Nevada State Board of
NursingNews
September 2020

FOCUS ON EDUCATION

Official Publication of the Nevada State Board of Nursing

Touro University Nevada
School of Nursing

Sometimes you will inspire your patients; more often, they will inspire you. – *Florence Nightingale*

ALL SCHOOL OF NURSING PROGRAMS
~ Designed for working RNs
~ Affordable tuition
~ CCNE accredited

DOCTOR OF NURSING PRACTICE
~ No campus residency
~ 33 semester credits (minimum)
~ Complete in three trimesters
~ 100% online

MASTER OF SCIENCE IN NURSING
- Family Nurse Practitioner
~ Complete in seven trimesters
~ Clinical preceptor placement assistance

POST MSN CERTIFICATE
- Family Nurse Practitioner
~ Complete in just four trimesters

RN TO BACHELOR OF SCIENCE IN NURSING
~ Complete in three trimesters
~ 100% online

APPLY TODAY
tun.touro.edu/nursing

702.777.1750

874 American Pacific Drive
Henderson, NV 89014

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

Cathy Dinauer, MSN, RN, FRE
Executive Director
nursingboard@nsbn.state.nv.us

Michelle Johnson, EdD, RN, CPNP-PC
Editor

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

CONTACT

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

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

WORLD WIDE WEB
nevadanursingboard.org

Address changed?
You may change your address by visiting our website and clicking "manage profile" in your Nevada Nurse Portal account.

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

EDITION 67

PCI Publishing Concepts, Inc.

Created by Publishing Concepts, Inc.
David Brown, President • 1-800-561-4686 ext.103
dbrown@pcipublishing.com
For Advertising info contact
Laura Wehner • 1-800-561-4686
lwehner@pcipublishing.com

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

contents

Words From the Executive Director 4
Message From the President 5
Obtaining Credentials as a Surgical First Assist 6
Doctor of Nursing Practice: DNP 8
Fact Sheet: The Doctor of Nursing Practice (DNP) 9
The Emergency Nurse Practitioner 12
The Value of a CNL 14
RNPC Scholars: Preparing for the Future of Healthcare 16
Informatics 19
Directory 20
Board Talk 21

WORDS

• FROM THE EXECUTIVE DIRECTOR

Cathy Dinauer, MSN, RN, FRE

The year 2020 started as the Year of the Nurse and Midwife, but quickly became the year of COVID-19. Nursing education during the COVID-19 pandemic has been challenging at best. Nursing programs have developed creative opportunities to educate their students while still conforming to regulatory mandates. A global lockdown of educational institutions caused interruptions in students' learning.

When the Emergency Directive was initiated in Nevada in March, not only did our nursing schools close, but the clinical sites where students trained had to halt having students in their facilities. Education training seemed to have come to a standstill. Our educators, however, adapted to alternative teaching strategies developing remote learning options for their students. Fortunately, our Board approved a policy allowing for 50% simulation in nursing programs. This policy was challenged during the initial phase of the pandemic because many schools needed to increase the amount of simulation. Evidence exists to support 50% simulation, but no studies exist yet to support student outcomes beyond the use of 50% simulation. Students are then at risk of having deficits in their education and may have difficulty successfully passing NCLEX.

At the beginning of the pandemic, most of the Pearson-VUE NCLEX testing centers were closed. Many students were faced with long wait times to get scheduled for their exams. The National Council of State Boards of Nursing worked with Pearson-VUE to open testing centers across the country. Social distancing measures are now in effect, and test candidates have been able to get scheduled quickly.

It has been valuable to work with our educational partners and gain an understanding of the dire dilemmas many of our nursing programs have been facing. Educators and nursing leaders have worked to develop academic partnerships between a prelicensure program and a healthcare facility. No one wants to see a student not be able to complete a program due to some unavoidable circumstances.

Navigating the new normal, we have learned to be more flexible and open-minded. Collectively, regulators, educators, and facility leaders are working together to identify solutions and remove barriers to learning. The COVID-19 pandemic has brought many changes in our lives, which may result in an abundance of fear and anxiety. Nurses are resilient, and it is all more important to maintain your emotional health.

MESSAGE

• FROM THE PRESIDENT

Mary-Ann Brown, RN, MSN CHPCA GCHCE HEC-C

In the last Nevada State Board of Nursing (NSBN) newsletter I devoted my column to the COVID-19 pandemic and asked my fellow Board members to share their thoughts – both personally and professionally. When I wrote that article, I had thought that by this time we would be "back to normal". However, in Nevada and indeed most areas of the world, we find ourselves still engaged in a public health battle. As the Director of Palliative Care and Clinical Ethics at Renown, I am faced with tough and often life-ending situations. I have always admired those who provide care to patients, but that admiration has grown tremendously as I watch my colleagues step up to the new challenges because of COVID. Teams have adjusted to the continual use of masks and PPE, and surprisingly have picked up new talents such as navigating virtual meetings between patients and loved ones through ZOOM. One personal story that perhaps is indicative of the environment we find ourselves in involved participating in the wedding of a patient in the outside courtyard of the hospital so that an extremely ill father could give his daughter away. Our nurses and clinical team planned and executed this touching event, and again made me immensely proud and grateful to be a part of the nursing profession.

Our NSBN has also risen to the challenges presented by COVID. Board members and staff have tried several different platforms to host Board meetings. We have learned how to conduct Board business including using Robert's Rules and following the open meeting laws in a new format. The NSBN staff has sustained all key functions while maintaining the safety of staff, licensees and the public. Our Board has been able to efficiently meet the needs of Nevada's CNAs, RNs, LPNs and APRNS. In addition the move to on-line renewals and applications several years ago has made it possible for nurses and CNAs to receive quick and safe service from the NSBN.

The Annual meeting of the National Council of State Boards of Nursing was held in August, and not surprisingly, it was virtual. That was the first time that had ever happened, and as one might expect, the logistics proved challenging for both those planning and presenting as well as all of us attending. Voting by the delegate assembly was an issue. It took on an entirely new flavor as we all figured out how to conduct debates and then vote before the time expired. All the required work at the Assembly was completed, but many commented on the lack of opportunity to network and engage in conversations with colleagues. As you might expect, everyone looks forward to the end of the restrictions required to maintain safety so that we could participate in live sessions.

This year finds me completing my role as President as well as two terms on the NSBN. I am grateful and honored to have had the opportunity to serve and for the many professional and personally rewarding experiences I have had as a Board member and officer. Nursing regulation is a complex, interesting and perhaps above all, a necessary segment of the nursing profession and I encourage nurses, CNAs and APRNs to learn more about the NSBN and Board committees and apply to serve.

Be Safe!

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

OBTAINING CREDENTIALS AS A SURGICAL FIRST ASSIST

Upon completing my graduate studies as a nurse practitioner, I took an opportunity to work in general surgery, which included working in the operating room as a first assistant. It was a new role for me and a new role in the community where I practiced. Much has changed since embarking on the role in 2004, but the opportunities are still there for a niche practice as an advanced practice registered nurse (APRN).

