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Nevada State Board of **NURSING**



Nevada Nursing News

Fall 2024

WORDS

From the Executive Director

**Cathy Dinauer,
MSN, RN, FRE**



As we begin preparing for the 83rd (2025) Legislative session, I am reminded that our work as regulators is never done. The Nevada State Board of Nursing (NSBN) is governed by Nevada law, specifically Nevada Revised Statutes (NRS) and Nevada Administrative Codes (NAC) chapter 632. If we want to make any changes to our statutes, we must do so through the Legislative process. Regular sessions of the Legislature are held in odd-numbered years and begin on the first Monday in February. The session is limited to 120 calendar days. The upcoming Legislative session begins February 3, 2025. While we do not have current bill draft requests (BDR) in the queue, we will most likely be very involved in the session. For those of you new to nursing, Nevada holds its Legislative session every two years. It is during that time that legislators in both the Senate and Assembly review Bills introduced to them in their respective committees.

Last session, we attempted to pass the Nurse Licensure Compact (NLC) which would require a statutory change. We were unsuccessful due to wide union opposition, so heading into the next session, we are not sure anything will change. Currently, there are 42 jurisdictions that are part of the NLC.

There are other nursing issues that may present themselves to the Legislature but at this time we do not have any set bills. I would encourage you to check the Nevada Legislature at: www.leg.state.nv for updates. It is a very interesting process to see how changes to our practice are made. You do not need to show up in person to witness Legislative hearings as many are available on-line.

Once bills are passed in both the Assembly and Senate, it moves to the Governor for signature. The Governor must act on a bill within five days after receiving it if the Legislature is still in session.

Finally, I would encourage you all to read our annual report. The report is published every year and reflects our operations from the previous fiscal year (FY 23/24). You will find statistics regarding the total number of nursing graduates we have in NV, along with statistics regarding nurses who have been disciplined. The data presents a comprehensive look at the complaints and reasons nurses are disciplined in our state. You can find the annual report on our website at: www.nevadanursingboard.org.



Cheryl A. Maes,
Ph.D., APRN, FNP-BC,
Board President

Message

From the President

Hello, I am Cheryl A. Maes, the current President of the Nevada State Board of Nursing. In this role, I am eager to continue to uphold the Board's mission of safeguarding the public's health, safety, and welfare through effective nursing regulations. As nurses, we are dedicated to patient care while navigating the delicate balance between professional accountability and risk management. This involves making thoughtful and ethical decisions that prioritize the well-being of the citizens in our state. Ethical values act as universal principles that guide our conduct and clarify the behaviors, intentions, and motives we uphold (Östman et al., 2019). Ethics in healthcare is crucial; we must recognize and address dilemmas while making sound judgments rooted in our values and adhering to governing laws. Furthermore, ethical principles are essential for all healthcare providers. To practice with integrity and competence, nurses – like all healthcare professionals – require clear regulation and guidance within the profession (Epstein & Turner, 2015).

The American Nurses Association Code of Ethics has long served as a vital reference and moral compass, guiding our daily practice while establishing key goals and standards for the nursing profession. Each day, we rely on ethical principles to inform our patient care decisions, and fostering ethical awareness is essential for delivering high-quality care. The core nursing ethical principles include *autonomy* – the right to self-determination; *beneficence* – the promotion of good; *justice* – fairness in the distribution of benefits; and *nonmaleficence* – the avoidance of harm (American Nurses Association [ANA], n.d.). These principles empower nurses to advocate for their patients by providing safe, empathetic care while prioritizing the patient's best interests. Additionally, they articulate the fundamental responsibilities and duties of every individual entering the nursing field, especially in daily practice.

You might wonder why this is important. Ethical practice is foundational for nurses, who frequently encounter ethical issues. Dilemmas often arise that may conflict with the ANA's Code of Ethics or with a nurse's personal values. As advocates for our patients, we must strike a balance in delivering safe care. Strengthening ethical principles within nursing will enhance decision-making confidence across all areas of practice. Given the Nevada State Board of Nursing's mission to protect the public from unsafe practices, it is imperative that nursing care is aligned with the ANA's Code of Ethics, always keeping the focus on the patient.

GUESS WHAT?

Did you know that you are required to notify the Board of any updates to your residential address within 30 days after the change?

KEEPING YOUR INFORMATION UP TO DATE IS THE BEST WAY TO BE NOTIFIED OF ANY NEW/UPDATED CE REQUIREMENTS OR UPDATES TO YOUR LICENSE/CERTIFICATE.

