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November 2016



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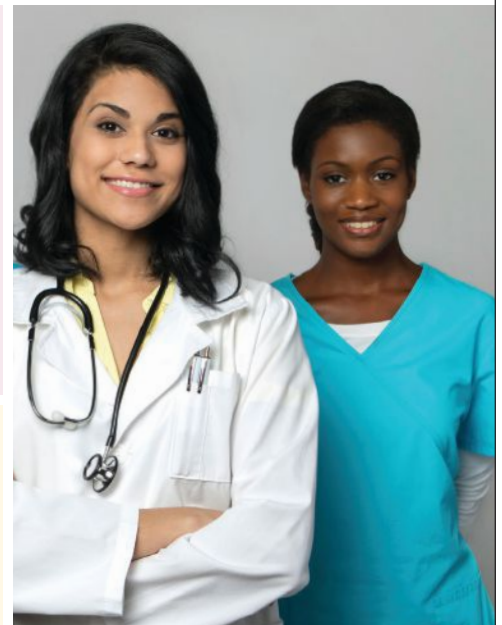
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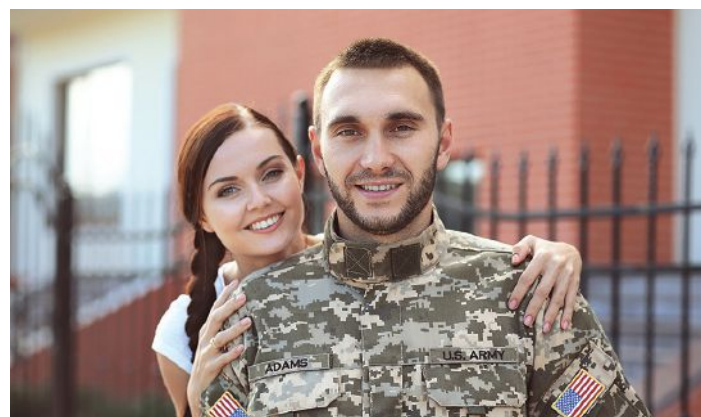
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WORDS

• FROM THE EXECUTIVE DIRECTOR

Cathy Dinauer, MSN, RN

I want to spend this issue of the Nevada Nursing News to discuss the enhanced Nurse Licensure Compact (ENLC). As I travel the state speaking to different groups of educators and health care organizations, I am often asked to explain the compact and what it means to not only the nurses of Nevada but its citizens as well.

The compact was initially developed in the 90's in response to changes in our health care delivery system. Health care requires that nursing care be dynamic and fluid across state lines. In May, 2015, the ENLC, an updated version of the original compact, was instituted. Currently, 10 states have passed the ENLC and 25 states are participating in the original compact; the ENLC becomes effective 12/31/17 or when 26 states enact the ENLC. The ENLC increases access to health care and protects patient safety while supporting state-of-the-art healthcare delivery. The ENLC allows a nurse (RN/LPN) to have one compact license in the nurse's primary state of residence (the home state) and practice in other compact states (remote states). Licensure portability is seen as one element in overcoming unnecessary licensure barriers to cross-state practice. All nurses practicing under a multistate license must meet a minimum set of licensure requirements, including a fingerprint federal criminal background check. Nurses who fail to meet these requirements will not be eligible for a multistate license.

The nurse must follow the nurse practice act of each state and may be subject to the discipline process in the state of practice. A compact license permits practice (physically/telephonically/electronically) across state lines in other compact states, unless the nurse is under discipline or a restriction. Compact states are required to communicate with other compact states regarding discipline. While the ENLC has a minimum set of licensure requirements that all nurses must meet before obtaining a multistate license, a state entering the ENLC still maintains its standards, scope of practice and

discipline procedures. Compact states must transmit and access investigative information through the National Council of State Board of Nursing (NCSBN) Nursys® database. This allows boards of nursing to act in a timely manner and often, prevents nurses with pending actions from moving to another state. Nurses will have multistate privileges removed when disciplinary actions are taken against a home state multistate license.

In some states, a fear of strikebreakers may be a barrier to adoption of the ENLC. ENLC statutes do not supersede existing labor laws. In the history of the compact, there have been no reported events in which nurses in the compact used the multistate privilege to practice to travel into another compact state where there was a strike.

The current legislative request to enter the ENLC includes RNs and LPNs only. There is a separate APRN compact that was approved in 2015 by state boards of nursing. Nevada is not currently seeking to enact the APRN compact. The Nevada State Board of Nursing (NSBN) is committed to reducing barriers to practice without compromising public safety. If you have any questions about the compact, do not hesitate to contact us.

