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Highlights of the State Society's 2012 Fall and 2013 Spring Meetings
Applied Health Information Problem Analysis: A Doctoral Research Coursework
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AMT Mission Statement

The mission of AMT is to manage, promote, expand upon and continuously improve our certification programs for allied health professionals who work in a variety of disciplines and settings, to administer certification examinations in accordance with the highest standards of accreditation, and to provide continuing education, information, advocacy services and other benefits to our AMT members.

AMT Standards of Practice

AMT seeks to encourage, establish, and maintain the highest standards, traditions and principles of the practices which constitute the profession of the Registry. Members of the AMT Registry must recognize their responsibilities, not only to their patients, but also to society, to other health care professionals, and to themselves, which define the essence of honorable and ethical behavior for a health care professional.
Message from the New President

As I start my term as President of the New Mexico State Society, I would like to thank members for their vote of confidence in the past election.

During our Fall meeting we had a change in leadership. Our new officers are: Treasurer Cindy Meyer; Secretary April Cole; and Vice President Jojo Naval.

I would like to especially thank Rachael Porlas for her many years as Treasurer. Her dedication in maintaining our financial records in order contributed to the State Society making numerous National Honor Rolls.

I would also like to thank Jim Cheslek, JD, Dean of Academic Affairs and Eric Rudie, Campus President from Brown Mackie College for their support of our state society and for use of their facilities.

I would like to thank the speakers from our fall meeting for giving up their time and presenting us with outstanding topics.

Our spring meeting was held on April 20, 2013 at Brown Mackie College in Albuquerque. I would like to thank the speakers for the outstanding presentations, especially from the students. Great Job.

At the business meeting, we selected delegates to the Seventy-Fifth National Convention being held in Pittsburg this year from July 8 to 12, 2013. I invite all who can to attend and see first-hand how the National Organization functions. The 2014 National Convention will be in Chicago and 2015 has the Western District hosting the National Convention on the big island of Hawaii. Start saving your money.

In closing I would like to thank the outgoing President Dr. Henry Oh. I am especially thankful that he is staying on as Editor. I plan on using him a lot as a mentor and resource for any questions I might have.

Sincerely,

Virgil E. Marchand, RMA
State Society President

Message from the Editor

I’d like to thank the members who attended the Spring Meeting on April 20, 2013 at Brown Mackie College in Albuquerque.

I attended the Allied Health Programs Advisory Committee (PAC) of Brown Mackie College (BMC) held on May 18, 2013. The PAC was started in 2011 by Dr. Mine Seniye, Department Chair of Allied Health Programs. She has invited me to serve on the advisory committee.

BMC has been supporting the NMSSAMT since 2010 by providing the venue for all our meetings. The college has also selected AMT’s RMA examination for the credentialing of their medical assistant graduates.

Many thanks to the following individuals who served as speakers during the 2013 Spring meeting: Ralston Robinson, Andrea Palmgren, Jorge Hernandez, Alberto Hernandez and Jojo Naval. They did an excellent presentation.

Thank you also to April Cole, Donna Schwendinger, Jojo Naval and Madeline Teague for serving as speakers during the 2012 Fall meeting. We made history by having Madeline as our youngest guest speaker. She did a great job!

Our State Society has made it again to the Honor Roll of State Societies. I appreciate the efforts and cooperation of the dedicated officers and members who helped in achieving the honor roll status of our state society. Our journal made it to third place for 2012. Virgil Marchand, the new president, will attend the AMT National Meeting and will accept the award on my behalf.

I thank all my students, past and present, who have been supporting the state society by attending our meetings.

I look forward to our next state society meeting on Oct. 19, 2013 at Brown Mackie College. Thank you.

Sincerely,

Henry Oh, EdD, MT, AHI, RRT-NPS
Editor and Scientific Chair
Message from the Councillor

The year 2013 has been a cold and miserable year so far here in Utah. Because of our location between two mountain ranges the Salt Lake Valley gets to enjoy a temperature inversion every year about this time. This year it seems to me that it has been more enduring and more intense than in recent years. The inversion results in the temperatures in the valley being about 10 – 20 degrees colder than the mountain resorts.

For most of January we were trapped in one of these inversions. It doesn’t take long for even the most hardy to begin dreaming of warmer weather and cleaner air. This brings me to the most important subject of this message – our national meeting in Pittsburgh, Pennsylvania. The warmer temperatures a sure bet since the meeting will be held July 8 – 12, 2013.

