

Nevada State Board of

NURSING NEWS

September 2019



IV HYDRATION SCOPE OF PRACTICE: WHAT REGISTERED NURSES NEED TO KNOW



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WORDS

• FROM THE EXECUTIVE DIRECTOR

Cathy Dinaver, MSN, RN, FRE

As we close the 2019 Legislative session, I am always amazed at the number of bills passed. This year, approximately 700 bills were passed during the session. Many of the bills passed do not impact nursing regulation, but several have some effect either in licensure, education or discipline. Probably one of the most important pieces of legislation that did not pass this session is the enhanced Nurse Licensure Compact (eNLC). By joining the eNLC, nurses are allowed to have one multistate license, with the ability to practice in all other participating compact states. As I travel the state speaking to a wide range of community groups, nursing students, staff nurses and nurse leaders, I am often asked why the eNLC has not passed in Nevada especially since it has passed in so many other states.

The most overwhelming reason is union opposition. The opposition has made it difficult to gain traction in getting the eNLC passed in Nevada. Working with unions would be an optimal solution to understanding the eNLC. A few more states have recently passed eNLC legislation including Kansas, Louisiana and New Jersey, which brings the total number of active eNLC states to more than 35. Senate Bill (SB) 134 is the “clean-up” bill to SB 227 from the 2017 session. SB 134 authorizes APRNs to sign certain DMV forms and other conditions not included in SB 227 (2017). SB 456 allows APRNs to have medical staff privileges. It also prohibits hospitals from refusing or allowing APRNs medical staff privileges solely because of their licensure status as an APRN. SB 315 requires certain information regarding rare diseases and pediatric cancer. The bill requires the Nevada

State Board of Nursing (NSBN) to develop and disseminate information to RNs caring for the pediatric population information concerning the signs and symptoms of pediatric cancer. The bill also requires the NSBN to encourage each APRN to receive as a portion of his/her continuing education, training in the diagnosis of rare diseases and pediatric cancer. We are currently working to develop a process by which to communicate information to all of you.

Assembly Bill 275 changes the law stating that an applicant needs to be a citizen to apply for a license. This, however, would not eliminate the need to meet all other NSBN licensure requirements. Other bills affecting APRNs who work within the school system or correctional facilities were also passed.

In other news, our Board approved a new Scope of Practice Tree (SOP). The SOP tree had not been revised since 2002 and was in need of revisions. The new and improved SOP tree reflects current practice including decisions for APRNs. I want to thank all of our advisory committee members who volunteered their time to work on the SOP tree. In July, the Board was shown a draft of our new website which will be available in a few months.

As always, the practice of nursing is changing and growing. At NSBN we are doing our best to stay connected to you, communicate about new and on-going statutes and regulations and encourage the best, evidence-based practice we can for the citizens of Nevada. Stay tuned for more news, updates coming from the legislative session and projects to help make our nursing community and regulation better.



MESSAGE

• FROM THE PRESIDENT

Deena McKenzie, MSN, RN, CNML

Another summer has gone and fall is here. In August, Executive Director Cathy Dinauer, Board Member Dr. Susan VanBeuge and I attended the National Council of State Boards of Nursing (NCSBN) Annual Meeting in Chicago. NCSBN was founded in 1978 with the purpose of bringing together nursing regulatory bodies. Today the membership is comprised of boards in 50 states, the District of Columbia, and four U.S. territories: American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are 27 associate members, which are boards or regulatory authorities in other countries. The 2019 meeting was attended by 60 member regulatory boards.

The meeting gives attendees the opportunity to network and open the communication lines between the different boards. The keynote speaker was Elizabeth Iro, Chief Nursing Officer for the World Health Organization (WHO). She spoke on the importance of nursing at the international level and announced 2020 will be the WHO's Year of the Nurse.

At the meeting, leaders were able to share that additional states have approved the enhanced Nurse Licensure Compact (eNLC) through legislative sessions. A total of 34 states are active in the eNLC. While Nevada is not an eNLC state, our goal will be to work with key nursing stakeholders to put forth a bill to our state legislature in 2021.

At the September meeting, we said farewell to Dr. Rhigel Jay Tan. Dr. Tan has been a member since 2011. As a certified Advanced Nurse Practitioner in three areas of specialization, Dr. Tan brought a wealth

of knowledge to the Board. Dr. Tan served as the Board President for two years. We would like to thank him for his dedication to nursing regulation and his commitment to the people of Nevada.

During the November meeting we will elect a new board president. I have been honored to serve as the board president for the past two years. I will continue as a member until my term ends in 2020. I have learned so much about nursing regulation and the importance and responsibility the Board has to uphold our mission to protect the public's health, safety and welfare through effective nursing regulation. I want to thank my fellow Board members, Cathy Dinauer and the board staff for the support they have given me during my term as president.



IV HYDRATION SCOPE OF PRACTICE: WHAT REGISTERED NURSES NEED TO KNOW

Sam McCord BSN, RN Director of Nursing Practice



The Nevada State Board of Nursing NSBN receives a high number of calls and complaints regarding RN scope of practice when administering intravenous (IV) hydration with medications and vitamins in or out of hospital settings. You don't have to look far these days to see that operations offering IV hydration with medications in either a clinic or remote settings are popping all over our great state. The idea has definitely caught on, but as a registered nurse there's a lot to know about how to practice safely and legally in these new and unique practice settings. You may be trained and competent to administer IV fluids and medications, but doing so in these settings is an entirely different matter in terms of the laws and limitations on a nurse's scope when working outside of a hospital setting.

You may not think of IV fluids as a "dangerous drug" but Nevada law NRS 454.201 clearly defines them as such. You need a prescription or an order to possess them. Two laws regulating the nurse's practices regarding the administration of IV fluids and medications outside of the hospital setting are:

- **NRS 454.316 Possession of dangerous drug without prescription unlawful; penalties; exceptions.** This statute addresses the penalties for being in possession of a prescription/dangerous drug unlawfully.