Source: <http://www.ncsbn.org>

In other news, the NSBN was invited to participate in Governor Sandoval's Prescription Drug Abuse Summit. The information provided at the summit was invaluable and provided NSBN the ability to share our data collection strategies used to drive decision-making regarding opioid prescribing. It was very clear after attending this meeting, the commitment of our health care community, regulators and legislators in combating opioid abuse. The NSBN is committed to collaborating with the healthcare community to address the opioid epidemic. This is in line with our mission to protect the public.



MESSAGE

• FROM THE PRESIDENT

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

Welcome to the last edition of the Nevada State Board of Nursing magazine for 2016. We have had a fabulous year! We continue with our mission of ensuring public safety through nursing regulation. One example is our commitment to educating nurses, and all health care providers, about the dangers of prescription drug abuse in America. We are dedicated to continued education and regulation in this area. Board staff members have participated in numerous conferences and task forces to stay abreast of the issues and regulation around it. Please make sure to stay up-to-date with the requirements for nurses and APRNs related to prescription drug abuse and education. Education is key to keeping our patients safe.

As we move toward 2017 we are keeping our eye on the Enhanced Nurse Licensure Compact (ENLC) legislation. Our goal is to reduce barriers to practice, and by passing the Ecompact we will be one step

closer to meeting this objective. If you are interested in learning more about this legislative issue please contact the Nevada State Board of Nursing staff to schedule an in-service training.

I would like to thank all the nursing students and faculty who have attended the Nevada State Board of Nursing meetings during the 2016 year. We must educate our future nurses on the role of the Nevada State Board of Nursing and we must promote a sense of involvement of new nurses entering our profession at the beginning of their careers. The Board Members appreciate nursing student attendance at these meetings.

We look forward to a great end to 2016, and we are dedicated to protecting the public through effective regulation in the 2017 year! Thank you to all health care professionals for your continued service to our patients and community.

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CORRECTIONAL NURSING



By Nicki Aaker, MSN, MPH, RN
Director, Carson City Health and Human Services

What is correctional nursing? It is a field of nursing that involves taking care of the medical needs of individuals in jail, prison or a detention center. This type of nursing involves treating a wide variety of medical problems, ranging from acute illnesses to medical emergencies. This can be a rewarding career, albeit with unique challenges. The challenges are due to the population being served, along with the environment. A frequently asked question is how safe is it to work in this type of environment. Correctional nurses report that the environment is very safe and sometimes safer than working in a hospital. This is due to correctional officers always being present, as security is the main concern of a correctional facility.

What are the rewards of working as a correctional nurse? Some nurses find this type of nursing fulfilling, since they have the ability to make a difference in people lives. A large number of incarcerated individuals have not seen a medical provider for a long period of time or not at all. They tend to be very respectful of medical personnel and are inclined to follow medical directions during their stay. These nurses are able to provide a great deal of teaching, since these patients typically do not have medical knowledge or have a support system that can attend appointments with them, explain what is happening, or help them through treatment. Other aspects of correctional nursing that are intriguing to some nurses are the autonomous nature of the job, the opportunity to see and treat diseases which other nurses only read about, the ability to take care of a wide variety of patients, being faced with unusual situations on a daily basis, and being part of the public health system.

Dave Ramsey, APRN Correctional Nursing, Carson City, Nevada, says this about working in this field, “An ARNP working in a correctional setting may seem like a disagreeable prospect. However, unexpected benefits often take place in individuals under your care. When the hunger of addiction has been stated through groups, counseling and abstinence, when serious medical and mental maladies are diagnosed, treated and stabilized, and when a mind held prisoner in a jail of their own making come to realize something better, the job becomes very agreeable.”

Catherine Prato – “Working in a correctional setting solidified my nursing assessment skills in a unique way. Working with a population who had not received up-to-date medical care was challenging in terms of prioritizing and planning care. Being the only BSN-RN in a facility of 800 inmates really taught me how to assess, plan, intervene, and evaluate in a rapid, yet safe and effective, manner. This experience was fascinating; one I am forever grateful for, and one I will always appreciate.”

What skills are needed to work in a correctional setting? These nurses typically have general and well-rounded nursing experience, plus urgent care or emergency room experience. It is also helpful to have experience in mental health. These nurses need to have excellent critical thinking skills, great assessment skills, can triage patients efficiently and effectively, and have the ability to determine when someone is faking sick.