There was a time when the name Pittsburgh and the subject of clean air could not be used in the same sentence without a disclaimer. Those days are long gone. The community has gone to great lengths to make the city an attractive place to visit. If you take the time to go on-line and check out the websites for the city you will find that it is a place filled with history and culture.

This year’s meeting is scheduled for a Monday through Friday block of time. By adding the weekends at each end this would be a great adventure for you and your families. It is not too early to begin planning to attend this year’s meeting. I am hopeful that each of our Western District societies will be well represented at this year’s meeting.

As your District Councillor it is my privilege each year to visit some of our state societies. This past year I was able to visit with Arizona and New Mexico at their spring meetings. I joined the Rocky Mountains (Colorado and Wyoming) society in Grand Junction, Colorado for their fall meeting. While attending the Northwest Lab Symposium in Portland, Oregon in October I met with our members from Oregon and Northwest (Washington, Montana and Idaho).

Living in Utah allowed me to attend the spring and fall meetings for our society. I am proud of the hard work done by each of you. I am hopeful of visiting our California, Nevada and Hawaii teams this year. Each of our societies face different challenges as they endeavor to meet the needs of their members.

The fact that all of the accomplishments of each of our states are performed by volunteers is nothing less than remarkable. None of you have to do what you do, you do what you do because you care and want to make your state the best it can be. I applaud all of you for your efforts. Thank you for your dedication and diligence. Your willingness and dedication makes my job that much easier. I am proud to be a part of your team.

As you do the planning for your spring meetings I wish you the best. I look forward to reading the reports of these meetings.

The AMT National Board and District Councillors will be meeting for our spring meeting the last weekend of February. I will be forwarding an update to each of our societies following that meeting with any new information.

Until we see each other again, may your efforts personally, professionally and for AMT make a real difference in the lives of those you touch.

Sincerely,

Ken Hawker, MT (AMT)
Western District Councillor

An Educator’s Perspective on Teaching and Learning in Health Science
Henry Oh, EdD, MT/AHI(AMT)

Learning is the goal of every student and the responsibility of every teacher to increase knowledge and understanding in the respective field or discipline of study. As an educator in the clinical sciences, I have a great responsibility in training students how to manage or handle patients effectively and competently. Like every other healthcare instructor, we train students how to save lives. (to page 7)
In order to help students achieve the learning goals or outcomes, the instructor must have a clear set of goals and learning objectives. First and foremost, they should lead the students in the direction they should go to find answers and solve problems by providing them with the essential information they need. Instructors should also act as advisors or facilitators.

Instructors need to make education as enjoyable and beneficial as possible for the students. By instructors acting in all of these manners, a student's education will be more complete and enjoyable than one in which a student only sees the teacher in the classroom.

An educator should be totally involved with the class, dedicated to his or her students and ready to devote time and energy for them.

The Love for teaching and the enthusiasm of a motivated teacher make students feel that their teacher cares for them. This keeps the students motivated to learn and improve more.

Knowledge, clinical skills and professional interaction competencies are the primary goals of most health science programs. The concept of learning should focus on these essential skills to solve problems in different clinical scenarios. Critical thinking and problem-based learning are of paramount importance in developing the students' clinical competencies in patient management.

Students are presented with clinical scenarios where they assess the physical condition and clinical laboratory data to determine what therapeutic procedures the patient needs. By using information, students should be able to apply what they have learned to new life or learning situations. Students learn to gather and analyze clinical data, perform assessment, make decisions, administer treatments, and evaluate the patient's response to therapy.

Students are expected to learn to interact with patients and other healthcare professionals in the clinical setting. Professional interaction is also an important part of learning, and this training starts on the first day of class. Being able to share ideas and experiences with fellow students and learning to work in group projects or as part of a team are important processes in the students' development.

The instructor should be prepared to lead students in the direction they should go to reach correct conclusions. Encourage questions from the students, and build the lesson from the responses they provide. Each response must be given importance as how it relates or contributes to the lesson. Students grasp better the concept and retain them better for future applications in case studies, analysis and clinical practice.

To enhance the learning process, provide examples of one's own clinical experience, and several analogies comparing the lesson or topic with a situation using daily life activities. Ask the students to share their own examples. Their self-esteem is improved because students feel that their contributions are valued, important and relevant to the subject matter.

