

Official Publication of the

Nevada State Board of  
**NURSING**



# WORDS

Cathy Dinauer,  
MSN, RN, FRE



## From The Executive Director

This has been a very busy legislative session. The session is 120 days long and ended June 5, 2023. The Nevada State Board of Nursing (NSBN) will have some changes to make to the Nurse Practice Act, but we have some time. Here are some highlights:

AB 108 (Nurse Licensure Compact): Did not pass.

SB 336: Allows CRNAs in Critical Access Hospitals and under the supervision of a physician to prescribe, order, possess or administer controlled substances, poisons, dangerous drugs, or devices to treat a patient under the care of a licensed physician in preparation for surgery or childbirth, during surgery or childbirth and while a patient recovers from surgery or childbirth.

AB 401: Sets nursing faculty ratios to 12:1 (max.) Currently, the ratio is 8:1.

AB 267: Cultural Competency requirement has increased from 2 hours per renewal to 4 hours per renewal.

Many more bills were passed, but these were highlighted due to the impact on the NSBN. As we navigate the changes, we will notify you in advance if changes to your practice or licensure. So please be sure to read any emails you receive from the NSBN.

In other news, we are in the midst of celebrating our 100th anniversary. We had a big celebration in Carson City in April and will continue the festivities throughout the year. We will be having receptions after each of our board meetings in September and November. All are welcome.

The NSBN will also be moving its physical locations in both Reno and Las Vegas by the end of this year. Our leases are up this year and it is time for us to move. We will keep you updated on the process of the moves.

You can visit our website for more information, <https://nevadanursingboard.org/>.

# MESSAGE

## From the President

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



This year marks the 100th anniversary of the Nevada State Board of Nursing (NSBN). What a milestone in the organization with its genesis firmly rooted in advocacy. From the beginning, the agency was conceived and started to advocate for nurses to be recognized as professionals so they may practice and deliver safe care to patients. While the board members names and faces have changed over time, this mission to protect public safety has never wavered, only strengthened.

Over the past two years, it has been my honor to serve as the Board President. My role is one that is elected from the board members to serve in the capacity. It comes with a responsibility to lead, represent, and carry on the good work of others who have come before me. From our humble beginnings, to where our modern work today is ongoing, we are an agency in progress.

When I was elected to this role in November 2020, we were working remotely and conducting board business via online meetings due to the pandemic. This was difficult at first, but soon it was second nature and now we have online meetings as the norm. Even the Nevada Statute has modernized to allow online meetings as a regular way of doing business. What was once “we can’t do that” is now “sure we can, let’s figure it out”. Nursing professionals have a unique skill set that when they are given challenge, they rise to the occasion. We saw this day after day during the COVID-19 pandemic, for example.

As I close out my time as Board President, I reflect on the opportunity to represent Nevada locally and nationally in this position. Locally, our board has made strides in talking about the nurse licensure compact and the desire to become part of this compact to join 41 other states to allow nurses to practice fully. While we didn’t find the success desired this year, the work will continue to advocate for nursing professionals across our state. Nationally, I have represented Nevada at meetings and worked on committees with other board presidents to hear what issues are important and share our experiences in regulation. These opportunities bring states and professionals together to strengthen our knowledge, share best practices, and create nursing networks to improve processes.

I am appreciative and humbled for the opportunity serve on the Nevada State Board of Nursing and the opportunity to have served as the NSBN President. It has been an honor and I’ve learned a lot during my time in this leadership position. As the NSBN begins the next 100 years, I wish the agency well as they continue the mission to protect public safety through effective regulation of nursing practice.

# 2023 Nevada Legislative Review

By Fred Olmstead

The following Assembly Bills became Law:

## Assembly Bill 219

AB 219 is an Open Meeting Law bill that requires additional times for public comment, and additional notice requirements for Board meetings.

Public comment must be taken at the beginning of a meeting and again at the adjournment of the meeting, or after each item on the agenda that is designated as action before the Board votes. Also, the new law provides that nothing prohibits the Board from taking public comment more frequently than what is required by law.