In addition to nursing skills, correctional nurses need to be able to multitask, be flexible, and have the ability to “think outside of the box.”

Hopefully, this article provided some education about correctional nursing and how gratifying it can be. If it has sparked your interest, the City of Carson City will be hiring a correctional APRN before the end of 2016. This APRN works within the city jail and the juvenile detention center. The nurse collaborates with other medical professionals concerning patient care on a regular basis. The current APRN was hired into the position to help for a short period of time and that was eight years ago. Recently he decided that it was time for retirement. If you are interested, please contact Nicki Aaker at naaker@carson.org.

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A large number of incarcerated individuals have not seen a medical provider for a long period of time or not at all. They tend to be very respectful of medical personnel and are inclined to follow medical directions during their stay.



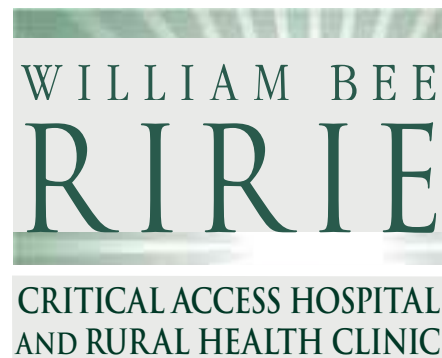
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ACADEMIC-PRACTICE PARTNERSHIP SUCCESS

with Creation of Caring Science Units

Ruby Wertz, MSHA, BSN, RN

Reports by the Institute of Medicine (IOM) and the Robert Wood Johnson Foundation (RWJF) (2010) call for nurse leaders to improve how nursing students are educated by improving the link between theory and clinical practice. Such partnerships facilitate collaboration between academic and clinical practice settings for better utilization of resources and the development of creative ways to prepare nursing students in providing safe and effective patient-centered care to higher acuity patients in complex healthcare systems (Glazer, Erickson, Mylott, Mulready-Shick, & Banister, 2011). The utilization of existing philosophical frameworks within a baccalaureate nursing program and a large healthcare system serves as the guiding theory of establishing academic – practice partnerships in an effort to stabilize, structure, and strengthen relationships. Creating such relationships, based in the Caring Sciences offers both academic units and clinical sites opportunities to enrich the learning experiences for all stakeholders. This bi-directional learning model benefits nursing students, staff nurses and academic/clinical administration.

In August 2014, Nevada State College's (NSC) School of Nursing (SoN) initiated discussions with selected healthcare organizations to gauge interest in creating Caring Learning Environment Practice Partnerships (CLEPPs) and Caring Science Units (CSUs). Anchored in Jean Watson's Theory of Human Caring (2008), the CSUs offer a novel approach to the dedicated educational units (DEUs). Caring science units are similar to the traditional DEU models in which the unit staff nurses play a role in the education of the nursing students. This innovative collaboration benefits nursing students and clinical units by offering a structured and consistent model of clinical experiences for all stakeholders. Caring is an integral part of the entire learning process.

Nursing students are in an environment that facilitates learning both the art and the science of nursing care, as well as the transition from nursing student to new graduate nurse. It is our belief that nursing practice, grounded in caring, leads to improved patient outcomes and increased patient satisfaction.

The staff nurse is exposed to Watson's theory, to the NSC nursing curriculum, and how to be an effective mentor by faculty and administration at NSC's SoN. This engagement enhances nursing education and professionalism in the healthcare organization as well as introduces staff nurses to the academic-clinical nurse educator role.

Centennial Hills Hospital Medical Center (CHHMC) was chosen as the academic-practice partner with NSC in response to a similar vision and philosophy related to the ideal environment for nursing care delivery to enhance patient care and healing. The Chief Nursing Officer (CNO), John Coldsmith, the Dean of the School of Nursing, Dr. Neal Rosenberg, the Clinical Partnership Director, Ms. Ruby Wertz, and NSC clinical instructor, Mr. Robert Reynoso met to discuss the vision, structure, and outcomes of the caring science units and the practice-partnership. The sixth floor Orthopedic Unit was designated as the initial CSU at CHHMC. The sixth floor Unit Director identified six (6) staff nurses to serve as Care Coaches (nurse mentors) for the students. The staff nurses were introduced to Watson's theory, the 10 Caritas Processes, NSC nursing curriculum, learning objectives for the course, teaching strategies to promote critical thinking/clinical reasoning, and effective feedback and evaluation.