IF YOU HAVE AN ADDRESS CHANGE, PLEASE TAKE A MOMENT TO LOG INTO YOUR NURSING PORTAL AND UPDATE IT.
-THANK YOU-

Change your address here:

<https://nvbn.boardsofnursing.org/nvbn/>

Mental Health and Well-Being Resources for the Community

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



Clinicians now have another resource for practice offered by the Southern Nevada Health District (SNHD). The newly launched platform with [CredibleMind](#) was released in July to help boost the well-being of the community. This free site offers evidence-based tools and wellness information with articles, podcasts, and videos to focus on improving mental and emotional well-being. Users may create an account, but activation is not required for use. Access to a mental health check-in is available for those who create an account and users of this tool must be over age 18.

According to the Global Wellness Institute, mental wellness is defined as “an internal resource that helps us think, feel, connect, and function; it is an active process that helps us to build resilience, grow, and flourish” (Global Wellness Institute, 2020). In practice, the concept of well-being is a holistic approach to patient care. Mind-body-spirit is not a new idea, but one that is being better recognized as an approach to total well-being.

The shift from a focus on mental disorders to mental health and well-being is not new. The World Health Organization (WHO) defines health as “a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity” (WHO, 2020). This is part of the constitution of the WHO and is listed as the first entry to declare as a principle for the happiness, harmony and security of all people. Initially published in 1946, the updated 2005 constitution stood strong on the holistic approach to people’s wellness.

Resources in the community are welcomed for individuals to access and incorporate into their daily lives. The SNHD resource CredibleMind has an easily navigable website for users. Each month, new content is available, trending topics, and insights are some of the main headings. One tool offered is The Mental Health Profile. This is a 12-minute confidential assessment for users to see their own comprehensive review of over 20 areas of health mental, psychological and social wellbeing.

Incorporating mental well-being into practice is important for patients and providers alike. Wellness is optimal for all people to reach their highest potential, reach life goals, and flourish. Consider utilizing the resources available to encourage mental-wellbeing as part of holistic approach to health care practice.

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Every Nurse is a Pain Management Nurse

By Lan Cabatingan, DNP, APRN, FNP-BC, PMGT-BC, CNEcl

Introduction

According to the latest revised IASP definition of pain, it is "An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage (IASP, 2020). The American Nurses Association (ANA) published a position statement on the ethical responsibility of nurses to manage pain. ANA believes nurses have a moral obligation to relieve pain and suffering, individualized nursing interventions must be implemented to minimize pain, and the nursing process should guide the nurse's actions to enhance pain management (ANA, 2018).

Goals of pain management

The goal of pain management is to minimize the patient's pain to a level where it is manageable, where patients can function in their ADLs and perform and execute prescribed therapy exercises improving their overall mobility without the limitations of pain.

Pain assessment

Nurses may utilize OLDCARTS (Onset, Location, Duration, Characteristic, Aggravating factors, Relieving factors, and Treatment) to guide our pain assessment (Where does it hurt?

Where is the location of your pain? How long have you had the pain? What's the pain like? What makes it worse or better?) in conjunction with the Numeric Rating Scale (NRS) or Visual Analog Scale (VAS) or other pain assessment tools depending on your facility policy. It is vital to know that patients may differ in how they express or perceive pain and are greatly influenced by the patient's pain history, experience, and culture.

Pain interventions

The nurse's role in pain management is crucial across various healthcare settings. Our responsibilities include pain assessment, implementation of pain relief strategies, patient education, and collaboration with interdisciplinary teams. Nurses have challenging tasks in providing pain management. Nursing non-pharmacologic interventions such as repositioning, ice/warm compress, and deep breathing exercises should be implemented as first pain management strategies. These interventions are as crucial as prescribed pain medications and physical therapy. Nurses spend more time with patients than any other healthcare team member. Therapy sessions would only last less than an hour a day, and patients would stay in their rooms most of the day. Nurses are the center of collaboration in healthcare: nurses can ask the therapy team about the patient's pain limitations during therapy, discuss with the provider concerns of the patient being too drowsy or inadequate pain control, inform the patient and family about pain interventions or medications, and listen to their pain concerns. We should document the patient's response before and after providing pain management to justify the intervention.

Advocating for patients experiencing pain

As nurses, we should identify our own biases and set those aside. Our goal and intent should be to minimize our patient's pain. It is not for us to judge or determine the patient's pain. Mary Margo McCaffery once said, "Pain is whatever the experiencing person says it is, existing whenever he says it does" (McCaffery, 1968). We should be mindful of the patient's history of pain: Does the patient have acute or chronic pain? Recent surgery? Recent fall or injury? Comorbidities that result in pain?