The role of registered nurse first assistant (RNFA) is a scope of practice role recognized in all 50 states[1]. Founded in 1949, the Association of periOperative Registered Nurses (AORN) establishes itself as a community for operating room nurses and prides itself on being a place for evidence-based practice and education to promote standards of practice in perioperative nursing.

For an APRN practicing in this area, they would first meet the AORN Standards for RN First Assistant Education Programs[2]. These education requirements include six standards areas with a minimum six formal semester credit hours, post registered nurse (RN) education program (may be undergraduate or graduate credits), proof of RN licensure, specific didactic requirements, a clinical component, and for an APRNs proof of their APRN recognition. For APRNs without perioperative experience, individual assessment of skills, knowledge, and competency is recommended before starting a program.

Institutions who credential APRNs in the first assistant role grant privileges to practice. This process will likely include verification of professional education, licensure, certification, experience, references, qualifications for the role, competency, continuing education, malpractice, and criminal history.

As of January 2016, APRNs working as first assistants must have attended a standalone program to meet the AORN standards of practice in this role. Those who have worked in this area prior do not have the same requirement. A new position statement also calls on all RNs to be baccalaureate-prepared as the entry-level for the RNFA program as of January 1, 2020. Thus, the baccalaureate degree will be the entry-level degree for the RNFA in 2020 and beyond[1].

National certification is available through the National Assistant at Surgery Certification (NASC). The applicant must hold a master's, doctoral, or post-masters certificate in an advanced practice program, have certification as an APRN, must be currently working as an RNFA, hold a current, unrestricted RN license, have completed an acceptable RNFA program (meets AORN standards), and have a minimum of 2000 hours of practice as an RNFA. The hours of practice may include preoperative, intraoperative, and postoperative care[3]. The cost of the exam is $550 with certification conferred for five years. Recertification is obtained through examination, contact hours, or points.

There are many RN first assist program meeting the standards set forth by the AORN. Programs are available through universities and community colleges as well as private programs. Many programs offer didactics online and onsite suture workshops. A quick search of job opportunities identified 31 surgical first assistant jobs in Nevada in a variety of settings. None of the job listings was specific to the APRN as a first assist.

In my own experience, I enjoyed the role of RNFA as a new APRN. It was exciting, and I learned a lot about an area I had little experience. I completed the course in my off time, and I was able to get through the didactics in about three months working on learning modules every day. They also sent training kits to practice skills and learn intricate suturing. Part of the program was an onsite learning workshop for six full days. It was a lot of work, but rewarding and a tremendous learning experience. We did everything from simple suturing to learning about different types of surgery in a hands-on environment. Upon completion of the suture workshop and didactics, I completed a final exam and documented clinical hours. When it was all said and done, I completed my course in approximately six months from when I received the materials to the final submission of clinical hours. I also earned nine hours of community college credit for all this work!

I encourage any RN or APRN to consider the role of first assistant in surgery. The work is interesting, technical, and never the same from day-to-day. Good luck!

References:

1. AORN – RN First Assist Resources. Downloaded from https://www.aorn.org/guidelines/clinical-resources/rn-first-assistant-resources
2. AORN – Standards for RN First Assistant Education Programs (2014). Downloaded from https://www.aorn.org/guidelines/clinical-resources/rn-first-assistant-resources
3. National Assistant at Surgery Certification (NASC). CRNFA Application. Downloaded from https://nascertification.com/crnfa/application-and-candidate-handbook/

Nurse Practices in the Era of COVID-19

In this era of nursing shortages, due in part to the COVID-19 outbreak, nurse resources are being stretched thin, with ever-increasing demands placed on nurses by their employers. However, nurses cannot afford to compromise their licenses and buckle under direct or indirect pressure to cut corners with respect to standard nurse practices. Here are some **DOs and DON'Ts**, legal advice resulting from a number of recent experiences I've witnessed since the COVID-19 outbreak:

1. **DO** require that you receive proper training on all new equipment and software.
2. **DO** ask for help if you are overwhelmed or have been given more work than you can handle, in writing. Don't let superiors intimidate you into performing below acceptable, required nursing standards.
3. **DO** seek help from the NSBN when your employer makes unreasonable demands. Ask for Sam McCord at the NSBN.
4. **DO NOT** falsify records, ever. If you can't finish your notes and charting during your shift due to the assigned work load, tell your supervisors, in writing that you need more time, help or less work.
5. **DO NOT** remain at a job where you cannot complete all of the required work during your shift. If your employer isn't responsive, find another job.
6. **DO NOT** speak with anyone about allegations of misconduct before seeking legal advice. Don't speak to an investigator, a fellow worker, or HR. Sometimes, this is hard advice to follow. My general rule is that if you think you are going to be terminated, resign and find another job elsewhere (there are exceptions).

Craig Perry has represented hundreds of nurses before the Nevada State Board of Nursing. He offers a free initial consultation and will provide you with advice and encouragement if a letter of complaint/investigation has been or may be filed against you. He handles cases for APRNs, RNs, LPNs and CNAs. For immediate help, call **702-893-4777** or email his assistant, **Tyrin, at tyrin@craigperry.com.** We are located in North Las Vegas. You can also visit us at **www.lvnurseattorney.com** for more information.

By Stacy Berlekamp Spatar, DNP, APRN, NP-C

DOCTOR OF NURSING PRACTICE: DNP

Advanced practice registered nurse (APRN) is an umbrella term that includes nurse practitioners (NPs), midwives, and clinical nurse specialists. NPs are required to be nationally certified and licensed in the state(s) of practice. While certification is a national recognition, each state defines the scope of practice individually. The Nevada State Board of Nursing and licensure laws recognize full practice authority permitting NPs to practice to the fullest extent of their education, preparation, and training. NPs may work independently to assess, diagnose, and treat along with prescribing medications. The American Academy of Nurse Practitioners launched a million-dollar campaign called, "We Choose NPs." This campaign raised awareness of NPs' critical role in expanding access to primary care for millions of Americans and informed the public on NPs' direct access and patients' choices (American Association of Nurse Practitioners, 2020).

Parallel to other APRN roles, NPs are prepared to serve in advanced specialty nursing roles. NPs have specialized knowledge and skills acquired through graduate-level education. APRNs formal training and scope of practice are referenced with their designated credentials. Professionals with a doctorate in nursing practice (DNP) have achieved the highest level of education and preparation for clinical nursing practice - a terminal degree in the discipline.

According to the American Academy of Nurse Practitioners 2020 database, there are more than 290,000 NPs in the United States, and less than 1.2% of nurses hold a doctoral degree as a DNP [The American Association of College of Nurses (AACN, 2020)]. Why is a DNP degree important? Today's healthcare landscape demands the highest level of scientific knowledge and practice expertise assuring the most optimal quality patient outcomes (AACN, 2020). Similar to other health disciplines, nursing has moved in the direction of preparing professionals with practice doctorates. DNP-prepared nurses focus on evidence-based practice and are masterful in closing the gap between research and practice to provide the uppermost level of health care.

