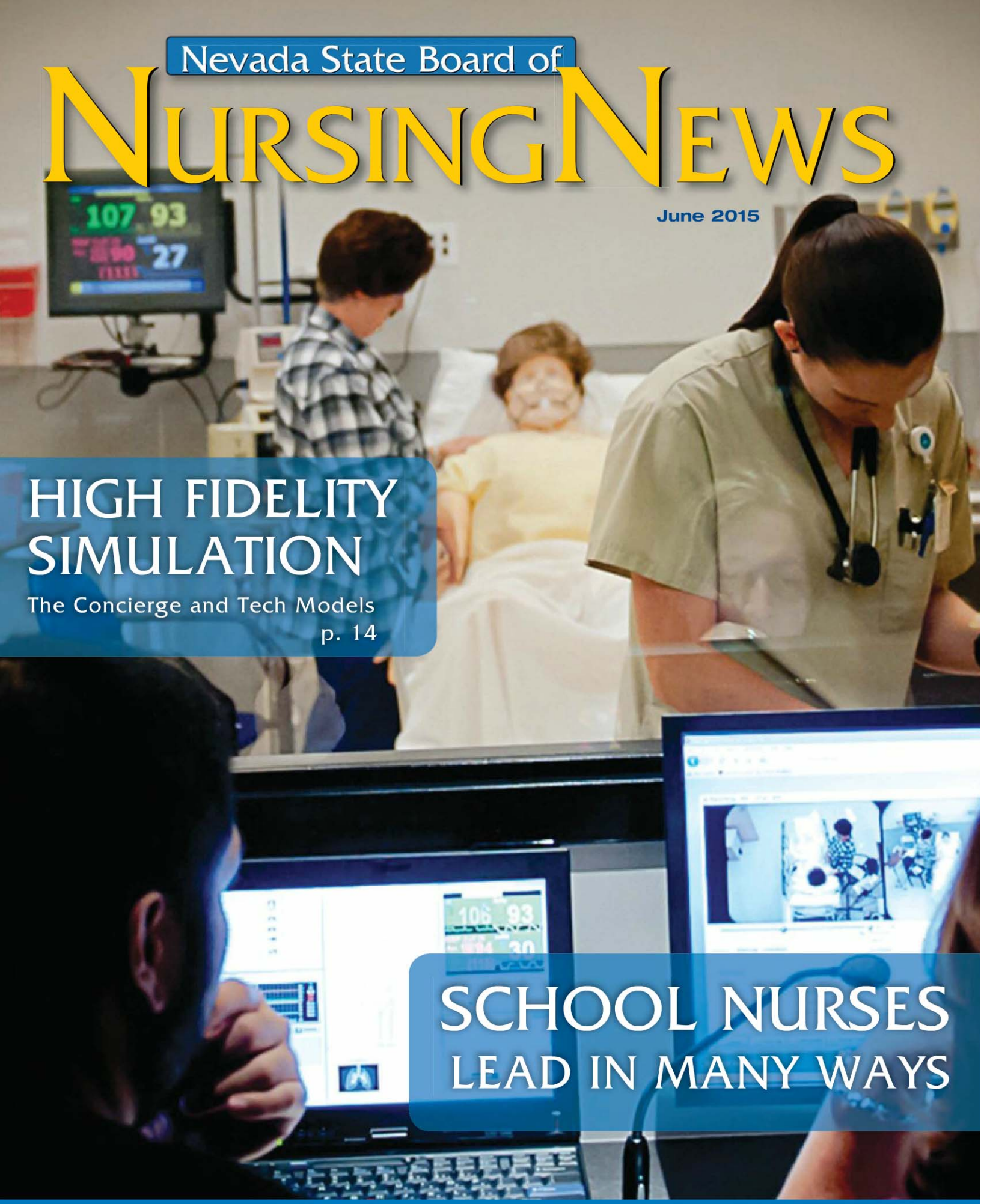
Nevada State Board of

NURSING NEWS

June 2015



HIGH FIDELITY SIMULATION

The Concierge and Tech Models

p. 14

SCHOOL NURSES LEAD IN MANY WAYS

Official Publication of the **Nevada State Board of Nursing**

Touro University Nevada
Doctor of Nursing Practice

ONLINE AND ON YOUR TERMS

The Touro University Nevada (TUN) Doctor of Nursing Practice (DNP) program enables students to earn a terminal doctoral degree in Leadership in Nursing Education with speed and efficiency. The flexible online format requires a firm commitment to meeting deadlines and interacting with other students. The rigorous curriculum helps prepare students to meet the educational requirements to sit for the Certified Nurse Educator (CNE) exam. There are multiple admission dates throughout the year so students can plan the best time to continue their education.

ABOUT THE PROGRAM

Graduates of this program will be equipped with the knowledge and skills to lead in an academic setting. Each course includes a component of the DNP scholarly project, giving students the opportunity to implement new ideas and concepts as they are studied.

The online program:

- ~ does not require campus residency
- ~ comprises a minimum of 33 semester credits
- ~ can be completed in as little as three trimesters (while taking only one course at a time)
- ~ offers competitive pricing at $500 per credit*
- ~ features three enrollment options: March, July, and November

**Based on 2013 - 2014 tuition rates*

YOUR APPLICATION PACKAGE SHOULD INCLUDE:

- ~ TUN admissions application
- ~ Non-refundable application fee of $50
- ~ Two- to three-page scholarly essay
- ~ Proof of active and unrestricted licensure as a Registered Nurse
- ~ Official transcripts from all undergraduate and graduate institutions attended

SUBMIT TO:

Touro University Nevada
ATTN: Office of Admissions DNP Program
874 American Pacific Drive
Henderson, NV 89014

LEARN MORE

For more information, visit
www.tun.touro.edu/DNP
or call **702-777-1750**

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, MSN, RN, FRE
Executive Director

Roseann Colosimo, PhD, MSN, RN
Education Consultant, Editor
888-590-6726
nursingboard@nsbn.state.nv.us

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

CONTACT

NEVADA STATE BOARD OF NURSING
5011 Meadowood Mall Way, Suite 300
Reno, NV 89502-6547
phone—888-590-6726
fax—775-687-7707
nursingboard@nsbn.state.nv.us

4220 S. Maryland Pkwy., Suite B-300
Las Vegas, NV 89119
phone—888-590-6726
fax—702-486-5803
nursingboard@nsbn.state.nv.us

WORLD WIDE WEB
nevadanursingboard.org

DISCIPLINARY AND LICENSURE/ CERTIFICATION ACTIONS can be found on the Board's website: nevadanursingboard.org

Address changed?