- **NAC 632.220 Medication and treatment of patients; response to orders; adjustment of dosage or frequency of medication.** This administrative code identifies the practitioners that a nurse shall receive medication orders from and the nurse's responsibilities for appropriate administration of them.

For a Licensed Professional Nurse to administer IV fluids and medication at either a remote or out of hospital setting:

- The RN must have an order from a qualified licensed practitioner who actually examined the patient and has established a bona fide relationship with the patient prior to the order.
- The RN may not have open access or control of IV

solutions and dangerous drugs. Only a qualified licensed practitioner may control and provide access to these. The qualified licensed practitioner is responsible for supervising access to the cabinet where the dangerous drugs are stored.

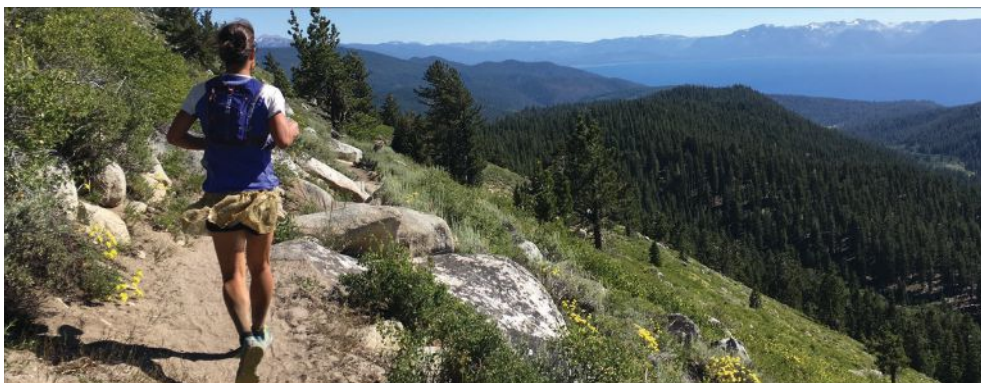
- The RN can retrieve the medication, after the cabinet has been opened by the qualified licensed practitioner and remove/possess the medication, only in the amount and type that has been ordered for the patient.
- The RN must ensure there are no documented or reported contraindications for the patient in carrying out the order. Additionally, a patient record must be established, that minimally includes the patient's medical information, the practitioner and nurse's assessments/notes and orders.
- The RN must practice within their scope and established facility or employer policies as they relate to the safe administration of medication.

Many IV hydration practitioners use telehealth interventions to conduct the patient assessment component of the care provided. When the nurse is aware that the assessment is conducted as defined in NRS 629.515 it can be considered an appropriate assessment if it precedes the order and the nurse's access to the dangerous drugs.

Here's a best practice example considering all the laws regulating your practice as a RN for IV hydration.

- Practitioner assesses the patient
- Practitioner orders the treatment/ medication(s)
- Practitioner provides access of drugs to RN
- RN accesses only what is ordered
- RN reviews record assess patient and ensures no contraindications
- RN administers and documents intervention in patient record.

There are many registered nurses legally and effectively performing IV hydration procedures in Nevada. The Board's mission is to protect the public by regulating the practice of nursing. One of the ways the Board accomplishes this is by periodic review of practice and collaboration with other health care regulatory agencies.



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NURSING COMPETENCY

Allen Perez, MSN Ed., RN and Mona Lisa Beerbower BSIE, MSN Ed., RN

Nursing competency is defined as the ability to assess a patient situation, identify potential or actual problems and intervene appropriately to ensure best outcomes. Competency is the skill and ability to select a course of treatment to facilitate the return of the patient to optimum health. New graduate nurses lack the experience and clinical reasoning skills to identify a change in patient condition before the presentation of an emergent situation (Herron, 2018). Del Bueno (2005) reported that 65% of new graduate nurses cannot critically reason. Unfortunately, Kavanagh & Szweda (2017) report the number of new graduate nurses that cannot clinically reason and therefore are not safe to practice has grown to 72%. It is imperative that nurse educators take swift and bold action to reverse this travesty of underprepared nurses.

Chamberlain University's nurse practice integration assignment bridges the theory to practice gap. Students identify and intervene during a decline in patient condition. This model utilizes high-fidelity patient simulation (HFPS) to challenge students to utilize critical judgment in a controlled environment. To safely care for patients in today's healthcare environment, nurses must be competent and vigilant in their assessment and actions as an integral member of the healthcare team.

Although many studies have discussed the in teaching clinical reasoning skills, there is a paucity of research measuring the effective use of HFPS in the assessment of a nursing student's clinical reasoning ability. Mok, So, and Chung (2016) suggest that the use of HFPS is equally effective in teaching clinical reasoning as theory only based learning. However, their research does not address the use of HFPS to assess a student's ability to critically reason.

To help alleviate this crisis in nursing competency, a faculty driven assessment was developed to help identify gaps in students' ability to apply nursing knowledge to patient scenarios and think critically. The nurse practice integration assignment utilizes HFPS and presents the student a planned scenario to assess their ability to safely assess and apply nursing knowledge. Throughout the curricula, we have leveled the assessment tools to align with the current ability of the student. There are three levels of assessment given at three leveled points in the curriculum. The first assessment takes place during adult health course, the second in the pediatrics course and the third assessment occurs in the capstone or final course. With each assessment, the rigor is increased to coincide with the expected knowledge level and the students' ability to apply this knowledge to safely care for the patient. The evaluation process is based on selected areas of expected performance to include critical thinking, assessment skills, effective communication, general safety, medication safety, infection control and appropriate nursing interventions.



Assessments are scored to reflect the students' ability to perform at expected levels. Remediation is required for students who fail to meet standard performance expectations.

After a year of collection, data shows an improvement in performance as students progress through the program. In addition, anecdotal evidence from new graduate nurses reveal that they are much more comfortable in their new role. When concept gaps are identified within the curricula, we can adjust our course content to address those deficits. We are identifying, developing and threading core concepts across the curricula to facilitate deeper learning in our students. We believe this assessment will continue to improve our students' learning outcomes, NCLEX-RN pass rates, clinical performance and ultimately will improve patient outcomes and save lives.