The proliferation of doctoral degree titles in nursing (and other disciplines) has presented opportunities for broadening knowledge among the public and the healthcare environment. As a doctorate-prepared nurse practitioner, I am proud to be a part of the healthcare community and blend my extensive nursing preparation, expertise, and skills into care delivery. Patients often ask, what would you like to be called? Because I have attained a terminal degree, I use my earned DNP degree title - Dr. Spatar.

NPs and DNP nurses hold a variety of professional roles such as providing care in practice settings, healthcare executives/management, clinical researchers, nursing faculty/education, along with other leadership and innovative roles. Should you desire to read more about a clinical DNP degree, sharing a resource - the DNP-Fact-Sheet (American Association College of Nursing, 2019). Regardless of the role, these nurse leaders are essential to care teams and the healthcare system.

References

American Association College of Nursing (2020). Creating a more highly qualified nursing workforce. Retrieved from https://www.aacnnursing.org/News-Information/Fact-Sheets/Nursing-workforce

American Association College of Nursing (2019). DNP-fact-sheet. Retrieved from https://www.aacnnursing.org/News-Information/Fact-Sheets/DNP-Fact-Sheet

American Association of Nurse Practitioners (2020). A national awareness campaign starring you. Retrieved from https://www.aanp.org/about/about-the-american-association-of-nurse- practitioners-aanp/media/media-campaigns/a-national-awareness-campaign-starring-you

American Association of Colleges of Nursing
The Voice of Academic Nursing

CONTACT:
Robert Rosseter
AACN Chief Communications Officer
(202) 463-6930, ext.231
rrosseter@aacnnursing.org

Fact Sheet:

The Doctor of Nursing Practice (DNP)

On October 25, 2004, the member schools affiliated with the American Association of Colleges of Nursing (AACN) voted to endorse the *Position Statement on the Practice Doctorate in Nursing*. This decision called for moving the current level of preparation necessary for advanced nursing practice from the master's degree to the doctorate-level by the year 2015. This endorsement was preceded by almost four years of research and consensus-building by an AACN task force charged with examining the need for the practice doctorate with a variety of stakeholder groups.

Introducing the Doctor of Nursing Practice

- In many institutions, advanced practice registered nurses (APRNs), including Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse-Midwives, and Certified Registered Nurse Anesthetists, are prepared in master's-degree programs that often carry a credit load equivalent to doctoral degrees in the other health professions. AACN's position statement calls for educating APRNs and other nurses seeking top leadership/organizational roles in DNP programs.
- DNP curricula build on traditional master's programs by providing content in evidence-based practice, quality improvement, and systems leadership, among other key areas.
- The DNP is designed for nurses seeking a terminal degree in nursing practice and offers an alternative to research-focused doctoral programs. DNP-prepared nurses are well-equipped to fully implement the science developed by nurse researchers prepared in PhD, DNS, and other research-focused nursing doctorates.

Why Move to the DNP?

- The changing demands of this nation's complex healthcare environment require the highest level of scientific knowledge and practice expertise to assure quality patient outcomes. The Institute of Medicine, Joint Commission, Robert Wood Johnson Foundation, and other authorities have called for reconceptualizing educational programs that prepare today's health professionals.
- Some of the many factors building momentum for change in nursing education at the graduate level include: the rapid expansion of knowledge underlying practice; increased complexity of patient care; national concerns about the quality of care and patient safety; shortages of nursing personnel which demands a higher level of preparation for leaders who can design and assess care; shortages of doctorally-prepared nursing faculty; and increasing educational expectations for the preparation of other members of the healthcare team.
- In a 2005 report titled *Advancing the Nation's Health Needs: NIH Research Training Programs*, the National Academy of Sciences called for nursing to develop a non-research clinical doctorate to prepare expert practitioners who can also serve as clinical faculty. AACN's work to advance the DNP is consistent with this call to action.
- Nursing is moving in the direction of other health professions in the transition to the DNP. Medicine (MD), Dentistry (DDS), Pharmacy (PharmD), Psychology (PsyD), Physical Therapy (DPT), and Audiology (AudD) all require or offer practice doctorates.

Sustaining Momentum for the DNP

- After a two-year consensus-building process, AACN member institutions voted to endorse the *Essentials of Doctoral Education for Advanced Nursing Practice* on October 30, 2006. Schools developing a DNP are encouraged to use this document, which defines the curricular elements and competencies that must be present in a practice doctorate in nursing.
- In July 2006, the AACN Board of Directors endorsed the final report of the Task Force on the Roadmap to the DNP, which was developed to assist schools navigating the DNP program approval process. This report includes recommendations for securing institutional approval to transition an MSN into a DNP program; preparing faculty to teach in DNP programs; addressing regulatory, licensure, accreditation, and certification issues; and collecting evaluation data. A DNP Tool Kit was developed using information and resources contained in the Roadmap report.
- In 2014, the AACN Board of Directors commissioned the RAND Corporation to conduct a national study to examine the progress made by nursing schools in transitioning to the practice doctorate. The report, titled *The DNP by 2015: A Study of the Institutional, Political, and Professional Issues that Facilitate or Impede Establishing a Post-Baccalaureate Doctor of Nursing Practice Program*, found near universal agreement among nurse educators about the value of the DNP in preparing individuals for advanced nursing practice.

continued on page 10

continued from page 9

- Schools nationwide that have initiated the DNP are reporting sizable and competitive student enrollment. Employers are quickly recognizing the unique contribution these expert nurses are making in the practice arena, and the demand for DNP-prepared nurses continues to grow.
- The Commission on Collegiate Nursing Education (CCNE), the leading accrediting agency for baccalaureate- and graduate-degree nursing programs in the U.S., began accrediting DNP programs in Fall 2008. To date, 286 DNP programs have been accredited by CCNE.

