are ADN nurses themselves and receive schedule flexibility and financial support for their own BSN-Masters education. Lesson Learned: *Strong integration with core faculty is important.* Ann Clark, [clark@sanjuancollege.edu](mailto:clark@sanjuancollege.edu)

### **Southern Area Health Education Center**

This AHEC exposes students to health careers at the middle and high school levels through career fairs, health clubs, and summer college experiences at NMSU. Lesson Learned: *It is important to partner with health science teachers and provide curriculum that promotes health careers.* Jagan Butler, [jabutler@nmsu.edu](mailto:jabutler@nmsu.edu)

### **UNM Center for Telehealth and Cybermedicine Research**

The center uses information, communication, and computer technologies to improve access to healthcare services, education, training, public health, and community-based participatory research throughout the state, especially in rural and underserved areas. Lesson Learned: *The involvement of distant communities and the commitment of health service providers are needed in order to develop a plan for sustainability.* Dale Alverson, [dalverson@salud.unm.edu](mailto:dalverson@salud.unm.edu)

### **UNM Combined BA/MD Degree Program**

This is a partnership program between the UNM College of Arts and Sciences and the School of Medicine. The program is designed to help address the physician shortage in New Mexico by assembling a class of students who are broadly diverse and committed to serving as physicians in the New Mexico communities with the greatest need. BA/MD students will have a seat reserved for them at the UNM School of Medicine. Students will first earn a bachelor's degree through the College of Arts and Sciences in a challenging four-year curriculum specifically designed for them. Upon successful completion of the undergraduate academic eligibility requirements, students will enter the UNM School of Medicine to complete their MD. The program accepts 28 New Mexico high school seniors planning to begin college in the fall semester after their graduation. Lesson Learned: *More support is needed for K-12 students to better prepare and encourage students for higher education.* Misty Salaz, [mpsalaz@salud.unm.edu](mailto:mpsalaz@salud.unm.edu)

### **UNM Combined BA/MD Degree Program**

High achieving NM high school students are actively recruited to attend the UNM School of Medicine. Lesson Learned: *More support is needed for K-12 students to better prepare and encourage students for higher education.* Michelle Durham, [mdurham@salud.unm.edu](mailto:mdurham@salud.unm.edu)

### **UNM Health Sciences Center Clinical Research**

The program introduces students to health-related research and builds their clinical experience. Students receive one-on-one guidance from UNM School of Medicine faculty on research projects ranging from NIH ROI research grants to pharmaceutical trials helping to increase interest in medical professions. Lesson Learned: *Having research related experience helps foster and solidify prospective health providers' interest in pursuing health related careers.* Heather Greene, [hmgreene@salud.unm.edu](mailto:hmgreene@salud.unm.edu)

### **UNM Health Sciences Center—Center for Native American Health**

The center has developed several student development projects to increase the number of Native American students in health careers. The NIH/HIS program attracts, recruits, and retains students into health research career programs. The NARCH project familiarizes students, their families, and their community school with health careers and the health degree programs offered at UNM. Activities include: 1) taking Native American students and faculty from UNM HSC and local clinic personnel

to the communities to conduct hands-on workshops with the students (e.g., making SPF lip balm, diagnosing patients from anatomical models, etc.); 2) taking UNM admissions officers to show students how to apply to college; 3) bringing students, family members, and school personnel to UNM for a campus tour, meetings with educational program representatives and current Native American students, and more hands-on activities. Lesson Learned: *Hands-on activities keep student interest and leave a longer lasting impression. Community-based support is critical.* Joaquin Baca, [jfbaca@salud.unm.edu](mailto:jfbaca@salud.unm.edu)

#### **UNM Health Sciences Center Pathways to Health Careers**

The HCS Office of Diversity brings together several education and clinical experience programs for disadvantaged, underrepresented, and rural middle, high school, college, and graduate students into an education pipeline in an effort to increase the numbers of these students in the health professions and to remain in NM communities of need. These programs include academic preparation, including ACT and MCAT preparation, health careers exposure, clinical experience, and collaboration with a comprehensive community network of partners. Lesson Learned: *Many communities are willing participants and are open to any suggestions that would improve the quality of education and healthcare in their areas.* Peter Couse, [pcouse@salud.unm.edu](mailto:pcouse@salud.unm.edu)

#### **UNM Health Sciences Center Rural Health Interdisciplinary Program (RHIP)**

RHIP is designed to enhance health professional students' desire and competence to practice interdisciplinary, rural, community-based health care and to increase the number of health care professionals (particularly from minority/disadvantaged backgrounds) providing care to rural, underserved New Mexico communities. Each year RHIP brings together 75-100 students from 12 health professions to work in interdisciplinary teams and allows students to gain exposure to rural health practice and experience working on important community health concerns. RHIP goals are to train health care

practitioners to provide services in rural areas, to engage in collaborative healthcare practice, and to make rural practice a more attractive career choice for our graduates. A study of 10 years of RHIP graduates (n=475) revealed that 39% took jobs in rural and 50% in underserved areas. Lesson Learned: *Health professionals can find career satisfaction in rural communities.* Catherine Joy, [cjoy@salud.unm.edu](mailto:cjoy@salud.unm.edu)

#### **UNM Medical Laboratory Sciences Program**

This is a Bachelor of Science degree program which provides education and training to become professional clinical laboratory scientists who perform laboratory testing to assist physicians in diagnosis and treatment of patients. This program also enables practicing professionals to continue or further their education through distance learning and a Master's Degree Program. Lesson Learned: *The profession needs to become more visible in order to attract students to the field.* Bonnie Griffin, [bgriffin@salud.unm.edu](mailto:bgriffin@salud.unm.edu)

#### **UNM Physician Assistant Program**

This program educates physician assistants to practice primary care in medically underserved and/or rural areas of New Mexico. Lesson Learned: *Recruit and choose locally as much as possible.* Contact: Nikki Katalanos, [nkatalanos@salud.unm.edu](mailto:nkatalanos@salud.unm.edu)

#### **The Wellness Coalition Youth Corps/AmeriCorps Program**

This program increases youth engagement in their communities as young people work in groups as teams to accomplish goals. Older youth members (18-25) arrange school enrichment classes and service learning opportunities. All participants earn scholarships. Lesson Learned: *There is a need for more positive youth activities in the communities.* Sam Castello, [sam@wellnesscoalition.org](mailto:sam@wellnesscoalition.org)

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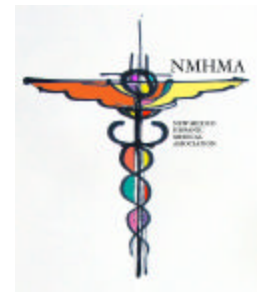
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