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September 2017

APRN Updates and a CALL TO ACTION

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Cathy Dinauer, MSN, RN
Executive Director

Catherine Prato-Lefkowitz, PhD, MSN, RN, CNE, Director of Nursing Education, 888-590-6726

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• FROM THE EXECUTIVE DIRECTOR

Cathy Dinauer, MSN, RN

The 2017 Legislative session is over and the Nevada State Board of Nursing (NSBN) is very busy addressing the bills that will impact nursing practice. During the session, the NSBN followed no less than 22 bills, and of that number about 8 bills will have a direct impact on nursing practice. In an effort to address the upcoming changes, the NSBN has planned two presentations to discuss the outcomes of the legislative session. The first meeting will be held on September 22 at the Grant Sawyer Building from 8:30-10:30 am. and will be repeated on September 29 at the Washoe County Health Department from 8:30-10:30 am. The goal of the presentations is to discuss the 2017 legislative session, discuss the role of the NSBN and to review the APRN scope of practice. Please check our website at www.nevadanursingboard.org for additional information. Two hours of free continuing education will be provided by the NSBN.

Highlights of the legislative session include the passage of: AB 105, the suicide prevention bill; this bill mandates that APRNs take, as part of their continuing education, 2 hours of suicide prevention training; AB 199, allows APRNs to sign the POLST (Physician Order of Life Sustaining Treatment); AB 474, which mandates that prescribers of controlled substances follow certain guidelines regarding the prescribing of controlled substances and requires APRNs to take 2 hours of continuing education regarding the misuse and abuse of controlled substances; and SB 227 which allows qualified APRNs to sign, certify, stamp, verify or endorse certain documents requiring the signature of a physician. This includes the pronouncement of death, admission of patients to a mental health facility, withdraw/withhold life sustaining treatment and sign DMV disability placards.

We anticipate several questions from the healthcare community regarding the passage of these bills. Never hesitate to contact us either via our website or by phone at 888-590-6726.

AB 18, the Enhanced Nurse Licensure Compact (eNLC) did not pass this legislative session. The bill was heard in the Assembly Commerce and Labor Committee and did not move on to the Senate. The signing of legislation by the Governor of North Carolina triggered a landmark enactment of the eNLC. To date, 26 states have enacted the eNLC which is the number needed to implement the eNLC. Representatives from the 26 state that make up the eNLC will form an eNLC Interstate Commission. The eNLC states include: Arizona, Arkansas, Delaware, Florida, Georgia, Idaho, Iowa, Kentucky, Maine, Maryland, Mississippi, Missouri, Montana, Nebraska, New Hampshire, North Carolina, North Dakota, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia and Wyoming. Our Board has approved for us to move forward getting the eNLC passed in 2019. It will be important to meet with all involved stakeholders to discuss the importance of the eNLC in Nevada and the effect on its nurses.

In other important news, the Board approved the implementation of an LPN Advisory Committee. This committee will be advisory to the Board in matters pertaining to the LPN scope of practice. The addition of this advisory committee will help foster a better understanding of the specific issues relevant to the LPN. We will need to make regulatory changes to the Nurse Practice Act but please contact us if you are interested in being part of this committee.

MESSAGE

FROM THE PRESIDENT

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

Welcome to the third edition of the 2017 Nevada State Board of nursing magazine! The Nevada State Board is busy with the legislative session. We carefully watched the legislative bills that directly, or indirectly, affected nursing practice in Nevada. I encourage all of you to stay informed of the issues, and track the bills that will affect your practice. It is your professional obligation to stay apprised of the changes that occur in the health care system and to be a leader who pursues high quality nursing practices in our state. With this, I want to share with all of you that National Council of State Boards of Nursing (NCSBN) is working to enhance the NCLEX examination. The goal of every graduate is to pass the NCLEX, and the goal of every employer hiring new nurses is to hire safe, competent, novice nurses. How do we trust that the NCLEX examination only allows those who possess novice level competencies to pass? NCSBN places such high security, validity, and reliability measures into each and every NCLEX question that it has been reported to cost around $15,000.00 per NCLEX question on every exam. In order for a test question to be developed, NCSBN conducts research into topic areas that are important for NOVICE nurses to know before working as an LPN or RN. NCSBN identifies these topic areas by working and collaborating with expert nurses, novice nurses, nurse managers, executive nurses, and stake holders, to mention a few groups. After the topic areas are identified, more committees work to develop questions around those topics, and then the question makes its way through the multitude of committees who must vet the question to assure it is focusing on the novice nursing level, it is valid, it is reliable, and it does not contradict any nurse practice act in the nation or territories. NCSBN strives to find new ways to measure competencies. NCSBN has announced it will begin testing some new types of NCLEX questions that will delve deeper into the critical components of the thinking process of the nursing process. These innovative ways of measuring competencies is truly exciting for the nursing profession.