Notice and physical requirements for a meeting were amended such that a public body may not hold a meeting to consider a contested case, or a regulation by means of a remote technology system unless there is a physical location for the meeting where members of the general public are permitted to attend and participate.

## Assembly Bill 267

AB 267 revised the number of hours of instruction relating to cultural competency that nurses are required to complete. NRS 632.343 was amended to require 4 hours (increased from 2 hours) of instruction relating to cultural competency and diversity, equity, and inclusion. This is effective January 1, 2024.

## Assembly Bill 311

AB 311 authorizes a hospital to enter into an agreement with the Armed Forces that would allow a person who is not licensed in Nevada to provide nursing care under certain circumstances. Section 2 of AB311 amends NRS Chapter 449 and apparently allows a hospital to allow a nurse who is not licensed in Nevada to provide care if the nurse is part of a training or educational program.

## Assembly Bill 401

AB 401 revised the ratio of faculty members to students in courses that provide clinical training at RN and LPN schools. An approved school may now determine the appropriate ratio of faculty members to students, provided the ration does not exceed 1 member of the faculty for every 12 students. This is effective July 1, 2023.

The following Senate Bills became Law:

### Senate Bill 336

SB 336 relates to health care in general and CRNAs in particular. CRNAs now have the authority to prescribe, in a critical care hospital, under the supervision of an MD or DO. In all other health care settings besides a critical care hospital, CRNAs scope of practice remains largely unchanged.

To be specific, AB 336, Section 2.6 provides:

1. A certified registered nurse anesthetist may:

(a) Under the supervision of a physician licensed pursuant to chapter 630 or 633 of NRS, order, prescribe, possess and administer controlled substances, poisons, dangerous drugs and devices to treat a patient under the care of a licensed physician in a critical access hospital in preparation for surgery or childbirth, during surgery or childbirth and while a patient recovers from surgery or childbirth.

(b) Possess and administer controlled substances, poisons, dangerous drugs and devices in other circumstances under which a registered nurse is authorized to possess and administer controlled substances, poisons, dangerous drugs and devices.

2. A certified registered nurse anesthetist shall not order or prescribe a controlled substance, poison, dangerous drug or device except as authorized by paragraph (a) of subsection 1.

3. As used in this section, "critical access hospital" means a hospital which has been certified as a critical access hospital by the Secretary of Health and Human Services pursuant to 42 U.S.C. 1395i-4(e).

### Senate Bill 375

SB 375 made an appropriation to the Nevada System of Higher Education for a grant program to expand undergraduate and graduate nursing programs at institutions within the System. It was appropriated from the State General Fund to the Nevada System of Higher Education for a grant program to expand undergraduate and graduate nursing programs at institutions within the Nevada System of Higher Education the following sums:

For the Fiscal Year 2023-2024... \$10,000,000

For the Fiscal Year 2024-2025... \$10,000,000

# In Remembrance of Cookie Bible



Cookie Bible at the 100<sup>th</sup> Anniversary Celebration in Carson City.

Remembering a wonderful person. Cookie Bible was like no other. Cookie served on the Nevada State Board of Nursing (NSBN) from 1983-1989 and again from 1996-2004. During that time, Cookie served as both a Board member and Board President. We are very saddened by her recent unexpected passing. Cookie loved her time on the Board of Nursing and given her length of service, she was responsible for many of the board operations. She graduated from nursing school in 1971 and was one of the first nurse practitioners in Nevada. She worked in Women's Health for many years and volunteered with Volunteers in Medicine until her death.

Cookie was also the recipient of the 2003 Exceptional Leadership Award from the National Council of State Boards of Nursing (NCSBN). Kathy Apple, the former CEO of NCSBN shared that Cooke was one of her mentors that guided her career in nursing regulation.

Cookie was involved in several committees for the NSBN including the formation of the Disability Advisory Committee which assisted nurses with addictions navigating sobriety.

Cookie, having been a Girl Scout for over 60 years, was very passionate about the Girl Scouts of America and throughout the years served in numerous positions at the local, state, and national levels.

We will always be grateful to Cookie for her commitment and dedication to the NSBN and to nursing in the state of Nevada. We have lost a wonderful champion. She will be missed.

