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WORDS

From the Executive Director

Cathy Dinauer,
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Recently, I was presenting to new nurses and the concept of moral courage entered my thoughts. How willing are nurses going to speak out to do the right thing even when doing the right thing is hard. I was speaking to new nurses, new in their career where the challenges of moral courage can be evident. Moral courage means to have the courage to act in ethical conflicts at the risk of facing a negative outcome for the individual. As nurses, we have an obligation to speak out against unlawful or unethical practices. Nurses in Nevada are required to report conduct that constitutes a violation of nursing practice.

While it sounds easy, it is not. Is the nurse willing to take personal risks to protect patients and quality nursing care? Nurses practicing in today's healthcare environment are often confronted with complex moral and ethical dilemmas. Doing the right thing is hindered by conflicting values and beliefs of other healthcare providers. The right way is not always the easiest way.

Nurses need moral courage to ensure that the best patient care is provided. Deciding whether to act with moral courage may be impacted by how much conflict between personal standards and organizational processes exist. Fear of retaliation, or lack of leadership support can foster a reluctance to act with moral courage (Lachman, 2007).

Nursing practice and regulation mandates that nurses report unethical behavior. That, in and of itself, demonstrates moral courage. It is important that nurses practicing moral courage know that they are assuring optimal health and well-being and quality of life. As nurses, we serve as patient advocates and role models. Regardless of the location where nursing care is provided, or the number of months or years in practice, we have the obligation recognize and report unethical practices.

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**Richelle O'Driscoll,
MA, Consumer Member**

Message From the President

In March, I had the opportunity to attend the Midyear meeting of the National Council of State Boards of Nursing (NCSBN) in Atlanta with Executive Director Cathy Dinauer and some of our board members. The NCSBN is the national and international organization whose membership is comprised of all 50 states and territories and provinces worldwide. NCSBN assures that safe and competent nursing care is provided through regulation, practice, and education. The organization is responsible for creating and administering the NCLEX exam, is committed to advancing safe and effective licensure mobility solutions through the Nurse Licensure Compact (NLC) and APRN Compact. NCSBN conducts cutting-edge research with data-based information for better decision making related to patient safety and public protection. NCSBN's knowledge, experience and data helps educate and advocate for policies that advance nursing regulation and ensure patient safety.

At the Midyear meeting, we heard presentations that provided updates on current legislative issues relating to federal legislation and administrative agency policy and were provided with the latest status of the national Nurses Licensure Compact, APRN Compact and NursingAmerica campaigns and activities dedicated to moving nursing regulation policy forward. It was interesting to hear about how the Alabama Board of Nursing spearheaded legislation to establish scope of practice standardization and regulation of various supportive nursing personnel, including certified nursing support technicians that provide care to patients in hospital-based and non-long term care settings.

The impact of competency-based education was addressed by Joan Stanley, Chief Academic Officer of the American Association of Colleges of Nursing. Competency-based education is a national initiative that promotes curriculum change that includes best practices and integrating these competency-based principles to the pre-licensure nursing education approval process. In addition, we learned about the research that is being conducted by NCSBN relating to the impact of nursing regulatory bodies on the health care system and nursing education.

The most relevant session for me as Board President and one of the most thought provoking, was "Reimagining Discipline" which discussed how we should think about our discipline process and possibly incorporate new evidence-based ideas, tools, and resources into our current systems. For example, in cases that involve practice errors or unprofessional behavior, we were provided a pathway tool to help us determine whether system failure and/or behavioral choices by the nurse contributed to the error. Then through analysis of mitigating and aggravating factors, we can consider the proportionate and appropriately balanced action to assist in protecting the public. This tool can help us examine and determine if the nurse committed human error, was at risk, reckless or had bad intent and then determine the best action for the infraction.

Finally, the opportunity to meet and interact with fellow colleagues from across our country and the world to discuss common and emerging issues was very beneficial. Some of topics discussed were, but not limited to, the impact of AI in nursing, changing workforce implications, the amount of simulation used in pre-licensing education, faculty and student ratios and nurse educator shortages.

If any of the aforementioned topics are of interest to you, please feel free to reach out to me as there are many additional resources available that I can share with you. Again, I thank you all for the important and amazing work that you do.