You may change your address by visiting our website and clicking the "Address Change" link.

Address change? Name change? Question?

In order to continue uninterrupted delivery of mail from the Board, please notify staff of any change to your name or address

Edition 47

pcipublishing.com

Created by Publishing Concepts, Inc.
David Brown, President • dbrown@pcipublishing.com
For Advertising info contact
Laura Wehner at 800.561.4686 ext.117
lwehner@pcipublishing.com
ThinkNurse.com

CONTENTS

WORDS

• FROM THE EXECUTIVE DIRECTOR

Debra Scott, MSN, RN, FRE

By the time this edition of the NSBN News is published, the 2015 Legislative Session will be over. So far, it appears that there will be new laws that will effect nurses and specifically for the NSBN there will be new laws for the regulation of nursing. We will have an article in the next issue outlining any new laws that will be important for our licensees and certificate holders to know about. Our website and our Facebook page will keep you updated on any new requirements for nurses and CNAs. Remember it is each licensee and certificate holders's responsibility to be informed of the laws regulating your practice, your profession, and your license/certificate so please stay up to date on future changes.

If you had a chance to read our last issue of NSBN News, you are now aware of some of the changes that have affected your Board of Nursing. We lost our president, Dr. Tish Smyer and continue to grieve her absence. We are thankful that the Governor has recently appointed a new Board member to the Board. Her name is Susan VanBeuge and she brings a wealth of experience and knowledge to her new role with the Board. We welcome her in this new challenge and appreciate her willingness to join the important work of the Board in protecting the public through the regulation of nursing. In October, we will lose our CNA member of the Board, Jenn Krupp, who has been of service to the Board for the last four years. Her keen understanding of the role of CNAs in Nevada has been invaluable to the workings of the Board. She brings a perspective that is only represented through the eyes of a CNA. Our Vice President, Jay Tan, has taken on the role of acting in the role of president since Dr. Smyer's passing. He has willingly taken on the additional responsibilities which is appreciated by both the other Board members and Board staff. He has been supportive when we have issues arise that need input and direction from Board leadership. He has been unwavering in his commitment to the mission of the Board. All of the Board members have been willing to go the extra mile to meet the challenge of nursing regulation even in the wake of change.

Board staff have been instrumental in maintaining the integrity of every process we have in place to do the work of the Board. Our Investigative Team has taken on challenges to ensure that complaint investigations are timely addressed and completed in a minimum number of days while ensuring that each complaint has a thorough investigation. Our Operations staff have begun addressing an outdated database by exploring options to allow online initial application and streamlining paper processing. More information will be forthcoming as new technology is implemented. We have invested resources in gathering new data that will allow us to better identify outcomes and increase efficiency in our processes. Our licensure and certification staff are processing applications in approximately 2.7 days so that licenses are being issued with expediency and accuracy. New education programs for both nurses and CNAs are being reviewed, surveyed, and approved through the process set out in statute and regulation. Our education staff have provided support to education programs in the form of workshops, presentations, and clinical scheduling programs. And, again, your Board is providing excellent nursing regulation while keeping fees at the same level as they have been for more than 20 years.

Even in the face of change and growth, our Board members and staff have remained committed to excellence in nursing regulation. I am inspired every day by each of our Board members and each of my staff in the diligence and integrity that mark their daily loyalty to the mission of protecting the public. Our work demands a daily recommitment to doing the right thing even in the face of difficult decisions and a growing angst when we are faced with the realities of what we encounter on a day to day basis. I am so proud of each one of our Board members and staff and truly appreciate their being part of our important work.

I wanted to share this information with you this month so that you might understand that the work we do is very much like the work that nurses do in practice settings throughout the state. We have some of the same challenges, some of the same rewards, some of the same frustrations that each of you have as you go about doing the good work that you do as nurses and CNAs. We are inspired by those we serve just as each of you are inspired by those you serve. We rejoice with those who find the strength to make important changes in their practice after faultering in the past. We agonize with those who can't make the necessary changes to safely practice in an everchanging health care delivery system.

Thank you for possibly understanding that we are working with you to create a safe nursing workforce.

MESSAGE

FROM THE THE PRESIDENT

Dr. Rhigel 'Jay' Tan, DNP, RN, APRN

Personalized Medicine, Individualized Care and the Culture of Safe Nursing Across Time

Nursing evolved from what was a mere calling and a vocation to a vast scientific body of knowledge that promotes the art and science of caring. From the intuitive era of nursing during the medieval periods where primitive men believed that illnesses were caused by supra-natural spirits invading the body to the scientific body of evidences and research available now, nursing has stood strong as a profession based on passionate compassion to serve individuals in need.

In the middle ages, care was rendered without formal education but merely through experiences mostly performed by some religious sect. The vocation of nursing saw its decline in morale when nursing was performed by mostly what society viewed as undesirables such as prostitutes and prisoners. Yet the concept of care and caring for the needy stood fast and saw the dawn of what was called the Nightingale's era during the 19th – 20th century. It was during this time that nursing evolved and became a scientific based profession. During Florence Nightingale's era, nursing remained unchanged in the aspect of compassion, care and the passion to help others, but the scientific inquiry flourished and a body of knowledge as well as formal training emerged. This was just the beginning of the culture of safety. In the 20th century, the culture of safety in nursing continued to flourish. The contemporary period of nursing, brought licensure of nurses, and specialization and nursing diagnosis emerged. Formal education of nurses continued to expand with the baccalaureate and advanced nursing degrees.

Today amidst the advances in educational programs and wide expansion of nursing responsibilities, safety is still a priority, it is still the core reason why advancement of nursing as a profession is necessary, may it be in academia or practice thus regulatory bodies are tasked to oversee that public safety is secured.

Technology and laboratory advances are propelling the concept of personalized medicine as the most promising addendum to the culture of safety in medical and nursing clinical practice. Nurses in all professional roles, from a staff nurse to advanced practice registered nurse slowly are being introduced to the benefit and advantages of genetic and genomics. These fields of clinical practice are so impactful in the culture of safe nursing practice as genetic and genomic knowledge promotes patient centered care. With the advent of pharmacogenomics, a provider can now predict how the patient will react to certain medications; will the body know how to use and attain the intended medical benefits and therapeutic effects or will the patient only develop side effects as the genes dictate? Knowing pharmacogenomics is another tool to help the nurse provide individual health teaching and guidance as a benefit of this modern science and discoveries.