In August 2015, a cohort of eight (8) NSC nursing students started their fundamental clinical rotation on the designated CSU at CHHMC. Professor Reynoso assigned two (2) students to each Care Coach every Wednesday for fourteen (14) weeks. The NSC clinical instructor and the Care Coaches shared in creating the learning space and opportunities related to clinical skills and caring practices throughout the semester. Each semester, a new cohort of eight (8) nursing students join the sixth floor as they embark upon their first clinical rotation as a part of NSC's SoN. Professor Reynoso shares this belief with the students, *"We have a sacred obligation to the persons who become our patients. These individuals are many times strangers, may be our family or neighbors, and ultimately compose our community and world. The emphasis we place on caring is the foundation for a trusting nurse-patient relationship and represents the best of our profession."*



The first cohort- Fall 2015.

The eighth floor Medical-Surgical Unit at CHHMC initiated CSU designation in January 2016 for the medical-surgical clinical rotation of the initial cohort (continuing students from the previous semester on the sixth floor at CHHMC). The eighth floor Unit Director selected several Care Coaches and they received the educational training. Two students were assigned to each Care Coach every Thursday for fourteen (14) weeks to continue enhancing their clinical skills and caring practices.

On Monday, August 29, 2016, CHHMC and NCS SoN hosted a dinner for the Inaugural Celebration of the Caring Science Units. Dr. Jean Watson attended the event and in tradition, lit a candle to celebrate the implementation of the caring sciences into practice. A commemorative plaque of the Inaugural Celebration was presented to Dr. Jean Watson Ms. Ruby Wertz and Professor Reynoso. Additionally, commemorative plaques were presented to the Care Coaches and the two Unit Directors for their dedication and support of this new model of clinical learning. Professor Reynoso asked nursing student representatives from each cohort to attend the celebration and share how the CSU experience has impacted their learning and future nursing practice. Representatives from NSC administration and CHHMC leadership team were in attendance to show support of the academic-practice partnership and the successful first year of the implementation of the CSU.

The NSC nursing student, Lavon Elias-Jones from the initial student cohort shares this statement about her experience, "My rotations as part of the Caring Science Unit have offered me a unique opportunity and have allowed me to have positive learning experiences with my Care Coaches through regular feedback, reflections, and practical advice that will help me in years to come. These factors will help me improve my



John Coldsmith, CNO, Dr. Neal Rosenburg, Dean, and Dr. Jean Watson with the lit candle.

practical competence, confidence, motivation, and self-esteem. As I work alongside my Care Coaches, there is mutual respect that develops from the student's willingness to listen and learn and the understanding and respect from the nurses who share their time and experience to show that the first and foremost priority is patient care. The Care Coaches know that for a student to be successful they need to be included, seen, and heard.

The ten (10) Caritas influences my growth by helping me leave my biases at the door, show unconditional acceptance, use a holistic approach that includes treating the patient's mind, soul, spirit, and body. They show me that I should spend uninterrupted time with my patients and get to know them (caring moments). Lastly, they show the importance of promoting health through knowledge."

NSC nursing student, Jeannete Campos from the second cohort shares her thoughts, "The Caring Science Unit has really impacted my learning. At first it seemed like just a clinical, but as time went by I saw how the Care Coaches and the hospital truly cared about their patients and students. I loved my rotation at Centennial, everyone was extremely welcoming and kind, which was great since it was my first semester and I was super nervous. After my first clinical day I knew I was at a great hospital. The nurses I worked with taught me a lot and would reinforce things that I was learning in the classroom. I saw how kind and caring the nurses were towards the patients. It really impacted not only me, but the patients. I remember the first patient I ever had and I was able to talk to him and I asked how do you like Centennial, he told me it was the best hospital he had been to because the nurses were caring and they were interested in knowing them personally and not just as another bed. That really stuck with me and it reinforced the Caritas that we are learning. I am honored to have been picked for the caring science rotations and cannot wait for future rotations!"

Continued on next page >



NSC students and faculty representatives with Dr. Jean Watson.

Elyse Barnes, the 6th Floor Unit Director commented, “*The Caring Science Unit has not only benefitted the learning of our future nurses but it has allowed my staff nurses to grow and reflect as they mentor the students. These relationships have and will develop them into nurturers of today and the leaders of tomorrow.*”

John Coldsmith, the CNO, remarked, “*The Caring Science Unit Partnership between Centennial Hills Hospital Medical Center and Nevada State College has been a wonderful and tremendous opportunity for the hospital in continuing to build our foundation of true Patient Care & Compassion; for our patients, their families, our community, and for one another. The results of this experience for the Care Coaches and the students will be preserved within for years to come; Now.... that’s exciting as a Nursing Leader looking to leave a legacy. The Future of Nursing has never looked brighter.*”



CHHMC 6th and 8th floor Care Coaches with Dr. Jean Watson.