Best regards,
Richelle O'Driscoll MA, BA
President, Nevada State Board of Nursing

Unlearning Instructional Methods and Expectations in Nursing Program Curricula

By

Dr. Jean Benzel-Lindley & Dr. Lauren Jones

Introduction

Nursing education has evolved over time from the days of apprenticeship-style learning to the technology heavy methods of today. The shift to formalize nursing curricula and standardized instructional methods has helped to professionalize the field and ensure that all nurses have a solid foundation in theory and practice. However, as within any field of specialization, there is always room for improvement. In recent years, there has been a growing recognition that some of the traditional instructional methods used in nursing program curricula may not be as effective as they were once thought to be. This essay will explore the concept of unlearning in nursing education, and specifically, the need to unlearn certain instructional methods that may be hindering student learning and development.

What is Unlearning?

Before a discussion of what unlearning means in nursing education, it is important to understand what the concept of unlearning entails. Unlearning is the process of letting go of previously held beliefs, assumptions, or behaviors to make room for new learning (Dalley, Candela & Benzel-Lindley, 2008). It involves challenging deeply ingrained ideas and habits; being open to new perspectives and approaches to solve problems. In the context of nursing education, unlearning can involve refocusing of instructional methods that may have been employed for years or even decades, in favor of more effective and innovative approaches.

Traditional Instructional Methods in Nursing Education

To understand the need for unlearning in nursing education, it's important to examine some of the traditional instructional methods that have been employed in nursing curricula for many years. These methods include:

1. Lectures

Lectures are a common instructional method used in nursing education. They involve a teacher or professor delivering information to students in a structured, linear format or simplistically being the “sage center stage” (Jones & Benzel-Lindley, 2022). Lectures are often used to convey foundational knowledge and to introduce new concepts or theories to students.

2. Memorization

Memorization is a traditional method of learning that involves rote repetition of informant. In nursing education, memorization is often used to help students learn medical terminology, pharmacology, and other technical information.

3. Skills Demonstration

Skill demonstration involves teachers or instructors demonstrating a specific nursing skill or procedure to students, often in a simulated or clinical setting. This method is often used to teach students the correct technique for reforming a task or procedure.

4. Problem-Based Learning

Problem-based learning involves presenting students with a real-world problem or case study and challenging them to work together to find a solution. This method is often used to help students develop critical thinking and problem-solving skills.

Limitations of Traditional Instructional Methods

While these traditional instructional methods have been used for many years in nursing education, there is growing recognition that they may not be as effective as they were once thought to be. For example, lectures can be dry and boring. Students are expected to be the grateful, passive recipients of the instructor's expounded information instead of the creator of their own knowledge based on a developing mental schema. Nursing instructors have long lamented that students do not prepare for class by not reading assigned materials. We contend that if instructors are spoon feeding course content to students that the students have little motivation to undertake their own portion of the educational process (Candela, Dalley, & Benzel-Lindley, 2006). Memorization can lead to shallow learning and may not help students retain information over the long term. Skill demonstration can be useful in teaching specific procedures but may not be as effective for teaching broader concepts/principles nor account for equipment alterations/improvements over time. Problem-based learning can be effective for developing critical thinking skills but may not be as effective for teaching foundational knowledge.

In addition to these limitations, there is also a growing recognition that the traditional instructional methods may not be well-suited to the needs of today's nursing students (Starbuck, 2017). Today's nursing students are more diverse than ever before, with a wide range of learning styles, backgrounds, and experiences. Traditional instructional methods may not be able to accommodate this diversity and may leave some students feeling left behind or disengaged.

Unlearning Traditional Instructional Methods in Nursing Curricula

Given the limitations of traditional methods in nursing education, there is a need for unlearning. But what does unlearning look like in practice? Here are some strategies for unlearning traditional methods in a classroom.

Nursing education is an essential part of healthcare systems globally. The aim of nursing education is to prepare nurses to provide care to patients in various settings. The quality of nursing education depends on the quality of the curriculum, including the instructional methods used to teach nursing students. However, nursing curricula have traditionally been structured around a teacher-centered approach, where the teacher is the sole source of information and students are passive receivers of knowledge. This approach has been criticized for being outdated and ineffective in preparing nursing students for the complex challenge they will have in the healthcare setting. Therefore, nursing education must evolve by unlearning traditional instructional methods and adopting more effective teaching methods that prioritize active learning and critical thinking.

