

Nevada State Board of

NURSING NEWS

June 2004

**The Board
Supports Your
Right to Refuse
an Unsafe
Assignment**

**Nevada
Nursing
Schools Offer
Innovative
Choices**

**Board Adopts
Practice
Decision on
Sexual
Assault Nurse
Examiners**

**Apprentice
Nurse
Programs**



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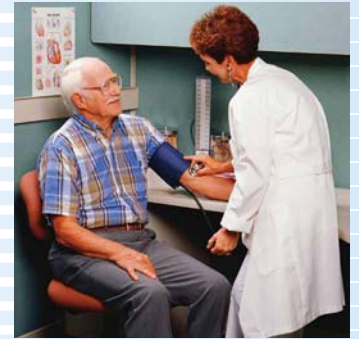
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jacque.jackson@med.va.gov

or Shirley Monzo, Human Resources,
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The mission of the Nevada State Board of Nursing is to protect the public's health, safety and welfare through effective regulation of nursing.

Debra Scott, MS, RN, APN
Executive Director

Cindy Kimball, Editor
Public Information Officer

5011 Meadowood Mall Way,
Suite 201
Reno, NV 89502-6547
775-688-2620
reno@nsbn.state.nv.us

The **Nevada State Board of Nursing News** publishes news and information about Board actions, regulations, and activities. Articles may be reprinted without permission; attribution is appreciated.

CONTACT

Nevada State Board of Nursing

ADMINISTRATION, DISCIPLINE AND INVESTIGATION

5011 Meadowood Mall Way,
Suite 201
Reno, NV 89502-6547
phone—775-688-2620
fax—775-688-2628
email—reno@nsbn.state.nv.us

LICENSURE, CERTIFICATION AND EDUCATION

2500 W. Sahara Ave., Suite 207
Las Vegas, NV 89102-4392
phone—702-486-5800
fax—702-486-5803
email—lasvegas@nsbn.state.nv.us

WORLD WIDE WEB

www.nursingboard.state.nv.us

If you're reading a friend's magazine, it's probably because you didn't notify the Board of your correct address.

You may do so by emailing or writing the Las Vegas office. Please include your name, license number and former and current addresses.

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Cover Photo: At Washoe Medical Center, nurses and students build a bridge between education and practice. **Standing:** Tammie Brewer, RN, preceptor; Cindy Pfirman, RN, preceptor, Mary Ann Lambert, MSN, RN, NSBN Board Member; and apprentice nurses Wendie Rains and Laurie Daggitt. **Seated:** Apprentice nurses Sheila McFall, Dawn Dollarhide, Andrea Bourque and Andrea Adams. *Photo by Amy Mazzucotelli*

BOARD MEETINGS

A seven-member board appointed by the governor, the Nevada State Board of Nursing consists of four registered nurses, one practical nurse, one certified nursing assistant and one consumer member. Its meetings are open to the public; agendas are posted on the Board's web site and at community sites.

BOARD MEETING DATES

June 18, 2004—Reno

July 14-16, 2004—Mt. Charleston

September 22-24, 2004—Las Vegas

October 25, 2004—Las Vegas (Reno)

November (17) 18, 19, 2004—Reno

(Meetings may be held on dates and in locations in parentheses, depending on Board business.)

ADVISORY COMMITTEES

The Nevada State Board of Nursing is advised by and appoints members to five standing advisory committees. Committee meetings are open to the public; agendas are posted on the Board's web site and at community sites. If you are interested in applying for appointment to fill an upcoming opening, please visit the Board's web site or call the Reno office for an application.

MEETINGS AND OPENINGS

The openings (listed in parentheses) will occur in the next six months. All meetings will be held via videoconference in Reno and Las Vegas, except for the Disability Advisory Committee.

Advanced Practice Advisory Committee (three)

August 17, 2004

November 2, 2004

CNA Advisory Committee (four)

August 18, 2004

November 10, 2004

Disability Advisory Committee (two)

October 1, 2004—Reno



Education Advisory Committee (one)

July 23, 2004

November 5, 2004

Nursing Practice Advisory Committee (three)

June 9, 2004

August 11, 2004

October 13, 2004

December 8, 2004

BOARD TALK

COME TALK TO THE BOARD

During each regularly scheduled meeting of the Nevada State Board of Nursing, Board members hold a Public Comment period for people to talk to them on nursing-related issues.

If you want to speak during the Public Comment period, please call the Reno office at least two weeks before the meeting for detailed information. Public Comment time is divided equally among those who wish to speak.

WE'LL COME TALK TO YOU

Board staff will come speak to your organization on a range of nursing-related topics, including delegation, the impaired nurse, licensure and discipline processes, and the Nurse Practice Act.

Call the Reno office if you're interested in having us come speak to your organization.

Apprentice Nurse Programs

Bridge from education to practice builds confidence, refines skills

CONFIDENCE. That's what you get when you work as an apprentice nurse.

Educators, regulators, hospital administrators, and students have a wealth of perspectives about nursing. Yet on the subject of apprentice nurse programs, they share a common view: such programs build confidence—a crucial ingredient to the success of new nurses.

They also help students refine the skills they've learned in their nursing education programs, and provide needed support for the journey toward becoming full-fledged, professional members of a health care delivery team.

Two years ago, the Board put together guidelines for health care facilities that wished to hire student nurses in apprentice positions. Many hospitals employed nursing students, but until recently, they had apprentices performing basic functions rather than the full range of allowed skills.

Today, several Nevada hospitals have full apprentice nurse programs, and several more hospitals and long-term care facilities are exploring the possibility of developing them. Among those with full programs are Washoe Medical Center and St. Mary's Hospital in Reno; Carson-Tahoe Hospital; Humboldt General Hospital in Winnemucca; South Lyon Medical Center in Yerington; and St. Rose Dominican Hospital, Valley Hospital, and MountainView Hospital in Las Vegas. Several more Las Vegas hospitals are developing, or interested in developing, full programs. Those include the University Medical Center, Sunrise Hospital and Medical Center, Summerlin Hospital, Seven Hills Hospital, and Spring Valley Hospital.

"It is a win-win for everyone involved," said Mary Ann Lambert, MSN, RN, whose roles as a regulator, educator, and nursing supervisor give her a unique perspective. Lambert is a Board member; an assistant professor

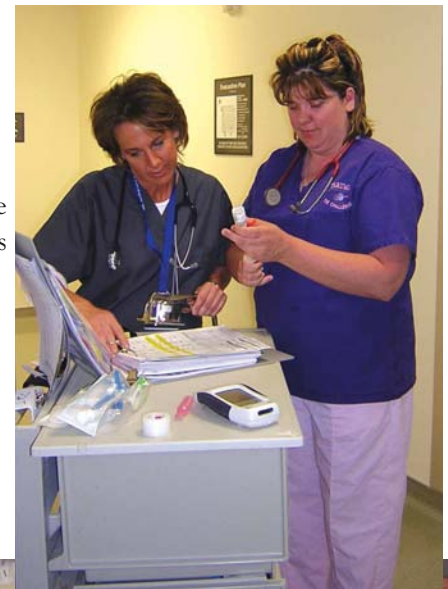
with the University of Nevada, Reno, Orvis School of Nursing; and a nursing administrative manager at Washoe Medical Center.

"While our students receive an excellent education in the theory and practice of nursing, they need a reality base. There is no substitute for actually working full shifts under the direction and supervision of an experienced registered nurse," Lambert said. She added, "The research is strongly indicating a need for a bridge between education and practice in today's complex health-care environment.

Apprentice nurse programs that allow students to practice the full range of skills allowed under the Board's guidelines serve as that bridge."

Tammie Brewer, RN, is paired with Dawn Dollarhide, Apprentice Nurse II, in the Intensive Care Unit of Washoe Medical Center.

Photo by Amy Mazzucotelli



Wendie Rains and Laurie Daggitt, Apprentice Nurse IIs, and preceptor Cindy Pfirman, RN, in the Intensive Care Unit of Washoe Medical Center. Photo by Amy Mazzucotelli

Andrea Bourque, Apprentice Nurse II, with Mary Ann Lambert, MSN, RN. Lambert is a Board member; an assistant professor with the University of Nevada, Reno, Orvis School of Nursing; and a nursing administrative manager at Washoe Medical Center. Photo by Amy Mazzucotelli



It was a student who sparked the expansion of Washoe Medical Center's apprentice nurse program. The program's administrator, Karen Winter, MN, RN, director of professional practice, said it sprung from a proposal by Rob Judd, BSN, RN, a graduate student at the University of Nevada, Reno, Orvis School of Nursing. He is also a staff nurse in Washoe's telemetry unit. In his thesis, Judd proposed expanding the apprentice nurse program to include the Board's RN Apprentice Nurse Skills List.

Winter had been researching the concept herself and found a solid basis for it in the nursing literature. "The Board said we could do more and our students were saying the same thing," Winter recalled. "We listened, and the program we developed has really taken off."

Washoe added an Apprentice Nurse II (AN II) position in the Spring of 2003. (A student can work as an Apprentice Nurse I (AN I) after completing the first semester of the first year of a nursing program that includes basic nursing skills education. An AN I works as part of a healthcare team, providing support for basic functions on the nursing unit).

"The AN II position offers senior students the opportunity to really acculturate to the role of professional nurse," Winter explained. "Students get caught up in tasks such as giving meds, but along the way, we see professional conduct being instilled in them. They are learning how to resolve conflicts, how to get feedback from others. Socialization, which takes a long time, is one of the primary aims of the program."