Evaluation of a student in a health science program includes satisfactory academic performance, clinical competencies and professional interaction. The interaction component carries an equal weight of importance with other evaluative measurements. Students need to learn to interact with other people since they will do so with future patients in the clinical setting.

Responsibility for the students does not end when they graduate from the program. There is an important need to follow up their success in passing the national certification and registry examinations. It is for this reason that health science programs need to maintain a high passing rate of its graduates as required by their respective accreditation agencies. Educators need to have a personal philosophy of teaching to guide their actions and ideas. They should also help students set their long term goals, allowing students to work towards goals over time.

It is also the goal of all instructors that students will develop an interest and appreciation of the subject area being taught. Work ethics and teamwork form a major part of my teaching. Emphasize these values to the students telling them that these will help them be more successful not only in their
career, but in their life as well. Students need to be nurtured not only in their profession, but also in molding them to become community-oriented individuals in the society.

Conclusion

“I have become the best teacher and mentor I can be because I have never forgotten that I was once a student, and so I understand my students better, and I will always be a student myself because I continue to learn from them.”

A Review of Viral Hepatitis

The liver can be affected by various viruses which include Epstein-Barr virus, cytomegalovirus, yellow fever virus, and the hepatitis viruses A, B, C, D and E. The hepatitis viruses are referred to as “hepatotropic” and are prevalent worldwide. They are the most common cause of liver failure.

Hepatitis A virus is an RNA virus which is the most common but causes a benign illness. It is found in places with poor sanitation, and is spread by fecal contamination of food and water. The symptoms include fever, nausea, vomiting, and loss of appetite. Jaundice is commonly noted but not all patients become yellow. An elevation of serum aspartate aminotransferase (AST) indicates hepatocyte necrosis. An elevated immunoglobulin M (IgM) is used to diagnose hepatitis A. Most patients recover in 6 weeks after the onset of symptoms. Good diet and rest are needed. The liver completely recovers. HAV vaccine is effective.

Hepatitis B virus (HBV) can cause an acute illness presented with fever, malaise and jaundice. HBV is damaging and can result to chronic hepatitis and eventually cirrhosis. It is the main cause of chronic liver disease and hepatocellular carcinoma. 90% of transmission can occur across the placenta. Transmission can also happen through minor skin cuts, mucous membranes, blood transfusion, sharing of needles and unprotected sex. Serum antigens and antibodies are detected for diagnosis. The antigen in the surface coat of the virus is the hepatitis B surface antigen (HBsAg), and the two antigens in the core of the virus are the core c and e antigen (HBcAg and HBeAg). In 90% of infected individuals, the disease may resolve entirely upon clearance of the virus. A vaccine derived from HBsAg can provide immunity.

Hepatitis C virus (HCV) is an RNA virus causing chronic viral hepatitis. It can be spread by contaminated blood and bodily secretions, accidental exposure of healthcare providers, and multiple sex partners. HCV can modify its protein structure and thus evade detection by the body’s immune system. 20% of infected individuals develop cirrhosis in 5 to 20 years. Episodes of elevated AST are observed in laboratory testing. Liver biopsy is used to monitor the severity of inflammation and fibrosis. When cirrhosis develops, liver transplant is needed or the patient dies. Hepatitis D virus or the delta agent can infect an individual who already is infected with HBV. Severity of acute and chronic hepatitis can develop into cirrhosis. Source: Respiratory Diseases by Wilkins

Congratulations and Welcome New 2013 AMT Members

Antonio Perez, RMA
Jennifer Lee, RMA
Eleanor Short, RMA
Donald Harris, MT
Christine Antonio, MT
Stephanie Kirk, MT
Amy Avila, RMA
Yalonda Rucker, RMA
Alyssa Temple, RMA
Jacqueline Montoya, RMA
Aldwin Leo Suasin, MT
Connie Powell, RMA
Jenine Ocanas, RMA
Evangeline Cox, MT
Jessica Padilla, RMA
Gabriel Tafoya, RMA
Alexandria Harkey, RMA
Maria Kiwas Carrasco, MLT
Torrie Vela, RMA, RPT
Starla Peterson, RMA
Bradley Burks, MLT
Isaac Romero, RMA
Highlights of the NMSSAMT Fall Meeting