The traditional teacher-centered approach to teaching nursing has been the norm for many years. In this approach, the instructor is the primary source of knowledge, and the student is expected to receive and memorize the information presented to them. This approach tends to focus on rote and memorization of facts and figures, with little emphasis on application and critical thinking. This method can lead to a lack of engagement and a lack of understanding, which can hinder the development of clinical reasoning and problem-solving skills. Additionally, students may struggle to apply the knowledge they have acquired in real-life scenarios, which can lead to poor patient outcomes.

Unlearning traditional instructional methods requires a shift towards a student-centered approach. In this approach the focus is on the student, and the instructor serves as a facilitator of learning. This method promotes active learning and critical thinking, which are crucial skills for nurses to possess. Active learning involves students engaging in the learning process actively, such as through group discussions, problem-solving activities, and case studies. This method allows students to take ownership of their learning, which can enhance their motivation and engagement. Moreover, it fosters the development of teamwork, communication, and collaboration, all of which are essential skills for nurses to possess.

Another aspect of unlearning traditional instructional methods is the incorporation of technology in nursing education. The use of technology can enhance nursing education by providing a more interactive and engaging learning experience for students (Handy,1985). For instance, simulation-based learning provides an opportunity for students to practice their skills in a safe and controlled environment. Additionally, technology can facilitate collaboration and communication among students and instructors, which can enhance the learning experience. By unlearning traditional methods and adopting technology, nursing education can become more accessible and engaging, which can improve the quality of education.

Incorporating active learning strategies, such as case studies and problem-solving activities, into the nursing curriculum can promote critical thinking and clinical reasoning skills. Case studies provide students with real-life scenarios and challenge them to think critically and develop a plan of care. Problem-solving activities encourage students to work collaboratively to identify and solve problems, which can enhance their teamwork skills. These active learning strategies provide opportunities for students to apply their knowledge in practical situations, which can enhance their confidence and competence.

Another aspect of unlearning traditional instructional methods is the incorporation of cultural competency in nursing education. Cultural competencies are essential aspects of nursing care, and it is important that nursing students are educated on the diverse cultural backgrounds of their patients. By unlearning traditional instructional methods and adopting a more inclusive approach, nursing students can develop a deeper understanding of the diverse needs of their patients. Instructors can incorporate cultural competency training in the nursing curriculum by providing opportunities for students to interact with patients from a variety of backgrounds, learn about their beliefs, and values.

Conclusion

The world is changing rapidly; the preparation of new nurses needs to mirror that fact. The instructional methods employed in the past may no longer be as effective with learning situations or students today. Faculty and students need to re-evaluate what it means to undertake instruction of those wishing to enter the profession. Older teaching methods such as pure lecture and memorization do not aid students in the development of critical thinking or problem-solving skills. As such, new instructional methodologies such as high-tech simulations, real-world patient-based case studies, and group problem-solving activities centered on current issues in healthcare should be core parts of any nursing program's curricula.

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Decision Making Process

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



The act of decision making is complex. Nurses are expected to make decisions every day under rapidly changing conditions, uncertainty and, at times, with little to no information. Early theories about decision making researched the way a model of the process could be developed (Hammond, 1967). The researchers learned that decisions are often made under circumstances of uncertainty and that nurses must take bits of information to utilize cues, combine, revise, and reach a judgement in decision making for patient care.

The Model of Decision Making (Johansen and O'Brien, 2016) is illustrated in this research paper. The model provides the concepts described in a nurses' decision-making process. The six most common attributes in the concept of decision making are: intuition and analysis, heuristics, experience, knowledge, clinical reasoning, and critical thinking (Johansen & O'Brien, 2016).