"As we're learning skills in school, we're putting all the pieces together here at work," explained Laurie Daggitt. "I feel like I'm safer, because I know how to take full care of a patient."

To further that aim, each AN II works under the direction of an RN preceptor. Once the RN is designated as a preceptor, that RN receives training in adult learning theory, coaching and mentoring skills.

If an AN II has been taught a skill on the Board's skills list, he or she can perform it under the direction and guidance of the RN preceptor, with whom the apprentice nurse is paired at all times.

"As we're learning skills in school, we're putting all the pieces together here at work," explained Laurie Daggitt. "I feel like I'm safer, because I

The Apprentice Nurse Program is designed to allow a nursing student, currently enrolled in a nursing program, to work at a health care facility providing nursing care following the board's approved skills list. The program offers the student the opportunity to practice their clinical skills and to acclimate to the role of the professional nurse. Recently, the Board removed the restriction that program enrollment was limited only to students in Nevada nursing programs.

The current approved RN Apprentice Nurse Skills List can be found on the board's website www.nursingboard.state.nv.us.

It is the responsibility of the hiring facility Director of Nursing to:

- Ensure the student (in-state or out-of-state) is currently enrolled in a program of professional nursing that is approved by that state's board of nursing or appropriate state agency authorized to approve nursing programs.
- Ensure the nursing program (out-of-state) is also nationally accredited through either the National League for Nursing Accrediting Commission (NLNAC) or the Commission on Collegiate Nursing Education (CCNE).
- Ensure the student (in-state or out-of-state) is currently enrolled in a program of professional nursing and maintains enrollment during participation as an Apprentice Nurse.
- Verify the skills the student (in-state or out-of-state) has been authorized to perform are on the Board-approved skills list.

Accountability for compliance with all program requirements remains with the Director of Nursing, as this individual has responsibility for all nursing activities within the facility.

A student's enrollment in the Apprentice Nurse Program ends upon graduation from the nursing program. At that time, the student becomes a graduate nurse and must possess an Interim Permit to practice nursing. It is the responsibility of the Director of Nursing to ensure that after graduation, the student no longer practices nursing as an Apprentice Nurse. It is also the responsibility of the Director of Nursing to ensure that all graduate nurses have active Interim Permits authorizing the practice of nursing.

This article spotlights just one of the many success stories associated with the Apprentice Nurse Program. Students praise the program for enhancing their nursing skills and confidence, while giving them the opportunity to familiarize themselves with their future professional roles. Directors of Nursing have found the program a valuable recruiting, retention, and professional development tool.

If you have any questions about the Board's RN Apprentice Nurse Skills List, the responsibilities of a Director of Nursing regarding apprentice nurses and graduate nurses, or other general questions about nursing education programs, please feel free to contact the Board's Licensure, Certification and Education Office in Las Vegas.

know how to take full care of a patient.” Dawn Dollarhide agreed, adding the experience has taught her important organization and prioritization skills. Both are senior TMCC nursing students and AN IIs in Washoe’s intensive care unit.

Tammie Brewer, RN, is Dollarhide’s preceptor. “Dawn is comfortable and confident in a setting where the fears are great,” she said. “I think this program gives students a more realistic insight into nursing than they can get just from what they learn in school.”

“The apprentice nurses are pretty close to being ready to start work,” added Daggitt’s preceptor, Cindy Pffirmann, RN. “Both Laurie and Dawn are very confident in their skills at this level. There is a huge difference in their confidence compared to other new grads.”

Andrea Bourque, a senior Orvis nursing student and AN II on the general surgical unit, said, “It’s a really good foundation for things you don’t have time to become an expert in while you’re in school—things like confidence, organization skills, time management, therapeutic relationships, and clinical skills.”

Andrea Adams, a senior TMCC nursing student, said she feels very well prepared, and very fortunate, to be in the program. “I’m applying the theory that I’m learning in school right away—in full, 12-hour shifts,” she said.

“You don’t get that kind of unfragmented time in clinicals.” Adams is an AN II in Washoe’s telemetry unit.

Wendie Rains, is a senior Orvis nursing student, an AN II who is paired with Deb Salaber, BSN, RN, in Washoe’s oncology department. She said, “This experience has given me confidence in the knowledge I acquired at UNR. It’s reinforced everything I’ve learned.”

To Rains, being an apprentice nurse is meaningful on a personal level, as well as a professional one. “Everyone in oncology has been very nurturing and supportive,” she said. “And since apprentices are not included in the staff count, we can truly make a difference in our patients’ lives, because there are two of us, where normally there would be only one.”

Reflecting on the often stressful and difficult nature of a nurse’s job, Rains said she believes the apprentice program will help avoid the burnout new nurses often experience. “If you go straight from school to your first full shift as a nurse, the stress can be overwhelming,” she explained. “I can’t imagine what it would be like not having gone through this program.”

These words are music to Winter’s ears. “So far, we’ve had great success, great quality, and high retention,” she said. In its first full year, 60 students have been employed as AN IIs, and of those, 51 are working, or planning to work at Washoe after they graduate.

Graduation does not mark the end of their education, however. To Winter, it is just the first step. “We look upon professional nursing as a life-long process of education. Our philosophy is to focus on and promote

evidence-based practice,” she said. Winter added that the apprentice nurse program is a key part of Washoe’s goal of attaining magnet hospital status. It is also something that will continue to grow—she said she will be soon hiring a dedicated educator to oversee the program.

Confidence is a shared trait among the apprentice nurses interviewed for this story. So is leadership. Andrea Bourque is the president, and Wendie Rains is the treasurer of the Orvis Student Nurses Association. Dawn

Dollarhide is president of TMCC’s graduating nursing class. Wendie Rains and Sheila McFall are both leadership students at the Board. Their preceptors are, respectively, Executive Director Debra Scott, MS, RN, APN, and Associate Director for Compliance Chris Sansom, RN.

At the time of this writing, all the apprentice nurses featured in this article were still students. By the time this magazine is published, they will have graduated from their nursing education programs.

The Nevada State Board of Nursing thanks them for sharing their experiences and congratulates them on their graduation!

“While our students receive an excellent education in the theory and practice of nursing, they need a reality base. There is no substitute for actually working full shifts under the direction and supervision of an experienced registered nurse.”

Horizon Specialty Hospital

By: *Virginia Del Togna-Armanasco RN, MSN Director of Staff Development & Theresa Walker RN Director of Performance Improvement*

HORIZON SPECIALTY HOSPITAL, LAS VEGAS, NEVADA

is a small patient focused Acute Long Term Care hospital where "Everybody knows your name." Patient care is individually planned and delivered by a caring team of health care professionals. Our model of care focuses on the patient as the center of our team.

Nursing serves as the "coordinator" of patient care ensuring that all disciplines that may provide beneficial services to the patient are involved in each patient's plan of care. (See diagram 1.1)

Under the direction of **Sandra Rohlfing, RN**, Director of Nursing and Clinical Services, our nursing staff provides highly skilled assessment, evaluation, planning, and implementation of complex care interventions. To ensure that the licensed staff knowledge base and skill is maintained, continuing educational programs are presented twice monthly on two different topics. **Wanda Crocket, RN** remarked that "The frequency and breath of the information provided is

more than I have experienced at other facilities".

Horizon Specialty Hospital is organized to provide care to a select group of patients who require focused complex care. This level of care can be compared to that provided in a primary care hospital's Intermediate Intensive care unit. Our specially trained staff and equipment is available to meet the needs of patients with acute medical and/or rehabilitation needs.

Some of the examples of the care we provide include:

1. Patients with respiratory failure requiring mechanical ventilation, 24-hour supervision, and treatment by a licensed respiratory therapist.
2. Patients requiring intensive wound care provided and supervised by a Registered Nurse certified wound care specialist.
3. Patients requiring intensive rehabilitation including physical, occupational and speech therapy with the goal of returning them to their prior level of independence in their home environment.
4. Patients requiring high-level state of the art central and peripheral therapy, i.e. TPN, IV antibiotics, Blood, Infusion Therapy for treatment of major infectious disease and complex medical processes.
5. Patients with acute medical conditions requiring close monitoring and supervision such as end stage renal disease requiring hemodialysis, congestive heart failure, pneumonia, sepsis, substance abuse related conditions, head injuries resulting from trauma, and post operative care after major surgery, to name a few.

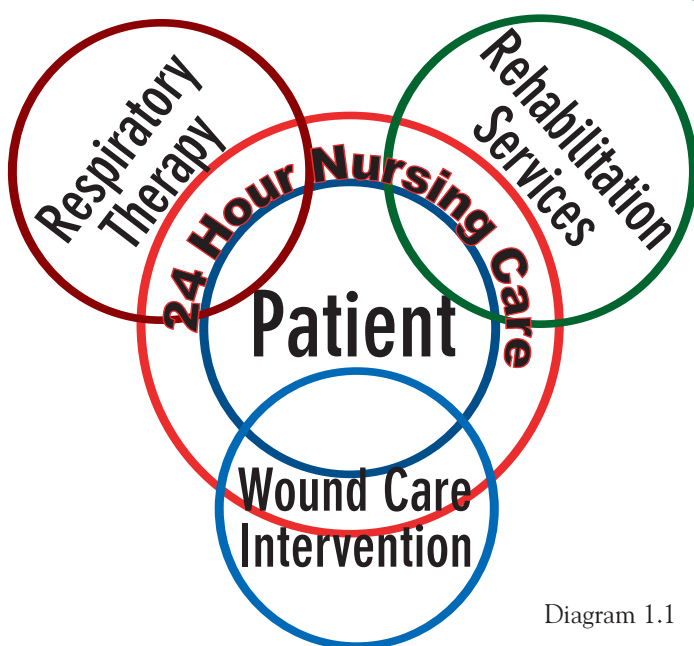


Diagram 1.1

To spotlight some of the strengths and uniqueness of our approach to patient care we would like to provide you with an in depth view of three of our departments.