Indeed nursing has evolved over time, it has also stood the test and challenges of time from antiquity to what it is in present day. But one thing stands as its core concept: SAFE NURSING CARE. Nursing is a profession that is eclectic and grows with modern technologies and discoveries, yet it still maintains its ageless goal to serve and care for each patient with utmost passion to bring safety to each individual that comes under the care of a professional nurse.

Have you allowed yourself to grow with the profession and hold safety in nursing practice your priority? If you have, then you are a noble professional NURSE!

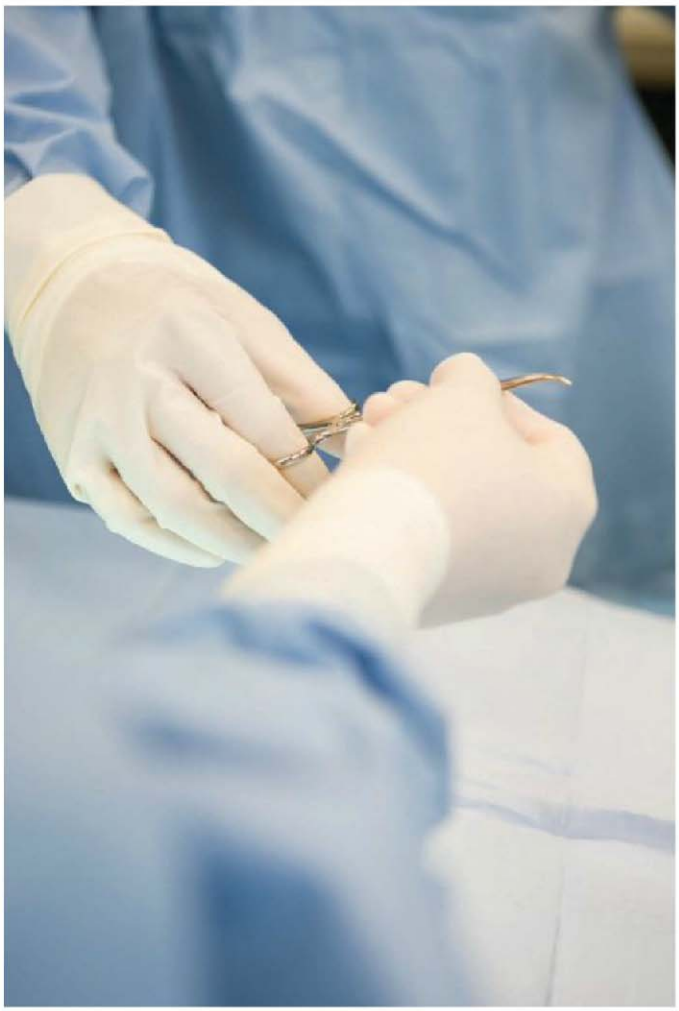
PERIOPERATIVE NURSING in the Desert Southwest

by Ren Scott, MSN/Ed, RN, CNOR

Perioperative nursing is a unique specialty that provides nurses with the opportunity to work as a member of the surgical team, while directing patient care activities throughout the perioperative continuum. Despite an increase in the demand for experienced perioperative nurses in ambulatory surgery centers and hospitals, the once-familiar clinical rotations in operatingrooms have virtually been eliminated from nursing programs across the country. This decrease in exposure to this complex micro-world in nursing, in an effort to streamline nursing education programs, has inadvertently resulted in one of the largest specialty nursing shortages within our profession.

Many nursing students have no idea as to exactly 'what' perioperative nurses actually 'do' in the operating room. Perioperative nurses work on the front line caring for patients undergoing operative and other invasive procedures. They collaborate with patients, families, and members of the surgical team in hospitals, day-surgery (ambulatory surgery) units, clinics, and physicians' offices. They focus on planning, implementing, and evaluating care of the surgical patient. In the operating room (OR), the perioperative nurse may perform various roles, including scrub nurse (selecting and handling instruments and supplies used in operations), circulating nurse (managing overall nursing care in the OR), or RN first assistant (actively assisting the surgeon). A perioperative nurse also may work as an OR director, educator, or advanced practice nurse (American Nurse Today, 2008).

Perioperative nursing offers much in the way of technological advances, such as robotic systems and increasing use of laser applications (Holmium, Nd-YAG, and CO2) as a surgical intervention, particularly for



surgical sites that have difficult access, delicate access, very vascular areas, and in-situ tumor surgery, where there may be multiple affected areas or ill-defined tissue invasion. Cutting edge procedures and equipment often require perioperative nurses to attend extensive training encompassing instrumentation, equipment, and recognition of potential hazards to ensure patient and staff safety.

Continued on page 8

Perioperative nursing also offers work in a variety of settings from hospital-based or physician-owned surgery centers to acute care hospitals, to trauma centers, the choices in locale and specialty facilities, such as orthopedic, gynecology, eye, and plastic surgery, are endless. These locations offer patients a full complement of services in one convenient location--consults, patient education, case management, access to clinical research trials and a wide array of physicians and surgeons to meet their individualized needs.

According to the May 2014 State Occupational Employment and Wage estimates for Registered Nurses, Nevada's median hourly wage was $38.11, mean hourly wage was $38.58 and the mean annual wage was $80,240 with the Las Vegas metropolitan area's hourly median wage at $39.51, mean hourly wage at $39.82, and the mean salary at $82,830. Carson City and Reno's wages are fairly comparable; however, nurses working in non-metropolitan areas in eastern Nevada earn significantly more than nurses working in non-metropolitan areas in western Nevada, Perioperative nurses usually make a slightly higher wage regardless of geographical area due to specialty pay, such as critical care differentials.

Due to current economic trends, hospitals in Nevada are focusing on cost-effectiveness related to the supply chain, improving technology, and efficient use of personnel. Many facilities, while re-investing educationally in both full-time and per diem staff, are reluctant to offer employment to new graduate nurses, as orientation and preceptorship are significant expenses. However, the most difficult aspect of entering into a career in perioperative nursing is that few hospitals or schools of nursing offer didactic education programs coupled with clinical experiences to develop future perioperative nurses. While some hospitals are utilizing the Association of periOperative Registered Nurses' (AORN) program, Periop 101: A Core Curriculum™, other facilities have designed 'homegrown' programs to address the departure of the Baby Boomers, as they embark on retirement.