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CHHMC leadership team with Dr. Jean Watson.

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IMPROVING CARE FOR LESBIAN, GAY, BISEXUAL, AND TRANSGENDER PEOPLE



Michael Johnson, PhD, RN
Assistant Professor, UNLV School of Nursing
Chair, Nurses Advancing LGBT Health Equality

Nurses undoubtedly strive to deliver quality, patient-centered, and culturally appropriate care to all people. Despite admirable efforts though, nurses and other healthcare professionals often unintentionally overlook the unique needs of lesbian, gay, bisexual, and/or transgender (LGBT) people. Society has historically stigmatized and marginalized LGBT people, putting them at greater risk for certain negative mental and physical health outcomes as compared to heterosexual and non-transgender people, such as depression and anxiety, female reproductive cancers, alcohol and drug use, and HIV (Institute of Medicine, 2011). The stigma around LGBT identity has also penetrated healthcare systems.

Numerous research studies, including a few of my own (Johnson et al., 2016; Johnson & Nemeth, 2014), have found that LGBT people commonly feel humiliated, invisible, or ashamed while using healthcare services. Some of the barriers to equitable care include discriminatory visitation policies, intake forms containing heteronormative language (husband/wife or mother/father instead of partner or parents/guardians), and healthcare professionals who use biased and insensitive language. These unpleasant healthcare experiences often times result in feeling unsafe. Consequently, LGBT people may avoid and underutilize future healthcare services, increasing the risk of negative health outcomes. Nurses can be instrumental in improving the health of and healthcare experiences for LGBT people.

Unbeknownst to many healthcare facilities and nurses, The Joint Commission (2011) published a guide on advancing communication and culturally appropriate care for LGBT people. Incorporating the recommendations from The Joint Commission would facilitate a safer environment for LGBT people. Here are some of the things nurse clinicians and leaders can do or advocate for that would improve the healthcare experience for LGBT people.

Provision of Care

- Prominently post the hospital's nondiscrimination policy or patient bill of rights.
- Ensure the common areas reflect and include LGBT patients and families, such as brochures that display same-sex families.
- Ensure that visitation policies are implemented in a fair, nondiscriminatory manner.
- Foster an environment that supports and nurtures all patients and families.
- Don't make assumptions about a person's sexual orientation or gender identity based on appearance.
- Promote disclosure of sexual orientation and gender identity while remaining aware that disclosure ("coming out") is an individual process.
- Make sure all forms contain inclusive, gender-neutral language that allows for self-identification.
- Use neutral and inclusive language in interviews and when talking with patients.
- Listen to and reflect patients' choice of language when describing their own sexual orientation and how the patient refers to his or her relationship or partner.

Leadership

- Develop or adopt a nondiscrimination policy that guards the patients from discrimination based on personal characteristics, including sexual orientation and gender identity.
- Develop or adopt a policy ensuring equal visitation.
- Develop or adopt a policy identifying the patient's right to identify a support person of their choice.
- Develop clear mechanisms for reporting discrimination or disrespectful treatment.
- Identify an individual directly accountable to leadership

for overseeing organizational efforts to provide more culturally competent and patient-centered care to LGBT patients and families.

- Appoint a high-level advisory group to assess the climate for LGBT patients and make recommendations for improvement.
- Identify and support nurses, staff, and provider champions who have special expertise or experience with LGBT issues.

In essence, nurses should be mindful of not assuming sexual orientation or gender identity and adopt neutral language, and healthcare leaders should ensure that environments are welcoming and inclusive for LGBT people. It is critical that all people, regardless of personal characteristics, feel safe using healthcare services.

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CNO CORNER

With opioid abuse at an all-time high, nurse leaders must address the legal, regulatory, and ethical issues surrounding drug diversion. Hospitals and facilities around the country are identifying issues to ensure controlled substances are used solely for patient care and not diverted. Reviewing provider-prescribing practices, addressing prevention strategies through heightened security, and early identification are a few of the areas hospitals and facilities are finding opportunities in which to improve their programs.

The nurse leader's involvement in the development and implementation of policies around drug diversion is key to a strong program. The nurse leader must be actively involved with an interdisciplinary team addressing the problem. As defined processes are developed there will be less subjectivity for nurse leaders in the diversion process.

There is significant evidence-based information and toolkits available on websites including the Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services, and the National Council for State Boards of Nursing, to assist nurse leaders in evaluating and expanding their diversion programs.