Brown Mackie College, Albuquerque, NM
October 20, 2012

Madeline Teague receiving the Certificate of Appreciation from Barbara Ware

The youngest guest speaker of the NM State Society of AMT

Madeline answering questions from the audience and explaining her answers using her poster/illustration

Donna Schwendinger receiving the Certificate of Appreciation from Virgil Marchand

April Cole receiving the Certificate of Appreciation from Virgil Marchand
Highlights of the NMSSAMT Fall Meeting

Brown Mackie College, Albuquerque, NM
October 20, 2012

Dr. Henry Oh and Madeline Teague

Madeline with her mom and dad (Bonnie and Chris)

Dr. Jim Chesleak, Dean of Academic Affairs of Brown Mackie College, receiving the NMSSAMT scholarship assistance for the MA program from Dr. Henry Oh

L-R: Henry Oh (president/editor), Jojo Naval (incoming vice-president), April Cole (incoming secretary), Virgil Marchand (incoming president), Rachel Porias (treasurer), Cindy Meyer (incoming treasurer)
Highlights of the NMSSAMT Spring Meeting
Brown Mackie College
Albuquerque, NM, April 20, 2013

Speakers of the Spring Meeting 2013
L-R: Jojo Naval, Jorge Hernandez, Ralston Robinson, Henry Oh, Andrea Palmgren and Alberto Hernandez

L-R: Virgil Marchand (president), Andrea Palmgren (speaker)
Ralston Robinson (speaker), Cindy Meyer (treasurer)

L-R: Virgil Marchand (president), Alberto Hernandez (speaker) and Jorge Hernandez (speaker)
Many thanks to Desny (past vice president) and Rachael (past treasurer) for their dedication, service and contributions to NMSSAMT.

Remembering Dr. Norman Frankel, a mentor and a friend who loved music (RIP: Jan. 23, 2013)

August 4, 2011
Miami, FL

July 15, 2010
Las Vegas, NV

Desny, BS, MT
2012 AMT Distinguished Achievement Awardee

Rachael, RMA
2010 AMT Distinguished Achievement Awardee
The implementation of health information technology (HIT) has many benefits in patient care outcomes, cost reduction, and improved system operability (Buntin, M. B., Burke, M. F., Hoaglin, M.C., & Blumenthal D., 2011). However, even with statistical evidence that supports its overall positive impact on health care, the United States has been slow in adopting its implementation to full capacity. Only 28% of the medical care practices in the United States have implemented an HIT system (Davis, K., Doty, M. M., Shea, K., & Stremikis, K., 2009).

One potential explanation for the hindrance in implementation is the lack of knowledge and perceptual attitudes of the health care information technology itself. This paper discusses some of the studies that have been conducted to investigate these possible barriers to HIT implementation.

**Public Attitude**
A random digit dial (RDD) telephone questionnaire survey was conducted throughout the United States (Gaylin, D. S., Moiduddin, A., Mohamoud, S., Lundeen, K., & Kelly, J. A., 2011). The questions concerned participants’ attitude and experiences with electronic medical records (EMRs), electronic prescribing, and electronic personal health records (PHRs). Questions related to security, information sharing, and the physician-patient relationships were also asked. The purpose of the survey was to assess respondents’ similarity for computers and technology and their comfort in using new electronic technology (Gaylin et al. 2011).

**Electronic Medical Records**
Approximately 80% of respondents were aware of EMRs before taking the survey and favored the use of an EMR in the doctor’s office visit; approximately 20%, however, opposed its use. While 78% believed that an EMR would improve medical care, 40% thought it would not reduce the costs of medical care (Gaylin et al. 2011).

**E-Prescribing**
Sixty-four percent of respondents knew that prescriptions could be handled electronically, but only 44% were aware if their physicians used e-prescribing. The majority favored the use of e-prescribing, and believed that e-prescribing would improve medical care, and reduce its overall cost (Gaylin et al. 2011).

**Personal Health Records**
Most respondents were familiar with personal health records (PHRs), yet, very few were actually using a PHR. Most agreed that the use of a PHR would improve their own health care decisions, and help reduce medical care costs (Gaylin et al. 2011).

**Privacy and Security**
Forty-eight percent of respondents were very concerned about privacy of electronic medical records, while 22% were not concerned at all. Even with privacy concerns, however, roughly 65% felt that the benefits of EMRs outweighed the potential risks to privacy (Gaylin et al. 2011).