Two key elements must be implemented in order to increase our ranks before the departure of the Baby Boomers decreases perioperative staffing to numbers that may endanger patient safety and negatively impact patient outcomes; schools of nursing must include a clinical rotation in the operating room of one to three days and hospitals must initiate perioperative programs to educate the next generation of nurses. Programs must be rigorous, adhere to evidence-based AORN's Guidelines for Perioperative Practice (previously AORN's Perioperative Standards and Recommended Practices), and incorporate intensive clinical training coupled with training on common surgical equipment. At no other time in the history of perioperative nursing has there been so many ground-breaking changes in surgical modalities, methods, and equipment. As surgical care evolves, so does the role of the perioperative nurse, who in addition to provision of nursing care, has also become an electronics expert and a mechanical troubleshooter, due to the increase in specialty equipment.

One of the most interesting aspects of practicing perioperative nursing in the desert Southwest is patient diversity. Our population is not only diverse, but transient, as the majority of our patients are originally from other areas of the country or the world. Nevada has a large population of Native Americans, as well as populations from other countries such as India, the Philippines, and East Africa. Each patient brings a unique perspective to our practice, encouraging us to expand our horizons and incorporate cultural, ethnic, and spiritual diversity into the perioperative plan of care.

Beyond the opportunities for practicing perioperative nursing in the Southwest, the beautiful weather and region's myriad of leisure activities are also a draw for RNs, with mountains, lakes, and desert landscapes within a 50 mile radius. Hiking, biking, swimming, boating, camping, and along with theater, fine dining, legalized gambling, major sporting events, ballet, concerts, art galleries, museums and world-class entertainment are all within an hour's drive.

References

American Nurse Today (2008). Perioperative nurses: Keeping surgical patients safe. Issue August, Vol.3, Num 8.

AORN (2015). Periop 101: The essential perioperative nursing program. Retrieved March 29, 2015 from the World Wide Web at http://www.aorn.org/Periop101/

May 2014 State Occupational Employment and Wage Estimates-Nevada.. (May 2014). 29-1141 Registered Nurses. Retrieved March 29, 2015 from the World Wide Web at http://www.bls.gov/oes/current/oes_nv.htm#29-0000

Publisher's Note:

Please Accept Our Apology.

In preparing a revision to Northern Nevada Medical Center's ad in the June, 2015 issue of the Nursing News we mistakenly added a sentence offering a $10,000 sign-on/relocation bonus. In the rush to publication deadline the error was overlooked. The bonus, and the offer, was not intended or authorized by Northern Nevada Medical Center and is a mistake for which we must take full responsibility.

We sincerely regret any inconvenience or misunderstanding our error may have caused either the readers or Northern Nevada Medical Center.

PRACTICE

Malpractice and Liability in Practice

By Susan S. VanBeuge, DNP, APRN, FNP-BC, CNE, FAANP

During the 2011 legislative session, Assembly Bill 170 was passed and signed by Governor Sandoval into law with four key changes: 1) replacing the term "advanced practitioner of nursing" with "advanced practice registered nurse"; 2) full practice authority after 2 years of 2,000 hours of practice (schedule II collaboration only); 3) maintain a policy of professional liability insurance in accordance with regulations adopted by the Board; and 4) making "certificate of recognition" a "license" to practice as an advanced practice nurse (Nevada Revised Statute 632, Chapter 383, AB 170).

Professional liability is a responsibility and legal mandate of all providers and advanced practice registered nurses (APRN) should consider this as they set up practice. Professional liability insurance is commonly called medical malpractice insurance and covers a healthcare professional for errors arising from their practice. Policies generally pay for defense costs and cover claims for error or neglect, even if the claims are false or groundless (Texas Department of Insurance, 2015).

According to the Nurse Practitioner 2012 Liability Update published by partners CNA and Nurses Service Organization (NSO), their report was an examination of nurse practitioner claims between January 2007 and December 2011 to identify liability patterns and trends. This was undertaken so that nurse practitioners could better understand risks and challenges they may encounter on a regular basis so they may modify or enhance practice safety while minimizing liability exposure (CNA/NSO, 2012).

In this report, the most common allegation claim categories included diagnosis (43.0%), treatment and care management (29.5%), and medication prescribing (16.5%). Other categories included equipment, abuse/patients' rights/professional conduct, monitoring, assessment, communication and scope of practice which combined were 11% of claims. In the category of diagnosis, it is further broken down into two sub-sections: failure to diagnose and delay in establishing diagnosis (CNA/NSO, 2012).

According to the National Practitioner DataBank (NPDB), 2015, statistical data during the period from 2003-2013, there were over 587,000 claims for all health care practitioners in the United States. This number is broken down into three key areas: medical malpractice payment, adverse action, and reinstatement restore. This data includes physicians, all nursing professionals, therapeutics (clinical social worker, psychologist, therapists and counselors), dental, chiropractor, optometrist, pharmacist, physician assistant, podiatrist, and others.

In Nevada, APRNs reported to the National Practitioner DataBank during the 2003-2013 period were a total of 20. Of these, 16 resulted in medication malpractice payment, 3 in adverse action and 1 reinstatement/restore.

When planning for practice, APRNs should perform self-assessment regularly to evaluate their risk for exposure in practice. CNA and NSO have a Risk Control Self-Assessment Checklist for Nurse Practitioners (www.nso.com, 2012) to take inventory of their practice habits, scope of practice, assessment, diagnosis, prescribing, treatment and care, and other areas of practice. This allows for reflection on practice

and also provides a one-page summary on claim tips if the APRN believes they may be involved in a legal matter related to practice.

Advanced practice registered nurses have a legal obligation to carry malpractice insurance coverage in Nevada. Self-assessment risk control is one way to maintain a health practice to reduce risk.

References:

CNA/Nurses Service Organization (NSO), 2012. Nurse Practitioner 2012 Liability Update: A Three-part Approach. Downloaded May 5, 2015 at https://www.nso.com/pdfs/db/NP_Claims_Study_2012.pdf?fileName=NP_Claims_Study_2012.pdf&folder=pdfs/db&isLiveStr=Y

CNA/Nurses Service Organization (NSO), 2012. Risk Control Self-Assessment Checklist for Nurse Practitioners. Downloaded May 5, 2015 at https://www.nso.com/pdfs/db/NP_RM_Checklist_2012.pdf?fileName=NP_RM_Checklist_2012.pdf&folder=pdfs/db&isLiveStr=Y

Nevada Revised Statute, NRS Chapter 632, Chapter 383. Downloaded May 5, 2015 at https://www.leg.state.nv.us/Statutes/77th2013/Stats201313.html#CHz383_zABz170

Texas Department of Insurance, 2015. Downloaded May 5, 2015 at http://www.tdi.texas.gov/commercial/pcmedmal.html

The DataBank National Practitioner, U.S. Department of Health and Human Services, Health Resources and Services Administration. Downloaded May 13, 2015 at http://www.npdb.hrsa.gov/resources/npdbstats/npdbStatistics.jsp#contentTop

PATIENT ABANDONMENT

By Cathy Dinauer, MSN RN, Associate Director Nursing Practice

All Nevada State Board of Nursing licensees and certificate holders, regardless of their practice setting or position, must adhere to the Nevada Nurse Practice Act. The Nevada State Board of Nursing (NSBN) is often asked to field questions from both nurses and employers regarding the definition of abandonment. Examples of such questions include, "What happens if a nurse calls in sick and there is no replacement for her?" and "What if a nurse comes to work and refuses his/her assignment?"