Patients who have a history of abuse to pain medications may need or require more opioids to control pain because of increased pain opioid tolerance than those who don't have a history of addiction. Patients who have mental health conditions such as depression and anxiety may have lower pain thresholds and may report increasing pain intensity compared to those who do not. Every individual deserves proper pain control without being judged or feeling the need to beg for pain control. Patients who have cancer or sickle cell disease or those who are in palliative care or hospice have exemptions and may be prescribed higher doses of pain medications. Our role is to advocate for our patients, ensuring they receive the pain control they deserve without judgment or the need to beg.

Nurses' responsibilities

Nurses are vital to provide safe and effective pain management. We can quickly identify pain medication discrepancies through medication review. Pain medications such as short acting opioids (immediate-release), should have specific additional instructions for mild pain, moderate pain, and severe pain and parameters on when to hold pain medications if applicable. We have the responsibility to educate patients on the most common risks of taking pain medications, especially opioids, including side effects such as constipation, nausea and vomiting, dizziness, sedation, and respiratory depression. Long-term use of opioids has more severe consequences, such as opioid tolerance and addiction, and if taken in excess, overdose and death. Narcan should be readily available as needed for patients taking high doses of opioid pain medications or even with opioid naïve patients. Healthcare facilities may have their policies and procedures for pain management which we can request and review. By setting realistic pain level goals and discussing them with our patients, we can improve their cooperation and gain their trust and confidence in our approach.

A recent update on AB239 about prescribing controlled substances for the treatment of pain in Nevada can be found here:

<https://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Resources/opioids/WhitePaper-AB239-02-12-2020.pdf>

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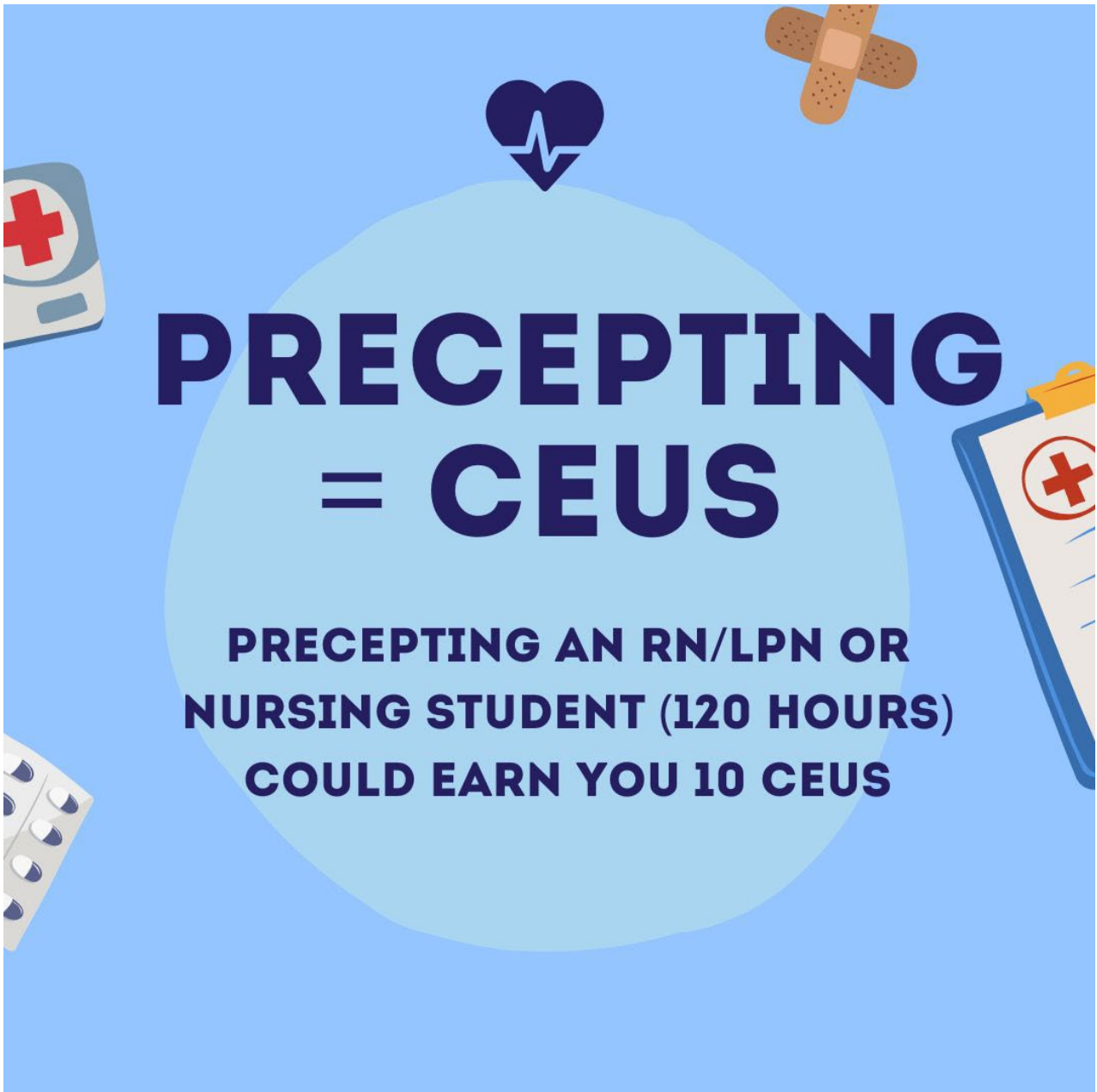
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Questions?