INCREASING BACCALAUREATE NURSING STUDENTS' EXPOSURE TO NURSING CAREERS IN POPULATION HEALTH THROUGH AN INTERACTIVE EXPERIENCE

By Minnie Wood, MS, APRN; Rowshanak Azarpour, BSN, RN; Rick Cichy, MPH, BSN, RN; Mary Jobes, MN, APRN; Sarah McCrea, BSN, RN; Megan Ryan, MSN, RN; Debra A. Toney, PhD, RN, FAAN

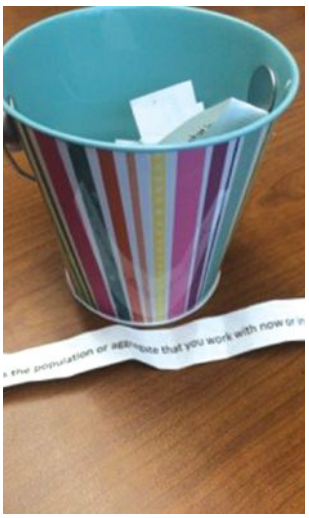
What do nurses do every day, what do bedside nurses do versus population and individual health nurses, and how do nurses apply the nursing process in their work setting?

These are just some of the questions that undergraduate nursing students asked guests during an active learning exercise as part of their participation in NURS 350: Population Health Nursing in the Community, a course at University of Nevada, Las Vegas, School of Nursing.

The Institute for Healthcare Improvement has called for a renewed focus on the health of populations in its Triple Aim (2017) and the National Advisory Council on Nurse Education and Practice (NACEP) recommends increased population health training for nursing students to better meet the changing needs of healthcare organizations (2016). While baccalaureate students learn about population health throughout this course, they struggle to conceptualize nursing roles and careers in which nurses work with populations and aggregates. Course coordinator and lecturer Minnie Wood sought to address this problem by offering a roundtable discussion with nurses who work in population health. Meeting face-to-face with nurses working in population health provided a real-world experience that reinforced concepts learned in class and also offered the opportunity to meet with community nurse leaders and potential mentors.

Several nurses from the local community were invited, whose day-to-day or prior work focuses on the health of populations, not just individual patients. Work experiences included quality improvement/management, occupational health, public health, and school health with employers such as the Southern Nevada Health District, Las Vegas Fire and Rescue, Clark County School District (CCSD), Nevada Health Centers, and private industry.

The roundtable format offered an interactive experience, allowing the class to move out of the traditional lecture hall for the day to a conference room in the Student Union for a more active learning environment. Students were given incentives to attend including



refreshments and a small amount of bonus points for a recent quiz. Round tables were set up throughout the room and students were given a "Scavenger Hunt" handout with interesting facts about each guest. Although not directly related to nursing practice, these facts were curious tidbits about each person that required face-to-face contact. Official biographies of each guest were included on the back. At the end of the program, the students handed in their scavenger hunt to receive their bonus points. Questions like "Which nurse carried the Olympic torch? (Answer: Debra Toney)" and "Which nurse used her skills as an APRN at Pixar Animation Studios? (Answer: Mary Jobes)" were included.

The program began with guests seated at the front of the room in a traditional panel discussion format. Minnie Wood introduced each guest and explained the purpose and structure of the activity. After ringing a bell, one guest took a seat at each table. Groups of eight or nine students sat with each guest for approximately ten minutes before rotating to each of six tables. Having the students rotate from table to table—instead of the guests—helped to keep the students energized and engaged while the short time frame prevented any dragging of content.

While at the round table together, guest nurses described their careers in population health, fielded questions from students, and asked students questions too. If conversation became slow, a bucket of questions was available on each table for a student or guest nurse to use to stimulate discussion. Included in the bucket were questions like: "Why did you choose a career in population health?" and "Talk about the social determinants of health in your work."

After students rotated through all six tables, guest nurses returned to the front of the room to make summary comments. Several of the guests offered inspiration and advice while urging students to take on leadership roles now and in the future.

The response to this experience was overwhelmingly positive. Guest nurses enjoyed the opportunity to spend quality time interacting with baccalaureate nursing students, dispelling myths about their career paths, and highlighting the importance of population health and the social determinants of health in nursing today.

The roundtable discussion also offered a unique peer-to-peer component. The students had the opportunity to interact with a senior nursing student who was completing a preceptorship with the Southern Nevada Health District. The senior student, Rowshanak Azarpour, was able to educate students about the importance of community health and primary prevention and encouraged the other students to request community health preceptorships.

Guest nurses described thoughtful and specific questions from students related to their population health nursing careers. All guests were agreeable to returning for a future panel. Students also provided universally positive feedback and even made suggestions about different nursing roles to represent. Future panels will include nurses working in health policy/regulation, parish nursing, rural health, and epidemiology.

Are you a nurse working with populations and interested in sharing your experiences with UNLV Nursing students? If so, please contact minnie.wood@unlv.edu to be considered for our next round table discussion.