# Take-Away Messages from the 2023 International Council of Nurses Congress

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

Nurses are the largest group of health care professionals globally and are the biggest occupational group in the health sector. The number is approximately 28 million, according to the World Health Organization (WHO, 2022). Within this group, there are many types of nursing practice to include nurses, midwives, and advanced practice nurses of all types. Preparation and scope of practice varies throughout the world depending on the role.

The International Council of Nurses (ICN) gathers biannually to convene a congress of nurses from around the world. In 2023, the congress convened in Montréal, Canada for the first time in person since 2019. There were over 6,000 nurses representing over 160 countries in attendance for the 5-day congress. During the conference, multiple keynote speakers and sessions were presented on topics about policy, leadership, regulation, clinical and state of the workforce around the world.

The theme for the conference was: Nurses together - a force for global health. This carried throughout the conference examine the role of nurses working together to deliver and administer safe care. There were many sessions highlighting where nurses used innovation to deliver care during the pandemic. It also highlighted the extreme situations nurses have found themselves in during the same period and the toll it has taken on their well-being. Nurses suffered through loss of life, injury, and permanent disability as it relates to the Covid-19 pandemic. This is an evolving topic as we continue to work through the Covid-19 virus in our communities.

Another key topic of discussion was workforce. The worlds' workforce of nurses is at a critical low and the data demonstrates this isn't getting better any time soon. In fact, it is predicted this will only worsen in the next years related to decreased applications to nursing programs and lack of educators to teach. Tie this to the number of nurses who are exiting the profession at alarming rates makes the topic one to follow. Without nursing professionals to provide care, out world's patient population is at risk for preventative, rehabilitative, and restorative care. There were many sessions to highlight where good work is being done to restore the nursing workforce and promote professional practice.

One of the posters I presented at the conference was on the Nevada workforce data regarding advanced practice registered nurses (APRN) after full practice authority was gained in the 2013 legislative session. Nevada has seen a 400% increase in APRNs during this period! Embedded in the data, it also demonstrates an increase in APRNs in the rural and frontier areas of Nevada. Last, but not least, the data shows a 1500% increase in APRNs out of state representing those who are performing telehealth and other services to our citizens. The numbers show that if barriers are taken away and nurses are allowed to practice to the full extent of their education and training, they will show up to provide care and be part of the solution to access to care.

Well-being of the nursing workforce was a topic of many keynotes and sessions at ICN this year. The pandemic and overwhelming expectations of the nursing workforce in the world has been attributed to the decrease in mental and physical well-being of nurses. It was highlighted that this isn't a new phenomenon with COVID-19, but one that has been looming for quite some time. Nurses, as the largest healthcare providers in the world, must care for themselves before adequately caring for others. Not only is individual self-care vital, but organizations and institutions who employ the nursing workforce need to work with leaders to ensure safe working environments, adequate pay for work, and a healthy workplace. Simon Sinek, keynote speaker, talked about how important psychological safety is to our good working environments. We need to look after ourselves, look after each other, and provide the safe environments for all to grow and care for others. While it is important to look after our patients, it is vital to look after each other.

The next ICN Congress will be held in Helsinki, Finland in 2025. It's time to start preparing for the next world congress where nurses will convene to discuss vital information related to our role, practice, and well-being. I hope to see you there!



President  
VanBeuge at ICN

Reference:

World Health Organization (2022). Nursing and midwifery: key facts. Downloaded from <https://www.who.int/news-room/fact-sheets/detail/nursing-and-midwifery#:~:text=Key%20facts,current%20shortage%20in%20health%20workers>.



# Are Critical Thinking Skills Necessary for Today's Nursing Students?

By Dr. Jean Benzel-Lindley & Dr. Lauren Jones

**Abstract:** The first in a series of essays on the role of critical thinking in nursing education today. The first essay centers on the characteristic components of critical thinking in nursing practice. The second essay explores how to identify methods of teaching critical thinking to nursing students, including examples of teaching strategies to achieve the components of critical thinking. Essay three examines more detailed application of teaching educational practices of nursing related critical thinking scenarios. The concluding essay in this series explores methods of unlearning prior knowledge and expectations from nurses, nursing faculty, and nursing students on the topic of critical thinking. Nursing Faculty are aware of the NCLEX changes to evaluate the levels of critical thinking but may not be aware of how these changes impact their teaching practices.