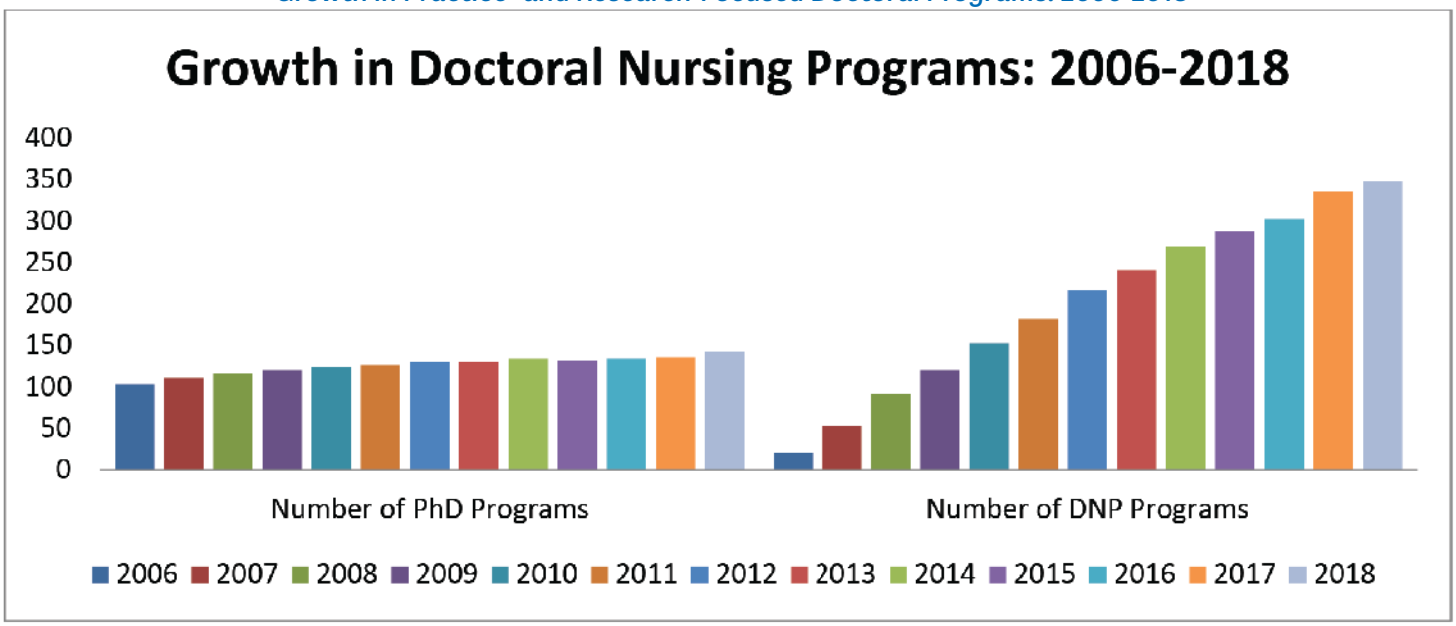
Current DNP Program Statistics

348 DNP programs are currently enrolling students at schools of nursing nationwide, and an additional 98 new DNP programs are in the planning stages (50 post-baccalaureate and 48 post-master's programs).

DNP programs are now available in all 50 states plus the District of Columbia. States with the most programs (10 or more programs) include California, Florida, Illinois, Massachusetts, Minnesota, New York, Ohio, Pennsylvania, and Texas.

From 2017 to 2018, the number of students enrolled in DNP programs increased from 29,093 to 32,678. During that same period, the number of DNP graduates increased from 6,090 to 7,039.

Growth in Practice- and Research-Focused Doctoral Programs: 2006-2018



By Becky A. Yoza, DNP, APRN-Rx, FNP-BC, ENP-C

THE EMERGENCY NURSE PRACTITIONER

The American Academy of Nurse Practitioners (AANP) recognizes the Emergency Nurse Practitioner (ENP) as a board-certified emergency specialist treating urgent and emergent conditions throughout the lifespan. There are several paths toward becoming an ENP (AANP, 2020b). Option one, a Family Nurse Practitioner (FNP) must have work experience in an emergency or urgent care setting. Then, the FNP may sit for the ENP board exam. Option two, the FNP may complete a post-degree fellowship specializing in emergency medicine. Third, the NP can complete an academic ENP program either as a post-degree or as a stand-alone NP program.

ENP's provide care across the lifespan in hospital emergency departments (ED), stand-alone EDs, and urgent care clinics (AANP, 2019). FNP's who have practiced in EDs and urgent care clinics for at least 2000 hours may sit for the ENP board exam (AANP, 2020a). Additional requirements include that candidates must have at least 30 procedure hours of continuing education hours within the last five years (AANP, 2020a).

Vanderbilt University initially developed the ENP track in the early 2000s by blending the Acute Care NP role and FNP role (VUSN, 2018). Currently, there are almost a dozen ENP academic programs in the country, and nearly twenty post-degree fellowship programs. Vanderbilt's Director of the ENP Program, Dr. Jennifer Wilbeck, also founded the American Academy of Emergency Nurse Practitioners (AAENP) in 2014 (VUSN, 2018).

While many FNPs and Acute Care Nurse Practitioners (ACNP) are currently working in EDs across the country, many hospitals and private provider groups that staff hospitals are seeking board-certified ENPs. The unique preparation for the role means that ENPs are better suited to care for the diverse needs of the ED population. Many patients present for primary care complaints because they may not have a primary care provider, or they may not have easy access to that provider whey they need it. However, the higher acuity setting means that ENPs must have additional training or experience to maintain

the practice standards outlined by the American Academy of Emergency Nurse Practitioners (AAENP) (American Academy of Emergency Nurse Practitioners, 2016).

My personal experience as a double-board certified FNP and ENP is similar to those outlined above. I began my NP career as an FNP working in urgent care. My nursing background had been in the ED. I wanted to learn more and increase my confidence in caring for more acute patients. A colleague told me about the AANP ENP testing option. I reviewed the eligibility criteria and realized that I met the requirement for practice hours. The types of patients we cared for at our urgent care were very similar to the patients seen in an ED fast-track department, which are often NP run. I utilized an ENP board certification preparation program via a mobile application for my smartphone. It tracked my progress and gave me an estimated percentage probability of passing my ENP board examination. As a result, I was able to pass my board certification successfully. I am very thankful for the opportunity to complete my ENP certification and it helps me in my everyday practice in a walk-in clinic because I can recognize potentially life-threatening conditions that can sometimes present in subtle ways.

The demand for ENPs will continue to grow. Lack of primary care, increased demand for primary care, increased demand for rural and underserved population healthcare are all trends occurring in healthcare currently (Nurse Journal, 2020). NPs are uniquely qualified to fill that void, especially those with specialty training (Nurse Journal, 2020).