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WNC'S YOUNGEST NURSING GRAD EVER MAKES DREAMS COME TRUE QUICKLY

by WNC Public Relations

In the 35 years that Western Nevada College has been offering an associate degree in nursing program, there hasn't been a graduate as young as Morgan Tingle.

Tingle will graduate with her Associate of Applied Science degree in nursing at the age of 19 on Monday, May 22. She also was the youngest admitted into the program as a 17-year-old two years ago.

"I think being a younger student in the program gives me a different perspective than the majority of nursing students," Tingle said. "It shows my passion about my profession. It means I have more time to experience nursing as a career and to advance my skills. It also gives me many years and opportunities to further my profession in nursing."

Morgan Tingle

Tingle's unparalleled accomplishment has made her appreciate who has helped her reach this point and triggered excitement about the people she can help in the future.

"I have grown so much personally and professionally since the beginning of the program and I have acquired so many practical nursing skills," she said. "I am so grateful for the knowledgeable and caring instructors who have encouraged me and pushed me to get to where I am today, as well as my scholarship donors who have supported me. I am grateful to my fellow students who support and push each other to study and succeed. I am so excited to begin making a difference in the community and people's lives."

Tingle identified a professional career that excited her and matched her interests by the time she was 13. From baby-sitting she learned that she loved spending time with children and caring for babies. When she excelled in biology and anatomy classes in middle school and high school, she realized that nursing would be the perfect calling for her.

"I decided to become a nurse so I could make a difference in others' lives," Tingle said.

WNC's Jump Start College hastened Tingle's nursing school plans by allowing her to take the prerequisite classes during her senior year at Carson High School.

Judith Cordia, director and division chair of WNC's Nursing & Allied Health Department, was impressed by Tingle's credentials coming into the program.

"Morgan was admitted into the nursing program because she met the qualifications, which are rigorous," Cordia said. "She followed her dream, stayed focused and proved that these are essentials that pave the way to success.

"The faculty and I realized what a special opportunity this was for Morgan and welcomed the challenge to provide her with an education as the cornerstone for all of her future educational endeavors."

As she has progressed through WNC's nursing program, Tingle has personally experienced what attracted her to the program in the first place.

> ***The faculty and I realized what a special opportunity this was for Morgan and welcomed the challenge to provide her with an education as the cornerstone for all of her future educational endeavors.***

"The most rewarding part of the nursing program has been having the opportunity to make a difference in the lives of others," Tingle said. "Some days it can be something small like putting a smile on a patient's face; other days it can be the feeling of awe after making someone's heart beat again when you weren't so sure if they were going to make it."

Tingle's accelerated higher education pace hasn't slowed by any means. While enrolled in WNC's nursing program, she took a class during fall and spring semesters at the University of Nevada, Reno, to move closer to a Bachelor of Science degree in nursing.

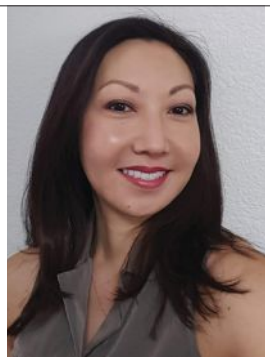
"Since I have completed some of the classes during nursing school, I only have nine more classes left in the RN to BSN program," Tingle said. "I will finish these classes while I work as a registered nurse (RN) at Carson Tahoe Hospital. I expect to obtain my bachelor's degree in December of 2018."

Through her clinical experiences, Tingle became enamored with the personnel at Carson Tahoe Hospital.

"I enjoyed Carson Tahoe Hospital's environment the best. I valued the teamwork demonstrated on each unit and I wanted to be a part of this team," she said.

Tingle and her nursing classmates will celebrate their graduation with a pinning ceremony at 5 p.m. Friday, May 19 at the Carson City Community Center, 851 E. William St.

SB 227 BON



By Jeanine N. Swygman RN, DNP, ACNP-BC, CCRN-CMC, PHN

On June 2, 2017, Governor Sandoval signed into law SB 227 giving APRNs signature recognition within their scope of practice. SB 227 is a follow-up bill to AB 170 which passed in the 2013 legislative session and gave APRNs full practice authority. One of the promises of AB 170 was "build it and they will come," and since its passage in 2013 there has been an increase of APRNs in Nevada from 880 to 1587 as of February13th of this year. This is an 80% increase in APRNs. However, the benefit of APRN full practice authority was not realized due to practice barriers which include outdated statutes requiring physician signatures on forms such as POLST forms, DMV handicapped placards, and death certificates.

What is APRN Signature Recognition?