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Author Summary

M. Allen Perez MSN Ed., RN

Allen Perez is pursuing a Doctorate of Philosophy in Education and is a Nursing Instructor at Chamberlain University College of Nursing in Las Vegas, Nevada. With ten years' experience in emergency nursing he has worked with new graduate nurses extensively and has identified gaps in education related to identifying declines in patient conditions. During his five years of teaching experience, he has worked to increase student competencies related to patient assessment and identifying patient condition.

Mona Lisa Beerbower BSIE, MSN Ed., RN

Mona Beerbower began her nursing career at a Level I Trauma Center in Pittsburgh. Throughout her extensive nursing career, Professor Beerbower has worked in the care of critical patients. Currently, Professor Beerbower is an Assistant Professor of Nursing with Chamberlain University College of Nursing in Las Vegas, Nevada. Professor Beerbower is lead faculty for Health Assessment and for four years has educated undergraduate nursing students how to assess their patient's condition and intervene appropriately.

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YOU'VE BEEN SELECTED FOR A CONTINUING EDUCATION (CE), EMPLOYMENT, OR APRN PORTFOLIO AUDIT; NOW WHAT?

By: Christie Daliposon, Discipline Support Specialist, NSBN

You've created your Nevada Nurse Portal Account. You have successfully renewed your license/certificate with the Board; now, you receive an email and message in your Nevada Nurse Portal account indicating you have been selected for an audit to support attestations you made on your renewal application. Now what? Don't worry NSBN is here to help!

The NSBN process for conducting a random audit is outlined below: NSBN randomly selects 10% of all RNs, LPNs, APRNs, CRNAs and CNAs who have renewed their license in Nevada each month. A message is sent out via the Nevada Nurse Portal Message Center at the beginning of each month. A message is also sent to the email address you used when creating your Nevada Nurse Portal account. It is extremely important when you register with the Nevada Nurse Portal, you use an email address that is checked frequently and can be accessed at any time.

Once the email is sent out, you have 30 days to comply with the audit. The audit requires documentation specific to the two year timeframe prior to your most recent renewal date (example: If you renew 6/3/19, then the audit timeframe is 6/3/17 through 6/3/19). If you hold multiple levels of licensure, check the audit email subject line to see which license is being audited at this time. License and certificate holders are subject to random audits every five years for each license type. This means if you hold an RN and APRN license, you could be audited on your RN renewal application this year and your next APRN renewal application.

The email you receive will include directions explaining what is required to comply with the audit for your specific licensure type. You may submit your audit response via a reply to the message the Nevada Nurse Portal Message Center, directly by email, fax, mail, or by walking into the Las Vegas or Reno NSBN offices.

Approximately two to three weeks after the initial email is sent out, you will receive a telephone call at the number on file with NSBN informing you that you are being audited. If a message cannot be left by voicemail, then an email will be sent notifying you to contact the Board. Keeping all contact information up to date with NSBN can be the difference in license and certificate holder compliance with audits or being sent to the discipline department for an investigation and potential disciplinary action.



When you comply with the audit, a message will be sent via the Nevada Nurse Portal Message Center congratulating you on complying with the audit. If more information is needed, a message will be sent via the message center informing you that more information is needed. It is extremely important to stay in contact with NSBN during this process. Not responding to an audit request could result in disciplinary action, which is public and reportable to national databanks.

During fiscal year 2017-2018, the Board conducted 1,879 audits on RNs, LPNs, APRNs, and CRNAs. Of these audits 1,710 complied, meaning 169 audits resulted in an investigation by the discipline department. Twenty-three of these investigations resulted in public disciplinary action. During this same fiscal year, NSBN conducted 358 audits on CNAs. Of these audits 224 complied, meaning 119 resulted in an investigation by the discipline department.

Thirty of these investigations resulted in public disciplinary action.

If you or anyone you know has questions in regards to continuing education requirements, the Board's website is a wealth of information. The website includes a list of approved courses and providers for the one-time, four-hour bioterrorism course requirement and a list of approved courses and providers for the two-hour suicide prevention course and the two-hour substance use and abuse course.



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2. Select "Faculty" for job category, "Arizona" for location and click "Search."
3. A complete online application should include a cover letter and CV.

Contact:

Jacquelyn M. Smith, Ph.D.
Dean, College of Health Sciences
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OVERVIEW OF THE 80TH (2019) NEVADA LEGISLATIVE SESSION

Fred Olmsted, Esq, General Counsel



During the 2019 Nevada Legislative Session, some bill draft requests became bills. Some bills became laws. The following bills became laws and apply to nurses and nursing practice.

AB147 – Authorizes an Advanced Practice Registered Nurse (APRN) to perform certain services.

An APRN may now authorize handicap placards for motor vehicles. Since this bill amended Nevada Department of Motor Vehicles (DMV) laws, any questions about how or when an APRN may authorize a handicap placard should be directed to the Nevada DMV.

Additionally, AB147 amended NRS 632.237. Now, an APRN may order home health care for a patient. The Nevada State Board of Nursing (NSBN) reminds all APRNs and RNs that insurers may impose additional restrictions on APRNs ordering home health care.

AB239 – This is a clean up bill to AB474, which was the 2017 opioid abuse bill.

Every APRN who prescribes should review this bill. The NSBN shall develop and disseminate to each APRN, and make available on the NSBN website, an explanation or technical advisory bulletin to advise APRNs about this bill. At the present time, such a technical bulletin is being created. Once finalized, the bulletin will be emailed to all APRNs and placed on the NSBN website.

AB275 - Prohibits a licensing board from denying a license to an individual based on immigration or citizenship status.

NRS 632.3446 requires applicants for licensure or certification to include their social security number on the application submitted to the NSBN. AB275 did not change that requirement. However, now, an applicant can provide

a social security number or an individual taxpayer identification number to complete the application.