**Discussion**
The survey did demonstrate skepticism towards the potential cost savings of HIT implementation. Surprisingly, the older adults in the study accepted the use of HIT more readily than the younger adults. Because the younger participants were also more inclined to have less income, it was proposed that the incentives prescribed for HIT implementation should be better applicable to those practices that treat more of the low-income population (Gaylin et al. 2011).

Survey studies are limited to those who responded to the subject, who may have a different belief than those who did not respond to the survey. There is also the question as to whether each correspondent understood the questions being asked. Technology is an ever-changing process, and participant results in this study may have different outcomes of a similar study conducted in the future.

**Attitude of Health Care Staff**
Another study was a literature review on articles describing the attitudes of health care staff to the development of health information technology (Ward, R., Stevens, C., Brentnall, P. & Briddon, J., 2008).

**Management/Workload/Efficiency**
The barriers for implementation of an HIT system were financial in the form of initial system costs, and costs and time associated with training. The incentives for implementation were perceived as economical or legislatively required. There was an anticipated increase in workflow involved in data entry, e-mail correspondence, and documentation in electronic format. While workload increased, there were improvements noted in patient safety, care, and efficiency (Ward et al. 2008). (to page 14)
Power and Decision Making
Changes in common practices discouraged users of the HIT to maximize its full potential. Some workers criticized the system but did not refuse to use the system entirely. Newer health care staff were more willing to use the system; while the more experienced staff were reluctant and evaded its use, referring to the system as perceptually useless (Ward et al. 2008).

Proficient leadership had the most influence in successful implementation of an HIT system. The system was conveyed as a supportive tool to improve quality and safety outcomes, but not as the driven force for that improvement. Full implementation adoption was too disruptive, and gradual enhancement of the present system was much better received (Ward et al. 2008).

Discussion
Literature review studies are a great tool to compare and contrast different perspectives and attitudes. They do, however, have the possibility that the selected literature is slanted to a specific goal or idea the reviewer wants to convey. Though the literature depicted in the review is considered reliable, there is still the chance of author bias.

Physician Attitudes
A qualitative study based on interviews conducted between 2000 and 2002 evaluated physicians' attitudes towards HIT. The major barrier of getting the physicians to actually use the EMR systems was the lack of sufficient time (Miller, R. H., & Sim, I. 2012).

Documentation and Care Management
Many physicians had difficulty in entering documentation notes. They used different modalities, and there were variations in data formats within one patient’s record. Templates were used for consistency in data formats, and they were also designed to remind the physician of clinical decision support (CDS), depending on diagnoses and the particular template used (Miller, R. H., & Sim, I. 2012).

Barriers to EMR Use
One of the barriers perceived by physicians to implementing an EMR system is the initial financial costs involved. There is also the uncertainty of the financial benefits in using the system. There is a great concern over the loss that might occur due to fewer patients being seen in the initial adaptation (Miller, R. H., & Sim, I. 2012).

Technology
Smaller physician offices especially are not used to the technological advances implemented in the larger hospitals and research facilities. In an HIT system, they are exposed to the multiplicity of screens, options, and navigational aids. Documentation of progress notes can be initially very time-consuming and discouraging (Miller, R. H., & Sim, I. 2012).

Discussion
Interview questionnaires, similar to phone surveys, rely on subjects who respond to them. The population who chose not to participate might have different attitudes than the subjects under scrutiny. The conductors of the survey are relying on participants’ honesty, and there is always the probability that some people did not understand the questions fully. Even though these are a possibility, their reliability of the majority is considered efficient.

Patients’ Attitudes
Focus group discussions in a Massachusetts community focused on the patients’ attitude towards the use of HIT as part of their health care processes. The emphasis was on the ability to share their information in a health information exchange (Simon, S. R., Evans, S. S., Benjamin, A., Delano, D., & Bates, D. W. 2009). The majority of patients were enthusiastic about the health information exchange. They understood its implication in quality of patient care and embraced it accordingly. Their main concern was privacy and security issues, and they wanted elaboration on the consent forms necessary to release some of the health information (Simon et al. 2012).

Discussion
This focus group study involved a very limited population, and its external validity is lacking. Because of these two reasons, its application is limited. It was chosen to address the possibility that this might be a probable conclusion to consider.

