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Nevada State Board of NURSING

Nevada Nursing News

WORDS
From the Executive Director

As fall approaches, the Nevada State Board of Nursing (NSBN) has had some challenges. In early September, the state of Nevada was hit with a cyberattack that affected many state businesses and operations. Fortunately, the NSBN's data was not compromised. Consistent networks proved difficult so communication with our offices proved challenging. Our offices were closed for a few days, but we were able to get back up and running in a short time. This is a reminder of how dependent our society has become on technology.

In other news, our Las Vegas office has moved as of October 1, 2025. Please check out our website for the new physical location and please feel free to stop by anytime. In the last two years we have moved both the Reno and Las Vegas offices, but it was time to change locations. Our Board has been extremely generous in allowing us the funding to move our offices to better locations so that we can better serve the public and nurses in Nevada.

As you read through this edition of the newsletter, I have written an article about the future of taking the NCLEX online. This has generated a lot of buzz for the nursing community, so I thought I would provide some FAQs. Please take the time to read the article.

We are now post legislative session so bills that were passed in session will be enacted soon. AB 319 was introduced by the Board of Medical Examiners and will allow RNs and APRNs to delegate to medical assistants. We are in the process of crafting regulations to accommodate this change in law so if this affects you and/or your practice, please check in with our website for the latest updates.

Nevada State Board of
NURSING

On October 1, 2025 the Nevada State Board of Nursing's Las Vegas office will be moving to:

5820 S. Eastern Ave., Ste 200 Las Vegas, NV 89119

Please forward all correspondence to this address beginning September 22, 2025

Due to the move, our Las Vegas office will be closed to the public from September 29, 2025 through September 30, 2025. Our Reno office will remain open to the public throughout this transition and can be reached at 1-888-590-6726.

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

Message From the President

Guiding the Future: Ethical and Competent Use of AI in Nursing

By Cheryl Maes, PhD, APRN, FNP-BC

As conversations continue around the integration of artificial intelligence (AI) in nursing education and practice, it is increasingly evident that thoughtful engagement, not avoidance, is essential. AI offers significant potential to enhance learning by supporting knowledge acquisition, simulating clinical reasoning, and accommodating diverse learning styles. For nursing students, it can serve as a powerful supplement to traditional instruction, allowing them to explore complex topics and reinforce understanding in flexible, personalized ways.

However, as AI use becomes more prevalent, so do concerns regarding academic integrity and the erosion of essential competencies. When students turn to AI to bypass rather than support their learning, particularly on exams or written assignments, it undermines the development of independent judgment, clinical reasoning, and ethical decision-making. These are not optional skills; they are foundational to safe and competent nursing practice. For the Nevada State Board of Nursing, whose mission is to protect the health, safety, and welfare of Nevada's citizens through effective regulation of nursing practice, ensuring that future nurses develop these core competencies is of paramount importance.

Nurse educators across Nevada play a critical role in this evolving landscape. The goal is not to prohibit the use of AI technologies, but to guide and shape how students engage with them responsibly. This includes creating assessments that emphasize critical thinking and real-world application over rote memorization, fostering open conversations about ethical AI use, and building digital literacy so students can effectively evaluate the quality and relevance of AI-generated information. These strategies are essential to uphold the Board’s commitment to producing safe, competent, and ethical nursing professionals (National League of Nursing, 2025).

Importantly, the influence of AI extends well beyond nursing education into clinical practice itself**.** Nurses in a variety of healthcare settings are increasingly working with AI-powered tools, ranging from predictive analytics and electronic documentation aids to clinical decision support systems. These technologies have the potential to improve efficiency, reduce documentation burden, support diagnostic accuracy, and enhance patient care when integrated thoughtfully. However, they also introduce new risks. Overreliance on AI tools without adequate clinical oversight can compromise patient safety, particularly if nurses accept algorithmic outputs uncritically or without sufficient contextual judgment. As frontline care providers, nurses must stay vigilant in using their professional judgment to critically assess and validate AI-generated recommendations, ensuring that technology enhances, rather than replaces, sound clinical reasoning (Hassan & El-Ashry, 2024).

To uphold its mandate of public protection, the Nevada State Board of Nursing must ensure that both students and licensed nurses are equipped to use AI in ways that strengthen, not replace, their clinical judgment. This means understanding the limitations of technology, recognizing potential biases in data and algorithms, and always maintaining professional accountability.

Continuing education programs, competency evaluations, and regulatory guidance should reflect these evolving realities (Al Khatib & Ndiaye, 2025).

Ultimately, AI should function as a tool that *enhances,* not replaces, the human elements central to nursing, including compassion, ethical discernment, clinical intuition, and sound decision-making. As Nevada's healthcare system continues to integrate advanced technologies, it is imperative that the nursing workforce is equipped to navigate these changes with both competence and integrity. The Board's leadership will be pivotal in guiding the safe, informed, and ethical integration of AI while safeguarding the public and upholding the high standards of nursing practice throughout the state.