The Nevada State Board of Nursing has developed and published a Scope of Nursing Practice Decision Making Framework based on evidence-based literature, the Consensus Model for APRN Regulation, Nevada Statute and Code, best practices from other states, input from advising committees to the Board of Nursing, and finally the Nevada State Board of Nursing (NSBN) approval. The most recent Decision Making Framework was published by the NSBN in 2019. The current document is a framework utilized by nurses licensed as advanced practice registered nurses (APRN), registered nurses (RN), and licensed practical nurses (LPN).

The document is dynamic and interactive, meaning there are links to the current Nevada Revised Statute (NRS) and the Nevada Administrative Code (NAC), and the Agency for Healthcare Research and Quality. In addition, the majority of references are linked to the sites for further information.

The framework is divided into major sections: identify, standards of practice, knowledge, skills, professional responsibility, standards of care, and safety. Each section has thought questions to contemplate and many have links to additional resources. The sections are simply Yes-No questions and point the nursing professional in one direction or another. Each give more detail to ask questions, get more information, and how to move forward in practice decision making. The framework algorithm is packed with information for informed decision making. It is on the nursing professional to utilize the tools available and to seek clarification if it is unclear or more information is needed.

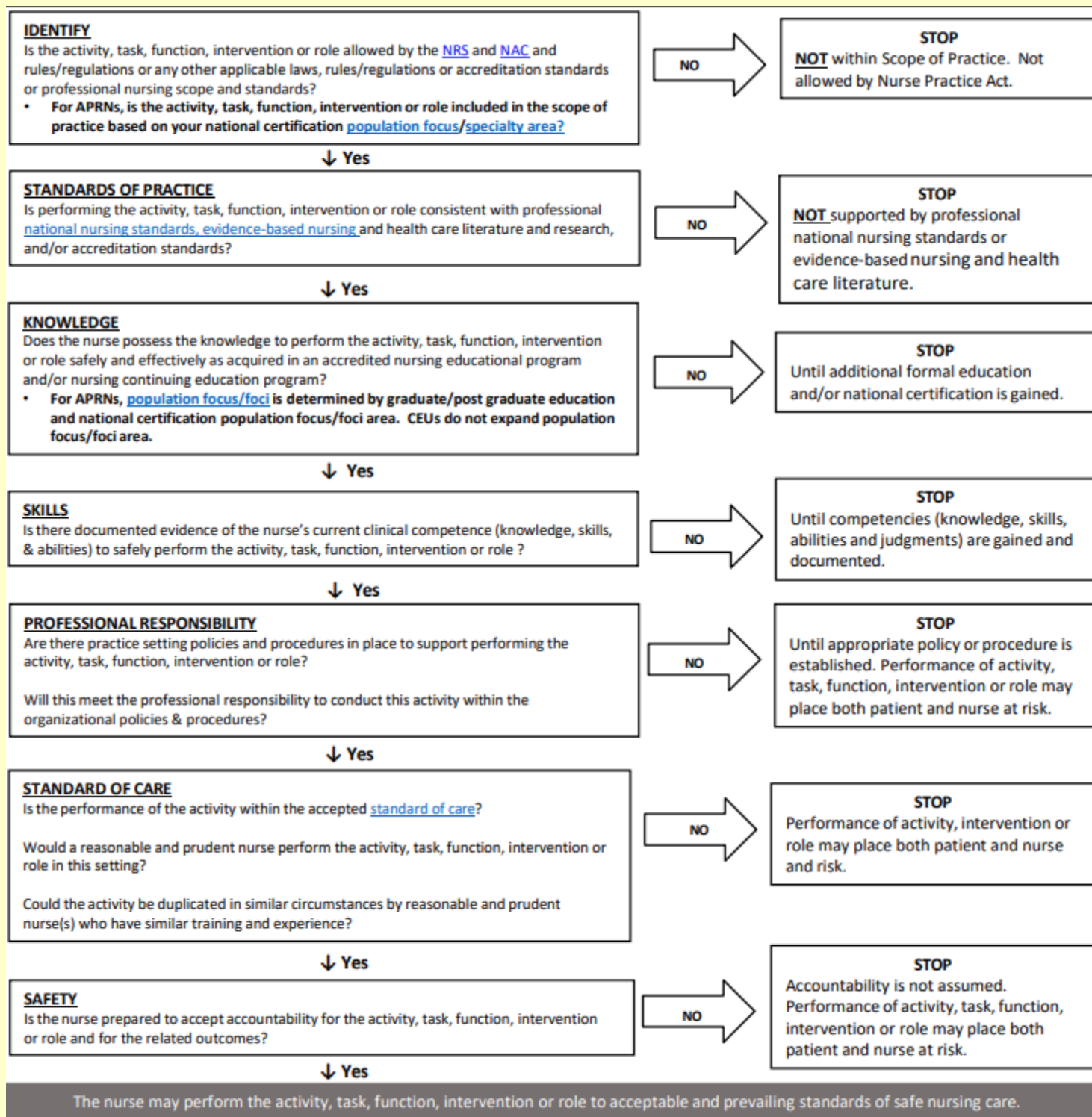
Asking for more information is the right thing to do if the answer isn't clear. This is part of the professional responsibility of a nursing license. The Nevada State Board of Nursing's mission is: *The Board's mission is to protect the public's health, safety and welfare through effective nursing regulation.* Having this established Decision Making Framework is one tool for nursing professionals to fulfill their professional responsibility and have clear understanding of their scope of practice.