AB319 – Allows a person to petition a licensing board for a determination of whether the person’s criminal history will disqualify them from obtaining a license.

NSBN has always evaluated applicants on a case by case basis and this law will not change that practice. NSBN has developed and implemented a process by which a person with criminal history can petition NSBN to review the criminal history of the person. NSBN is not bound by its determination of disqualification or qualification and may rescind such a determination at any time.

AB534 – Requires NSBN to maintain a list of nurses who are trained in treatment of emotional and mental trauma. NSBN must provide that

list, upon request, to the proper authorities.

NSBN must ask each RN on renewal if they have training in the treatment of emotional and mental trauma. If they answer yes, the RN will be asked if their name may be included on a list maintained by NSBN. The list maintained by the NSBN will be provided to a Nevada agency upon request.

SB66 – In the event that the Governor calls a state of emergency or declares a disaster, healthcare professionals are required to report if they treat an injury inflicted by the emergency or disaster.

Currently, healthcare professionals must report to the authorities if the healthcare professional treats an injury caused by certain circumstances, including burns, a knife, or a gun. Now, a healthcare professional must report if they treat an injury inflicted by an emergency or disaster.

SB134 - This is a clean-up bill to SB227, which was the 2017 APRN full practice authority bill.

APRNs will now be able to practice to the fullest extent of their scope of practice.

SB315 - NSBN is now required to encourage continuing education in the diagnosis of rare diseases. NSBN must disseminate information concerning childhood cancers.

NSBN will develop and disseminate information concerning the signs and symptoms of pediatric cancer to annual to each RN who cares for children.

NSBN will encourage each APRN to receive, as a portion of the required CE, training and education in the diagnosis of rare diseases, including (a)

recognizing the symptoms of pediatric cancer, and (b) interpreting family history to determine whether further examination is appropriate.

SB456 – Provides that a hospital may admit an APRN to membership on the medical staff of the hospital.

The APRN may perform any act that is within the scope of practice of the APRN. A hospital shall not automatically admit an APRN to membership solely because she or he is an APRN. A hospital shall not automatically deny an APRN membership solely because she or he is an APRN.

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THE SHOCKING REALITY OF VIOLENCE IN HEALTHCARE AND WHAT WE CAN DO ABOUT IT

Sheila Wilson, RN, BSN, MPH; Edited by Jamie L. Ross

Reviewed by Joy Longo, PhD, RNC-NIC, Associate Dean, Graduate Practice Programs, Associate Professor, Florida Atlantic University, Christine E. Lynn College of Nursing.



In *The Shocking Reality of Violence in Healthcare and What We Can Do About It*, author Sheila Wilson addresses the issue of violence directed against health care workers. A key message in the book is that health care workers do not have to accept violence as part of their jobs, nor do they need to make excuses as to why it occurs. Recognition of the problem is an important foundational step from which further actions to address workplace violence can occur. Using information from government agencies, such as the Occupational Safety and Health Administration, and professional organizations, such as the American Nurses Association, the author outlines a call to action to end workplace violence in health care.

As an experienced nurse and cofounder of the organization Stop Healthcare Violence, Ms. Wilson brings personal experience to the discussion of violence in health care. She presents foundational knowledge for nurses and other health care providers who may be victims of such behavior but are unaware of the problem's extent in the industry.

The author uses actual accounts of worker-experienced violence to let readers know that they are not the only ones who may have experienced such behavior in the workplace.

Raising awareness is key in tackling issues that often remain hidden, such as victimization or personal attacks. Knowledge is power; thus, being informed is essential for all workers. Throughout the book, the

author makes it clear that health care agencies must take responsibility for a safe work environment, and one of the first steps is to establish a violence prevention program within the workplace. Ms. Wilson provides guidelines to establish such programs and to help nurses become advocates.

To hold health care agencies accountable, legislation regarding workplace violence needs to be in place. For example, according to the author, elevating assault on a health care worker from a misdemeanor to a felony could result in more effective workplace violence programs. From the perspective of the individual, the author provides 10 actions that can be taken by a nurse who is assaulted at work. The actions include reporting the assault to a supervisor and seeking counseling or other assistance to address post-traumatic stress disorder.

These actions further call attention to the need to recognize the inappropriateness of workplace violence and to reiterate the importance of reporting incidences, which is instrumental in documenting the number and type of assaults. The author reports on barriers to reporting and ways to overcome these barriers, as well as ways nurses can be proactive in supporting their peers who experience workplace violence. Such peer support goes far in making victims of workplace violence know that they have been heard and feel encouraged to take the appropriate actions against the perpetrator. This book provides important information for nurses who have experienced workplace violence as well as for those who have not but want to learn more about this important topic. Not addressed in this book are the different types of violence that may be encountered in the health care workplace setting. The examples provided highlight the issue of physical violence and assault. Although these types of attacks can have both physical and psychological repercussions, health care workers are also exposed to violence in the forms of emotional and verbal abuse. Such veiled acts can have long-lasting, detrimental effects. Perhaps by delving into the resources about workplace violence that the author provides at the end of the book, the reader can obtain information on these other forms of workplace violence.

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Debra Garrett, DNP, APRN

SEVENTEEN CONSECUTIVE YEARS!

Americans have voted and nurses are the most honest and ethical profession for another year. Nursing has been honored with this No. 1 ranking for 19 of the 20 years it has been included in the Gallup poll! So what attributes must a nurse possess to instill such faith? There are a number of qualities that define a great nurse. According to <https://diversitynursing.com>, the top 10 are listed below.

• **Attention to Detail:** I often stress the importance of this with my students. Putting your decimal in the wrong place when calculating a drug dose can have dire consequences. Everything from medication administration, patient assessment, documentation and following an order, require a great deal of attention. A mistake can be the difference between life or death.