When most of us entered the nursing profession, we took an oath to protect the public. The current healthcare landscape may put nurses at odds with that oath. Are nurses obligated to care for each patient assigned to them, and if not, does that constitute abandonment? Patient abandonment is defined as "the premature termination of the professional treatment relationship by the health care provider without adequate notice or the patient's consent" (Taber's, 2005). The nurse-patient relationship begins when the nurse accepts responsibility for the patient by providing nursing care based on patient needs. That relationship ends when the nurse transfers that care to another nurse.

"Patient abandonment results when the nurse-patient relationship is terminated and reasonable arrangements for the continuum of care have not been established by the nurse."

Patient abandonment is defined in Nevada Administrative Code 632.895 (6) which states: An act of patient abandonment occurs if:

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

Patient abandonment results when the nurse-patient relationship is terminated and reasonable arrangements for the continuum of care have not been established by the nurse. Factors that affect patient abandonment include:

1. Did the nurse accept a patient care assignment?

2. Did the nurse provide notice of terminating the nurse patient relationship in a reasonable timeframe?
3. Were there other arrangements that could have been made?
4. Was the patient placed in undue harm?

The NSBN collects data regarding all investigative/disciplinary complaints. In FY 2013/2014, the NSBN investigated six RN/LPNs and one CNA for patient abandonment; four complaints were closed and one nurse was disciplined. In FY 2014/2015, six RN/LPNs and four CNAs are being investigated for allegations of patient abandonment.

Remember that in order to have an act of abandonment, the nurse must have first accepted an assignment, must have departed the site of the assignment without ensuring the patient was cared for and as a result of the departure, the patient was in actual or potential harm.

Abandonment does not occur according to the Nevada Nurse Practice Act if the nurse has yet to accept an assignment. We often hear nurses say that they are afraid of being accused of patient abandonment for refusing a work assignment. Unless the above-mentioned criteria are evident, abandonment has not occurred.

The American Nurses Association (ANA) defined in their 2009 position statement regarding patient safety and the rights of registered nurses when considering a patient assignment that registered nurses have rights when considering an unsafe patient assignment from an employer. The ANA also states that registered nurses have the professional duty to accept or reject a patient assignment that may put either themselves or their patient at risk for harm.

To avoid a complaint against your license or certificate regarding abandonment, familiarize yourself with the criteria that constitutes patient abandonment in Nevada. If in doubt, check our website at www.nevadanursingboard.org or call the Nevada State Board of Nursing at (888)590-6726.

References

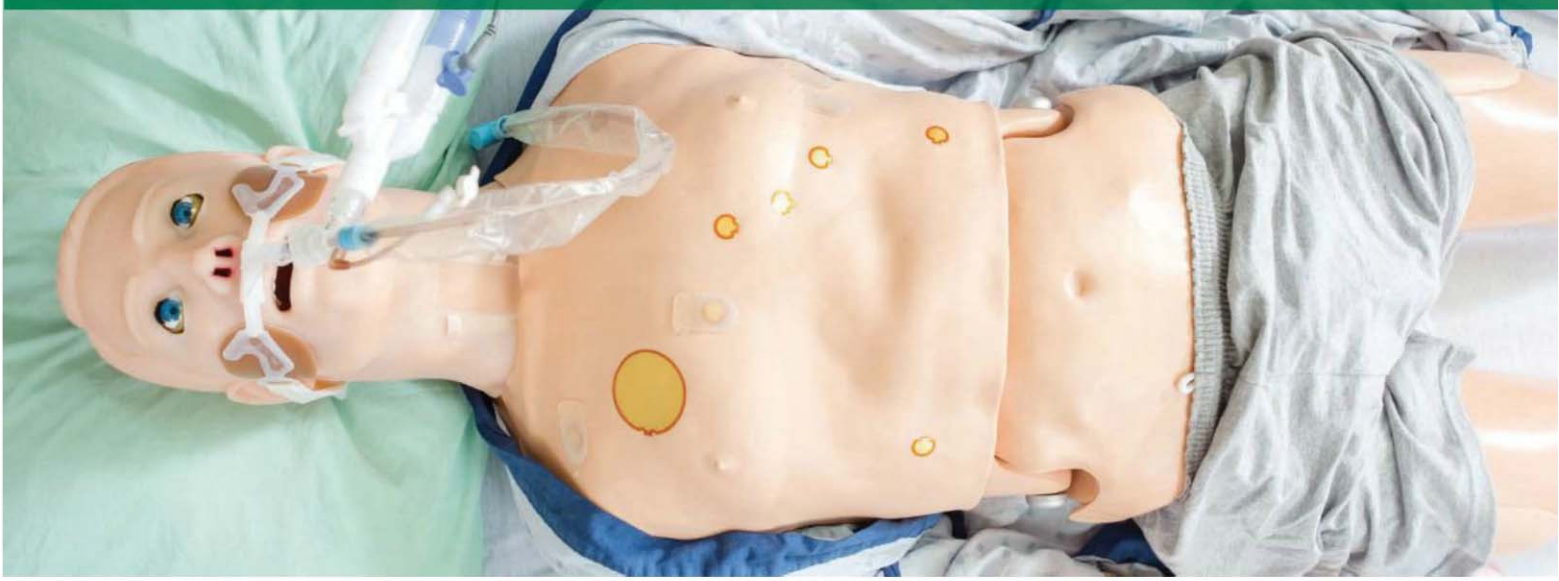
American Nurses Association (2009). Patient Safety: Rights of Registered Nurses When Considering a Patient Assignment. American Nurses Association

Taber's Cyclopedic Medical Dictionary (2005). F.A. Davis. Philadelphia.