Conclusion
The major barrier deduced from these studies in adopting a health information system is the initial cost involved. If a physician never had any computerized health information system, total adoption of a system would be very costly. It might be more feasible to purchase individual models of a system first. Establishing a good repertoire with a reputable vendor will help in purchasing the additional modules until a total HIT system is set (to page 15).
(from page 14)

up. It is also advisable to purchase the same systems that are functioning within the local hospital system; especially those with which the physicians' offices are affiliated.

A strong leadership is necessary in implementing an integrated HIT system. Emphasizing the idea that the HIT system is a supportive tool for improving patient quality and safety is better accepted by most health care professionals (Ward et al. 2008).

Improving upon the current system gradually will also help lessen the perception of prohibitive cost. The University of California, San Diego (USCD), implemented their award-winning system gradually over 10 years. According to UCSD's CIO, "the key to getting this far . . . was his organization's realization, about 10 years ago, that the purpose of information technology was to improve patient care. Without that vision, he says, it would have been difficult to get the traction required to make so many changes" (Rowe, 2011, para. 5).

The other barrier to implementation is the actual use of the system itself (Miller, R. H., & Sim, I. 2012). As with all newer systems or applications, there is going to be the burden of unfamiliarity. This may induce emotions of incompetence, and even frustration. It is imperative to get proper training for the system in use, and it should be a contractual condition with the chosen vendor. The message must be instilled within all users that the adoption of a fully functional HIT system is for patient safety and quality of care.

References


Anxiety and Nutrition
Henry Oh, EdD, MT/AHI(AMT)

Stress and anxiety can be caused by certain foods and substances. Foods affect the body's chemistry which can affect a person's mood. Certain substances can worsen the level of anxiety of a person. One of these is salt. Sodium chloride or table salt can lower the body's potassium which affects the nervous system. Salt increases blood pressure and contributes to hypertension. Use salt substitute instead to add flavor to your food. Basil, oregano and lemon are good substitutes for salt in spicing up your food.

Saturated fats worsen anxiety by blocking the synthesis of neurotransmitters, and by making blood cells thicker and clumpy causing poor blood flow to the brain. Hamburgers, french fries and other fried foods are high in saturated fats that can cause weakness and fatigue.

Sugars from sweets, cakes and pies can stress the body by secreting more insulin from the pancreas and causing an imbalance in sugar metabolism. These sugars break down easily in the body causing very low blood sugar level stimulating the adrenal glands to release cortisol that leads to panic attack. These sugars cause anxiety, weakness, irritability, and palpitations. Naturally occurring sugar like glucose is better and is needed by the brain. Bread, cereals, potatoes, vegetables, brown rice, apples and grapefruits are good sources of glucose.

Calcium is a natural tranquilizer. Magnesium is a tension-reliever. Potassium relaxes the heart and relieves muscle pain. Zinc calms the central nervous system. Salmon with bones, sardines, broccoli, cabbage, almonds, sesame seeds, oats and prunes are foods rich in calcium. Fish, vegetables, apples, avocados, bananas, brown rice, garlic, nuts, soybeans and lima beans are

(to page 16)
(from page 15)
good sources of magnesium and potassium. Foods rich in zinc include fish, egg yolk, mushrooms, soybeans, sunflower seeds, cereals and whole grain breads.

The risk of panic attacks is increased when there is iron deficiency. Eggs, fish, green vegetables, cereals, beets, raisins, soybeans, lima beans and whole grain breads are good sources of iron.

The B-complex vitamins are considered as anti-stress vitamins. They help maintain normal nervous system and help reduce anxiety. Vitamin C maintains proper functioning of the adrenal glands that can control stress. It also maintains proper brain chemistry. Source: Looking After Your Body, Reader's Digest, 2001

**Health Education: Terms in Nutrition**

Simple carbohydrates- formed by simple or double sugar units with little nutritive value; divided into monosaccharides and disaccharides.

Monosaccharides- the simplest carbohydrates (sugars) formed by five- or six-carbon skeletons. The three most common monosaccharides are glucose, fructose, and galactose.

Disaccharides- simple carbohydrates formed by two monosaccharide units linked together, one of which is glucose. The major disaccharides are sucrose, lactose, and maltose.

Complex carbohydrates- carbohydrates formed by three or more simple sugar molecules linked together; also referred to as polysaccharides.

Dietary fiber- a complex carbohydrate in plant foods that cannot be digested by the human body but is essential in the digestion process.

Transfatty acid- solidified fat formed by adding hydrogen to monounsaturated and polyunsaturated fats to increase shelf life.