Section 2 subsection 2c of SB 227 allows an APRN to provide his or her signature, certification, stamp, verification, or endorsement when the same is required by a physician, but only if it is within the authorized scope of practice of an APRN. Section 2 subsection 5 further clarifies that there will be no expansion of APRN scope of practice through this signature recognition. The bill covers the signing of DMV forms, death certificates, Provider Order for Life-Sustaining Treatment (POLST form), medical clearance of students post-concussion, and taxicab health certificates. There are also several sections which relate to mental health such as determining competency to stand trial for defendants accused of a misdemeanor and involuntary court-ordered admission of a person. These would only be allowed to be completed by psychiatric mental health APRNs and, as with every section of this bill, can only be completed if it is within their scope of practice.

What will APRN Signature Recognition do?

APRN signature recognition will improve health care access. By improving system efficiency, it will decrease health care costs for the patient and the health care system. Health care delivery and form completion can be performed in the same visit, preventing consequences from delays caused by having to wait for a physician signature which may involve another visit at another office at an increased cost. By eliminating the delay in care created by requiring a physician signature, the efficiency and utilization of the health care system will be maximized. It also promotes transparency and accountability for the care provided. This will address the valid concerns of physician's liability.

Course of SB 227

The primary sponsor of SB 277 was Senator Joyce Woodhouse, and included 12 co-sponsors demonstrating support from legislators from the north and south as well as urban and rural. Senator Woodhouse's late sister was a nurse practitioner in Montana and Oregon. Prior to her passing she asked Senator Woodhouse to use her position as senator to help nurse practitioners. Concurrently in the Assembly, mirror bill, AB 116, was championed by Assemblywoman Dr. Robin Titus. AB 216 thoroughly educated the Assembly regarding APRN Signature Recognition and helped facilitate the passage of SB227. Stakeholders that were in favor of APRN Signature Authority included Nevada Nurses Association, AARP, Nevada Rural Hospital Partners, the Libertarian party, and the Nevada State Medical Association. The amended version of SB 227 passed unanimously through the Senate and the Assembly. NAPNA would like to thank Senator Woodhouse, who by fulfilling her promise to her late sister through the passage of SB 227, will improve health care access in the state.

Other Bills Involving APRNs

APRNs are now being included at the health care policy table and notably were included this session in the following bills:

AB 105 - Assemblyman Tyrone Thompson is the sponsor of this bill revising the education requirements of health professionals regarding suicide prevention. NAPNA appreciates Assemblyman's Thompson willingness to work with us and NNA regarding the requirements for nurses. This bill was signed by Governor Sandoval on May 26, 2017.

AB 115 – Assemblywoman Dr. Robin Titus sponsored this bill allowing APRNs and PAs to sign POLST forms, provide post-concussive care, DMV handicap placard forms, medical clearance for taxicab drivers, and order home health services.

AB 199 - This bill was sponsored by Assemblywomen Melissa Woodbury and Dr. Robin Titus and co-sponsored by Dr. Joseph Hardy. It allows APRNs and PAs to sign POLST forms. This bill was signed by Governor Sandoval on May 24, 2017.

AB474 – This bill sponsored by the Assembly Committee on Health and Human Services highlights Governor Sandoval's commitment to combat the opioid issue. There will be many changes as to how opioids are prescribed and allows providers who prescribe opioids inappropriately to be subject to investigation. NAPNA appreciates the opportunity to be at the table to give input on behalf of almost 1600 Nevada APRNs.

SB 228 – This bill was sponsored by Senate Committee on Health and Human Services. It includes APRNs in the list of providers to provide written documentation to a patient for obtaining a medical marijuana registry identification card or letter of approval. This bill did not pass.

NAPNA's mission is to improve healthcare access for all Nevadans. NAPNA is dedicated to representing Nevada APRNs and removing APRN practice barriers to improve healthcare access for all Nevadans. APRNs are part of the health care solution for Nevada. The cost-effectiveness and health care quality provided by APRNs is noted across the health care continuum. NAPNA appreciates the support of the Nevada legislature in passing SB 227 unanimously in both houses. This is a win for Nevada citizens as well as all APRNs in Nevada and nationally. SB 227 becomes effective January 1, 2018 and NAPNA will work with the various agencies regarding the regulatory changes to be made for full implementation.

HUMAN TRAFFICKING

By Catherine Prato-Lefkowitz, PhD, MSN, RN
NSBN Director of Nursing Education

On a recent work trip, I noticed human trafficking signs inside the doors of the women's restroom that alerts victims of human trafficking to call for help. I thought this was an excellent way to ensure those who are in this situation know where to turn for help. Human trafficking is defined as "the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery" (https://www.dhs.gov/blue-campaign/what-human-trafficking). In 2015, the US Department of Homeland Security opened 2847 investigations of suspected human trafficking cases and this is thought to only represent a small portion of the numbers of crimes being committed (Rothman, Stoklosa, Baldwin, Chisolm, Price, Atkinson, 2017). Nearly 21 million people are forced into human trafficking per year, and a high percentage of these victims report being seen by a health care professional during this time (Stempniak, 2017).