WOUND CARE

We are proud to have on our staff, **Sharon Lujan, RN**, Charge Nurse, WCC. Sharon is one of only a few certified wound care registered nurses in the state of Nevada. Under the direction of a board-certified surgeon specializing in wound care Sharon leads staff to provide care in our KCI certified wound care program. If wound care needs are identified Sharon will direct, guide and formulate a plan of care in collaboration with the physician. Based on the wound care orders Sharon implements a treatment plan to promote optimal healing of the wound. Her coordination with the licensed staff at our facility has restored health and brought joy to patients and their families. Sharon states "Patients referred to us frequently have complex skin conditions resulting in extensive skin breakdown and wasting of the tissue. We provide advanced treatment which we individualize based on the patients unique needs". Sharon remains dedicated and focused to

her patients needs after over five years of service. Our nurses find Sharon an excellent mentor for wound care needs.

REHABILITATION

An important link in our patient care model is our specialized rehabilitation

team. This team headed by **Roger Cowan**, Physical Therapist, consists of physical, occupational and speech therapists that evaluate every patient upon admission to determine what benefits their specialty may provide. Roger's

philosophy is "We will not take no for an answer. If rehabilitation potential is evident but the patient is not in the optimal condition to participate at the time of evaluation, we will use daily visits and encouragement to build momentum". Rehabilitation is continued until the patient has reached their maximum benefit and, if possible, they can resume their activities of daily living. Therapy is provided at the bedside as well as in a dedicated rehabilitation gym. Our goal is to maximize independence.

RESPIRATORY SERVICES

Another significant link is the specialized care provided by our around the clock Respiratory Therapy department headed by **Gary**

Weaver, RRT. Gary and his staff provide state of the art respiratory care. The team specializes in management of fragile patients requiring mechanical ventilation. Gary and his staff works closely with the consultant pulmonologist to assure that optimal care is provided and when possible the patient can be weaned from the ventilator. **Sylvester Winrow, CRT** is a model of the caring and focused attention that these therapists provide. "Sly" notes "Being physically present during a difficult time or a crisis situation often makes the difference in a patients response to this necessary life support".

For more information regarding our facility please contact Sandra Rohlfig RN, DOCS at 702-382-3155.



Board Adopts Practice Decision Regarding Sexual Assault Nurse Examiners

Supersedes 1991 decision

ACTING UPON THE RECOMMENDATION of its Nursing Practice Advisory Committee, the Board at its March meeting adopted a practice decision regarding Sexual Assault Nurse Examiners. Below is the text of the decision, which is also on the Board's web site www.nursingboard.state.nv.us in the *Practice Information* section.

The Nursing Practice Advisory Committee spent more than a year reviewing, discussing and revising the SANE practice decision adopted in 1991. The process was wide-ranging and thorough, involving several meetings in both Las Vegas and Reno with representatives from law enforcement, nurses, doctors, victim advocates, and professional associations.

The committee also conducted extensive research to define parameters for SANE practice regarding age, competency, referral, and collaboration among the sexual assault team members. Public comments were taken by the committee in May 2002, September 2002, December 2002, February 2003, June 2003, August 2003, October 2003, and December 2003.

The practice decision is the result of gathering national

information, Nevada-specific information, and current best practices from the International Association of Forensic Nurses (IAFN) and other highly regarded individuals in the field of forensic nursing. The IAFN provides for a SANE-A certification for nurses which allows RNs to collect evidential material on adult and adolescent victims. The increased scope of practice includes utilizing a colposcope which is ordinarily out of the scope of practice for RNs.

Other changes incorporated in the practice decision include a separation of adult/adolescent and pediatric SANE practice, the deletion of a definition of "acute," deletion of the requirement that the SANE call a physician or an APN prior to doing a pediatric assessment, an effective date of January 1, 2005 for the required SANE certification, the requirement for appropriate referral, the requirement for all pediatric cases to be peer-reviewed, and a narrower definition of the expanded SANE practice. The rationale for these revisions is generally based on the philosophy that the SANE is first an RN and then has a narrowly expanded practice based on the SANE certification and competency.

Sexual Assault Nurse Examiner Practice Decision

An RN may function as a sexual assault nurse examiner provided the following guidelines are followed:

1. The dimensions of the specialty practice of the SANE include the collection of forensic material from an acute victim of sexual assault through the use of a "Rape Kit." A victim of sexual assault is considered acute if there is reason to believe that there may be forensic evidence on a victim's body. Non-acute exams shall be referred appropriately. A "Rape Kit" is utilized by the SANE to collect forensic material as appropriate for age and situation of the victim.
2. The Registered Nurse shall demonstrate competency, knowledge, skill, and ability pursuant to NAC 632.071, 632.224, and 632.225. The nurse shall

maintain documentation of continued competency which shall be completed annually and include successful return demonstration and peer review of the minimum number of cases required for continued certification by IAFN.

3. Initial and ongoing certification through the IAFN as a Sexual Assault Nurse Examiner-Adult/Adolescent Certified shall be maintained to allow the nurse to practice in this capacity and to use the designation "SANE-A" to indicate his/her practice specialty. The SANE-A certification requirement becomes effective as of January 1, 2005. The SANE shall maintain available age-specific certification.
4. There are agency policies and procedures and any required standardized protocols in place allowing the SANE to administer and dispense specific drugs

For information on SANE certification, please visit IAFN.org.

Board Addresses Roles of Consultant, Surveyor, and Nurse Educator

Nevada license required for nurse who delivers patient care

ACTING UPON THE RECOMMENDATION of its Nursing Practice Advisory Committee, the Board at its March meeting adopted a practice decision regarding persons acting in the role of consultant, surveyor, or nurse educator. Below is the text of the decision, which is also on the Board's web site www.nursingboard.state.nv.us in the Practice Information section.

A person who practices nursing or delivers patient care in relation to patients who are located within the State of Nevada must be licensed by the Nevada State Board of Nursing. The following activities include, but are not limited to, conduct that is considered to be delivering patient care in role of the licensed nurse:

1. Any intent to enter into a therapeutic relationship with the patient.
2. Any notation or documentation in an individual patient's medical record.
3. Designation or acting as Chief Nurse.
4. Accepting an assignment for patient care.
5. Patient education.

6. Any nursing education that involves direct patient contact.
7. Designation as or acting as an RN who supervises care provided by another RN, LPN or CNA.

The following activities include, but are not limited to, conduct that is NOT considered to be delivering patient care in role of the licensed nurse:

1. Inspection of written corporate policies and procedures to evaluate compliance with same.
2. Instruction of corporate employees on issues of compliance with corporate policies and procedures.
3. Training of persons by product representatives, so long as no patient care is provided.
4. With prior patient permission, observe medication pass or wound care procedures.
5. Auditing patient records.
6. Teaching continuing education courses.
7. Making recommendations regarding the delivery of patient care.

- and devices. These protocols are approved by both medicine and nursing.
5. The nurse maintains accountability and responsibility for nursing care related to this procedure and follows the accepted standard of care, which would be provided by a reasonable and prudent nurse. Protocols for this procedure are to be maintained at the practice site and be available for review by the board.
 6. The SANE performs this procedure in consultation with the physician or advanced practice nurse, never independently.

Additional requirements for pediatric cases (individuals of less than thirteen years of age) include:

1. Every pediatric case shall undergo retrospective peer review.
2. All exams, which are deemed to have abnormal genital findings, shall be referred to a recognized child abuse expert who is a physician or advanced practice nurse for final diagnosis.
3. Collection of evidential material on a pediatric victim shall only be performed by a SANE who has ongoing, documented competency based on the Pediatric Education Guidelines for Sexual Assault Nurse Examiners of the IAFN.



The Nursing Institute of Nevada, A division of the Nevada Hospital Association

Mission: *To ensure adequate nursing resources to meet the growing health care needs in the state of Nevada.*

Vision: *To foster partnerships between the nursing profession, health care communities, and educational institutions that builds on each other's strengths and develops their role as change agents for improving the overall health of Nevada.*

The Nursing Institute of Nevada is a statewide, multi-disciplinary group of concerned health care providers who have been meeting for three years to address the critical nursing shortage in Nevada. Nevada has the lowest nurse to resident ratio in the nation; 520 per 100,000, compared to the national norm of 782 per 100,000. As a result of Nursing Forums held in both Reno and Las Vegas to discuss the nursing shortage, an extensive list of concerns was identified, and three sub-committees of the Nursing Institute of Nevada were formed to initiate solutions to Nevada's nursing shortage. Meeting monthly, their areas of primary focus are:

Attraction Sub-Committee

- Promotion of the Nursing profession
- Attracting grades K-12 to the Nursing profession
- Develop diversity in Nursing
- Community awareness and stakeholder involvement

Commitment Sub-Committee

- Employee/employer relations
- Work environment issues

Professional Development Sub-Committee

- Nursing education
- Hospital-based Nursing staff development
- State government and regulators' role

The Nursing Institute of Nevada and its Sub-Committees are acutely aware of the issues that are contributing to the nursing shortage, through both data-driven and anecdotal information. By working diligently, and in a collaborative and positive manner, solutions have been developed to address the critical nursing shortage issue in Nevada. Only through working together will we begin to provide Nevadans with the health care and health care workforce they deserve.