HIGH FIDELITY SIMULATION

The Concierge and Tech Models

By Sherrilyn Coffman, PhD, RN; Ludy SM. Llasus PhD, MSN NP-c and Jessica Doolen, PhD, FNP-C, CNE



Simulation learning has become common in nursing education, and is credited with enhancing students' critical thinking and clinical reasoning skills. In high fidelity simulation, patients take the form of manikins with breath sounds, bowel sounds, pupil constriction and other biological functions, wounds, as well as the ability to absorb IV fluids and even give birth. Add an actor in the role of an anxious family member, and high fidelity simulation scenarios mimic reality in challenging and meaningful ways. A special advantage of simulation learning is the creation of a safe learning environment, in which students can encounter new situations and practice new approaches without hurting the patient.

Simulation scenarios are written by faculty to correspond with clinical information presented in theory and skills lab classes. As students progress in the nursing program, scenarios become more complex and challenging, and focus on special developmental issues encountered in pediatric, maternity and geriatric courses. To provide nursing students with a consistent learning experience, some simulation centers hire faculty, technicians, and support staff dedicated to the simulation program (Nehring & Lashley, 2010). Learners make appointments directly with the simulation center. However, not all nursing programs have a learning resource or simulation center. Smaller nursing programs with limited resources may have one or two simulation rooms with faculty members conducting simulations for their own clinical courses. Whether a nursing program employs simulation learning in a state-of-the-art simulation center or in one room with one faculty member, consistency in the process is important. Nurse educators who use simulation are interested in models that provide a uniform method of implementing each teaching scenario.

The Tech Model versus Concierge Model of Simulation

In the tech model, nurse educators are trained in simulation methodology, to write scenarios and be content experts, to function as both a facilitator and debriefer, and to work with the simulation technician (Medical Simulation Design, 2012). Typically each clinical instructor accompanies students to the lab for the simulation session. An advantage of the tech model is that students and clinical faculty can more readily apply simulation learning in the clinical setting. A disadvantage is that instructors have different levels of training, knowledge and skill in facilitating and debriefing. This can lead to inconsistency in the simulation experience among different clinical groups.

Continued on page 16

UNIVERSITY OF NEVADA, RENO

Orvis School of Nursing

www.unr.edu/nursing

- B.S. in Nursing
- RN to BSN
- M.S. in Nursing
  - Clinical Nurse Leader
  - Nurse Educator
  - Adult Gerontology Acute Care Nurse Practitioner
  - Family Nurse Practitioner
  - Psychiatric Mental Health Nurse Practitioner (Opening Fall 2015)
- DNP (Doctor of Nursing Practice)

University of Nevada, Reno
Statewide • Worldwide

The concierge model is comprised of a core team of trained simulation experts who implement high fidelity simulation (Medical Simulation Design, 2012). The simulation faculty member is called a "concierge" because of his or her special training and understanding of how simulation can increase learning. By common definition, a concierge is an individual who provides special services and is knowledgeable. Concierges are part-time or full-time educators trained to facilitate high fidelity simulation and to guide debriefing sessions. The goal of the concierge model is to reduce inconsistencies in the simulation experience so that students successfully complete the intended learning outcomes.

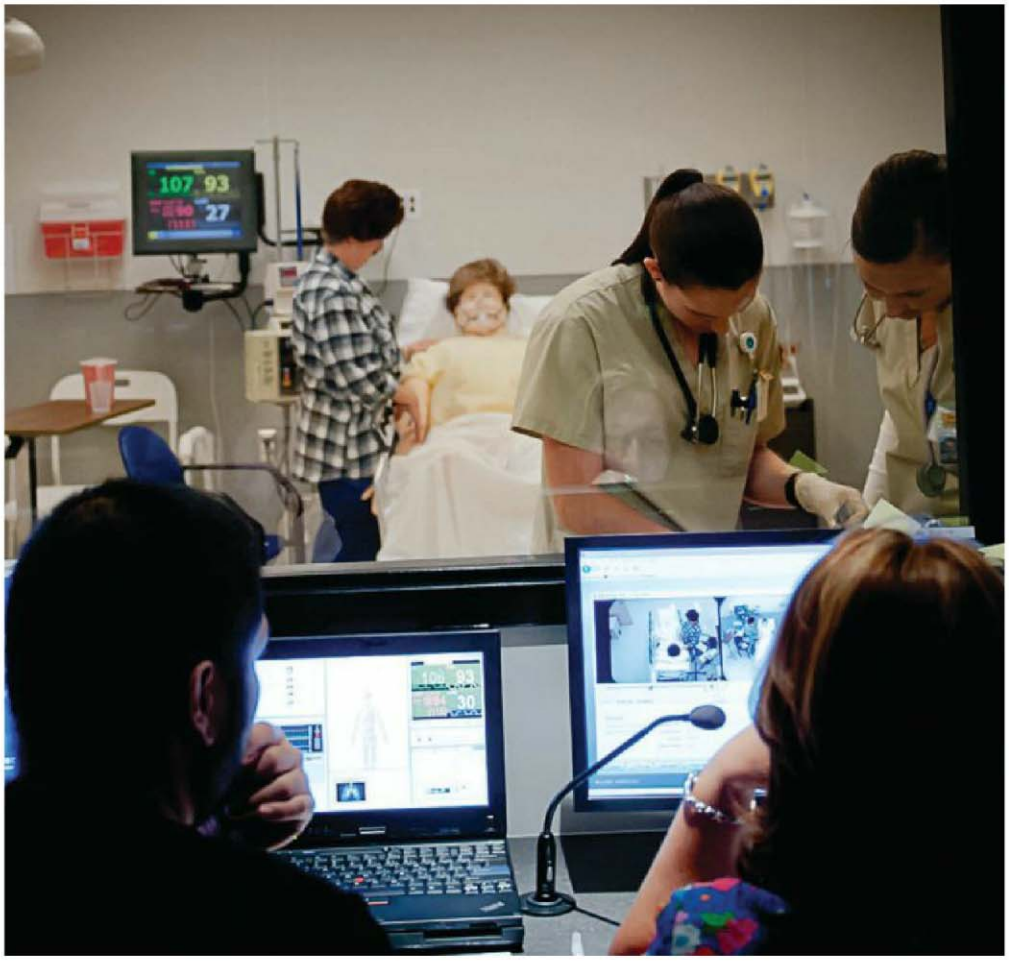
The faculty role in debriefing is a key difference between the tech model and the concierge model. In the tech model, the clinical instructor functions as both debriefer and clinical expert in the debriefing session. In the concierge model, the concierge facilitates the debriefing and functions as a clinical expert only if the focus of the scenario is within his or her area of expertise. For example, in a pediatric scenario, a concierge whose background is medical-surgical nursing would facilitate discussion during the debriefing but would be joined by the pediatric faculty, who would serve as a clinical expert.