Understanding the signs and symptoms of human trafficking victim behavior is important for health care professionals due to the likelihood the victims will be seen by a provider while being held captive. Providers must take a public health approach to this problem by being aware of the magnitude of the problem, identifying risks for victimization, identifying those patients who might be victims of trafficking, and using evidence-based practice to improve the long term health of victims (Rothman, et al., 2017). Health care professionals will interact with victims of human trafficking; in 2014 the senior advisor on Trafficking in Persons for the U.S. Department of Health and Human services testified that 75% of trafficked women saw a health care provider while in captivity (Green, 2016). While these percentages are high, other studies in Europe have found that those patients who visited a health care professional during their captivity did not lead to any victim being identified or rescued (Barrows, 2008). This may be due to many issues, one of which could be lack of education and awareness of the problem. In 2016, Nevada reported 161 cases of human trafficking; 142 were female and 12 were male, 124 were adults and 50 were minors, 62 were US citizens and 17 were foreign citizens (https://humantraffickinghotline.org/state/nevada).

If you do encounter a patient who you suspect may be a victim of trafficking there are some questions you can ask that are open-ended and might engage the patient to reveal information. These questions revolve around where the patient sleeps, if the sleeping quarters are clean, if the patient eats and if there is enough food to eat, if the patient has been physically harmed, if the patient is free to talk to anyone they wish without fear of retaliation, the ability to come and go as the patient chooses, if the patient is forced to perform sexual acts, where the patient is from and how the patient arrived to the U.S., if the patient keeps all the money he/she earns, and if the patient has access to, and is in possession of, identification documentation (Green, 2016). While continuing the assessment, the health provider should be aware of signs of trauma to the skin such as brands, tattoos, burns, and/or lacerations, genital trauma, poorly healed fractures, abnormal gait, untreated respiratory illnesses, exaggerated startle responses, flat affect, anxiety, and a refusal to engage in conversation (Green, 2016). It is important to remember nurses are mandatory reporters when human tariffing victims present to health care facilities. If there is a suspicion of victimization, the provider can remember the "ICE" technique which is to isolate the patient without arousing suspicion, ensuring confidentiality, and enlisting a translator for further assessments (Thomas, 2017). If trafficking is suspected and/

or confirmed you may always call the National Human Trafficking Resource Center hotline at 1-888-373-7888.

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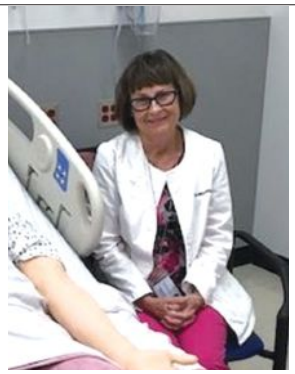
RESOURCES FOR SIMULATION NURSING PROGRAMS



By Jessica Doolen PhD, APRN, CNE, CHSE

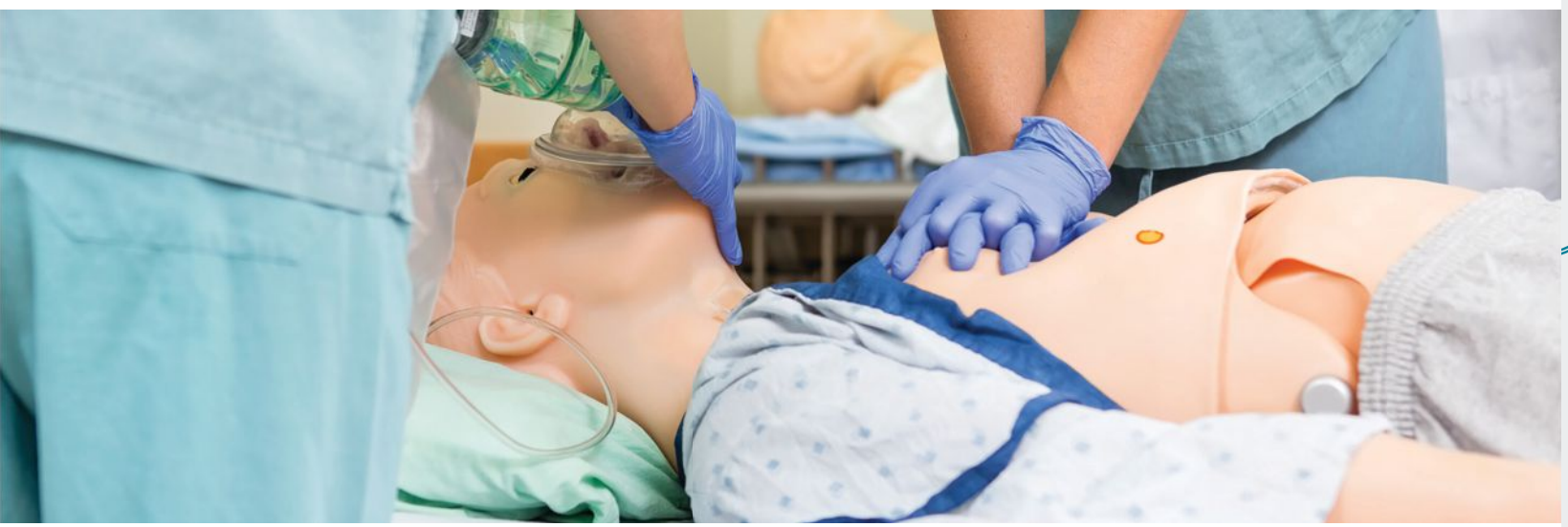
Over the past ten years in the United States and abroad there has been a substantial increase in use of high fidelity simulation (HFS) in healthcare professions (Doolen et al., 2016; Shin, Park & Kim, 2015; Adamson, Kardong- Edgren & Willhaus, 2013). Nursing programs now use HFS to augment traditional clinical hours because they know learning in HFS is equal to learning in a traditional clinical environment (Gates, et al., 2012; Hayden, Smiley, Alexander, Kardong-Edgren, & Jeffries, 2014). It is important to know the most effective and consistent way to implement HFS to support learning that is equal to traditional clinical. However, nursing programs vary widely in methods of facilitation of HFS. Without consistency, it is hard to identify and remove variables that may have a negative impact on student learning. Consistency and quality in HFS leads to positive simulation learning outcomes. Consequently, nurse educators using HFS have questions on how best to develop, implement, and debrief learners. There are excellent resources available to simulation users.