• **Communication Skills:** Communications skills are vital in the nursing field. Not only speaking, but equally, if not more important, is the ability to listen. The nurse then takes the information gathered, critically thinks, problem solves and effectively communicates with physicians and other members of the health care team, as well as the patient and family members.

• **Emotional Stability:** A day in the life of a nurse can present with many challenges. It can be equally rewarding and devastating. It is crucial that the nurse has the emotional stability to manage those traumatic days, not allowing it to affect them on a personal level, and to have the ability to pull their strength from the days or events that are so rewarding in this occupation.

• **Empathy:** Successful nurses demonstrate empathy for their patients. Nurses should not pity their patients, but should be able to put aside their own viewpoint and see things from their patient's point of view. Even without personal experience of the situation, which would result in sympathy, you can feel what the other person is feeling.

• **Flexibility:** Nurses never know what their day holds. If you go to work expecting one thing, you can almost guarantee your day will be dramatically different. Work shifts vary, are often longer than anticipated and responsibilities can change in a heartbeat – literally.

• **Interpersonal Skills:** This isn't the first time I have talked about interpersonal skills. Nurses are required to work with patients, family members, physicians, pharmacy, radiology, respiratory, and laboratory personnel, therapists, other nurses, and so on. Nurses are often the central hub of



communication between all stakeholders. It is important that nurses possess strong interpersonal skills.

• **Physical Endurance:** Long shifts, prolonged hours of standing, transferring people and frequent lifting are all part of a nurse's day. It is important that we maintain our own health so we can care for others.

• **Problem Solving Skills:** A nurse must possess the ability to solve problems. One must be a quick and critical thinker, and even foresee potential problems and work to prevent them.

• **Quick Response:** Situations arise that require an emergent response and nurses have to be able to respond quickly, all while maintaining their composure.

• **Respect:** Nurses must have a respect for the beliefs and wishes of others. They need to be non judgmental and maintain confidentiality. They must also have a healthy respect for policies and procedures because problems can ensue if they do not.

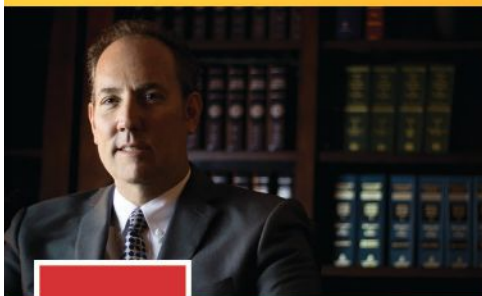
Nurses are at the bedside, and Americans believe they can always rely on their nurse to be their advocate, to intervene on their behalf and ensure quality health care. Continue to be a patient advocate and demonstrate those critical attributes and nursing will continue to be a respected profession. Well done!

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Rowena T. Bermundo,
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Assistant Professor of
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CULTIVATING STUDENT LEADERSHIP



Colin Chow, RN
President (2018-2019)
Critical Care and Emergency
Student Nurses Association,
Roseman University of
Health Sciences

Student leaders are instrumental to the progress of the university, community and cultural environment of academia. As nurse educators, we model and teach students how to embrace and demonstrate leadership in nursing and patient care. Cultivating student leadership must be incorporated in the classroom, clinical settings and within the university by supporting student organizations. Creating opportunities for nursing students to evolve into leaders assists in producing entry-level nurses who are self-disciplined, resilient, have a positive attitude, are visionaries, are goal-focused and are flexible to make changes when necessary. The strength in leadership in student organizations is enriched by the involvement in university-wide and community events. In addition, student leaders learn to inspire and motivate others while modeling the behaviors of a good leader.

Leadership Defined

The definition of leadership and expectations of a leader have evolved in many ways. Greybe (2017) argued that the essence of leadership has shifted from the leader having the sole control to becoming a coach, facilitator, an educator and one who empowers others. Marshall (2011) defined leadership as “the ability to guide others” (p. 2). Northouse (2016) discussed that leadership extends beyond influencing a single follower to a group of individuals that share a common goal. While leaders work with the group to meet the desired goal, concerns and issues may arise and delay results. A compelling leader addresses concerns that affect the followers and work collaboratively with other groups to ensure the success of the project. The basic descriptions of leaders being individuals who leads and have control with the followers merely following have evolved into a relationship that engages the leader and follower into a mutual connection.

Influence of Leaders in Academia

With the increasing complexity of healthcare, the nurturing of nurse leaders must be initiated fundamentally during nursing school. According to Kalb, O’Conner-Von, Schipper, Watkins and Yetter (2012), nursing faculty members have a central role in educating nursing students about leadership. The concept of leadership does not begin and end with a single course. Instead, nursing education needs to immerse leadership-related competencies and concepts across the curriculum extending to the clinical practice (Institute of Medicine, 2010). Nurse educators are recognized as leaders in academia and can influence students to be leaders. Successful leaders shape potential leaders by recognizing their strength and honoring their positions (Forrester, 2016). In this progressive society, ideas are accepted with less resistance when most, if not all, are involved in the process. That’s when the leader takes the chance to build a positive culture and uses it to maintain the trust in the relationship.

Strategies to Cultivate Nursing Leaders

The faculty’s role in student leadership development is essential to the growth of future nurse leaders. One of the strategies that Kalb et al. (2012) discussed is faculty engaging in self-development of leadership skills. To reflect in one’s ability to lead and improve leadership skills requires nurse educators to self-reflect and maintain the passion to teach. The enthusiasm is shared with the students and in turn, students are impassioned when they view faculty as leaders who emulate the expectations set for them. Self-development also includes being involved in community events and student organizations. A leader’s progressive behavior conveys a powerful and consistent demonstration of a leader’s commitment to the profession.

Another strategy to nurture leadership skills is to empower students through the provision of a

collaborative and supportive environment (Ailey, Lamb, Friese, & Christopher, 2015). When faculty recognizes the abilities of the students, it forms an environment of teamwork, joy and oneness with the group (Marshall, 2011). The student is provided the opportunity to share in the decision-making process facilitating a better understanding of the leader's point.