References

American Academy of Emergency Nurse Practitioners. (2016). Scope and standards for Emergency Nurse Practitioner practice. Retrieved from https://www.aaenp-natl.org/assets/docs/aaenp_scope_and_standards.pdf

American Academy of Nurse Practitioners (2019). Are you considering a career as an Emergency Nurse Practitioner? Retrieved from https://www.aanp.org/news-feed/are-you-considering-a-career-as-an-emergency-nurse-practitioner

American Academy of Nurse Practitioners. (2020a). AANPCB frequently asked questions. Retrieved from https://www.aanpcert.org/faqs

American Academy of Nurse Practitioners. (2020b). Qualifications of candidates. Retrieved from https://www.aanpcert.org/certs/qualifications

Nurse Journal. (2020). 7 future job trends for Nurse Practitioners. Retrieved from https://nursejournal.org/nurse-practitioner/7-future-job-trends-for-nurse-practitioners/

Vanderbilt University School of Nursing Communications. (2018). The evolution of the Emergency Nurse Practitioner. Retrieved from https://nursing.vanderbilt.edu/news/the-evolution-of-the-emergency-nurse-practitioner/

Donia Till MSN, RN-BSN, CCNL
Kimberly Macasieb MSN, RN, CNL, CNOR
Tymeeka Davis MSN, RN-BS, CNL
Cindy Levee MSN, RN, CNL, BC
Sandra Guerrero MSN, RN-BC, CNL
Amanda Schooley MS, RN, CNL, CCRN, TNCC
Michael Yazinka MSN, RN, CNL
Drew Hill MSN, RN, CNL, CCRN
Kelly Presser MSN, RN, CNL

THE VALUE OF A CNL

A Clinical Nurse Leader (CNL) is a master's prepared nurse who, as a generalist clinician, can practice in any healthcare setting. They are the "go-to" person in their area of expertise. CNLs coordinate care, measure outcomes, laterally integrate care, conduct risk assessments, implement evidence-based practice (EBP) and quality improvement measures, and provide clinical leadership. The CNL's education focuses on advanced knowledge of health assessment, physiology, pharmacology, healthcare quality, and EBP. EBP is the driving factor for process improvement and is the baseline for all CNL practice. The success of the CNL role within a microsystem requires the support from nurse leaders and other disciplines.

A CNL is certified by the American Association of Colleges of Nursing through the National Commission of Certifying Agencies via an exam focused on CNL practice. A CNL must maintain an active nursing license. Currently, there are approximately 60 programs nationally that offer a CNL program either online or using a hybrid model. Nevada has one CNL program offered at the University Nevada, Reno. The purpose of this article is to show how CNLs have enhanced patient outcomes and impacted the delivery of healthcare throughout Nevada.

CNLs are change agents. During the COVID-19 pandemic, changes were imminent. At VA Southern Nevada Healthcare System (VASNHS), in Las Vegas, CNLs offered expertise in various ways during the pandemic. CNLs were detailed to other areas. As elective OR cases ceased during the pandemic, the OR CNL was detailed to use her expertise in developing and implementing the clinical workflow process. This included creating personal protective equipment practices to train and guide staff and visitors who had special permission to visit a loved one in the COVID ward. Education for screeners became crucial with the ever-changing guidelines. CNLs at VASNHS are involved with developing new policies to manage care for COVID patients and have been instrumental in coordinating efforts to ensure all staff receives training. The ICU CNL and Community Living Center CNL collaborated to offer mock survey training for reviewing the new process of managing cardiac arrests during the pandemic.

CNLs in Las Vegas and Reno successfully collaborated with nursing services, medicine, and infection control to facilitate the implementation of evidence-based guidelines to reduce catheter-associated urinary tract infections in acute care and long-term care settings. With the expertise of a CNL, ICU delirium rates decreased from 1.9 incidents per 1,000 patient days to 1 per 1,000 patient days at the Las Vegas VA. At the VASNHS, a CNL created a "Pit-Hold Room" on the emergency department information system (EDIS). The EDIS is a communication board the emergency department (ED) utilizes for communication patient status. The Pit-Hold Room communicates to the charge nurse that the pit provider has seen the veteran and will discharge the veteran from the lobby following a minor test. This eliminates the need to tie up a valuable ED room. Donia Till, VASNHS, explains, "As a CNL myself, I was able to implement and collaborate with multiple disciplines, including frontline staff, to change admission charting in our LVR3 Patient Rehab Center to improve nursing charting on admissions."

In procedural areas, technology is ever changing, and it is of the utmost importance that staff have the knowledge and skills to safely implement new practices, procedures, and technology utilizing EBP. Education is a large part of a CNL's daily role. The OR CNL conducts over thirty in-service trainings annually to ensure that her staff has the latest updates, guidelines, and knowledge to practice safely.

The vast role of a CNL extends to not only acute care settings but also outpatient care settings. As a current assistant nurse manager, who practiced as a CNL in outpatient primary care clinics (PCC), Ms. Sandra Guerrero had significant involvement in policy and procedures for PCC. She engaged in revamping the electronic health record template for the most updated practices and created a new employee education course to improve practice, patient care, and staff morale. Michael Yazinka states, "The best part of being a CNL is that you are the liaison between the bedside and the administration."

CNLs get to reach out to frontline staff and communicate with leadership to make a difference in practice. A CNL acts as a leader, resource person, educator, and promoter of EBP. Advocacy for patients, staff, and EBP at the bedside are important for safety and improved patient outcomes. A CNL from Reno shares, "My job is to improve outcomes for the veterans, and advocate for the nurses to ensure that they have the training and resources necessary to provide the best possible care."

A CNL's role is integrative and uses collaboration with multiple disciplines. As such, the West Regional International Clinical Nurse Leader Association was initiated by Ms. Tymeeka Davis of Las Vegas in 2018. The chapter meets quarterly in collaboration with the University of Nevada, Reno to provide networking opportunities for practicing and non-practicing CNLs. Kelly Presser shares that, "Although the CNL network seems small, we love to bounce ideas off each other, trade projects, and offer overall moral support. I can confidently say that being a CNL is the best job there is in nursing!"

"Being a CNL is the best of both worlds you still get to be clinical, but you facilitate changes that improve patient outcomes, improve processes, perform interdisciplinary collaboration, and laterally integrate care," states Kimberly Macasieb.

The utilization of CNLs is substantially influential for sustaining change that improves patient safety, outcomes, and morale because they are advocates for patients, staff, and EBP. A CNL is a valuable resource for any healthcare setting.

By Jené Hurlbut, PhD, MSN, MS, RN, CNE
Jo Andrews Alexander, MSN, MSHA, RN
Imelda R. Revuelto, MSEd

RNPC SCHOLARS: PREPARING FOR THE FUTURE OF HEALTHCARE

Traditionally nursing education programs have trained registered nurses to work within acute care settings. However, with the shift of healthcare moving to a preventive, primary care, community-based approach, students and practicing registered nurses need to be prepared to provide care within these changing delivery systems. According to Wojnar and Whelan (2017), for this paradigm shift in healthcare to occur, all stakeholders need to be involved, including nursing education. Additionally, the American Academy of Ambulatory Care Nursing asserts, "creating a future that maximizes the role of the registered nurse in an evolving healthcare environment will require sustained forward movement in nursing practice, education, research, and leadership" (AAACN, 2016, position statement). Through the creation and implementation of the Registered Nurses in Primary Care (RNPC) scholar initiative, nursing students will receive the knowledge and skills needed to function within primary care teams while addressing population health needs. The RNPC scholar initiative is supported and funded through a Health Resources and Services Administration (HRSA) grant.