Please find upcoming meetings scheduled for 2004:

June 2, 9:00 a.m. – 11:00 a.m.

August 4, 9:00 a.m. – 11:00 a.m.

October 6, 9:00 a.m. – 11:00 a.m.

December 1, 9:00 a.m. – 11:00 a.m.

Northern location: Pennington Building, Room 20,
Medical School Campus

Southern location: Las Vegas Learning Center, 1701
West Charleston Ave (across street from UMC)

Nevada Hospital Association's 44th Annual Meeting & 8th Annual Golf Tournament

September 8 – 11, 2004

Hyatt Regency Lake Tahoe Resort and Spa &
Incline Village Mountain Golf Course
Incline Village, Nevada

Here Today, Here Tomorrow: Prepare for the Challenge

Whether it be on the golf course or at our Annual Meeting, don't miss the opportunity to Prepare for the Challenge!

CE credits available for attendance at the Annual Meeting sessions! For registration, please contact Janine Barros, NHA Public Relations & Programs Coordinator at 775-827-0184 or e-mail janine@nvha.net; or you can always visit our website at www.nvha.net.

The Board Supports Your Right to Refuse An Unsafe Assignment

Nurse Practice Act cites three conditions for patient abandonment

THE MISSION OF THE NEVADA STATE BOARD OF NURSING is to protect the public's health, safety and welfare through effective nursing regulation. **The Board, backed by Nevada nursing law, strongly supports the right of nurses and nursing assistants to refuse assignments they believe to be unsafe.**

We realize this issue is of great concern to Nevada nurses and CNAs, who are dedicated to providing safe, competent care to their patients. In addition to answering calls and emails about unsafe assignments, Board staff members give presentations on this topic to nursing associations, nursing conferences, nursing schools, and at health care facilities across the state. We have also published articles in past issues of the Board's newsletter, and we distribute fact sheets outlining the process described below.

Helping Nevada nurses and CNAs understand both their rights and obligations when it comes to refusing unsafe assignments helps the Board fulfill its mission of protecting the public. We all share the goal of ensuring safe, effective, quality health care for the citizens of Nevada.

The Board receives many calls from nurses and nursing assistants who feel they are being asked to choose between placing their patients at risk or putting their licenses in jeopardy. Many think they have no choice but to accept assignments they are unable to safely manage, to perform acts they aren't qualified to do, or to work longer hours than they believe they can physically or mentally endure.

Often, refusing an assignment does not seem an option for these who believe either the patients would be endangered or they would lose their jobs if they simply said, "No."

Yet, all licensed nurses and certified nursing assistants in Nevada are subject to the Nurse Practice Act that holds

them responsible and accountable for nursing judgments, actions, and competence, and requires them to safeguard the patient. Accepting an assignment that the nurse or CNA knows she or he is not qualified for, and/or accepting an assignment that places a patient in jeopardy, are violations of the Nurse Practice Act and may result in disciplinary action. **However, the Board has never disciplined a nurse or CNA for properly refusing an unsafe assignment.**

How can nurses and nursing assistants protect their patients and protect their licenses and certificates? Prevention and early intervention are always a place to start. Nurses and CNAs should know the laws and regulations that govern their practice and clearly understand what constitutes a violation of the Nurse Practice Act. For example, nurses and CNAs may be told that refusing to accept an assignment is "wrongful abandonment," but in fact, the Nurse Practice Act cites three conditions that must exist before such an action would be considered abandonment by the Board.

Specifically, according to NAC 632.895(6):

"An act of patient abandonment occurs if:

- (a) A licensee or holder of a certificate has been assigned and accepted a duty of care to a patient;
- (b) The licensee or holder of a certificate departed from the site of the assignment without ensuring that the patient was adequately cared for; and
- (c) As a result of the departure, the patient was in potential harm or actually harmed."

Evidence of all three conditions must be shown before the Board may consider disciplinary action against a nurse or CNA for patient abandonment.

(During fiscal year 2002-2003, one complaint against a

nurse met this legal requirement and resulted in disciplinary action. The nurse left her shift after being on duty for a few hours, did not have permission to leave, and did not give report on her patients to anyone before leaving. In other words, she met all three legal criteria for patient abandonment.)

Also, nurses and CNAs may be disciplined if they accept assignments they are not competent to perform. If they do, they may place the patient in danger, and they're in violation of the Nurse Practice Act (NAC 632.890 (4), assuming duties and responsibilities within the practice of nursing if competency is not maintained, or the standards of competence are not satisfied, or both.)

It should be noted that the Board has no jurisdiction over employment or contract issues. Well-intentioned nurses and CNAs may feel like they're in a "Catch 22," where if they practice in accordance with the law, they will keep their licenses or certificates but lose their jobs. Unfortunately, sometimes leaving a position is the only option. Here are some things to consider—

- Place patient safety and well-being first. Act in good faith.
- Know the laws and regulations that govern your practice.
- Build a defense for why an action (or act of omission) was unavoidable. Document carefully. Be able to demonstrate that the course of action was what would have been followed in a similar situation by a reasonable and prudent nurse with similar education and experience.
- Continue to advocate for safe nursing care for patients.

If you have a question about how to refuse an unsafe assignment, contact the Reno office.



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Dr. Rosemary Witt Begins Another Chapter

After 31 years of service, she steps out of nursing department chair position

HOW DO YOU DESCRIBE THE ACCOMPLISHMENTS of someone like Dr. Rosemary Witt, Ph.D., RN, who has served Nevada's nursing population for three decades? Someone who has been a leader in nursing education, regulation, and professional advancement during the state's most rapid period of growth and change?

You ask her to tell her own story, in her own words.

In 1970, I was contentedly teaching at the University of Washington, Seattle, when I came to a conference on "loss" in Las Vegas. The conference was being held at UNLV. I sat in the Moyer Student Union looking down the mall and thought "what a neat place," besides I had been in town a whole week, and it hadn't rained once!

Also, on that plane trip, I met this fellow who worked for the Environmental Protection Agency and we started this long distance relationship. After a year, I thought, "Why not move to Las Vegas?" So I applied at UNLV, and as luck

would have it, the Department of Nursing's Associate Degree program needed an instructor for psychiatric nursing. I accepted the offer of a position, and have been affiliated with the nursing program ever since. Oh yes, to answer your question, the relationship was much better long distance than up close! He left town and I stayed.

After I had been on campus two years, the Chair of the Department was selected to be the Dean of the College of Allied Health. I was asked to serve as Chair,

probably because I had experience in baccalaureate education and the Department was launching an RN to BSN program.

I loved the administrative role and remained in it for 31 years. Effective July 1, I am stepping out of the leadership position. The role has provided me with a wealth of growth-producing experiences. Academically, I have had the privilege of working with faculty who demonstrated the ability and willingness to move from an associate degree program to a generic baccalaureate program, then to add a master's program, offer the BSN and MSN program via distance education, devise an RN to MSN program, and effective Fall, 2004 initiate the new Ph.D. in Nursing program.

Professionally, I was part of the steering committee to obtain the charter to start Zeta Kappa, the local chapter of Sigma Theta Tau, which began in 1982. I was privileged to serve as the first president of Zeta Kappa. I served in several state level positions in the Nevada Nurses Association, including the most time-consuming job of secretary.

For several years I had the privilege of serving as an accreditation site visitor

for the National League for Nursing. The last couple of years I have served as member of the site review team for the Northwest Accreditation Association and look forward to continuing that role, now that I will have new duties.

A professional highlight was serving on the Nevada State Board of Nursing. I served on the Board seven years in the 80s, and was President five of those years. At that time we thought we were writing cutting-edge regulations. Now, of course, when you examine decisions in retrospect, they look rather timid, and in some cases you would like to ask for "do overs."

I was on the Board when the rules and regulations for certifying nurse practitioners were developed. We had many an interesting meeting with the Board of Medicine and the Board of Pharmacy in our quest to get prescriptive privileges approved.

During my time on the Board, we also made many changes related to how the Board would assist chemically dependent nurses, moving away from a strict disciplinary model to a model which would assist the nurse and the profession. And of course, I had a great interest in nursing education regulations, and was part of the group that helped to reduce the faculty to student ratio to 1:8. I remain on the Board's Nursing Education Advisory Committee.

The role of Chair also provided me the opportunity to collaborate with the health care leaders in the Southern Nevada, as we weathered various nursing shortages and challenges. One time, when I was on the Board of Nursing, student nurses were inadvertently dropped from a law when it was being rewritten and student nurses were not allowed to give medications!

The leadership position has provided an opportunity to work with a wide variety of community leaders in the Southern Nevada Medical Industry to find ways to address the current nursing shortage. Serving on the Board of Directors of HealthInsight continues to broaden my knowledge base about issues in health care.

Do I have regrets about my career path? Absolutely not. I think I have had the best of all worlds. I have been able to assist in the development of a strong nursing program, assist students grow and change, be involved in activities that matter to nurses and patients, and by periodically teaching clinical courses, keep my psychiatric clinical nursing skills acceptable, if not cutting edge.

Am I retiring? No, not yet. I will continue to teach some of the courses in the RN to BSN degree program and clinical courses in psychiatric nursing. In the immediate future, I will be offering Dean Yucha assistance to make the transition as seamless as possible.



Rosemary Witt, PhD, RN

Dr. Patsy Ruchala Named Director of Orvis School of Nursing

She serves on boards of three nursing journals and blue ribbon panel exploring nurse education

ON JULY 1, PATSY RUCHALA will begin working with the University of Nevada, Reno, to help address one of the most daunting challenges facing the state: the country's most extreme per-capita nursing shortage.