## Introduction

Critical thinking is an essential component of nursing education and practice, and it involves the analysis and evaluation of information to make sound practice decisions. Critical thinking is a key attribute that is necessary for nursing students as it helps them to develop effective clinical reasoning skills and provide safe and competent care for patients. This work is a part of a series of essays on how to increase critical thinking skills among nursing students and nursing faculty.

## Background

Critical thinking has been defined in various ways by different scholars, but the concept is generally considered to involve a systematic and analytical approach to decision-making that is based on a deep understanding of the problem or situation. According to Paul and Elder (2014), critical thinking involves the use of cognitive skills, such as analysis, interpretation, evaluation, inference, explanation, and self-regulation to effectively solve problems and make informed decisions.

Nursing education is designed to equip students with the knowledge, skills, and attitudes necessary to provide safe, effective, and compassionate care for patients. The development of critical thinking skills is an integral part of nursing education as it enables nursing students to use their knowledge and developing clinical judgement to solve complex problems and make evidence-based decisions (Facione, 2013). In essence, the lesson CONTENT (the WHAT of the material being presented) needs to be evaluated as to HOW & WHY it is used. The application of content is the basis of critical thinking.

## Characteristic Components of Critical Thinking in Nursing Students

The following are brief descriptions of the characteristic components of critical thinking skills employed by nursing students.

### 1. Intellectual Humility

Intellectual humility is an essential component of critical thinking in nursing students. This involves the limitations of one's own knowledge and being open to alternative perspectives and ideas (McMahon et al, 2020). Intellectual humility allows nursing students to acknowledge their own biases and assumptions and to be willing to consider other viewpoints. This helps nursing students to be more open-minded, to learn from others, and to make more informed decisions.

### 2. Intellectual Curiosity

Intellectual curiosity refers to a strong desire to learn and understand new information (Halpern, 2014). Nursing students who possess this characteristic component of critical thinking are eager to learn about new research, theories, and practices in nursing. Intellectual curiosity motivates nursing students to seek out new information and to engage in lifelong learning, which is essential for the ongoing development of their critical thinking skills.

### 3. Intellectual Empathy

Intellectual empathy is the ability to understand and appreciate the perspectives and feeling of others (Noddigs, 2013). Nursing students who possess this component of critical thinking can view situations from the patient's perspective and understand the patient's concerns and needs. Intellectual empathy helps nursing students to develop a patient-centered approach to care; critical in providing safe and effective care.

### 4. Intellectual Courage

Intellectual courage is the willingness to challenge one's own beliefs and assumptions and to consider alternative viewpoints (Paul & Elder, 2014). Nursing students who possess this component of critical thinking are willing to question established practices and to consider new approaches to situations. Intellectual courage allows nursing students to identify and address potential errors and to improve the quality of care provided to patients.

### 5. Intellectual Perseverance

Intellectual perseverance refers to the ability to persist in the face of challenges and obstacles (Halpern, 2014). Nursing learners who possess this component of critical thinking are able to continue working toward a goal, even in the face of setbacks and challenges. Intellectual perseverance allows nursing students to remain focused on providing safe and effective care, even in challenging situations.

## 6. Intellectual Autonomy

Intellectual autonomy refers to the ability to think independently and to make decisions based on one's own analysis and judgment (McMahon et al, 2020). Nursing students who possess this component of critical thinking are able to make independent judgements based on the available evidence and to take responsibility for their decisions. Intellectual autonomy allows nursing students to develop their clinical reasoning skills and to provide safe and effective care for patients.

## Conclusion

This essay was devoted to naming and briefly defining key components of critical thinking. When nursing students and faculty employ critical thinking, it impacts the quality of care they deliver to their patients while improving the students' clinical reasoning skills.

The next essay in this series will explore how to identify examples of teaching strategies for each component of critical thinking to nursing students.