RNPC Grant and Scholars

Roseman University of Health Sciences College of Nursing was awarded, in the summer of 2018, an HRSA grant entitled the "Nurse Education, Practice, Quality and Retention – Registered Nurses in Primary Care Training Program." The goals of the RNPC grant are to:

- Increase the number of undergraduate students who are committed to practice in underserved and rural areas;
- Develop and implement a replicable undergraduate nursing curriculum that provides education and experiential training related to primary care;
- Enhance registered nurses abilities to address population health outcomes and the public health needs of underserved populations supporting the initiatives of Healthy People 2020; and
- Provide career support and guidance to the RNPC scholars to increase the number of baccalaureate-prepared nurses who will be employed in rural and medically underserved areas.

The overall intent of the RNPC grant is to recruit and train nursing students and current RNs to practice in community-based, primary care teams. The hope is that this initiative will ultimately increase access to care and improve population health outcomes for underserved populations. Through the offering of educational workshops, curricular enhancements, and unique clinical experiences, practicing nurses and RNPC nursing scholar students will receive the necessary training to address the primary healthcare needs of various vulnerable populations. The RNPC training was implemented at the Roseman University of Health Sciences Nevada and Utah campuses and the surrounding communities within rural and underserved areas, thereby supporting the initiatives of the U.S. Department of Health and Human Services Health People 2020 (https://www.healthypeople.gov/).

The RNPC Grant foresees enrollment in students participating in the RNPC Scholars to increase from year two through year four of the grant. It is anticipated that clinical groups would have eight students per group. Therefore, student increases are forecasted in increments of eight and are as follows:

BSN Students	Year 1*	Year 2	Year 3	Year 4	Year 5 (Post-Grant)
Nevada	0	8	16	24	24
Utah	0	8	16	24	24
Total	0	16	32	48	48
Practicing RNs	**Year 1***	**Year 2**	**Year 3**	**Year 4**	**Year 5 (Post-Grant)**
Nevada	0	12	15	19	19
Utah	0	12	15	19	19
Total	0	24	30	36	36

*Year one focused on capacity building

Methodology

Several courses are identified to provide the didactic and clinical knowledge and experiences that address the key concepts associated with the RNPC training initiative. Examples of these concepts includes underserved populations, vulnerability, social determinants of health, rural health, care coordination, and leadership principles. Moreover, RNPC students will earn a minimum of 150 hours in clinical experiences within primary care settings that include rural health locations. Students will travel to rural and underserved areas to obtain training in primary care settings both within Utah and Nevada. Identified clinical courses for primary care experience includes Fundamentals of Nursing, Community and Mental Health Nursing, and Senior Practicum.

Curriculum Enhancements - Clinical and Didactic

Our goal in including primary care and rural nursing education is to offer students the opportunity to develop the knowledge and skills required to provide high-quality care based on a patient's specific needs. Teaching at a higher level is not based on the students' ability to recall or reproduce information. It is helping the student understand and alter any misconceived view of reality they may have. There are a different set of strengths and challenges associated with living and working in rural areas. In these areas, you may still have children sometimes lending a hand on the farm or with the livestock, household chores or taking care of the younger kids, etc. Therefore, it is important to help the students learn about primary care and take this education to the rural areas so that students can insert this information into their nursing context.

The student's education starts in the didactic arena. The curriculum needs to include didactic strategies that enable students to learn nursing skills, solve problems, and develop reflective and critical thinking. They can then take this information into the practice areas. The didactic strategies put into the curriculum support the nursing students' experiences of learning and then applying that information in their clinical experiences. In most nursing programs in the past, the curriculum is based on working in a hospital or inpatient unit. For our purpose, we changed the student's clinical setting to a primary care setting, rather than the usual inpatient or community-based agency settings.

The didactic portion of the program starts in fundamentals, where students are first exposed to the idea of primary care. This concept is then threaded throughout the program, along with topics that are vital to the goals of Healthy People 2020, such as the opioid crisis and childhood obesity. These topics are important and approached differently depending on the community you are working with. Teaching this in the didactic portion, and then helping the students visualize it by having them work in rural areas helps solidify what they are learning. In this way, the students can take this information with them when they graduate and prepares them for working within a variety of different communities.

The goal is to expose student nurses to the role of a rural health nurse. In this role, the nurse works with patients who live in geographically and culturally remote areas with very little access to healthcare. Students will expand their skills in all areas of nursing by way of seeing the variety of patients routinely cared for in these types of locations. The experience will help them learn the qualities needed to serve as a primary caregiver to an entire community.

Professor Barrus with her clinical group of RN Scholars in Ft. Defiance, Arizona.

Professor Alexander with her clinical group of RN Scholars in Ely, Nevada.

Student Experiences

The RNPC students had their first primary care experiences in the fall of 2019 at rural locations. Students in Nevada and Utah were exposed to the challenges that can occur when providing and seeking healthcare in underserved areas. Students commented that initially, they felt some culture shock with being in a rural environment as opposed to living in a large urban area. However, the students felt extremely welcomed within these communities by the healthcare providers, staff, and community members and quickly overcame their nervousness. Additionally, the students commented that during the clinical rotations that they felt challenged and supported to learn and apply the nursing knowledge that they had obtained. Several students remarked that after this clinical experience they would now consider living and practicing as a professional nurse in a rural community.

continued on page 18

continued from page 17

Conclusion

Given the future shift of healthcare delivery to one that centers on primary care, it becomes imperative that nursing education reflects this change and ensures that students are prepared to provide care within these settings (Albutt, et al., 2013). This includes updating nursing curriculum to include preventive and primary care-focused content with an emphasis on the concepts addressing underserved, rural health, vulnerability, care coordination, and the social determinants of health. Furthermore, it is also important to provide practicing nurses with the knowledge and understanding of these same concepts as the healthcare arena evolves. Providing care in primary and community care settings is an exciting and challenging opportunity for the nursing profession. One student commented, "Being in a clinic that patients have to travel hours to come to due to their remote location, showed me how important preventative health and primary care is."

References

Albutt, G., Ali, P., & Watson, R. (2013). Preparing nurses to work in primary care: Educators' perspectives. Nursing Standard, 27(36), 41-46.

American Academy of Ambulatory Care Nursing, AAACN (2016). The role of the registered nurse in ambulatory care position statement.

Healthy People 2020. https://www.healthypeople.gov/

Wojnar, D., & Whelan, E. (2017). Preparing nursing students for enhanced roles in primary care: The current state of pre-licensure and RN-to-BSN education. Nursing Outlook, 65(2), 222-232.

By Robert Briseño, RN, MSN, RN-BC, CPHIMS

INFORMATICS

Description of the Certification:
Informatics Nursing Certification (RN-BC)

Eligibility Requirements:

- Hold a current, active RN license in a state or territory of the United States or hold the professional, legally recognized equivalent in another country;
- Hold a bachelor's or higher degree in nursing or a bachelor's degree in a relevant field;
- Have practiced the equivalent of two years full-time as a registered nurse;
- Have completed 30 hours of continuing education in informatics nursing within the last three years; and
- Meet one of the following practice hour requirements:
  - Have practiced a minimum of 2,000 hours in informatics nursing within the last three years; or
  - Have practiced a minimum of 1,000 hours in informatics nursing in the last three years and completed a minimum of 12 semester hours of academic credit in informatics courses that are part of a graduate-level informatics nursing program; or
  - Have completed a graduate program in informatics nursing containing a minimum of 200 hours of faculty-supervised practicum in informatics nursing.