Ruchala, associate director for graduate nursing programs at Georgia State University in Atlanta, will become director of the university's Orvis School of Nursing in Reno.

"Dr. Ruchala is an outstanding educator and experienced administrator whose expertise in the profession, enthusiasm for our Orvis School of Nursing and desire to make a difference in meeting the need for nurses in Nevada will have an immediate positive influence," said Dean Jean Perry of the College of Human and Community Sciences.

Nevada has the lowest number of licensed nurses per capita in the country (520 nurses per 100,000 people, compared to a U.S. average of 782 nurses per 100,000 people, according to the U.S. Department of Health and Human Services). Nursing professors are urgently needed to educate prospective new professionals in the field.

"There is also a need to replace nurse educators at all levels of teaching," said Ruchala, a decade-long faculty member and director of master's degree programs in nursing for five years at St. Louis University before joining Georgia State's Byrdine Lewis School of Nursing in 2001. "The

mean age of nursing educators (nationally) is 54, and we've seen the existing work force in both clinical work and education retire. Younger men and women, in many cases, have chosen other professions."

Ruchala, who has teaching experience through the doctoral-degree level, said she emphasizes "a team approach to administration." She has relied on building a foundation of quality bachelor's degree programs in both Georgia and Missouri, leading to a fuller develop-

"Her desire to make a difference in meeting the need for nurses in Nevada will have an immediate positive influence."

ment of strong graduate education.

With her strength in preparing both nurses and nursing educators, Ruchala comes to Nevada following an academic year in which the University of Nevada has more than doubled enrollment at its nursing school—a state-supported goal. Some 86 nursing students were admitted to the school last fall, with 38 undergraduates and 10 masters degree candidates slated to graduate in May—twice the typical graduation pattern for the school in recent years.

Ruchala completed her diploma in nursing in 1973 at Alton Memorial Hospital in Alton, Ill. She received her bachelor's and master's of nursing degrees at Governors State University in University Park, Ill., and earned her doctorate in nursing science in 1991 at Rush University in Chicago.

The American Association of Colleges of Nursing has invited Ruchala to be a featured speaker in assessing student outcomes, and during the last year she was appointed to the Southern Regional Education Board's Blue Ribbon Commission on the Preparation of Nurse Educators.

She serves on the editorial board of three professional journals—the Journal of Obstetric, Gynecologic and Neonatal Nursing, Neonatal Network: The Journal of Neonatal Nursing and the Journal of Nursing Scholarship.

Alwilda Scholler-Jaquish has served as the nursing school's acting director since May 2003. She will continue her work with the school as an associate professor.

"Alwilda has been instrumental in helping the nursing school develop a strategic plan that expands our graduate programs and attracts more students by tailoring course offerings to their specific educational needs," Perry said of Scholler-Jaquish.



Patsy Ruchala, PhD, RN

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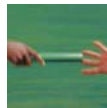
Disciplinary Actions



Nurse Practice Acts



Documentation



Professional Accountability & Legal Liability



Ethics of Nursing Practice



Sharpening Critical Thinking Skills



Medication Errors

Dr. Carolyn Yucha Named First Dean of the School of Nursing at UNLV

She serves as a nursing journal editor and conducts nationally funded research projects



Carolyn Yucha, PhD, RN

DR. CAROLYN YUCHA HAS BEEN APPOINTED as the inaugural Dean of the School of Nursing at the University of Nevada, Las Vegas. She will be leaving her position as Professor and Associate Dean for Research at the University of Florida and begin her new role on July 1, 2004.

Yucha's doctorate is in Physiology from the State University of New York, and she holds a master's degree in Adult Health Nursing. She serves as editor of the journal *Biological Research for Nursing*, and has received funding from the National Institutes of Health, National Institute of Nursing Research, and the National Center for Complementary and Alternative Medicine for her research.

Recent publications have focused on biofeedback modalities and blood pressure, relaxation strategies for patients with chronic pain, and hemodynamics and arterial properties in response to mental stress in subjects with borderline hypertension.

Yucha has made numerous international and national presentations and will be instrumental in extending the school's research activities. In accepting the position, Dr. Yucha said, "I believe it to be an exciting time in the development of the nursing programs at UNLV. The school's current programs provide a strong foundation for future growth and development."

"I believe it to be an exciting time in the development of the nursing programs at UNLV. The school's current programs provide a strong foundation for future growth and development."

Nevada Nursing Schools Offer Innovative Choices

Board approves curriculum changes for fast-track, part-time, and on-line programs

IN RESPONSE TO THE STATE'S PRESSING NEED for more nurses, Nevada's nursing schools are developing innovative programs to attract more people into the profession. At its March meeting, the Board approved curriculum changes for fast-track, part-time, and on-line programs.

Nevada State College was approved to begin a fast-track Bachelor of Science in Nursing (BSN) program this fall. The accelerated track is delivered in a compressed format over 12 months and is designed for persons who have previously completed a bachelor's degree in any field. They also must have completed all nursing prerequisites for the nursing program, have a cumulative GPA of 2.5 or higher, and a nursing-specific GPA of 2.75 or higher. The individuals take the same number of courses as in a traditional track, but in a reduced number of weeks.

Truckee Meadows Community College will also be offering a fast-track ADN program beginning this summer. Students will spend the first semester in a 13-week summer session, then continue through three traditional semesters of 14 to 16 weeks each. Credit requirements are the same as in the traditional program.

The Board approved the Community College of Southern Nevada's request to offer a part-time ADN program which will offer the same 72 credits of the full-time program, but take place over seven semesters instead of the traditional four. The Board also approved the college's Rural Community Practical Nursing Program for students in the Caliente, Mesquite, Pahrump, and Tonopah areas. It will be identical to college's current LPN program, except that all classes will be offered through on-line distance education and all applicants must have current Nevada certification as CNAs. Students will travel to Las Vegas for their clinicals and skills laboratories.

If you would like to know more about the nursing education programs offered by Nevada's universities and colleges, you will find links to all seven of them on the Board's web site.



"In response to the state's pressing need for more nurses, Nevada's nursing schools are developing innovative programs to attract more people into the profession."

TOLL-FREE CONSUMER HOT LINE

Call 800-746-3980

or in Reno calling area, 688-2620

The Nevada State Board of Nursing has a hot line to help consumers who have questions or concerns about the nursing care they or their loved ones are receiving. Please encourage your friends, families and patients to call the hot line if they have concerns about nursing care. And remember, if you or anyone else wishes to file a complaint against a nursing assistant or nurse, it must be done in writing. Complaint forms can be requested by calling the hot line or can be obtained by visiting the Board's web site.

Disciplinary Actions

Before disciplinary action is taken, the Board ensures the nurse or nursing assistant is given due process

The following are disciplinary and licensure/certification actions taken by the Nevada State Board of Nursing for the period of October 31, 2003 through November 21, 2003. (Please note that this list does not include some of the outcomes of the November 19-21 Board meeting due to legal notice requirements.)

Settlement Agreements and/or Hearing Outcomes

Bailey, Cheryl, RN11659

Voluntary Surrender of License/Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, NAC 632.890 (9) practicing while impaired and (10) positive urine/drug screen.

Baker, Diana, RN25515

Agreement for Probation (Disciplinary) for violations of NRS 632.320 (2) (5) conviction and use of controlled substance, dangerous drug or intoxicating liquor.

Barber, Janiece, RN22686

Agreement for Probation (Disciplinary) for violations of NRS 632.320 (2) (5) conviction and use of controlled substance, dangerous drug or intoxicating liquor.

Beland, Lori, RN30382

Agreement for Reprimand and Fine for violations of NRS 632.320 (7) (14) NAC 632.890 (35) violation of a Board order.

Brandau, Dorothy, RN15861

Agreement for Probation (Disciplinary) for violation of NRS 632.320 (7) unprofessional conduct, NAC 632.890 (27) customary standards, and (28) causing a patient harm.

Callahan, Michaela, CNA Applicant

Agreement for Probation (Disciplinary) for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (11) positive pre-employment drug screen.

Duryea, Caleb, RN41223

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (11) positive pre-employment urine/drug screen.

Eddie, Michell, CNA016092

Voluntary Surrender of License/Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, NAC 632.890 (27) customary standards and (28) causing harm.

Finnila, Mona RN25188

Agreement for Fine in the amount of \$100.00 for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (36) practicing without a license.

Hensley, Kristen CNA015756

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (10) positive urine/drug screen on duty.

Howie, Lois, RN23605

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, NAC 632.890 (27) customary standards and (38) professional boundaries.

Johnson, Jennifer, CNA013953

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (22) patient abandonment.

Kirk, Theresa, RN18617

Agreement for Probation (Disciplinary) for violation of NRS 632.320 (11) falsification of information given to a pharmacist.

Kizer, Jacqueline, RN24178

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct

and NAC 632.890 (2) practicing beyond scope.

Olsen, Ann, RN16572

Voluntary Surrender of License/Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (9) practicing while ability impaired.

Pershall, Lydia, CNA002087

Voluntary Surrender of License/Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, NAC 632.890 (27) customary standards and (28) causing harm.

Peters, Dara, CNA009338

Voluntary Surrender of License/Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (10) positive urine/drug screen.

Reynolds, Nancy, RN19793

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, NAC 632.890 (20) inaccurate recording, falsifying records and (27) customary standards.

Rozario, Terence, RN31049

Voluntary Surrender of License/Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, (14) violation of Board order and NAC 632.890 (35) failing to comply with condition, limitation or restriction.