One resource available that is available to simulation educators is the International Nursing Association of Clinical Simulation and Learning (INASCL) organization. The INASCL website is rich with information including best practice in simulation. The INACSL Standards of Best Practice: SimulationSM can be accessed and downloaded by non-members free of charge (https://www.inacsl.org/i4a/pages/index.cfm?pageid=3407).

The standards include:

- Simulation Design
- Outcomes and Objectives
- Facilitation
- Debriefing
- Participant Evaluation
- Professional Integrity
- Simulation-Enhanced Interprofessional Education (Sim-IPE)
- Simulation Glossary

Leaders in simulation developed these standards to advance the science of simulation. These are a collection of best practices and provide evidence based guidelines for implementing a quality simulation program. In addition, the standards give guidance on how to train simulation faculty. Each standard gives detailed information that can be immediately applied to any simulation program. Hopefully more Nevada nursing educators will take interest in the use of HFS and become certified in this field!



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APRN UPDATES AND A CALL TO ACTION!

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

APRN history in Nevada is long and rich in milestones to provide safe, professional, and personalized care to all citizens. With the first nurse practitioners granted certificates of recognition in 1973, to those now applying for a license in what is proudly called a "full practice authority" state we have hit many milestones along the way with the sole focus of access to care for patients across this great state.

The 2017 legislative session was quite active with changes impacting practice for APRNs in Nevada. These changes will be significant to practice, so taking time to read the new laws and subsequent regulations is the responsibility of the license holder.

In the coming months, the Nevada State Board of Nursing will be offering information sessions for APRNs and community members to learn about changes impacting practice. It is important to be part of this discussion and dissemination of information as this will have direct impact on your practice prescribing, writing orders, signing official forms, and making practice decisions.

> ***"As nurses, we are advocates for our patients and our profession. I would encourage all to be involved in your practice from both the policy and advocacy side."***

Changes also include requirements for mandatory continuing education. These changes are required by all providers to include APRNs and need to be completed at specific intervals.

Lots of new and exciting changes to be aware of as you navigate practice and renewal. It is important information for those who are new graduate APRNs beginning their practice (welcome to the profession!) and those who are endorsing from other states.

There are many aspects of professional practice and licensure is one important aspect. Being engaged and involved is also important. As nurses, we are advocates for our patients and our profession. I would encourage all to be involved in your practice from both the policy and advocacy side. Consider attending an advisory meeting at the Nevada State Board of Nursing. Not only is there an APRN advisory committee, others include CNA Advisory, Education Advisory, and Nursing Practice Advisory Committees. These are some of the ways to be engaged in practice through attending advisory meetings and Board meetings. All are open to the public with agendas posted in advance in accordance to Nevada open meeting laws.

Last, I would encourage you to stay connected with your professional organizations as a way to be engaged and informed. There is strength in numbers! Being a member of professional organizations allows people with common interests to have a voice in the process – be it policy or advocacy. As nurse leaders and health care providers, we have the experience, knowledge and point of view that should be heard in order to improve health and wellness in our communities. This is the call to action part here – be engaged and have a voice. Find whatever that place you would like it to be and get involved. Perhaps it is through membership in a professional organization, volunteering on a committee at your work, your profession, or in your community. Or maybe it is all three! I hope to see you at an upcoming board meeting or somewhere in this great community of health care providers.