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For the complete Scope of Practice Tree, please click here:
<https://nevadanursingboard.org/wp-content/uploads/2023/03/SOP-Tree.pdf>

A Model for Clinical Education using the Nevada NAP Role

By

June Eastridge EdD, MSN, RN, CNE, COI

Introduction

The U.S. Department of Labor has projected that there will be a need for more than 275,000 additional nurses before 2030 (Employment and Training Administration, 2022). This professional nursing shortage, exacerbated by the COVID-19 pandemic and an aging workforce, has challenged healthcare organizations and the nursing profession to find creative solutions to bolster healthcare delivery. One solution, supported by the Nevada State Board of Nursing (NSBN) and promoted by the Nevada Rural Hospital Partners through a grant funded by the U.S. Department of the Treasury, American Rescue Plan ACT (Squier, 2023), is the use of student Nurse Apprentices (NAPs) to provide patient care as an employee of a healthcare agency under the supervision of licensed nurses employed by the organization. This is a model that has proven to be successful in other states and internationally (Peate, 2023; Schultz, 2019; Sellers Benson, 2022).

Based on NSBN guidelines, a NAP must be currently enrolled in an accredited pre-licensure nursing program. As students progress through their academic program, they gradually assume more nursing responsibilities in their employed position. Competency is verified by the healthcare organization based on completion of a clinical skills checklist integrated into the nursing student's educational program.

Experiential Portfolio Credit (EPC) Model

Nevada State University (NSU) primarily serves the non-traditional student, and many students have family and work obligations outside of their nursing program commitments. During the 2021/2022 academic year, NSU School of Nursing (SON) surveyed our nursing program students, and based on the student responses, estimated that approximately 20 senior students were working as NAPs. At that time, NSU approached a clinical practice partner that works closely with the SON to determine interest in an Academic Practice Partnership agreement to provide NAPs employed by their facility with clinical credit towards their final clinical experience requirement. Meetings between SON leadership, faculty, and facility administrators resulted in the development of the EPC Model, with defined roles, responsibilities, and processes. To formalize the partnership, a Memorandum of Agreement was created, and signed by both the academic and the practice site signatories.

By their final semester, SON students have demonstrated competency with all skills listed as approved for NAP practice by the NSBN. The Practice Partner employed 10 students entering their final nursing school semester as NAPs. The SON Director of Clinical, an assigned nursing faculty, and the nurse administrators at the facility worked with the students and the unit charge nurses to educate them on the requirements for students to fulfill clinical hours while working as a NAP. Out of the 10 students involved in the pilot, six completed all or some of their hours while working as a NAP. Hours not completed as a NAP were completed through a traditional, non-paid Preceptorship.

With the EPC Model, students must log their hours and have them validated by the unit charge nurse, confirming that their work assignment during the shift involved the use of the clinical-reasoning and technical skills of a nurse within the parameters of the NAP scope of practice. Hours spent working in the role of a Nursing Assistant, or as a patient sitter, do not qualify for clinical hour credit. Hours submitted utilizing an EPC Shift Log are then evaluated by the assigned nursing faculty.