Scheftner, Carlotta, RN27192

Agreement for Probation (Disciplinary) for violation of NRS 632.320 (7) unprofessional conduct, NAC 632.890 (20) inaccurate recording, falsifying records, (25) failure to collaborate and (27) customary standards.

Winkler, Sharleen, RN31795

Voluntary Surrender of License/Certificate in Lieu of other Disciplinary Action by the Board for violations of NRS 632.320 (7) (14) NAC 632.890 (35) violation of a Board order.

Yandell, John RN36893

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, NAC 632.890 (20) inaccurate recording, falsifying records and (27) customary standards.

Please do not use this list of disciplinary actions for verifying licensure or certification status. Other action may have taken place between the time the discipline was imposed and the time of publication. To verify licensure or certification status, please visit our web site or call the Las Vegas or Reno office.

Denials of Applications for Licensure or Certification

For violation of NRS 632.320 (1) is guilty of fraud or deceit in procuring or attempting to procure a license or certificate pursuant to this chapter:

Chan, Richard, RN Applicant
Davenport, Linda, RN Applicant
Lawhorn, Melissa, CNA Applicant
Snyder, Kimberly, RN Applicant

For violation of NRS 632.320 (2) is guilty of a felony or any offense (a) involving moral turpitude; or (b) related to the qualifications, functions or duties of a licensee or holder of a certificate, in such case the record of conviction is conclusive evidence thereof:

Bibb, Ayieda, LPN Applicant
Cannon, Sarah, CNA Applicant
Egner, Amy, CNA Applicant
Freed, Shannon, CNA Applicant
McKnight, Jerone, CNA Applicant
Pederson, Erika, CNA Applicant
Miller, Lisa, CNA Applicant

For violation of NRS 632.320 (2) conviction, (7) unprofessional conduct, and NAC 632.890 (27) customary standards:

Hunt, Joshua, RN Applicant

For violation of NRS 632.320 (7) unprofessional conduct, NAC 632.890 (27) customary standards, and (28) causing a patient harm:

Wedin, Michael, CNA Applicant

The following are disciplinary and licensure/certification actions taken by the Nevada State Board of Nursing for the period of November 22, 2003 through January 23, 2004. (Please note that this list does not include some outcomes of the January 21-23 Board meeting due to legal notice requirements. This list does include some outcomes of the November 19-21 Board meeting that were not reported earlier due to legal notice requirements.)

Settlement Agreements and/or Hearing Outcomes

Anderson, Linda, RN28556
Order of Probation and Class for violation of NRS 632.320 (7) unprofessional conduct, (14) violation of a Board order, NAC 632.890 (27) customary standards, and (28) causing a patient harm.

Arnold, Mary, RN07764
Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (2) practicing beyond scope, and (21) administering prescription drugs to any person except as authorized.

Aviles, Zenaida, CNA013768
Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (28) causing a patient harm.

Corral, Melissa, CNA015572
Voluntary Surrender of License/Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, NAC 632.890 (27) customary standards and (28) causing a patient harm.

Elias, Susan, RN39662
Voluntary Surrender of License/Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (12) action in another state.

Forsberg, Mildred, RN29264
Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (28) causing a patient harm.

Freeman, Viviana, LPN11968
Agreement for Reprimand and Classes for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (27) customary standards and (28) causing a patient harm.

Hampton, Courtney, CNA Applicant
Order of Probation for violation of NRS 632.320 (2) conviction.

Heilman, Lisa, RN36249
Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (16) narcotic documentation discrepancies and (18) diversion.

Hendriksen, Rebecca, TRN309397
Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct.

Liffiton, Janelle, RN33984
Agreement for Reprimand and Fine in the amount of \$1,100.00 for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (36) practicing without a license.

Little, Mary, TRN309041
Agreement for Reprimand and Fine in the amount of \$700.00 for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (36) practicing without a license.

Lopez, Marfe, RN36167
Agreement for Reprimand and Classes for violation of NRS 632.320 (7) unprofessional conduct, NAC 632.890 (6) delegation to unqualified persons and (27) customary standards.

Lund, Teresa, CNA013916
Agreement for Reprimand and Classes for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (27) customary standards, (28) causing a patient harm and (38) professional boundaries.

Maltz, Steve, LPN11937
Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct

and NAC 632.890 (22) patient abandonment.

Martinez, Luisa, CNA001619
Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (2) practicing beyond scope.

Mercer, Kimberly, RN21141
License revoked for violation of NRS 632.320 (14) failure to comply with an order of the Board.

Mondak, Tiffany, RN35725
Agreement for Probation for violation of

ABBREVIATIONS

NRS Nevada Revised Statutes

NAC Nevada Administrative Code

NRS 632.320 (7) unprofessional conduct and NAC 632.890 (9) practicing nursing while, with or without good cause, ability impaired and (27) customary standards.

Nielsen, Sandra, LPN07408
Agreement for Fine in the amount of \$200.00 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (35) failing to comply with condition, limitation or restriction.

O'Neil, Jimmie, LPN11591
Agreement for Reprimand and Classes for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (27) customary standards and (28) causing a patient harm.

Page, Teresa, LPN12140
Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct and (14) failure to comply with order of the Board, and NAC 632.890 (35) failing to comply with a condition, limitation or restriction.

Quinn, Lanna, CNA016105
Certificate revoked for violation of NRS 632.320 (7) unprofessional conduct, NAC 632.890 (27) customary standards, and/or (28) causing a patient harm, and/or (33) abuse.

Read, Jane, RN36467
Agreement for Fine in the amount of \$100.00 for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (36) practicing without a license.

Resnick, Andrea, RN41323
Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (16) failing to properly document narcotics, (21) obtaining, possessing a prescription drug, except as authorized, (22) patient abandonment, and (27) customary standards.

Sawaya, Jo, RN07790
Agreement for Probation which includes the stipulation that the license be suspended pending completion of certain requirements for violation of NRS

632.320 (7) unprofessional conduct and NAC 632.890 (21) obtaining, possessing a prescription drug, except as authorized and (26) failing to abide by any state or federal statute or regulation relating to the practice of nursing.

Spurgion, Valencia, CNA012111
Certificate suspended for violation of NRS 632.320 (14) failure to comply with an order of the Board.

Stafford, Pamela, TRN309014
Agreement for Reprimand and fine in the amount of \$500.00 for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (36) practicing without a license.

Taylor, Amber, CNA012296
Order of Reprimand and Classes for violation of NRS 632.320 (7) unprofessional conduct, NAC 632.890 (27) customary standards and/or (38) professional boundaries.

Tebault, Kesha, CNA014513
Certificate revoked for violation of NRS 632.320 (14) failure to comply with an order of the Board.

Valena, Lowella, CNA015702
Certificate revoked for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (27) customary standards, (28) causing a patient harm and (35) failing to comply with a condition, limitation or restriction.

Young, Timothy, RN Applicant
Agreement for Probation pursuant to NRS 632.320 (2) conviction and (5) habitual intemperance.

Denials of Applications for Licensure or Certification

For violation of NRS 632.320 (1) is guilty of fraud or deceit in procuring or attempting to procure a license or certificate pursuant to this chapter:

Balbido, Aileen, CNA Applicant
Cromwell, Maria, TRN307299
Garcia, Leslie, CNA Applicant

For violation of NRS 632.320 (2) is guilty of a felony or any offense (a) involving moral turpitude; or (b) related to the qualifications, functions or duties of a licensee or holder of a certificate, in such case the record of conviction is conclusive evidence thereof:

Burgueno, Judith, LPN applicant
Ingram, Kimberly, CNA 01018

For violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (28) causing a patient harm.

Angeles, Cholo, CNA Applicant

The following are disciplinary and licensure/certification actions taken by the Board for the period of January 24, 2004 through April 2, 2004. (Please note that this list does not include some outcomes of the March 31-April 2, 2004 Board meeting due to legal notice requirements. This list does include some outcomes of the January 21-23, 2004 Board meeting that were not reported earlier due to legal notice requirements.)

Settlement Agreements and/or Hearing Outcomes

Abel, Leslie, TRN308539
Agreement for Fine in the amount of \$100.00 for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (36) practicing without a license.

Adams, Samuel, LPN06314
Order of Probation for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (17) soliciting or borrowing money and (38) violation of professional boundaries.

Arquilla, Sarah, RN applicant
Agreement for Reprimand pursuant to NRS 632.320 (7) unprofessional conduct and NAC 632.890 (11) positive urine drug screen.

Bell, Carol, LPN04123
Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (20) inaccurate recording, falsifying records and (24) failing to collaborate.

Branch, Amber, CNA011118
Certificate revoked for violation of NRS 632.320 (14) failure to comply with an order of the Board.

Calder, Colleen, RN29038
Voluntary Surrender of License/Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (16) failing to properly document narcotics and (18) diversion.

Conklin, Marie, RN37410
Agreement for Reprimand and Classes for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (27) customary standards.

Corona, Roger, LPN11291
Agreement for Reprimand for violation of

NRS 632.320 (7) unprofessional conduct and NAC 632.890 (27) customary standards.

Drury, Debra, RN25633
Agreement for Probation pursuant to NRS 632.320 (2) conviction and (5) use of controlled substance, dangerous drug or intoxicating liquor.

Ejiofor, Olive, RN43872
Agreement for Reprimand and Classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (3) assuming duties without adequate training, (7) failing to supervise, (27) customary standards and (28) causing a patient harm.

Garcia, Tishmal, CNA013659
Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (27) customary standards and (28) causing a patient harm.

Hainrick, Maxton, CNA applicant
Agreement for Probation for violation of NRS 632.320 (2) convictions.