Discussion of case scenarios, as a teaching strategy, supports students in their application of leadership competencies (Kalb et al., 2012). In addition, interprofessional education, as an interdisciplinary approach promotes healthcare students as future interprofessional team leaders. In team leadership, the culture involves the support of the team members as opposed to decisions coming only from those in position (Northouse, 2016). As team leadership builds up, structural walls are taken down and decision making is shared to the rest of the team members (Lavoie, 2015). The shared leadership experienced by students empowers and enhances performance.

Conclusion

Nurse educators have a significant impact on cultivating the leadership skills of nursing students. A profound understanding of the educator's leadership skills and commitment to lifelong learning effectively influences students to discover and utilize leadership abilities. As an advisor of Critical Care and Emergency Student Nurses Association, Roseman University of Health Sciences (CCESNA, RUHS), I have witnessed the profound leadership potential and capabilities of students. Not only are student leaders engaged in their learning, but committed to serving patients, the community, university and fellow students. Colin Chow, the President of CCESNA, RUHS reflects on his leadership journey.

An Open Letter from a Student Leader to Student Leaders Dear Student Leader,

If you are reading this, it is because you are a leader. Some of you might be the president of an organization, a peer mentor, or even a captain of a sports team. I, for one, was president of a nursing organization called Critical Care and Emergency Student Nurses Association (CCESNA) at Roseman University of Health Sciences. CCESNA was founded in 2016 and started out with only five members. Three years later, the organization now has 200+ active members, serving its community in Las Vegas. You probably go days, weeks and even months without getting recognition for all the amazing work that you do. That is why I am here

today, to tell you: thank you. Thank you for everything you do. You do it, not because you want the recognition as a leader, rather it is something you love to do. I am also writing to you because I wanted to bestow some words of wisdom, so you can become an effective and successful leader. The following are some leadership traits I developed during my time as CCESNA President.

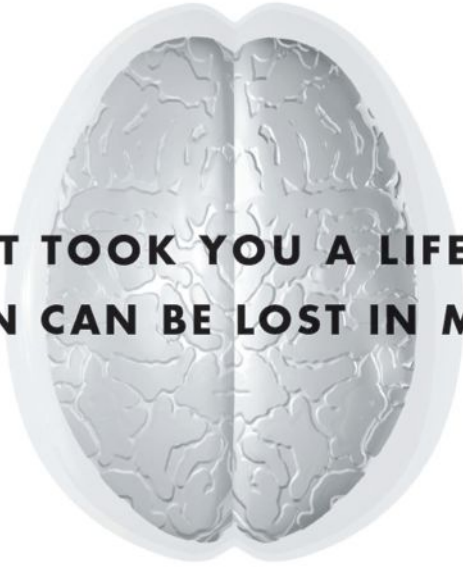
Lead by Example

Take a minute and ask yourself: "What is the example I want to be setting?" It might seem like a simple question, but I have found that in practice, it is not quite clear and easy to answer. You can start off by asking yourself, "What is my vision for this organization?" If your vision is to create mini versions of yourself, then you are terribly misguided. Leading should not be about you. It should be about us. Leading by example means setting a standard of tolerance and acceptance, which is appropriate for the organization's benefit. The standard begins with your presence. How you act and converse with others, in and out of your organization, sets the tone in creating a safe and warm environment and cultivates positive relationships. This brings me to my next point.

Act Like A Leader

To be an effective leader, you must act like an effective leader. Leaders must have confidence in themselves and in

continued on page 20




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their abilities; they must believe that they have the power and the skill to create a positive environment for others. Leaders lead through good dealings instead of trying to control. This means that a leader must be empathic, which is the ability to share the emotions of others. Take time to get to know those around you on a personal level. Control is a sign of fear and, in turn, is a sign of weakness. Others will then challenge this weakness. Instead of being controlling, leaders need to be courageous. Courage is not the absence of fear, but rather the judgment that something else is more important than fear.

Be Fair

I believe that fairness is important, and it takes place in all facets of our lives. Fairness is when people are treated equally; however, there is a lot more to this word than what meets the eye. It is not only making sure that everyone is treated the same, without bias or partiality, but it also encourages respect, responsibility, leadership and trust. I also believe it is important to be impartial. Impartiality is a key part of fairness and equality. Being impartial does not mean you do not have any biases. It means knowing what your biases are, striving to set them aside and requesting outside perspectives as needed. Eleanor Roosevelt once said, "It is not fair to ask others what you are unwilling to do yourself." I made sure that everyone in CCESNA had an opportunity to voice and share his or her opinion. Having more than one voice is the best vehicle to drive any cause. I encourage you to do the same.

Don't Be Afraid to Ask for Help

Part of being a good and effective leader is knowing who to turn to and where to go for help. Knowing when and how to ask for help can make navigating this unknown territory much easier and saves you time by avoiding the mistakes that others have made. Some might find it terrifying to ask someone for help because he or she fears that others may see them as incapable. Others are afraid to ask for help because they do not have a lot of experience doing it, they have not practiced doing it, or they are not exactly sure how to do it effectively. Remember, you are human after all. This does not mean you have to do everything all by yourself. Regardless of your role, leadership is an attitude, not a title. A leader knows how to delegate tasks and recognizes when to collaborate for the greater good. If you have exhausted all your resources or you are in over your head, it is okay! Do not be afraid to reach out to your advisor or colleague to gain their assistance. This brings me to my last point.

Be Honest

Finally, being a good and effective leader is being you, not what others want you to be. A lot of people in

this world are not what they appear to be. Many people are trying to impress others or even trying to fit in. I used to be like those people. All that I wanted was to fit in and to be like everyone else. If you are honest with yourself, you can be honest with those around you. Also, everything that you hide eventually comes out in one way, shape or form. Here are some questions you can ask yourself to check your honesty: "Do I shade the truth in order to conceal the truth?" "Do I tell people things they want to hear or the things they need to hear?" and "Do I know my limitations?"