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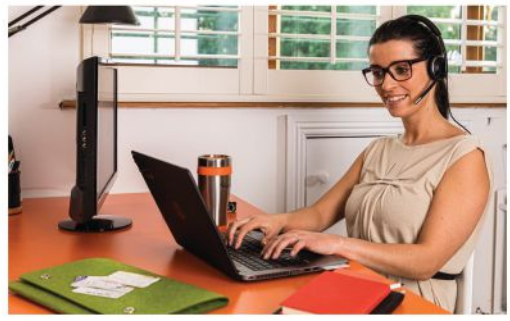

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ROLE OF AN EDUCATOR

By Irene Coons, PhD, RN, CNE
Professor & Director, Department of Nursing
College of Southern Nevada

The profession of nursing has many opportunities for those who desire to specialize in an area of interest. One such specialty area is that of the academic nurse educator (i.e., faculty member). Faculty may be attracted to a career in academia due to a desire to contribute to the nursing profession, seeing students acquire new knowledge or skills, and an affinity for teaching others (Laurencelle, Scalan, Brett, 2016). Currently, there is a national shortage of qualified nursing faculty. This shortage negatively impacts our profession. Incoming nursing student cohorts may be reduced or limited since there are simply not enough faculty to teach the qualified applicants. Despite the perks of the flexible schedule and the opportunities that come from teaching, potential/actual faculty members may decide that due to institutional budgetary constraints, increasing age, and higher salaries offered at health care facilities, the academic teaching role is not well suited to them (AACN, 2017).

To work as an academic nurse educator within the State of Nevada, a Registered Nurse (RN) should possess a Master of Science in Nursing (MSN) degree. While some exceptions can be made to this requirement, a MSN with an emphasis in Nursing Education is ideal given that the academic nurse educator role is complex (Gardner, 2014). In addition, it is important to recognize that having obtained the MSN degree, alone, does not ensure that an academic nurse educator is or will be a competent faculty member. The National league for Nursing (NLN) and the World Health Organization (WHO) have published core competencies for academic nurse educators. These competencies highlight the need for faculty to know how to effectively apply teaching/learning theories, create valid evaluation methods, participate in curriculum revisions, an incorporate bedside and/or educational best practice. It is essential for the faculty member to understand that teaching is more than just walking into a classroom and demonstrating nursing skills (i.e., training versus educating).

Once an academic faculty position has been obtained, it is not unusual that a faculty member will be required to teach clinicals or skills labs. In Nevada, the ratio of faculty to students is 1:8 within the clinical setting. The faculty member will need to understand how the clinical facility operates: specifically, the expectations for the way Nursing staff documents patient findings, administers medications, and orients incoming nursing students. Prior to "passing" any medications with students to patients, the nursing faculty member needs to ensure that the medications have been correctly ordered and are safe to administer based on assessment findings. This can often be a stressful time for faculty, and that is why it is imperative that faculty have an understanding of best practices not only related to education, but to nursing practice (e.g., bedside care), as well.

While teaching clinicals may sound stressful and does involve direct patient care, creating and administering classroom content can also be an overwhelming experience if adequate understanding and preparation have not occurred beforehand. The faculty member must thoroughly understand the content to be presented and anticipate questions that can commonly arise. While it may be easy to rely on publisher-created PowerPoints and test banks, faculty must realize that access to these resources does not absolve a faculty member from competently creating lectures and exams. Numerous studies have documented that test banks have inaccurately identified the cognitive level being tested, are poorly written, and are widely available for purchase on the internet (Billings, 2016., Madera et al., 2017). After an

exam has been administered, the faculty member must have a basic understanding of statistics and of item analysis. Faculty can and have had to defend themselves against grade appeals and/or legal actions taken by students for failing a course.

In addition to an actual teaching load, the faculty member will most likely be required to hold office hours, return correspondences with students in a timely manner, provide meaningful feedback on assignments, advise students regarding academic progression, serve on various department/college committees, demonstrate service to the community, and understand ongoing accreditation standards. If hired at a research university, the faculty member must also demonstrate excellence in research, including publishing within scholarly journals.

After working within academia for a period of time, a faculty member may decide to become a Certified Nurse Educator (CNE). This is a certification similar to those found in other areas of nursing that recognizes the expertise obtained through hard work and dedication to teaching. Continued proficiency in the area of teaching is required to maintain this certification.

Outside the classroom, opportunities abound for academic nurse educators. These opportunities can include becoming an item writer for national nursing exams, including the NCLEX®, authoring or contributing to textbooks, precepting future nurse educators, and/or volunteering as a site visitor for one of the Nursing Education accreditors. After several years within the field of academia, some faculty may decide to be become education consultants; hired to evaluate nursing programs for areas of strengths and weaknesses.