Hansen, Eva, LPN11161
Agreement for Fine in the amount of \$100.00 for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (36) practicing without a license.

Holt, Jan, LPN09804
Agreement for Probation pursuant to NRS 632.320 (2) criminal conviction, (7) unprofessional conduct and NAC 632.890 (9) practicing while ability impaired and (27) customary standards.

Houston, Sharon, RN33006
Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (22) patient abandonment and (27) customary standards.

Hughes, Joyce, CNA012722
Certificate revoked for violation of NRS 632.320 (14) failure to comply with an order of the Board.

Jenson, Joy, RN17422
Agreement for Probation pursuant to NRS 632.320 (5) use of controlled substance, dangerous drug or intoxicating liquor.

Johnson, Kristina, RN19254
Voluntary Surrender of License/Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (9) practicing while impaired and (27) customary standards.

Libutan, Jennetta, RN41767
Agreement for Reprimand and Classes for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (27) customary standards and (28) causing a patient harm.

Lockwood, Diana, RN22766
Voluntary Surrender of Licensure in Lieu of Other Disciplinary Action for a violation of NRS 632.320 (14) failure to comply with a order of the Board and NAC 632.890 (10) positive urine drug screen.

Marshall, Jean, LPN10132
Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (27) customary stan-

Who can I call if I have questions about the complaint or disciplinary process? The Board encourages you to call any time you have a question about the disciplinary process or what constitutes a violation of the Nurse Practice Act. Just call the Reno office and ask for one of the nurse investigators or the associate director for practice.

dards and (28) causing a patient harm.

Meyer, Nathan, LPN11908

Agreement for Reprimand and Classes for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (27) customary standards.

Miller, Kimberly, LPN10711

Voluntary Surrender of License/Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (17) borrowing money from a patient and (34) misappropriating the property of a patient.

Neibel, Gail, RN28327

Order of Probation for violation of NRS 632.320 (12) action in another state.

Norris-Williams, Cynthia, RN22460

License revoked for violation of NRS 632.320 (14) failure to comply with an order of the Board.

Smith, Joanne, RN31025

Agreement for Probation pursuant to NRS 632.320 (7) unprofessional conduct and NAC 632.890 (9) practicing while impaired.

Spurgion, Valencia, CNA012111

Certificate suspended for violation of NRS 632.320 (14) failure to comply with an order of the Board.

Ourada, Kathryn, RN25389

Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (10) positive urine drug screen.

Palmer, Robin, RN40525

Agreement for Reprimand and Classes for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (2) practicing beyond scope.

Perkins, Pamela, RN38699

License revoked for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (16) failing to document properly the administration of a controlled substance, and (21) obtaining, possessing a prescription drug, except as authorized.

Phillips, Rosa, RN43548

Voluntary Surrender of License/Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (11) positive pre-employment urine drug screen.

Ponder, Patricia, RN16967

Agreement for Reprimand and Fine in the amount of \$200.00 for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (36) practicing without a license.

Schwartz-Kranich, Sharon, LPN11144

License revoked for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (22) patient abandonment.

Shelley, Shelley, RN38012

Voluntary Surrender of License/Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (9) practicing while impaired and (18) diversion.

Simmons, Victoria, LPN08121

Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (11) positive pre-employment urine drug screen.

Smith, Dominica, LPN10811

Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (35) abusing a patient.

Stevener, Cathy, RN14150

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (11) positive pre-employment urine drug screen.

Svir, Catherine, LPN08277

License revoked for violation of NRS 632.320 (7) unprofessional conduct, (14) violation of a Board order and NAC 632.890 (16)(a) failing to document the administration of controlled substances and (27) customary standards.

Valdez, Lolita, CNA011687

Certificate revoked for violation of NRS 632.320 (7) unprofessional conduct, (13) deceive, defraud or endanger a patient or the general public and NAC 632.890 (17)(a) soliciting or borrowing money from a patient and (34) misappropriating property of a patient.

Ziegler, Traci, RN32420

Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (16)(a) failing to document the administration of controlled substances.

Denials of Applications for Licensure or Certification

For violation of NRS 632.320 (1) is guilty of fraud or deceit in procuring or attempting to procure a license or certificate pursuant to this chapter:

Ahmed, Saima, CNA applicant

Roa, Eduardo, CNA applicant

Warmbrodt, Sarah, RN applicant

Kovacs, Kami, RN applicant

For violation of NRS 632.320 (2) is guilty of a felony or any offense (a) involving moral turpitude; or (b) related to the qualifications, functions or duties of a licensee or holder of a certificate, in such case the record of conviction is conclusive evidence thereof:

Powell, Frances, CNA applicant

Freeman, D'Anna, CNA applicant

For violation of NRS 632.320 (1) criminal conviction, (7) unprofessional conduct and NAC 632.890 (28) causing a patient harm and (33) abuse:

Hodgson, Amy, CNA applicant

For violation of NRS 632.320 (12) action in another state:

Pfeifer, Donna, LPN applicant

What are common types of disciplinary actions?

When considering what kind of disciplinary action it should take, the Board always asks itself, "What is needed to make this person safe to practice?" The answer depends on the nature of the violation, and can range from reprimanding an individual and ordering the person to attend a remedial class to revoking the person's license or certificate. All disciplinary action is reported to national disciplinary data banks. Outlined in the Nurse Practice Act, NRS 632.325, disciplinary actions available to the Board include:

Denial of Application

If the Board denies an application for licensure or certification, it has determined that the individual violated the Nurse Practice Act. In most cases, the denial is due to criminal convictions and/or submitting a fraudulent application.

Reprimand and/or Fine

If the Board reprimands or fines a nurse or CNA, it has determined that the individual violated the Nurse Practice Act. This action does not prohibit or restrict the individual's practice.

Probation

If the Board puts an individual on probation, it means the nurse or CNA may work, but will be working on a restricted license or certificate and monitored by the Board for a specific time period. The probation may also include practice and/or setting restrictions and requirements like classes or random drug tests.

Suspension

If the Board suspends a license or certificate, it means the nurse or CNA is prohibited from practicing for a designated time period.

Voluntary Surrender

This means the nurse or CNA has agreed to voluntarily surrender his or her license or certificate and cannot practice in Nevada. If the person applies for reinstatement, the Board weighs evidence of rehabilitation and remediation when considering the application.

Revocation

If the Board revokes a license or certificate, it means the nurse or CNA cannot practice in Nevada from a minimum of one to a maximum of 10 years. After that time, the nurse or CNA may apply for reinstatement if all the requirements in the order of revocation have been met. The Board weighs evidence of rehabilitation and remediation when considering the application.



Sexual Misconduct

Guidelines for professional practice

NURSES AND NURSING ASSISTANTS need to be knowledgeable about the phenomenon of sexual misconduct in practice and the implications for the public health, safety, and welfare. We have a professional responsibility to protect the public by taking proactive measures to develop personal and collegial awareness regarding the potential for harm of professional sexual misconduct. Education and development of insight, as well as confronting sexual misconduct in practice, is essential in this protection.

The Board has a policy defining its stance on sexual misconduct. This policy helps guide the Board in meeting its responsibility to protect the public through education and regulation based on clear guidelines for practice. The policy outlines definitions and issues regarding the nurse/client relationship, consent, and discipline as they relate to sexual misconduct. The summary below is designed to help you understand your professional role as it relates to sexual misconduct.

DEFINITIONS

Professional Sexual Misconduct

Sexual misconduct is any sexual or romantic behavior between a nurse/nursing assistant and an individual who seeks or receives the service of that provider. It involves a breach of trust and the abuse of power, influence, and/or knowledge inherent in one's profession to obtain sexual gratification, romantic partners, and/or sexually deviant outlets.

Sexual Contact

Sexual contact between a nurse/nursing assistant and a client refers to any sexual or sexualized behavior in any form, and may include, but is not limited to the following:

1. Any behavior or involvement, whether inside or outside of the professional setting which:
 - may reasonably be interpreted as romantic involvement
 - may reasonably be interpreted as intended for the sexual arousal/gratification of the nurse/nursing assistant, the client, or both
 - may reasonably be interpreted by the client as being sexual in its intention

2. Specific actions which may constitute sexual misconduct by a nurse/nursing assistant may include, but are not limited to:

- any direct, intentional genital stimulation or sexual gratification via oral, manual, genital, instrumental, or other means
- any manipulation of a body part or penetration of any bodily orifice by any means that is not medically indicated

DO YOU HAVE A QUESTION?

If you have questions regarding nursing practice, the first place to look is inside your Nurse Practice Act. If after reading it, you still have questions, call the Reno office. If it is an issue that needs further definition, you may request the Board issue a practice decision. The Board will then ask its Nursing Practice Advisory Committee to research the issue and make a recommendation.

FOR MORE ANSWERS— GET INTO THE ACT

The Nevada Nurse Practice Act is a 5-1/2" by 8-1/2" booklet. It's just \$5 if you buy it at the Reno or Las Vegas office, and \$8 by mail (make check or money order payable to the Nevada State Board of Nursing).

THE ACT IS ON THE WEB

The Board's web site nursingboard.state.nv.us has a link to the state laws (NRS), regulations (NAC), and practice decisions which make up the Nurse Practice Act. It also contains a separate section on practice information, including guidelines for determining scope of practice.