Omega-3 fatty acids- polyunsaturated fatty acids found primarily in cold-water seafood; thought to be effective in lowering blood cholesterol and triglycerides.

Lipoproteins- lipids covered by proteins; transport fats in the blood.

Sterols- derived fats, of which cholesterol is the best known example.

Proteins- complex organic compounds containing nitrogen and formed by combinations of amino acids; the main substances used in the body to build and repair tissues.

Source: Lifetime Physical Fitness & Wellness, Werner W.K. Hoeger & Sharon A. Hoeger

Eat a low-fat diet to control cholesterol. Beans, whole-grain breads and cereals contain lecithin, which is used by the brain to make acetylcholine, a neurotransmitter. Foods rich in vitamin C contain antioxidants that can protect the brain from damage caused by free radicals. Eat foods rich in vitamin B complex such as cereals fortified with B-complex vitamins and also nuts and seeds. Perform aerobic exercise at least three times a week to improve blood flow to the brain. Source: Looking After Your Body, Reader’s Digest, 2001

**Your Brain: Memories**

Memories happen as a result of electrical activity that links the neurons or cells in the brain, and connects this electrical activity to all your senses in your body physically and emotionally. Some data kept by your memory are short-term, lasting only a few seconds, unless you decide to remember the information for future use, that is, for long-term. Our brain has no limits as to how much we can store for long-term memory. However, when we get older our memory starts to slow down. It becomes more difficult to retain and recall information. Below is a simple guide to keep your memory alive.

Prioritize what is more important to remember and look closely if new information comes. Listen carefully by paying close attention to what is being asked or stated, and repeat it. Be aware that there may be some distractions in the surrounding that can affect your concentration. When you learn something new, give it time to learn. Practice or repeat it several times. You can also associate or link a new material to what you already know. Make it meaningful. Get enough sleep to allow your brain to integrate the new material into your long-term memory. Drink water to hydrate your body. Dehydration can cause electrolyte imbalance that can affect your memory.

Challenge your brain by solving puzzles, or anything that require you to think, analyze and reflect. Read books and magazines, and watch news. Write, paint, or play a musical instrument, or learn new skills. Foods that increase one’s cholesterol level can clog the arteries and decrease oxygen supply to the brain. Hypertension can also affect mental ability by decreasing blood flow and oxygen supply to the brain.

El Tecnico Spring 2013/ 16
Brown Mackie College (BMC) has been supporting the NMSSAMT for 4 years now by providing the venue for all the state society meetings. In appreciation of BMC’s support, Henry Oh has been a volunteer member of the college’s Allied Health Programs Advisory Committee. He has been attending all meetings since 2011. BMC has selected/recommended AMT’s RMA examination for credentialing of its medical assistant graduates.

State Society Speakers for 2011-2012
Dealing with Stress

How stressed are you?

- Are you forgetting things more often and finding it difficult to concentrate?
- Are you having trouble falling or staying asleep, or are you sleeping too much and still feeling tired?
- Do minor problems make you feel really angry or frustrated?
- Is it almost impossible for you to stop worrying?
- Do you regularly feel nervous and anxious?
- Does it seem as if many of the things that annoy you are beyond your control?
- Do you often feel inadequate?
- Do things just never go your way?
- Do you get easily upset over things that happen unexpectedly?
- Are you unable to cope with everything you have to do?

If you answer “yes” to two or more of these questions, and stays that way over a period of days or weeks- stress is overtaking your life.

8 Easy solutions to stress

- Lean on other people- social contact can help tone down the body’s physical response to stress. Share what’s bothering you with a friend and ask for some helpful advice.
- Eliminate last-minute rushes- a little advance planning can spare you a lot of headaches.
- De-clutter your world- a clutter-free surrounding will help prevent frustration of not being able to find something you need.
- Keep a journal- writing is a great way to relax and put things into perspective.
- Get organized- keep a long-range calendar and a short-range to-do list.
- Get a massage- massage can lower your heart rate and blood pressure.
- Carve time for yourself- spend some time alone reading or listening to music you love.
- Laugh a little- when you laugh, you send chemicals called endorphins to your brain that ease pain and enhance your well-being; laughter stimulates the heart, lungs, and muscles, and boosts your resistance to infection.

(Source: Looking after your body, Reader’s Digest, 2001.)
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