With that being said, I wish you all the best in your future endeavors. Continue doing great things because we are the future of our generation.

**From one colleague to another,
Colin Chow, RN (graduated June 2019)**

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Joining a group exercise class is a great way to mix up your workout, make new friends, and have fun. Even better, because group workouts are led by professionals, an expert can help fix your form and give you pointers. Plus, between the rocking playlists and group camaraderie, these sweat sessions tend to fly by.

Here are some fitness classes you might see at your local gym, boutique fitness studio, or YMCA — and why you should give them a try (after you check with your health care provider, of course):

Battle ropes: During this class, participants team up or take turns whipping, slamming, and pulling, thick, heavy ropes that are anchored to the floor or wall of the gym. You'll be amazed at the variety of moves and routines instructors think up to safely use the ropes. The workout provides both cardio and strength training (targeting the abs, glutes, back, and entire upper body).

Pilates: Pilates seems similar to yoga at first glance because the exercises are often done on a floor mat. Like yoga, Pilates moves tend to focus specifically on the tiny muscles in the trunk area (abdomen, back, and inner and outer thighs), but the goal of Pilates is strengthening versus stretching. Taking Pilates regularly may improve coordination, flexibility, endurance, and balance. In fact, a study in *The Journal of Sports Medicine and Physical Fitness* reports that after eight weeks of Pilates, participants had better balance, flexibility, and abdominal strength.

Once you get the mat version of Pilates down, give a Pilates Reformer class a try. It uses a sliding platform with pulleys, springs, and bars to provide resistance and amp up your workout.

Barre: This class is a combination of ballet, yoga, and Pilates moves performed while standing at a ballet handrail or barre (hence its name). Barre classes can help improve posture, define muscles, and increase flexibility. People of all fitness levels can participate because the workout involves doing a number of small movements repeatedly. You don't have to lift heavy weights or know hard-to-perform moves. You just have to learn the basics and stick with it.

Because the routines often involve leg lifts, avoid shorts, and opt for leggings or slim-fitting stretch pants. Most instructors have participants do the workout in socks, so try your first class in a pair with rubber grips on the bottom. This helps you avoid sliding on the hard wood floor or having your foot slipping off the barre.

Aerial yoga: This fitness craze, also known as anti-gravity yoga, takes your workout skyward. You'll use silk fabrics (that look similar to a vertical hammock) to perform the poses in the air. The slings are completely secure and can support your full body weight, so you don't have to worry about falling —

and professionals are always nearby to assist you with the poses.

Using the fabric helps people to get into poses like handstands or to even do flips that are much more difficult without the assistance of the silks. You don't have to be an acrobat though. In fact, aerial yoga is great for beginners or people with injuries. Because the moves are done in the air, there's limited impact or stress on the joints.

CrossFit: If you want to get stronger and also join a supportive community of like-minded people, CrossFit might be for you. Participants rally around each other during workouts and these gyms are known for their encouraging vibe.

At a "box" (what CrossFit gyms are called), there's a different workout each day. A box doesn't look like a typical gym. Instead, it's more like a large garage filled with weighted balls, tires, pull-up bars, rowing machines, and weights.

The "WOD," which stands for "workout of the day," can be comprised of lifting weights, performing body weight exercises, running, rowing, or a variety of other functional movements. CrossFit coaches truly welcome people of all shapes and sizes because every WOD can be modified for beginners.

Tabata: These classes are perfect for time-crunched nurses, because they're short (often 30 minutes or less). The method provides an intense workout — and results — in a minimal amount of time.

Here's the premise:

1. Perform one move (like mountain climbers or burpees) at the highest intensity you can for 20 seconds.
2. Then rest for 10 seconds.
3. Repeat that sequence for a total of 4 minutes.
4. Rest for one minute.
5. Start all over again with a different move.
6. After 4 or 5 different moves, you're done.

One class often includes exercises that target different areas of the body, so you'll get a quick, full-body workout that includes cardio and strength training.

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Remembering SUSAN ADAMEK

“EVERY TIME YOU SMILE AT SOMEONE, IT IS AN ACTION OF LOVE, A GIFT TO THAT PERSON, A BEAUTIFUL THING.”

– Mother Teresa



Dignity Health-St. Rose Dominican hospitals recently lost one of its guiding lights. Susan Adamek, PhD, RN, NEA-BC, FACHE, the system’s Director of Education passed away in May. Through her position and manner, her presence was felt throughout the St. Rose Dominican hospital system, as well as throughout the nursing community.

But board positions and organization memberships hardly begin to reflect Susan’s contributions to St. Rose Dominican and the southern Nevada nursing community.

Susan had oversight for new leaders orientation and new nursing managers training as Director of Education for the St. Rose Dominican system. She was also a member of the St. Rose Dominican Ethics Committee.

“Susan was very wise, humble, caring and always put her staff and others at the forefront when hard decisions had to be made,” said Linda Gerstenberger, Vice President of Human Resources for the Dignity Health Nevada Service Area. *“She was so supportive and would never turn down an opportunity to join a new team, committee or cohort. One of her colleagues described her as ‘the true spirit of collaboration, a kind person, a great fearless leader who had the utmost confidence that we were working towards the common good.’”*

Sister Phyllis Sikora, OP, Dignity Health Vice President of Mission Integration for the Nevada Service Area, said, *“Susan was an advocate and champion for many programs that assisted our staff in becoming stronger in their ability to carry out their duties and responsibilities. Let us carry on the legacy Susan has left us in caring for and supporting each other.”*

Susan’s smiling face and open, friendly manner were hallmarks of her participation in many professional organizations: she was a former President of the Nevada Organization of Nurse Leaders, treasurer of both the Nevada Alliance for Nursing Excellence and the Nevada Action Coalition, and a member of the Education Advisory Board for the Nevada State Board of Nursing, the American Organization of Nurse Executives, and the American College of Healthcare Executives, to name just a few.