While security, identification and detection is key to decreasing drug diversion in our facilities, education of our nurses is imperative. As part of the call to action from the American Public Health Association's request to provide evidence-based training, the National Council of State Boards of Nursing (NCSBN) is offering two courses free of charge for nurses and nursing students. The courses, "Understanding Substance Use Disorder in Nursing" and "Nurse Manager Guidelines for Substance Use Disorder" can be found at www.learningext.com. Continuing education is available upon completion.

The diversion of controlled substances comes with many challenges for a nurse leader, first and foremost the safety and protection of the patient. The nurse leader must also consider the health and well-being of the person diverting the drugs, another reason for early detection. The NCSBN course "Nurse Manager Guidelines for Substance Use Disorder" provides education for nurse leaders on developing a supportive environment for early reporting at the unit level. Senior leaders can utilize this education for their nurse managers and supervisors as a valuable tool as part of their diversion program.

As a CNO or senior nurse leader the regulatory requirements for reporting diversion are found in the Nevada Nurse Practice Act under NAC 632.890 (9, 10, 16 a-e). The regulations in their entirety are located on our website at nevadanursingboard.com.



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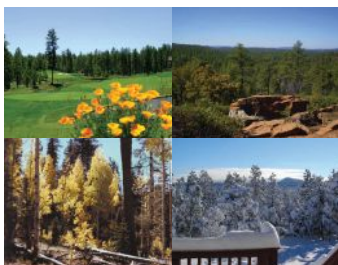
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Tip # 4:

Mind Your Meds!

**NSBN has the authority
to review your
prescription history**

**Improper handling of
NARCOTICS
(patients' or your own)
may lead to Board
Investigation or Action.**

HELP FOR VETERANS AND THEIR SPOUSES

John Michaelson

The overwhelming concerns of veterans and families who come through our doors seems to be: “will I be able to pay for long-term care,” and “will I be able to take care of my spouse and family?”

Veterans have served our country, worked, raised their families and are now confronting the realities of declining health and the financial burden it can put on a family’s savings and resources. One benefit that can help a veteran or spouse of a veteran is a little-known resource commonly referred to as “Aid and Attendance.” I’d like to illustrate by sharing a common scenario experienced by thousands of veterans and spouses.

As an example, consider a family where the grandmother, who had previously been living autonomously at home, had declined to a point where she was now living full-time with her daughter and son-in-law. In this case, grandmother was the spouse of a World War II veteran. Caring for an aging senior can be exhausting and financially and emotionally destructive. When the care is compounded by accelerating memory loss, the strain on a family or a marriage can become too much. When the decision is made for the grandmother to go to a memory care facility, the questions then become, “What do we do with Grandma’s house?” and “Does Grandma have too much money to apply for this benefit?”

Frequently, by reviewing a family’s goals and evaluating their assets, I am able to determine that, with some assistance, they could qualify for Aid and Attendance. The VA is wonderful, but extremely busy providing medical services and care. Therefore, this financial benefit is often unfamiliar to the family or is not part of the conversation offered by medical staff whose focus is on care and treatment.

Planning the transition to long-term care can be extremely emotional for families. Some financial considerations such as the optimal time to dispose of Grandma’s home, the likely tax consequences, and which long-term care solution would be the best for her all need to be considered. Additionally, families are frequently reluctant to give up control, or at least to step away from the role of primary caregiver, even though the burden can become overwhelming.

Understanding that they now have another option, this family is able to work through their difficult decision and become eligible for the VA Pension. They are delighted when Grandma is awarded approximately \$1150 per month based on her husband’s service and her sacrifice all those years ago. This money will make all the difference in the quality of the family’s life, as well as the quality of the facilities from which they can choose.

There are many resources available to veterans who just need help completing an application. When more in-depth planning, advice or assistance is required, it is advisable to seek the help of a qualified VA-accredited attorney.

Disclaimer: Information provided as a service of John Michaelson, Elder Law & VA Accredited Attorney. It does not constitute legal advice. For specific questions, please consult a qualified attorney.