Check out <https://nevadanursingboard.org/continuing-education/> for more info or

Call 1-888-590-6726

Nurses CARE thus Nurses VOTE

By Elizabeth E. Fildes, EdD, RN, CNE, PHNA-BC, FIANN, FAAN
Katherine McFaun Williams, MSN, ACM-RN

Nurse health care policy advocacy and participation in shaping legislation is a professional and ethical responsibility (Bell, et al., 2019; Bumpus, 2022). Voting is a part of that responsibility as it is our voice, our power, to elect leaders who will impact healthcare policy and nursing practice. When Nurses vote, they are exercising a right and they are playing a crucial role in shaping the future of healthcare. Their collective voices, united with their patients, have the power to significantly impact the social determinants of health and learning. This is the importance of civic engagement in action. Over the past 20 years nurses have not improved their participation as policy makers (Rasheed, et al., 2020). Nurse advocacy work supports the profession, and positively impacts health care outcomes (Salvage & White, 2019).

An intervention to address this problem of poor participation and lack of knowledge was implemented this year in my practicum project through our state nurse association. An in-person advocacy day sponsored by our state nurses' association was held at our state capitol followed by on-line legislative microlearning sessions with introductory information on advocacy work (ANA-VT, 2024). This quality improvement project and learning intervention resulted in the increased knowledge and participation with healthcare policy advocacy. Nurses who participated in this project had an opportunity to impact legislation ranging from adult protective services, crimes against health care workers, prevention of violence against nurses, and consumer privacy requirements, as well as other legislation.

The expertise and participation of nurses in healthcare advocacy is necessary to shape policy that affects nurses and patients (Cato & Costello, 2022; FON 2020-2030, 2021; O'Hanlon & Duffy, 2023). Participants in the advocacy day and microlearning sessions reported an increase in knowledge and higher likelihood of participating in legislative advocacy. This means that nurses equipped with healthcare policy knowledge and skills can contribute to policymaking, and therefore no longer be in the position to carry out policy that they had no voice in to shape (Cato & Costello, 2022; Rasheed et al., 2020). Nurses who learn more about and participate in healthcare policy and advocacy work can improve the health of our communities and protect nursing practice. One next step to participate in advocacy work right now is to register to vote, confirm a plan to vote, bring a nurse colleague or friend with you to vote, and encourage others to vote.

So, nurses, please **PLAN** to vote:

1. Register to Vote via... Registering to Vote | Nevada Secretary of State (nvsos.gov) Register to vote in U.S. elections | Vote.gov

2. Schedule your Voting Day. Early voting is an option check the schedule here: 2024 Election Cycle - Early Voting Sites & Polling Locations | Nevada Secretary of State (nvsos.gov), then click on your county, the schedule will display.

Information can also be found here:

All States' Early Voting Dates Chart | U.S. Vote Foundation (usvotefoundation.org)

Early Voting in Your State: A Voting Explainer | U.S. Vote Foundation (usvotefoundation.org)

If mailing your ballot, check here: Mail Ballot Voting | Nevada Secretary of State (nvsos.gov)

3. VOTE, then post a selfie with your Registered Nurse, Registered Voter pin and use #NursesVote for a chance to get featured on #NursesVote | Nurses Vote.