Outcomes

The EPC Model was evaluated via a survey of both students and staff nurses following the pilot semester, and both groups rated their experience with EPC highly. Students reported that they learned more through a realistic work experience than they did as part of a traditional clinical group. Additionally, 80% of staff nurses who worked with students felt that their role working with senior students helped to improve their own practice. The EPC Model at NSU has since been extended to different clinical partnership locations that employ NSU nursing students as NAPs.

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Building and Evaluating Clinical Judgment and Decision-Making in a Prelicensure Pathophysiology and Pharmacology Course

By

Nirmala Lekhak, PhD, RN, Angela Silvestri-Elmore, PhD, APRN, FNP-BC, CNE,
& Lindsey Haener, MSN, RN

As the health care landscape evolves in innovation, digital transformation, and accelerated knowledge creation (Kavanagh & Sharpnack, 2021), nurse educators are charged with preparing new nurses for practice. Embracing pedagogies relevant to the new generation of learners preparing to enter a workforce with a future that cannot be fully conceived is an expectation of the nursing faculty role (Kavanagh & Sharpnack, 2021). Clinical competency is one way nurse educators can embrace new pedagogy to support practice readiness for new nurses (American Association of Colleges of Nursing, 2021). Shaping the future of nursing requires an intentional approach, starting with nursing education, that challenges learners to be well prepared, ethically sound, and theoretically knowledgeable about the dynamic shifts in healthcare (American Association of Colleges of Nursing, 2021). Supporting learners to meet the demands of healthcare and prepare them for advanced roles in the workforce is paramount (American Association of Colleges of Nursing, 2021).

Data suggest that the preparedness of new graduate registered nurses is declining at a disturbing rate and was significantly worsened by the COVID-19 pandemic. Only 9% of new graduate nurses demonstrate entry-level competencies or readiness for practice. Leaders in nursing education are initiating efforts to reduce the gap in the transition by offering competency-based education (Kavanagh & Sharpnack, 2021). In response to the paradigm shift in nursing education to focus on competency and to address preparedness of new nurses entering practice, the NCSBN launched the Next Generation NCLEX (NGN) project (National Council of State Board of Nursing, 2023). The NGN asks questions that more effectively mirror practice, thereby requiring test-takers to think critically (National Council of State Board of Nursing, 2023). NGN-style questions are based on the NCSBN Clinical Judgment Measurement Model (National Council of State Board of Nursing, 2023), idea of which is taken from Tanner's Clinical Judgment Model in Nursing. Additionally, American Association of Colleges of Nursing (AACN)(American Association of Colleges of Nursing, 2021) has released new Essentials, also highlighting the importance of shifting nursing education to use strategies to prepare for real world practice. Intuitively, dedicating time and effort to developing the requisite skills during the nursing program before entering practice will be of benefit to the new nurse, their patients, health care institutions, and health care in general. Nurse educators are in a unique and enabling position to create teaching and learning strategies that are effective in building and evaluating clinical judgment and decision-making in nursing students (Dickison et al., 2019).

Course Design

In this article, we talked about the course, Pathophysiology and Pharmacology for Nursing II, and how we embraced new nursing pedagogy. The course is included in the second of four semesters of the pre-licensure nursing program and is continuation from the first semester course, Pathophysiology and Pharmacology for Nursing I. It is an asynchronous course and taken concurrently with Medical Surgical, Community, and Communication courses. The Pathophysiology and Pharmacology course was developed with the prediction of changes in the AACN Essentials and NGN exam and incorporated Single Episode and Unfolding case study

assignments, a shift from focusing entirely on written examinations. The case studies help the students to engage in readings and research to come up with the correct answer, which included finding and analyzing cues, and writing about pathophysiology, different elements of pharmacology, and important nursing considerations. As the faculty of the course, we changed the Single Episode case study assignment to Stand-Alone case study quizzes to reflect the module reading and NGN test item types. We also had midterm and final examination to reflect the modules readings along with weekly mastery quizzes. We divided the Unfolding case study to four modules so that the assignments are more manageable and kept the students immersed in the case scenario. This gave the faculty opportunity to give proper and timely feedback. The assignments included pathophysiology and pharmacology questions which improved students' critical thinking and clinical competency. It seems to work well but changing the assignment every semester may help with academic integrity. We also incorporated videos that had graphics along with our lecture videos. Both had human captioning for accessibility reasons.