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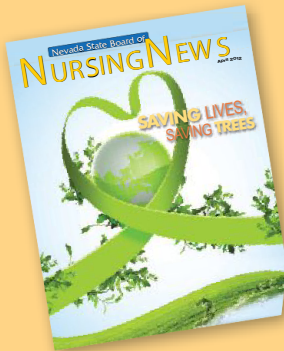


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Marife C. Aczon-Armstrong, PhD, MSN, MSCP, RN-BC, Core Nursing Program Director

WHITE COAT/HEALING HANDS CEREMONY

We are the “new kid in the block!” Arizona College Las Vegas School of Nursing (AZC LV SON) enrolled our first cohort of Core Nursing Students this Fall 2016. Our Keynote Speaker and Nevada State Board of Nursing President, Dr. Rhigel “Jay” Tan referred to our students as the “Fab Five” during our first White Coat and Healing Hands Ceremony. The ceremony was held last September 16, 2016 at our college campus on South Rancho Drive, Las Vegas, Nevada.

The White Coat and Healing Hands Ceremony is a time-honored tradition marking the transition of

nursing students from the pre-nursing education to the clinical year. “The blessing of the hands is an ancient Celtic ceremony usually performed in marriage ceremonies. Some say that those in the healing

profession also used this ceremony to symbolically denote the healing profession. Some say this tradition goes back to the days of Florence Nightingale, the mother of modern nursing. The hands have traditionally played an important role down through the ages and this ceremony denotes a pledge of faith, sincerity, and justice. It is also symbolic of support and strength, power and protection.”



BSN Students Cohort #1

FIRST CLINICAL SITE VISIT REFUGE CHURCH/SAFELY HOME

Our students had their first clinical rotation on Week 3 teaching children how to properly wash their hands and application of learned skills in therapeutic communication. In addition, students are expected to observe and compare the different psychosocial developmental stages in the growth and development of well-children.

MORE TO COME...

AZC LV SON is spearheaded by our Dean, Dr. Patricia Alpert with a vision to create the best school of nursing in Las Vegas with a team of highly educated faculty with extensive classroom and clinical experience using the most innovative teaching and learning strategies and state of the art modern facilities including computer and simulation laboratories.



Dr. Rhigel Tan, Dr. Pat Alpert & Dr. Marife Aczon-Armstrong with our Fab Five Students



Dean Alpert shaking hands with Fab Five Students with Dr. Daniel Navarro looking on.



Touro University Nevada Nursing Program

Focus on Advancement

Now in her first year as the Director of the Touro University Nevada Nursing Program, Dr. Theresa Tarrant gives us a glimpse into where the program has been – and where it's going.

What nursing degrees does TUN offer?

Touro currently offers nursing degrees at several levels including a prelicensure Bachelor of Science in Nursing (BSN), an RN to BSN, a Master of Science in Nursing (MSN) with two tracks – Nurse Practitioner and Nurse Educator – and a Doctorate of Nurse Practice (DNP) degree.

What kinds of students gravitate to the nursing program?

Our students represent a diverse population. We have students from several different western states – and of course, students from right here in Nevada. Our masters-level students typically have at least five years of professional experience. The DNP is a terminal degree and as such attracts professionals with at least five to seven years of experience, though we've had some with as many as 30 years in the field.

What's different about the nursing program at TUN?

The real difference shines in our MSN and DNP programs. These programs are offered with the majority of coursework online and that really appeals to working professionals. For the Nurse Practitioner program, there are clinical intensives which require some work on campus, about one week a semester, but the real benefit is that these individuals don't have to give up their current work position and they can still meet their family commitments while they earn their

degrees. Another advantage at Touro is that we admit students three times a year, rather than just once or twice a year as do some other programs. Our students find this kind of flexibility appealing. And for our RN to BSN students, multiple admission points mean they can enter the program at any semester and, as a result, they can finish the program more efficiently.

How are our nursing students serving the community?

Our students attend health fairs, give glucose and blood pressure screenings, and provide a great deal of patient education. We have participated at flu clinics as well. Outreach is an essential part of what Touro University Nevada is all about.

What does the TUN nursing program do best?

Our students tend to gravitate to us because we're a tightly-knit community. The faculty and staff really care about our students. We're big believers that student success is a success for the school and community as a whole.

What does the future hold?

The unique structure of TUN makes it the ideal place for students who want to pursue graduate programs. That's what we're really built for, so we're looking forward to continued growth in that area – and to the growth in benefits to the community that this kind of focus involves.



Touro University Nevada

tun.touro.edu/nursing

Have a question?
Give us a call.