Program Availability:
This certification is available through the American Nurses Credentialing Center. You may visit the following website for more information: https://www.nursingworld.org/our-certifications/informatics-nurse/.

Description of the Certification:
Certified Professional in Healthcare Information and Management Systems (CPHIMS)

Eligibility Requirements:

- Eligibility requires fulfilling one of the following requirements:
  A. Baccalaureate degree from an accredited college or university plus five years of information and management systems hands-on work experience. Information and management systems experience refers to work experience in systems analysis, design, selection, implementation, support, and maintenance, testing and evaluation, privacy and security, information systems, clinical informatics, and/or management engineering. Of those five years of experience, at least three of those years must be in a healthcare setting. A healthcare setting is defined to include experience with a provider of health services or products to a healthcare facility (e.g., hospital, healthcare consulting firm, vendor, federal, state, or local government office, academic institution, payer, public health, etc.)
  B. Graduate degree or higher from an accredited college or university plus three years of information and management systems experience. Information and management systems experience refers to work experience in systems analysis, design, selection, implementation, support, and maintenance, testing and evaluation, privacy and security, information systems, clinical informatics, and/or management engineering. Of those three years of experience, at least two of those years must be in a healthcare setting. A healthcare setting is defined to include experience with a provider of health services or products to a healthcare facility (e.g., hospital, healthcare consulting firm, vendor, federal, state, or local government office, academic institution, payer, public health, etc.)

Program Availability:
This certification is available through the Healthcare Information and Management Systems Society (HIMSS). You may visit the following website for more information: https://www.himss.org/

Job Perspectives:
According to a 2020 HIMSS Nursing Informatics Workforce Survey, the job perspective for nursing informatics is promising and continues to grow. Depending on the organization, a nurse informaticist can hold titles such as nursing informatics specialist, clinical analyst, and manager or director of clinical informatics.

Personal Experience:
During the past ten years, nursing informatics has provided me with endless opportunities for learning, collaboration, and professional growth. Although my bedside career was focused on critical care, nursing informatics presented new opportunities for me to work in settings such as surgery or labor & delivery. Nursing informatics is a dynamic specialty and requires a multifaceted skill set. Depending on the task at hand, I may be required to teach, troubleshoot, analyze data, or fulfill the role of a project manager. As both healthcare and technology continue to evolve, I'm excited about the upcoming opportunities that await the field of nursing informatics.

Have a question?
Give us a call.

Nevada State Board of Nursing News

ADMINISTRATION

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

Cathy Dinauer, MSN, RN, FRE,
Executive Director
- Statewide Liaison and Spokesperson
- Organizational and Public Management
- Fiscal and Human Resource Management

Legislative and Governmental Relations

Michelle Johnson, EdD, RN, CPNP-PC
Director of Nursing Education and Editor Nursing Education Programs, CNA Training Programs, Education Advisory Committee Chair, CNA Advisory Committee Chair

Fred Olmstead, Esq.,
General Counsel
- Accounting

Kimberly A. Arguello, Esq.,
General Counsel
- Information Technology Operations

Sam McCord, BSN, RN,
Director for Nursing Practice
- Case Review, Investigation and Settlement
- Oversight for application review/compliance
- Nursing Practice Advisory Committee Chair
- LPN Advisory Committee Chair

Sydnee Chappell,
Assistant to Executive Director and General Counsels
- Scheduling
- Board Meeting Agenda and Arrangement

Gail Trujillo, CP, BS, CPM
Director of Licensure and Certification, Human Resources
- Program Management
- RN/LPN/APRN Licensure
- CNA/CRNA/EMS-RN Certification

SUPPORT STAFF

Courteney Baccei,
Management Assistant
- Assistant to the Application Coordinator
- Yes Answer and Fradulent Application
- Fingerprint Processing
- Board Meeting Preparation
- Nursys and NPDB Data Entry

Cydnee Cernas,
Management Assistant
- Assistant to the Director for Nursing Practice
- Board Meeting Preparation
- Nursys and NPDB Data Entry

Christie Daliposon,
Discipline Support Investigator
- Assistant to the Director for Nursing Practice
- Board Meeting Preparation
- Nurse and APRN Audits and
- CNA CE Audit Resolution
- Nursys and NPDB Data Entry

PROGRAM STAFF

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

Rhoda Hernandez,
IT Technician
- Information and Technology Systems Support
- Fingerprint Response Processing
- Mailing List Applications

Marcey Moore,
Management Assistant
- Assistant to the Director of Nursing Education Oversight Nevada Consortium
- CE provider application
- CNA program and nursing program application and renewal

INVESTIGATIONS AND MONITORING

Sally K. Miller, PhD, APRN, FAANPC.
APRN Consultant/Investigators
- Complaint Investigation
- APRN Practice Questions
- APRN Advisory Committe Chair
- Ryan Mann, MSN, RN,
- Application Coordinator
- Application Review
- Fraudulent Application Screening

Ray Martinez,
Investigator
- Complaint Investigations
- Nursing Practice Questions

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

Sherri Twedt, BSN, RN, LNC,
Compliance Coordinator
- Disability Advisory Committee Chair
- Monitoring and Probation Programs
- Reinstatement Applications

Elaine Ralph BSN, RN,
Nurse Investigator
- Complaint Investigations
- Nursing Practice Questions

LICENSURE/ CERTIFICATION

Ariadna Ramos Zavala,
Program Assistant
- RN/LPN Endorsement Applications
- Renewal Applications
- Licensure Eligibility Questions
- Spanish-Speaking Services for Consumers

Patty Towler,
Licensure/Certification Coordinator
- CNA Certification and Renewals
- APRN Applications
- CRNA and EMS-RN Certification

Sandy Webb,
Program Assistant
- RN/LPN Examination Application
- Renewal Applications
- RN/LPN Refresher Applications
- Licensure Eligibility Questions

CUSTOMER SERVICE REPRESENTATIVES

Corina Jimenez
Lashaun Thompson
Arlene Rojas- Guerrero
Brenna Stevenson

BOARD MEMBERS

Mary-Ann Brown, MSN, RN
President
Term Expires 10/31/2020

Jacob Watts, CNA
Vice President
Term expires 10/31/2023

Ovidia McGuiness, LPN
Secretary
LPN Member
Term expires 10/31/2021

Deena McKenzie, MSN, RN
RN Member
Term expires 10/31/2020

Susan VanBeuge, DNP, APRN, FNP-BC, CNE, FAANP
RN Member
Term expires 10/31/2020

Branden Murphy, MSN, RN, CPN, CCRN
RN Member
Term expires 10/31/2023

Richelle O'Driscoll
Consumer Member
Term expires 11/30/2021

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

January 15-17, 2020
DoubleTree by Hilton Las Vegas Airport
7250 Pollock Dr,
Las Vegas, NV 89119

March 18-20, 2020
Hyatt Place,
Reno-Tahoe Airport
1790 E. Plumb Lane,
Reno, NV 89502

April 14, 2020
Telephonic

May 13, 2020
Telephonic

July 23-24, 2020
Telephonic

September 23-24, 2020
Telephonic

November 18-20, 2020
Hyatt Place,
Reno-Tahoe Airport
1790 E. Plumb Lane,
Reno, NV 89502

YOU'RE IN GOOD COMPANY!