Whichever model is used for a simulation program, it is important to have facilitators who are knowledgeable and educated in simulation methodology, can coordinate productively with the simulation technicians, and are able to facilitate a quality learning simulation experience for nursing students.

References

Medical Simulation Design. (2012). Closing the performance gap with immersive patient care management simulation. San Pedro, CA: Performance Gap Solutions.

Nehring, W. M. & Lashley, F. R. (2010). High-fidelity patient simulation in nursing education. Boston, MA: Jones and Bartlett Publishing.



BOARD TALK

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 website and at community sites.

• 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, just check the meeting agenda for the date and time it will be held. Usually, the Board president opens and closes each day of each meeting by inviting Public Comment. Time is divided equally among those who wish to speak.

For more detailed information regarding the Public Comment period, please call the Board.

• WE'LL COME TALK TO YOU

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

BOARD MEETING DATES

July 22-24, 2015	Zephyr Cove
September 16-18, 2015	Las Vegas
November 4-6, 2015	Reno

YOU'RE IN GOOD COMPANY!

Active Nevada licenses/certificates on May 12, 2015

RN • 30,644 **LPN** • 3,450 **CNA** • 8,377 **APRN** • 1,158

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 website and at community sites. If you are interested in applying for a committee appointment to fill an upcoming opening, please visit the Board's website or call the Board 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.

Advanced Practice Registered Nurse Advisory Committee (none)
August 4, 2015
November 3, 2015

Certified Nursing Assistant Advisory/ Medication Aide-Certified Committee (two)*
July 7, 2015
October 1, 2015
*One MA-C and one RN member which must be in long term care.

Disability Advisory Committee (none)
October 16, 2015

Education Advisory Committee (none)
August 20, 2015
October 15, 2015

Nursing Practice Advisory Committee (none)
June 23, 2015
August 25, 2015
October 6, 2015
December 8, 2015

MOVING?

Now you can change your address online!

The law requires you to inform the Board when you change addresses

You're required by law to inform the Board, in writing, of any address change, including a zip code change. The easiest and fastest way for you to make your address change is to go to the Board's website and click on the Address Change link. You may also send an email to nursingboard@nsbn.state.nv.us, call the Board and request an address change form, or mail a signed letter to the Las Vegas office. Remember to include your name, license or certificate type and number, former address, current address, social security number, date of birth, and email address.

SCHOOL NURSES

lead in many ways

By Roseann Colosimo, PhD, MSN, RN

I think many people even nurses believe that School Nurses sit in an office and distribute band aids and wait for parents to pick up sick children. The purpose of this article is to give you a glimpse into the many complex and diverse nursing projects of School Nurses with two examples.

Lynn Row is the Director of Health Services for Clark County School District, which is the fifth largest District in the United States. There are 321,000 students with 357 schools. 1.8 million children visit the health offices in the 2013-2014 school year. The trend for health office visits will most likely exceed this number this school year. 23,000 g-tube feedings were done, 250,000 medications were administered and 95,915 diabetic needs administered by school nursing. All of this is accomplished by 184 BSN School Nurses, 19 procedure nurses and 25 support staff. Clark County geographically includes many rural sites like Laughlin, Mesquite and Sandy Valley. The funding ratio is 1 nurse per 1850 students. There are 39 medically fragile students who have a nurse with them the whole day including riding the bus with the student. Medical advances have meant that many near drowning students who survive now go to school. There are 39 students with a tracheotomy and 3 students on ventilators with 11 homebound students with a tracheotomy.

Recently in the official journal for School Nurses, Nevada School Nurses were recognized in an article for their implementation of the Nevada regulation that authorized a standing order for administration of stock epinephrine

Lynn Row, Director of Health Services, Clark County School District

Marianne Garvey, School Nurse, Dayton High School and Adrina Cohen, Chief School Nurse, Lyon County School District

Continued on page 18

via auto injector to students experiencing a potentially life threatening allergy during the school day. In addition to all of the above duties, creating a district wide training and implementation plan for the legislative regulation were done. Simply the storage of stock epinephrine is difficult in the Nevada desert where summer temperatures are 115. The data shows that 6 elementary students and 14 middle and high school students were administered epinephrine injection. The school districts already store 1,424 epinephrine pens provided by parents for identified students at risk.

Linda Skroch, School Nurse, Yerington High School

CCSD works with numerous medical consultants to assist in providing a comprehensive health program. For example, Dr. Nelson is the medical advisor, reviewing and consulting on school health policies and procedures. Dr. Vince Thomas from Children's Heart Center helped research and revise training drills and policies for the AED program, reducing the response time for AED drills to less than a 4 minute response time and policies related to Regulation 5156, which is the regulation for AEDs on High School campuses.

Adrina Cohen is Chief School Nurse for Lyon County School District; she is the nurse at her elementary school where she works with diabetic children to learn to calculate their carbohydrates and mange their insulin pumps and is in charge of all the school nurses in the district. Lyon County is a rural school district with a very large area and 8,200 students. For many students in rural areas of Nevada the only healthcare professional that they have access to is the school nurse.

Five years ago she and Marianne Garvey the School Nurse from Dayton High School were inspired by the move toward more Career Technical Education to start a nursing assistant training program at Dayton High School. This was the first of four programs for Lyon County that would be approved. The high school students who take the program must be mature as the clinical will require basic nursing care of vulnerable patients in chronic care environments. This program has provided many students with employment as a CNA after passing the certification exam. The program also gives students a window on the healthcare professions which they can decide to pursue or not. Marianne Garvey is a very creative teacher who has received fantastic reviews from students for her creativity in presentation of even anatomy and physiology.

Linda Skroch is the School Nurse for Yerington High School. Her nursing assistant training program has been very well received by students in the farming and ranching community who appreciate opportunities for employment. Linda also has many creative health posters to help students learn and shares her ideas with other instructors in the district.

These nurses have achieved many positives for many students by offering the nursing assistant training program. Generally improving the health IQ of the student and their family members. Helping students develop really good communication skills and nursing care skills. Helping some students have access to employment to help themselves and their families. Start some students on a career path to become an RN.

Nevada nurses need to be extremely proud of our School Nurses for the depth of knowledge and implementation of nursing care through direct care and health promotion.

Have a question? Give us a call.