In an email announcing Susan's passing, Sister Phyllis offered the following verse from scripture, *"Faithful friends are a sturdy shelter; whoever finds one finds a treasure. Faithful friends are beyond price no amount can balance their worth. Faithful friends are life-saving medicine..."* (Sirach 6:14-15)

Born in Waycross, Georgia, a town so small Susan recalled that her first birthday made the society page of the local newspaper, Susan Adamek attended Mercer University in Macon, GA. She studied pre-med before realizing she did not want to lead a doctor's lifestyle. Susan turned to nursing, earning her BS from Armstrong State College in Savannah and beginning her career in obstetrics nursing, as a high-risk obstetrics clinical nurse specialist for 10 years. She progressed in her career and spent 10 years as Chief Nurse Executive, first in Georgia. Then beginning in 2008, as CNE of the St. Rose Dominican Siena Campus for almost three years.

Through her career, Susan became more and more passionate about education. In a 2015 interview with a local CBS reporter, Susan described her transition to education, *"I realized that the parts of my former jobs that I loved the most involved helping others learn. Whether teaching patients, employees or students, I enjoy seeing them gain knowledge and skills."*

Susan offered those thoughts even as she was advancing her own education, completing her PhD in nursing education from the University of Nevada-Las Vegas. *"While the PhD was not required for my current position, I have learned many things about curriculum development, adult learning, research and learning evaluation that I am able to apply every day. I feel like I am better able to make decisions about the programs I oversee because of the things I learned in school."*

Susan's passion for learning left an impact on many of those she touched.

"The contributions of Dr. Adamek in clinical practice are rivaled only by her impact as a role model to countless nurses who practice at every level," said Associate Professor Lori Candela of the UNLV School of Nursing. *"Her leadership, ingenuity, collegiality and can-do style of viewing the world is a prescription for all of us to aspire to."*

Susan participated in formulating the mission and vision statements and the by-laws for the Nevada Action Coalition and worked to implement nurse residency programs throughout the state.

Linda Paulic, Program Coordinator for the Nevada Nursing & Healthcare Workforce Center, Nevada Action Coalition, said, *"Susan was a friend and a fierce advocate for nursing and education. She demanded kindness from those who served as mentors in education and was a shining example of the philosophy of St. Rose."*

Susan was active with the Nevada Promise Scholarship Mentor Program at the College of Southern Nevada. Colleagues there said students responded positively and enthusiastically when Susan volunteered as a guest speaker and mentor for groups of high school seniors who applied for the Promise Scholarship.

Guy Amato, Director of Community Relations in the CSN Office of Inclusive Learning and Engagement said, *"Her professional accomplishments, industry and community engagement and her dedication to enhancing the student experience made a profound and positive impact on all of us."*

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Douglas Geinzer, CEO of Las Vegas HEALS, worked with Susan on Healthcare 20/20, a workforce development program that institutionalized a registered nurse transition to practice (nurse residency) program in southern Nevada.

“Susan Adamek was amazing to work with, being not only a consummate educator, but a perpetual student herself as she worked on her doctoral degree,” said Geinzer. *“Without her guidance and counsel the program would not have achieved the success that it did and forever change how we onboard new graduate nurses in southern Nevada.”*

Susan maintained that same respect for others wherever she went, from the classroom to the negotiating table.

“Susan and I worked on different labor issues, working from different sides of the spectrum,” said Debbie Miller, a union representative for employees at St. Rose, who worked with Susan for almost 10 years. *“Susan was nothing but courteous, compassionate and always fair. Susan worked through issues with integrity and always gave employees*

the opportunity to be heard. Susan was in every way a lady and carried herself with poise and grace. She was in every way sincere and honest.”

Her caring methods were not lost on observant students.

“She was always so graceful in her approach and demeanor,” said Stacey Akeson, Clinical Nurse Specialist in the St. Rose Siena Campus NICU. *“I remember Susan popped in (to classrooms during training) very briefly. She pretended to need to pick something up fast, but Susan was always in stealth mode. I think she was secretly there to offer some support, like a Mom.”*

Dignity Health IT Program Manager Cassandra Mathis said, *“Leaders like Susan are few and far between. I hope I can continue to make her proud.”*

At a June 7 memorial service at the Dignity Health-St. Rose Dominican Siena Campus, one of Susan’s Education Department colleagues, Diana Gladstone, RN, called to mind how Susan empowered people to overcome challenges, reach milestones and move ahead to be their best.

“She stood with us during success, progress, change and uncertainty with unending motivation and support to help us reach our goals as individuals and members of this organization. She enhanced not only our professional lives but our personal lives as well,” said Gladstone.

Then, as glasses were passed among the crowd, filled with Susan’s favorite, hard-to-find Tab soda, Gladstone offered a toast.

“Susan is a true inspiration to us all. Our hearts are heavy as we learn an angel has been called before her time. We celebrate this day with a toast to an incredibly warm and caring person, whose presence and inspiration will continue to live large in our hearts.”

Here’s to Susan.”





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BOARD TALK

BOARD MEETINGS

The Nevada State Board of Nursing has a seven-member Board, appointed by the Governor, consisting 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 6-8, 2019
Reno, NV

January 15-16, 2020
Las Vegas, NV

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ADVISORY COMMITTEES

The Nevada State Board of Nursing is advised by and appoints members to six 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 video-conference in Reno and Las Vegas.

Advanced Practice Registered Nurse Advisory Committee (one)
November 26, 2019

Certified Nursing Assistant Advisory/Medication Aide-Certified Committee (four)*
October 10, 2019
*One MA-C, one LPN, one Acute Care RN, one Long Term Care RN, and one Home Health nurse

Disability Advisory Committee (three)
October 17, 2019
December 19, 2019

Education Advisory Committee (five)*
October 11, 2019
*Nursing student member

Licensed Practical Nurse Advisory Committee
October 8, 2019
December 24, 2019

Nursing Practice Advisory Committee (one)
October 8, 2019
December 10, 2019

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