Note: Email RNAction@ana.org to get your own 'Registered Nurse, Registered Voter' pin.

Never underestimate the power of your votes, how it impacts nurses, the care of our patients, as well as their loved ones. Our communities TRUST that you will advocate for them. Nurses CARE thus Nurses VOTE.

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Compassion and Communication in Healthcare: Building Bridges to Healing

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

Healthcare is fundamentally a human endeavor, where compassion and effective communication form the bedrock of patient-centered care. In recent years, there has been a growing recognition of the pivotal role that compassion and communication play in improving patient outcomes. This article explores the interconnectedness of compassion and communication in healthcare, examining their significance, challenges, and strategies for effectively integrating them into clinical practice.

The Importance of Compassion in Healthcare

Compassion in healthcare goes beyond mere sympathy; it embodies a deep understanding of patients' suffering and a genuine desire to alleviate it. The American Nurses Association defines compassion as "the moral imperative of nursing whereby the nurse feels empathy for the patient's suffering and acts to relieve that suffering" (ANA, 2020). Research indicates that compassionate care not only enhances patient experience but also contributes to better clinical outcomes by promoting patient trust, compliance with treatment plans, and overall well-being (Lown et al, 2011).

A study by Sinclair et al (2016) highlights that compassionate care involves not only technical proficiency but also emotional engagement with patients. This emotional connection can significantly impact patients' perception of quality of care and their ability to cope with illness. Moreover, compassionate healthcare providers are more likely to experience greater job satisfaction and lower burnout rates, underscoring the reciprocal benefits of compassion in the healthcare setting (Halpern, 2011).

Many nursing faculty teach predominantly from PowerPoint files. These files focus on presenting the content (THE WHAT) of any topic. Faculty need to ask themselves if they are teaching the same way in clinical settings. The student completed the task of medication administration and when quizzed by the clinical faculty member the student was able to recite the background information about the administered medications. Rarely will a clinical faculty member communicate the understanding to the student that the content (the WHAT) can change with the patient (the WHO). Teaching injections, for example, requires quite different communication style between the faculty member, the student nurse, and the patient (NOT TECHNIQUE) with a baby whose parents are holding it while their 3 year old 'big sister' is trying to protect her new brother; or giving an injection to a drug addict; or immunizing

a woman who is clinically depressed. The content (WHAT) would be consistent, but would the communication style (the HOW) be the same? The ‘therapeutic use of self’ in communication had elements of compassion embedded within.

The Role of Communication Healthcare

Effective communication is equally indispensable in healthcare, serving as the conduit through which compassionate care is delivered. Communication encompasses both the verbal and non-verbal interactions between healthcare providers, patients, and their families. It involves not only conveying medical information accurately but also listening attentively to patients concerns, fears, and preferences (Epstein & Street, 2011).

Poor communication has been identified as a significant contributor to medical errors, patient dissatisfaction, and even adverse clinical outcomes (Ha & Longecker, 2010). In contrast, studies consistently demonstrate that clear and empathic communication improves patient compliance, reduces anxiety, and fosters a therapeutic alliance between patients and healthcare providers (Stewart, 2013).

Many healthcare facilities are facing short staffing which traditionally places its emphasis on delivering content (the WHAT) or task completion. Often there is scant evidence that healthcare providers are encouraged to take the time to interact with patients or family in more than a superficial manner. Are healthcare providers making time to practice communicating with some of the clients of differing backgrounds and conditions? SIM mannikins can be programmed to say something, but it is not real communication and certainly not spontaneous. Many healthcare providers lack training and skills to deal with the ‘soft’ side of our profession.

Challenges in Integrating Compassion and Communication

Despite their recognized importance, integrating compassion and effective communication into healthcare practice presents several challenges. Time constraints, heavy workloads, and institutional pressures can compromise healthcare providers’ ability to engage fully with patients on an emotional level (Sinclair et al, 2016). Additionally, cultural and linguistic differences between healthcare providers and patients may hinder effective communication and understanding, thereby impacting the delivery of compassionate care (Betancourt et al, 2011).

Moreover, healthcare education and training often prioritize technical proficiency over interpersonal skills, leaving healthcare professionals ill-equipped to navigate the complexities of human emotions and interpersonal dynamics in clinical settings (Shanafait et al, 2004). Addressing these challenges requires systemic changes in healthcare education, organizational culture, and policy framework to prioritize and support compassionate care.