Nevada State Board of NURSING NEWS

ADMINISTRATION

5011 Meadowood Mall Way, Suite 300, Reno, NV 89502, 888-590-6726
nursingboard@nsbn.state.nv.us

Debra Scott, MSN, RN, FRE
Executive Director
- Statewide Liaison and Spokesperson
- Organizational and Public Management
- Fiscal and Human Resource Management
- Legislative and Governmental Relations
- APRN Advisory Committee Chair

Chris Sansom, MSN, RN, *Director of Operations*
- Program Management
- CNA Advisory Committee Chair

Fred Olmstead, JD, *General Counsel*
- Legal Counsel

Dean Estes, CPM, *Director of Finance/Technology*
- Budget, Accounting and Payroll
- Technology Support
- Programming
- Website

Roseann Colosimo, PhD, MSN, RN, *Education Consultant*
- Nursing Education Programs
- CNA Training Programs
- Continuing Education Programs
- Education Advisory Committee Chair
- Advanced Practice and International Graduate Document Analysis

Cathy Dinauer, MSN, RN, *Associate Director for Nursing Practice*
- Case Review, Investigation and Settlement
- Oversight for application review/compliance
- Nursing Practice Advisory Committee Chair

Patty Shutt, LPN, *Site Operations Supervisor*
- Las Vegas Site Supervision
- Advanced Practice Certificate Processing

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

SUPPORT STAFF

Jeannette Calderon, *Management Assistant*
- Assistant to the Education Consultant
- Education Advisory Committee Scheduling
- APRN Audits
- Continuing Education Providers
- Continuing Education Audits

Juan Barajas, *Management Assistant*
- Assistant to the Application Coordinator
- Discipline Investigative Support
- Yes Answer and Fradulent Application Processing
- Endorsement Forms
- Board Meeting Preparation
- Nursys Data Entry

Rhoda Cope, *Management Assistant*
- Assistant to the Director of Finance/Technology
- Online Renewals
- Personnel List
- Fingerprinting Inquiries

Christie Daliposon, *Management Assistant*
- Assistant to the Director of Operations
- Discipline Investigative Support
- Compliance Support
- Board Meeting Preparation
- Professional Evaluation Group Scheduling
- Nursys Data Entry

Taylor Loveland, *Management Assistant*
- Assistant to Compliance Coordinator
- Board Meeting Preparation
- Professional Evaluation Group Scheduling
- Nursys Data Entry

Hillary Murphy, *Management Assistant*
- Assistant to General Counsel
- Assistant to the Associate Director for Nursing Practice
- Discipline Investigative Support
- Board Meeting Preparation

PROGRAM STAFF

5011 Meadowood Mall Way, Suite 300, Reno, NV 89502, 888-590-6726
4220 S. Maryland Pkwy., Suite B-300 Las Vegas, NV 89119, 888-590-6726
nursingboard@nsbn.state.nv.us

Investigations and Monitoring

Teresa Cartmill, BSN, RN, *Investigator*
- Complaint Investigations
- Nursing Practice Questions

C. Ryan Mann, BSN, RN, *Application Coordinator*
- Application Review
- Fraudulent Application Screening

Cindy Peterson, RN, CLNC, CHCQM, *Investigator*
- Complaint Investigations
- Nursing Practice Questions

Aften Hand, BSN, RN, *Investigator*
- Complaint Investigations
- Nursing Practice Questions

Sherri Twedt, RN, CLNC, *Compliance Coordinator*
- Disability Advisory Committee Chair
- Professional Evaluation Group Scheduling
- Probation and Alternative Program Monitoring
- Reinstatement Applications

Licensure/Certification

Ariadna Ramos, *Program Assistant*
- Endorsement Applications
- Licensure Eligibility Questions
- Spanish-speaking Services for Consumers
- Program Support of Licensure and Certification

Patty Towler, *Senior Certification Specialist*
- CNA Registry Maintenance
- CNA Certification and Renewals
- Certification Audits (CNA, CRNA)

Sandy Webb, *Program Assistant*
- Licensure Eligibility Questions
- Examination Application
- International Nurse Graduates and Licensure Issues
- RN/LPN CEU Audits

Support

Jill Caldwell
Ariel Gamble
Lacy Reynolds
Anthony Sipes
-Receptionists
- Renewal Applications
- Program Support
- Inquiries, Information and Referrals
- Licensure and Certification Applications

BOARD MEMBERS

Rhigel Tan, DNP, APRN, RN
President
Term expires 10/31/15

Deena McKenzie, MSN, RN, CNML
Secretary
Term Expires 10/31/16

Jennifer Krupp, MPH, MBA, CNA
CNA member
Term expires 10/31/15

Susan VanBeuge, DNP, APRN, FNP-BC, CNE, FAANP
RN member
Term expires 10/31/2016

Mary-Ann Brown, MSN, RN
Vice President
Term expires 10/31/16

Rick Carrauthers, LPN
LPN Member
Term expires 10/31/17

Sandra Halley
Consumer Member
Term expires 10/31/2017

MEET THE STAFF

Anthony Sipes

As a receptionist for the Las Vegas Board of Nursing Office site, Anthony answers phone calls, does fingerprints, and takes care of renewals and nurses inquiring in the Las Vegas office. Anthony began working for the Board in December 2013. Prior to becoming a part of the Board, Anthony worked at a local family fun center and would do a little bit of everything, from cooking to hosting parties for kids, he said he enjoyed being around kids, they seem to always have fun and are always positive. When asked what's the best part of working for the Board, he responded, "Getting to help the public and meeting all the nurses, I have always had a respect for nurses, so it's an honor to be able to help them." "I try to make sure everyone leaves our office with a smile on their face and good thoughts from the Board." Anthony's advice to nurses or new nurses is "to slow down and completely read all the questions on the applications and don't believe gossip or what your friend says, call for assistance if needed, it's what we are here for!"

Anthony says his life has always been based on family values, his free time if filled with family dinners at his parents and traveling with his girlfriend. Anthony has a passion for custom cars, he loves working on his cars and is an avid car show attendee.

Lacy Reynolds

As a receptionist for the Reno Board Office site, Lacy is responsible for program support including general information, inquiries and referrals, and processing of initial and renewal applications.

Lacy began working for the Board in June 2014. Prior to working for the Board Lacy was a student at the University of Nevada, Reno, where she graduated with a Bachelor's degree in biology in May 2014. When asked what the best part of working for the Board, she responded "interacting with nurses that call or come into the office. Most are very nice and understanding and they always have some great story to tell!" Lacy said the most important part of her job is issuing renewals; "I try hard to get in contact with nurses to avoid a lapse in their license."

In her free time, Lacy enjoys spending time with family and her rescued beagle and golden retriever mix dog, Nick, who, she says, is "the cutest dog in the entire world.

Nevada State Board of Nursing
5011 Meadowood Mall Way, Suite 300
Reno, NV 89502-6547