Finally, it is important to note that working as faculty member is not an easy job, but it can be rewarding. The education that pre-licensure students receive is to prepare them to meet minimal competencies and pass the NCLEX®; however, faculty need to understand that they are role models. Professional Nurse Educators can empower students to become excited about their future profession--or can cause them to become frustrated by their nursing programs if educators do not perform their roles competently. All nurses teach throughout their careers at the bedside, but faculty must recognize the responsibility that comes with the shaping of future generations of nurses. Truly, there is a sense of satisfaction and pride when faculty attend a pinning ceremony and see a class of soon-to-be-licensed nurses walk across the stage.

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Nevada State Board of NURSING NEWS

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BOARD MEMBERS

BOARD TALK

BOARD MEETINGS

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

• COME TALK TO THE BOARD

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

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

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

• WE'LL COME TALK TO YOU

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

BOARD MEETING DATES

September 20-22, 2017	Las Vegas
November 15-17, 2017	Reno
January 10-12, 2018	Las Vegas
March 21-23, 2018	Reno
May 16-18, 2018	Las Vegas

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ADVISORY COMMITTEES

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

MEETINGS AND OPENINGS

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

Advanced Practice Registered Nurse Advisory Committee (none)
November 7, 2017
February 20, 2018
May 8, 2018
August 7, 2018
November 13, 2018

Certified Nursing Assistant Advisory/ Medication Aide-Certified Committee (three)*
October 5, 2017
February 1, 2018
April 5, 2018
August 2, 2018
October 4, 2018
*One MA-C, one LPN, one Acute Care RN

Disability Advisory Committee (none)
October 20, 2017
April 27, 2018
October 19, 2018

Education Advisory Committee (none)
October 6, 2017
January 26, 2018
April 13, 2018
August 3, 2018
October 5, 2018

Nursing Practice Advisory Committee (none)
October 10, 2017
December 5, 2017
February 6, 2018
April 10, 2018
June 5, 2018
August 21, 2018
October 9, 2018
December 4, 2018

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NEVADA NURSING STATISTICS 2016/17 YOU SHOULD KNOW

By Sam McCord, NSBN Director of Nursing Practice

Statistics is not always a very exciting topic for most folks but as a licensed/certified nursing professional but your awareness of what is happening in the healthcare world around you and the activities of your licensing Board can be critical to practice decisions you make every day. The Nevada State Board of Nursing keeps track of a number of important statistics in order to identify, track and respond to important trends in nursing practice within our state. The data collected also lets us review Board practices so we can identify strengths and opportunities to better protect the public and educate nurses. As we share a common goal of safe practice with all nurses in Nevada we know that getting data to the nurse at the bedside is very important. The statistics presented below will alert you to both important.

General Trends: Overall the total number of Licensees and certificate holders increased.

- APRN (Including CRNAs) = 1,657. RN/LPN = 42,154 CNA = 8,752 Total Licensees = 52,563 (from 48,656)

Types of Practice Complaints received by the Board: This lists the three highest types of complaints received at the Board by percentage.

- APRN - Abuse (11%), Falsified Documentation (4%) and Scope of Practice (4%).
  - The percentage of complaints related to prescribing practices increased significantly
- RN – Scope of Practice (9%), Falsified Documentation (9%) and Harm to Patient (9%).
  - Allegations of not following Customary Standards of Practice were 41% of practice related complaints. These were most often concurrent with another allegation and related unprofessional conduct during patient care.
- CNA – Abuse (24%), Neglect (7%) and Harm to Patient (7%).
  - Allegations of not following Customary Standards of Practice were also 41% of practice related complaints for the same reasons as found in RN complaints.

Of Note: Taxonomy of Error, Root Cause Analysis and Practice-responsibility (TERCAP) data received from National Council of State Boards of Nursing showed new graduate Nevada nurses (Less than 2 yrs in practice) had the higher rate of Practice Breakdowns as compared to their peers in other states. The most common causes were lack of team and inter-department communication and the failure to recognize clinical indications of symptoms with failure to intervene or provide preventative measures.

This underscores the need to mentor nurses to create an atmosphere where communication is welcomed and supports critical thinking and development. New grads must assert concerns and questions proactively.

Practicing Without an Active License and Failure to Complete Continuing Education CEs: Together these remain the highest number of complaint investigations opened at the Board equaling **30% of all RN/LPN and CNA investigations opened.** This statistic is 100% preventable by updating any address change, renewing on time and completing approved CE's – see the NSBN website for e-notify and approved CE providers.

- CE Audits RN/LPN 1,981 Audited. 171 Failed to comply (increase from 135 previous year)
- CE Audits CNA 441 Audited. 96 Failed to comply (increase from 79 previous year)

Other Statistics:

- Percent of investigations leading to discipline decreased:
  - CNAs from 20.1% to 16.0%
  - RN/LPN from 15.9% to 13.2%
  - APRNs From 2.2% to 2.0%
- Time to open complaints received: CNA = 2.04 days and RN/LPN= 3.46 days (excluding outliers)
- Time to completion of investigations: CNA = 80 days, RN/LPN = 70 days and APRN = 94 days

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