## References

- McMahon, K. et al. (2020). The learning science in initial teacher education. Accessed on Feb. 25, 2023 at <https://www.bathspa.ac.uk/projects/learning-sciences-in-teacher-education/>.
- Facione, P. (2013). Critical thinking: What it is and why it counts. Accessed on Feb 25, 2023 at [https://www.academia.edu/5903883/Critical\\_Thinking\\_What\\_It\\_Is\\_and\\_Why\\_It\\_Counts\\_2013](https://www.academia.edu/5903883/Critical_Thinking_What_It_Is_and_Why_It_Counts_2013).
- Halpern, D. (2014). *Thought and knowledge: An introduction to critical thinking*. 5<sup>th</sup> edition. Psychology Press, New York.
- Noddigs, N. (2013). *Caring: A feminine approach to ethics & moral education*. University of California Press, Berkeley.
- Paul, R. & Elder, L. (2014). The miniature guide to the foundation for critical thinking: Concepts and tools. Accessed on Feb. 25, 2023 at [https://www.criticalthinking.org/files/Concepts\\_Tools.pdf](https://www.criticalthinking.org/files/Concepts_Tools.pdf).

2023 Board Members



Susan S. VanBeuge, DNP, APRN, FNP-BC, FAANP, FAAN, Board President



Richelle O'Driscoll, MA, Consumer Member, Vice President



Cheryl Maes, PH.D., APRN, FNP-BC, Board Secretary



Jacob Watts, MBA, CNA



Branden Murphy, MSNed, CPN, CCRN



Ovidia McGuinness, LPN



Elizabeth Trilops, RN, MBA/HCM

**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](mailto: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*

**Fred Olmstead, Esq.**

*General Counsel*  
Accounting

**Kimberly A. Arguello, Esq.**

*General Counsel*  
Information Technology Operations

**Sam McCord, BSN, RN**

*Director of Investigations and Discipline*  
Case Review, Investigation and Settlement  
Oversight for application review/compliance,  
Nursing Practice Advisory and LPN Advisory  
Committee Chair

**Michelle Johnson, EdD, MS, APRN, CPNP-PC**

*Director of Nursing Education and Editor*  
Nursing Education Programs, CNA Training  
Programs, Education Advisory Committee  
Chair, CNA Advisory Committee Chair,  
NSBN Nursing News Editor

**Gail Trujillo, MS, CPM, SHRM-CP**

*Director of Licensure & Certification,  
Human Resources*  
Program Management, RN/LPN/APRN  
Licensure, CNA/CRNA/EMS-RN Certification

**Corina Jimenez**

*Executive Assistant*

**INVESTIGATION & MONITORING**

**Barbara Day, MSN, APRN, FNP-BC, OCN, HPCN**

*APRN Consultant & Investigator*  
APRN Advisory Committee Chair

**Elaine Ralph, MSN, RN, FN-CSp**

*Monitoring and Probation Investigator*  
Disability Advisory Committee Chair

**Cynthia Peterson, RN, CLNC, CHCQM**

*Investigator*

**Ray Martinez**

*Investigator*

**Brandi Harkey, RN**

*Investigator*

**Christie Daliposon**

*Investigator*

**Cydnee Perez**

*Audit Investigator*

**LICENSURE & CERTIFICATION**

**Patty Towler**

*Licensure & Certification Lead*

**Ariadna Ramos Zavala**

*Licensing & Certification Specialist*

**Sandy Webb**

*Licensing & Certification Specialist*

**Gabriela Hernandez-Aguilar**

*Licensing & Certification Technician*

**Quinn Hughes**

*Licensing & Certification Technician*

**LaShaun Thompson**

*Licensing & Certification Technician*

**Madison Webb**

*Licensing & Certification Technician*

**Courteney Bacceti**

*Fingerprint Specialist*

**C. Ryan Mann, MSN, RN**

*Application Eligibility Specialist*

**SUPPORT**

**Kristie Neuhauser, MBA**

*Accountant*

**Rhoda Hernandez**

*Technology & Computer Systems Specialist*

**Tamara Pachak, BSN, RN**

*CNA Training Program Specialist*

CNA Advisory Committee Chair

**Hannah Boll-Matulis**

*Management Assistant*