Student Perspective

We surveyed students (59 students took the survey out of 71 students) and included some of their comments from the evaluation. They said that Stand-Alone quiz and Unfolding case study assignments were helpful for the mid-term and final exams and Health Education System, Inc. (HESI) preparation. Over sixty percent said that they were either "very helpful" or "helpful" for the exams and almost 50% said it was either "very helpful" or "helpful" for HESI preparation. Fifty percent students said that Unfolding Case Study assignments were either "very helpful" or "helpful" for HESI.

Some of the students' comments are:

"I felt they (stand-alone quizzes and unfolding case study assignments) were good and helpful in helping me better understand certain course material."

"Overall. I feel like we were given useful tools for HESI exam."

"The assignments helped conceptualize the topics and helped me understand the medications."

"Keep the stand alone, they're helpful."

"I enjoyed all the assignments especially the unfolding case study, it helped me in breaking down a nursing situation."

"Provided feedback on each unfolding case study assignments which helps with recognizing what could have been done better and accessible lectures that helps with her (faculty) quizzes and mastery questions."

We also had HESI Pharmacology review day, which was designed based on the NCLEX test plan sub-category Pharmacological and Parenteral Therapies. Some of students who attended the full review said that "The HESI review helped me to earn a high grade on the exam, and the case studies were helpful in preparing me for the HESI." The students also said the course was organized well, instructors were knowledgeable, and they provided good feedback on the assignments.

Conclusion and Future Implementation

The use of stand-alone and unfolding case studies as the instruments to teach students about patient scenarios and write about pathophysiology, pharmacology, and psychosocial concepts improved their critical thinking and reasoning, which is required for the licensing exam and to provide high-quality patient care. Providing students with the opportunity to attend a live, interactive, comprehensive review of content that is carefully selected using performance data from previous exams helped to enhance their performance on the HESI at the end of the

semester. This review accommodated the various learning styles and provided learners with the opportunity to experience application-based pharmacology questions. Future considerations to improve the student experience include utilizing comprehensive assessment (i.e., HESI) performance data to identify specific disease processes or concepts that were challenging. This would then provide the topic for the unfolding and stand-alone case studies for the following cohort.

Competency-based approaches in nursing education can be daunting, given the constraints and limitations encountered by nurse educators in their practice and the growing need to produce more nurses. It is important to prepare new nurses to be able to think critically and make good clinical decisions. Incorporating case studies among other traditional approaches is a promising practice to focus on building clinical judgment abilities.

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CNA Training Program Specialist

CNA Advisory Committee Chair

Hannah Boll-Matulis

Management Assistant

IT & ACCOUNTING**Rhoda Hernandez**

Technology & Computer Systems Specialist

Kristie Neuhauser, MBA

Accountant

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Board Meeting Dates

**Dates and locations are subject to change*

May 22-23, 2024

Virtual and at the
Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

July 16-19, 2024

Location TBD

September 18-20, 2024

Location TBD

November 13-15, 2024

Location TBD

Committee Meetings and Openings

**Advanced Practice
Advisory Committee:**

May 14, 2024
August 13, 2024
November 19, 2024

**CNA Advisory
Committee:**

August 1, 2024
October 3, 2024

**Disability Advisory
Committee:**

July 11, 2024
October 10, 2024

**Education Advisory
Committee:**

August 9, 2024
October 11, 2024

**LPN Advisory
Committee:**

May 9, 2024
August 15, 2024
November 21, 2024

**Nurse Practice Advisory
Committee:**

May 7, 2024
August 6, 2024
November 5, 2024

Advanced Practice Registered Nurse Advisory Committee: 1 open position in September 2024

CNA Advisory Committee: medication aides-certified, 1 open CNA position in September 2024

Disability Advisory Committee: 1 open position in September 2024

Education Advisory Committee: 2 open positions in September 2024

LPN Advisory Committee: 2 open positions in September 2024

Nursing Practice Advisory Committee: 1 open position in July 2024