Nevada State Board of NURSING NEWS

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BOARD MEMBERS

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

November 16-18, 2016	Reno
January 11-13, 2017	Las Vegas
March 22-24, 2017	Reno
May 17-19, 2017	Las Vegas
July 26-28, 2017	Zephyr Cove
September 20-22, 2017	Las Vegas
November 15-17, 2017	Reno

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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)

February 21, 2017
May 9, 2017
August 1, 2017
November 7, 2017

Certified Nursing Assistant Advisory/ Medication Aide-Certified Committee (two)*

January 3, 2017
April 4, 2017
July 11, 2017
October 3, 2017

*One MA-C and one LPN

Disability Advisory Committee (none)

April 21, 2017
October 20, 2017

Education Advisory Committee (none)

January 27, 2017
April 7, 2017
August 4, 2017
October 6, 2017

Nursing Practice Advisory Committee (none)

December 6, 2016
February 7, 2017
April 11, 2017
June 6, 2017
August 22, 2017
October 10, 2017
December 5, 2017

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.

CNA SCOPE OF PRACTICE

Agreeting to all! My name is Jacob watts, the CNA member on the Nevada State Board of Nursing. I would like to discuss two preventable situations that can lead to a CNA being brought in front of the Nevada State Board of Nursing. I cannot stress enough the Importance of keeping up-to-date on your continuing education units (CEU). This is a requirement that is described in the Nevada Nurse Practice Act. You need to be able to verify that you have 40 hours of full-time or part-time employment and **24 hours** of continuing education units when renewing your CNA certification. Many nursing assistants have been brought in front of the Board of Nursing due to not meeting this CEU requirement. Unfortunately, when CNAs are randomly audited, and they are unable to provide evidence of this requirement, they end up in front of the Nevada State Board of Nursing for discipline. Always check with your organization as to what CEUs you may take through work, and ensure the CEU provider is approved by the Nevada State Board of Nursing so you meet this requirement. These steps will reduce the likelihood of having your license placed in jeopardy if you are ever randomly audited by the Board of Nursing.

Another issue that is of concern is that of **address change**. If and when you move, make sure to up-date your address with the Board of Nursing within 30 days. It is the law that you notify the Board of your current address. Important correspondence will be sent from the Board of Nursing to the address on file, and it is pertinent you receive, and respond to, all correspondence. Make sure to check our website frequently to be confident you have all the up-to-date information you need to practice safely, and effectively as a CNA in Nevada! I hope these tips will help you be successful in your health care profession!

SCOPE QUESTIONS for NSBN Nursing News



By Sam McCord, BSN, RN, *Director of Nursing Practice Nevada State Board of Nursing*

As we noted in the last Nursing News Magazine the Nevada State Board of Nursing welcomes calls from licensed and certificated staff seeking clarification of practice questions. With most calls we provide guidance and educate callers on where they may find information independently in the future. The two best sources of information available through our website are the **Nurse Practice Act** and **Scope of Practice Decision Tree** both of which can be found within the “Practice” tab on the home page. In the same location you can select the “Decisions” section. This section has a large list of practice decisions that our practice committees have published for clarification of specific practices for specific levels of licensure.

Below are some questions that we addressed that were frequent and/or relevant to safety and changing regulations/statutes.

RN

Q: Are RNs required to have malpractice insurance?

A: There is no provision in the Nurse Practice Act requiring RNs to have malpractice insurance. That being said, it is up to individual nurses to determine if they wish to purchase malpractice insurance

LPN

Q: Last month’s question prompted the need for some important follow up information. The question was: **Does a physician need to be in the facility in for an LPN to administer IV medications?**

A: Section 4 of the revised LPN Regulations does identify that immediate supervision by a physician, physician assistant or a registered nurse is required. Therefore, if there is a RN present for immediate supervision in the absence of a physician or PA, then the IV certified LPN can administer IV interventions as outlined in the revised regulation.

FYI, “Immediate Supervision” as defined the Nurse Practice Act is “direction given by a supervisor of nurses who is physically present at the site where care is provided to a patient and directly observing or assisting in that care.”

The questions most frequently asked by LPNs in recent months have been

to do with the revised IV regulations. I strongly encourage LPNs and RNs to **closely review the [LPN Regulation](#) link** on the homepage of the NSBN website to ensure practice and delegation of duties in your care setting are within scope.

In the coming weeks look for Fun Facts on the NSBN Facebook page for more information about the revised LPN IV regulations and certification requirements.

CNA

Q: Can a CNA who was hired as a Mental Health Technician (MHT) work as a CNA.

A: NSBN does not regulate MHTs and only regulates the practice of CNA’s. It is important to remember that when working as a CNA, the CNA must work within their scope of practice.

We are now posting weekly Fun Facts on the NSBN Facebook page that address more important information about key practice issues and licensing information. Come join the dialogue.

Sam McCord BSN, RN
Director of Nursing Practice



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