Strategies for Enhancing Compassion and Communication in Healthcare

Enhancing compassion and communication in healthcare requires a multifaceted approach that involves education, training, and organizational support. Healthcare providers can benefit from training programs that emphasize active listening, empathy development, and cultural competence (Lown et al, 2011). Simulation-based training and role-playing exercises can provide opportunities for healthcare professionals to practice communication skills in realistic scenarios, thereby improving their confidence and competence in patient interactions (Weller et al, 2014).

Organizational initiatives, such as implementing patient-centered care models and fostering a supportive work environment, are crucial for promoting compassionate care. For instance, healthcare institutions can establish policies that prioritize adequate staffing levels and allocate time for meaningful patient interactions (Halpen, 2011). Furthermore, integrating patient feedback mechanisms into clinical practice can help healthcare providers gauge patient satisfaction and identify areas for improvement in communication and compassionate care delivery (Stewart, 2011).

Practicing spontaneous situations with healthcare learners will aid them in developing their practice roles related to compassionate care. If faculty are unsure of how to ingrain compassionate care and dynamic communication responses within a lesson plan, there needs to be a support system for them to ask for help. Demonstrating that even experienced healthcare professionals sometimes need assistance shows genuineness and a commitment to continuing learning. Please incorporate such actions into your curriculum. Compassionate care and dynamic communications should be curricular threads woven into each healthcare program. The more these concepts are outwardly practiced, the more comfortable healthcare staff and students will be with them.

Case Studies and Success Stories

Numerous case studies and success stories illustrate the transformative impact of compassionate communication in healthcare. For example, the “Schwartz Center Rounds” initiative in hospitals encourages healthcare providers to reflect on the emotional and social challenges of patient care, fostering empathy and understanding among staff members (Lown et al, 2011). Similarly, the implementation of narrative medicine programs has empowered healthcare providers to engage with patients’ personal stories, thereby enhancing communication and promoting compassionate care (Charon, 2006).

Conclusion

In conclusion, compassion and communication are indispensable pillars of effective healthcare delivery, promoting patient well-being, satisfaction, and clinical outcomes. While challenges persist in integrating these principles into everyday practice, concerted individual, institutional, and systemic efforts can create a healthcare environment where compassion and communication

thrive. By prioritizing empathy, active listening, and cultural competence healthcare providers can forge stronger bonds with patients, ultimately, paying the way for holistic care in the healthcare settings.

Through ongoing education, training, and organizational support, healthcare systems can cultivate a culture of compassion and communication that meets patients' physical needs and acknowledges their emotional and psychological experiences. By doing so, healthcare providers honor the humanity of those they serve, ensuring that compassion remains at the heart of modern healthcare practice.

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ADMINISTRATION

6005 Plumas Street, Suite 100, Reno, NV 89519
 4220 S. Maryland Pkwy., Suite B-300, Las Vegas, NV 89119
 888-590-6726

nursingboard@nsbn.state.nv.us

<https://nevadanursingboard.org/>

Cathy Dinauer, MSN, RN, FRE

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Board Meeting Dates

All dates and locations are subject to change

*Virtual/teleconference options available

***November 20-21, 2024**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

***May 14-15, 2025**

NSBN Conference Room
6005 Plumas Street Ste. 101
Reno, NV 89519

***November 12-13, 2025**

Doubletree by Hilton
Las Vegas Airport
7250 Pollock Dr
Las Vegas, NV 89119

***January 15-16, 2025**

NSBN Conference Room
6005 Plumas Street Ste. 101
Reno, NV 89519

July 16-18, 2025

Zephyr Point Presbyterian
Conference Center
660 Hwy 50
Zephyr Cove, Nevada 89448

***March 19-20, 2025**

Doubletree by Hilton
Las Vegas Airport
7250 Pollock Dr
Las Vegas, NV 89119

***September 17-18, 2025**

NSBN Conference Room
6005 Plumas Street Ste. 101
Reno, NV 89519

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Committee Meetings and Openings

**Advanced Practice
Advisory Committee:**

November 19, 2024

**CNA & Medication
Aide – Certified
Committee:**

January 2, 2025
April 3, 2025
August 7, 2025
October 2, 2025

**Disability Advisory
Committee:**

November 7, 2024
January 9, 2025
April 10, 2025
July 10, 2025
October 9, 2025

**Education Advisory
Committee:**

January 10, 2025
April 11, 2025
August 8, 2025
October 10, 2025

**LPN Advisory
Committee:**

November 7, 2024

**Nurse Practice Advisory
Committee:**

November 5, 2024

CNA Advisory Committee: 1 medication aides-certified