Active Nevada licenses/certificates as of February 26, 2020

RN • 44,617 **LPN** • 4,159 **CNA** • 9,593 **APRN** • 2,870 **CRNA** • 194

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. We have 1 RN member open on Education Advisory Committee (1). We have 1 CNA advisory, 1 RN home health, and 1 RN acute care. There are no other openings 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 Advisory Committee:
February 11, 2020
~~May 5, 2020~~ Cancelled
June 5, 2020
August 18, 2020
November 3, 2020

CNA advisory
January 9, 2020
~~April 9, 2020~~ Cancelled
August 6, 2020
October 8, 2020

Disability Advisory Committee
December 19, 2019
February 13, 2020
~~April 23, 2020~~ Cancelled
June 18, 2020
August 13, 2020
October 15, 2020
December 10, 2020

Education Advisory Committee
January 10, 2020
~~April 17, 2020~~ Cancelled
August 21, 2020
October 23, 2020

LPN Advisory
February 18, 2020
~~April 21, 2020~~ Cancelled
June 16, 2020
August 18, 2020
October 20, 2020
December 15, 2020

Practice Advisory
February 4, 2020
~~April 7, 2020~~ Cancelled
June 2, 2020
August 4, 2020
October 6, 2020
December 1, 2020

Education Advisory Committee (1)
CNA advisory (1 CNA, 1 RN home health, 1 RN acute care)

MOVING?

Now you can change your address online!

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

You are required, by law, to inform the Board of any address change, including a zip code change within 30 days from the date of the change. To change your address please login to your Nevada Nurse Portal account and click on "manage profile". You can also update your email address, phone number or request a name change through your Nevada Nurse Portal account.



YOU ARE THE CHAMPIONS



To our heroes on the frontlines of healthcare for what you are doing each and every day.

Publishing Concepts, Inc.

14109 Taylor Loop Rd. | Little Rock, AR | 501-221-9986 | pcipublishing.com

JOIN OUR TEAM! WE'RE HIRING

FULL TIME INPATIENT AND ICU RN

SIGN ON BONUS, RELOCATION ASSISTANCE, RETENTION BONUS

Located in Gardnerville, Nevada. Only a 20 minute drive from the famous Lake Tahoe. If you love the outdoors, being a valued member of the community, and offering quality healthcare to patients, this is the perfect place for you. We are a growing hospital with exciting expansions beginning in 2020.

CVMC is a HRSA designated CAH with RN eligibility to apply for National Health Service Corps (NHSC):

- **Up to $50,000 tax-free dollars to repay eligible student loans (2 year commitment)**
- **$20,000 for an additional year; $10,000 for 4+ years until all student loans are paid**

For more information on how to apply, visit cvmchospital.org or call (775) 782-1514.

Carson Valley Medical Center

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

University of Nevada, Reno

ORVIS School of Nursing

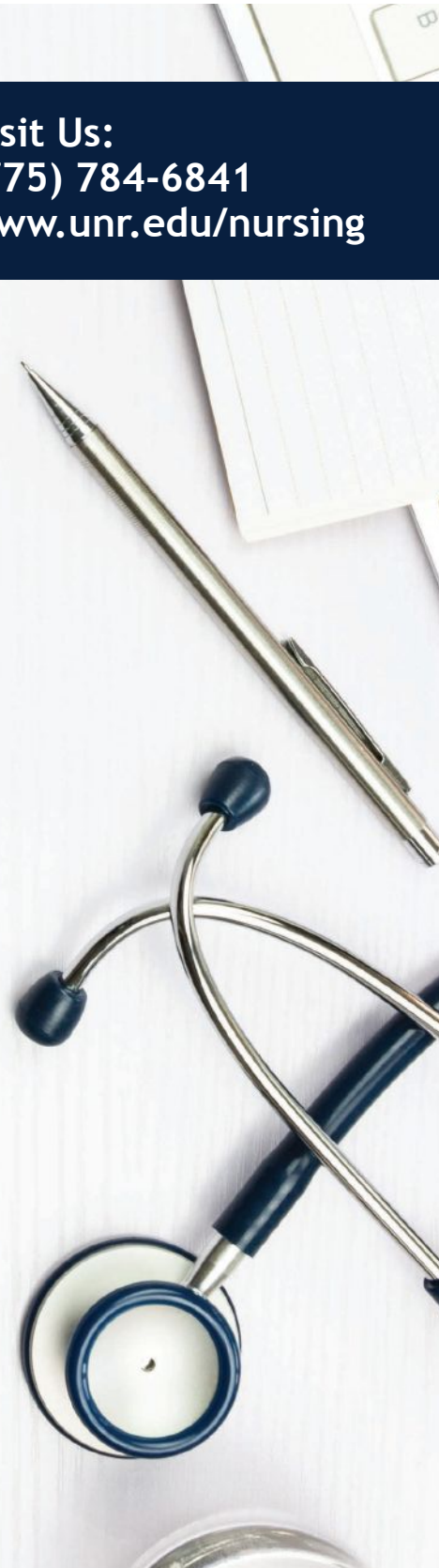
Visit Us:
(775) 784-6841
www.unr.edu/nursing

Design your future career with the Orvis School of Nursing!

Founded in 1957, we prepare nurses for practice, education, research, and leadership.

A leader in quality nursing education, research, and service in partnership with global communities and the first nursing school in Nevada to offer a Bachelor of Science in Nursing program for both entry-level students and registered nurses.

Committed to fostering diverse and inclusive teaching and research environment



PROGRAM OFFERINGS

Bachelor of Science in Nursing (BSN)
Accelerated Second-Degree BSN
Online RN-BSN
Online Master's of Science in Nursing (MSN)
- Clinical Nurse Leader
- Nurse Educator
- Adult Gerontology Acute Care Nurse Practitioner
- Family Nurse Practitioner
- Psychiatric Mental Health Nurse Practitioner

Post-Master's Certificate is offered for all specialties and Pediatric Acute Care Nurse Practitioner.

Online Doctor of Nursing Practice (DNP)
BSN to DNP:
- Adult Gerontology Acute Care Nurse Practitioner
- Family Nurse Practitioner
- Psychiatric Mental Health Nurse Practitioner

MSN to DNP:
- Advanced Practice
- Nurse Executive