- any exposure, touch, or manipulation of the breasts, nipples, genital area, buttocks, or anus that is not medically indicated, is not reasonably part of routine care of the client, or is engaged in for the purpose of sexual gratification
- any medically indicated procedure or aspect of routine care involving the sexual or private parts of the body that is sexualized, prolonged, or altered in order to provide sexual gratification.
- any sexualized comments or gestures, any verbalizations intended to invite or suggest sexual contact or a romantic relationship

professional relationship

- results from the exploitation of a client's emotions, trust, or influence in a previous nurse/nursing assistant-client relationship
- reasonably appears to constitute an abuse of power on the part of the nurse/nursing assistant.

Professional Boundaries

Professional boundaries are the limits of the professional relationship between the nurse/nursing assistant and the client which provide a means of controlling the power differential and allow for a safe and therapeutic connection based on the client's needs. The nurse/nursing

"The nurse/nursing assistant is responsible for delineating and maintaining the (professional) boundaries."

- kissing, fondling, dating, or flirting with clients
3. Any sexual behavior or involvement with a client not currently receiving care from the nurse/nursing assistant which meets any one or more of the criteria above, or which:
- occurs as a result of knowledge derived by the nurse/nursing assistant from within the context of a

assistant is responsible for delineating and maintaining the boundaries.

THE NURSE/CLIENT RELATIONSHIP

Issues regarding the nurse/client relationship are divided into two main areas:

1. Recommended guidelines to the licensee or certificate holder

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2. Termination of nurse/client relationship

Recommended guidelines to the licensee or certificate holder

- Be aware of any feelings of sexual attraction to a client and discuss such feelings with a supervisor or trusted colleague. Under no circumstances act on these feelings or discuss them with the client.
- Transfer the case of a client to whom you are sexually attracted to another nurse.
- Be alert to signs that a client may be interested in or encouraging a sexual

relationship. All steps must be taken to ensure that the boundaries of the professional relationship are maintained.

- Respect a client's dignity and

privacy at all times. Examinations and treatments involving the sexual or private parts of the body can increase the client's vulnerability and take steps to prevent or minimize any such trauma.

- Provide a professional explanation of the need for each of the various components of examinations, procedures, tests, and aspects of case to be given.
- Communicate with clients in a clear, appropriate, and professional manner.
- Never engage in communication with clients that could be interpreted as flirtatious or which employs sexual innuendo, off-color jokes, or offensive language.
- Do not discuss your personal problems or any aspects of your intimate life with a client.

Termination of the nurse/client relationship is the responsibility of the nurse or nursing assistant - factors to be considered

- Formal termination procedures
- Transfer of client to another nurse/nursing assistant
- Whether care was terminated for the purpose of entering into a sexual or romantic relationship
- The length of time that has passed
- The length of time of the relationship
- The extent to which the client has confided personal or private information to the nurse or nursing assistant

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“Respect a client’s dignity and privacy at all times...”

- The nature of the client’s health problem
- The degree of the client’s emotional dependence and vulnerability
- The extent of the nurse or nursing assistant’s general knowledge about the client

Sexual contact between a nurse or nursing assistant and a former client after termination of the nurse/nursing assistant-client relationship may still constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, influence or emotions derived from the personal relationship.

CONSENT

A client’s consent to, initiation of, or participation in sexual behavior or involvement with a nurse or nursing assistant does not change the nature of the conduct. The nurse or nursing assistant has full and sole responsibility to maintain proper boundaries. It shall not be a defense or a mitigating factor that the client was capable of con-

senting, or that the client does consent or that the client agreed to, proposed or initiated the sexual contact or the sexual or romantic relationship.

DISCIPLINE

Upon a finding that a nurse or nursing assistant has committed unprofessional conduct by engaging in sexual misconduct, the Board will impose such discipline as the Board deems necessary to protect the public.

CONCLUSION

This information is offered as a proactive measure in guiding nurses and nursing assistants in maintaining the standards of professional and prudent practice.



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The Nevada State Board of Nursing is a seven-member board appointed by the governor of Nevada consisting of four registered nurses, one licensed practical nurse, one certified nursing assistant, and one consumer member.

| POSITION | NAME | TERM |
|---------------------------|-----------------------------|------------|
| President, LPN Member | Patricia Shutt, LPN | 10/30/2005 |
| Vice President, RN Member | Mary Ann Lambert, MSN, RN | 10/30/2004 |
| Secretary, RN Member | Helen Vos, MS, RN | 10/30/2004 |
| RN Member | Cookie Bible, BSN, RNC, APN | 10/30/2004 |
| CNA Member | Dorothy Perkins, CNA | 10/30/2007 |
| RN Member | David Burgio, MS, RN, APN | 10/30/2007 |
| Consumer Member | Joseph Cortez | 10/30/2007 |

If you wish to contact a Board member, please write c/o Nevada State Board of Nursing 5011 Meadowood Mall Way #201, Reno, NV 89502-6547; call 688-2620 (toll-free outside Reno calling area 1-800-746-3980); or email reno@nsbn.state.nv.us

BOARD AUTHORITY

The Board has authority only over its licensees and certificate holders and not over the facilities in which these individuals practice. The Board enforces the Nurse Practice Act (the law regulating nursing practice), with funding for all of its activities coming solely from the fees paid to the Board by licensees and certificate holders. The Board does not have authority to take action on issues that are of an employment nature, or those that relate to the nursing profession as a whole. These matters are best dealt with by the state labor commissioner, nursing associations, labor unions, or other similar entities.

Validation And Verification

What's the difference between the two forms and how much do they cost?

If you have been issued a license or certificate, but have not yet received your "hard card," you may pay for written **validation**. Just walk in to either the Las Vegas or Reno office, confirm your license or certificate is active, and pay the \$25 validation fee (check, money order, or exact change). Board staff will give you the validation form to show to your employer as evidence you hold an active license or certificate and are just waiting for the hard card to be mailed to you.

If you are using your Nevada license or certificate to endorse into another state, mail or take that state's **verification** form to the Las Vegas office, along with a check or money order for \$25, payable to the Nevada State Board of Nursing (or exact change if paying by cash in person). The Las Vegas office will process your request as soon as possible, then send written verification of your Nevada license to the state to which you are endorsing.



Patricia Shutt, Helen Vos, Joseph Cortez, David Burgio, and Mary Ann Lambert (standing) and Cookie Bible and Dorothy Perkins (sitting) *Photo by Amy Mazzucotelli*

Have a question? Give us a call.

Administration - Reno

(775) 688-2620

Debra Scott, MS, RN, APN - Executive Director

- Statewide Liaison & Spokesperson
- Organizational & Public Management
- Fiscal & Human Resource Management
- Regulation Development
- Nursing Practice Advisory Committee
- Board Member Relations
- Public Relations
- Nursing Practice Questions

Fred Olmstead - General Counsel

- Legal Counsel

Mary Flannigan, MBA - Accountant/ Technology Officer

- Budget, Accounting and Payroll
- Expense Reports
- Technology Support, Mailing List Programming

Cindy Kimball - Public Information Officer

- Public Information & Education
- Consumer Relations
- News Magazine, Web Site, Publications

Teri Troke - Executive Assistant

- Assistant to the Executive Director
- Scheduling
- Board Meeting Agenda and Arrangements
- Nurse Practice Act Publication

Licensure/Certification/Education -

Las Vegas - (702) 486-5800

Donald Rennie, MSN, RN - Associate Executive Director for Licensure and Certification

- Las Vegas Office Manager
- Licensure Program
- Continuing Education Program
- Advanced Practice Certification Program
- Advanced Practice Advisory Committee
- CNA Certification Program
- CNA Advisory Committee
- Education Advisory Committee
- Nursing Practice Questions

Jeanie Jenkins - Management Assistant II

- Assistant to the Associate Executive Director
- Board Preparation for Licensure & Certification
- Advanced Practice (APN/CRNA/EMS)

Bobbie Hicks - Sr. Licensure Specialist

- Endorsement and Examination Applications
- Renewal Applications
- Licensure Eligibility Questions
- Continuing Education Providers
- Foreign Nurse Graduates and Licensure Issues
- Mailing List Requests

Sarah Long - Licensure Specialist

- Licensure Eligibility Questions
- Renewal and Endorsement Applications
- Mailing List Requests

Patty Towler - Certification Specialist

- CNA Registry Maintenance
- CNA Certification and Renewals
- CNA Program and Instructor Approvals

Kris Sanchez - Certification Clerk

- CNA Registry Maintenance
- CNA Certification and Renewals

Crisandra Eastmond - Receptionist

- Inquiries, Information and Referrals
- Licensure & Certification Applications

Nursing Practice/Compliance -

Reno - (775) 688-2620

Chris Sansom, RN - Associate Director for Practice

- Discipline Program
- Complaint Investigations
- Nursing Practice Questions

Linda Aure, BSN, RN, C - Investigator

Lark Muncy, RN - Investigator

- Complaint Investigations
- Nursing Practice Questions

Robin Patton - Management Assistant

- Assistant to the Associate Director for Practice
- Discipline Investigative Support
- Board Preparation for Discipline
- NURsys Data Entry

Sherrie Frederick - Receptionist

- Inquiries, Information and Referrals
- Licensure & Certification Applications
- Nursing Personnel Lists

Robert Buck, BSN, RN - Associate Director for Compliance

- Alternative Program for Impaired Nurses
- Complaint Investigations
- Probation Monitoring
- Disability Advisory Committee
- Nursing Practice Questions

Beth Teitelbaum, RN - Compliance Coordinator

- Probation Monitoring
- DAC Scheduling
- Probation Case Review

Eve Tidwell - Management Assistant

- Assistant to the Associate Director for Compliance
- Board Preparation for Compliance
- Yes Answer Processing
- Reinstatement Application Processing
- DAC Scheduling

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