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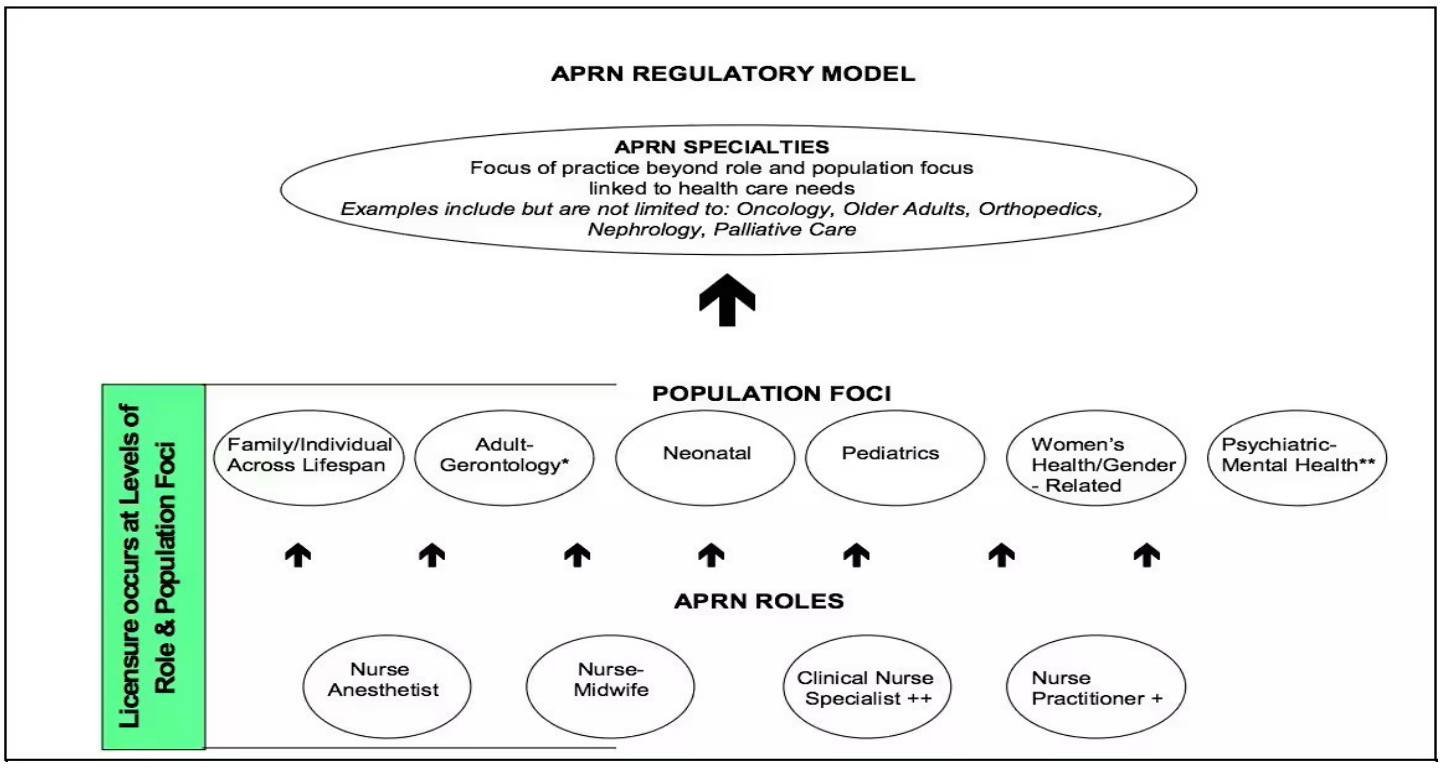
Hot Topics for Nurse Practitioners to Watch in 2025

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

The APRN Consensus Model- A Journey from 2008 to 2025

The APRN (Advanced Practice Registered Nurse) Consensus Model is work published in 2008 after a 4-year collaborative process by the National Council State Board of Nursing and the American Association of Colleges of Nursing. This work was to create one document that would be a unified framework for advanced practice registered nurse regulation. The document modernized the four pillars of licensure, accreditation, certification, and education in what is known as LACE. The work done was to address these four areas to improve access to care by having one document states could utilized to address inconsistencies in APRN role, scope of practice, and education in every state. The model identified the four APRN roles, six population foci, education requirements for eligibility for licensure and certification, and the link between state licensure and national certification.



(APRN Consensus Model, 2008)

Prior to the Consensus Model being published, there was a lack of uniformity in regulation for APRN practice. The model provided an agreed-upon document so states could implement the model. In Nevada, I was serving on the then Advanced Practice Nurse Advisory Committee (now known as the APRN Advisory Committee) when this model was released. It was exciting and also seemed like "pie in the sky" as it had noted many things Nevada did not have in their current Nurse Practice Act for nurse practitioner practice. For example, we did not require national certification for practice (Nevada was one of 4 states at the time), we did not have a license to practice; rather Nevada nurse practitioners were awarded a "certificate of recognition", we did not have full practice authority or autonomy and required a collaborative agreement for practice of any type, and we were known as advanced practice nurses (APN) and not APRN as was recommended for adoption of the model. While this new Consensus Model was terrific, we had some work to accomplish to fully adopt the model. The committee first agendized accepting the APRN Consensus Model in Nevada and sending to the Nevada State Board of Nursing to accept our request for our state to adopt the model and it was accepted by the Board.

As a member of the nurse practitioner association in Nevada, we took the model to our membership to consider how we could champion adoption of the model, to include full practice authority. The APRN Consensus Model was a template for our state professional association to work with our regulatory board, legislators, and community partners to modernize Nevada nurse practitioners.
This model proved to be a good thing for Nevada. I recall working with others who said we had lofty goals to meet and made plans to get in alignment with this model. First, we worked towards national certification as a requirement for licensure. This was accomplished in the 2011 legislative session. Next, we worked towards full practice authority, licensure, and title alignment from APN to APRN. These three were accomplished in the 2013 legislative session.

The APRN Consensus Model still stands today as a model for uniformity but not adopted by all states. The LACE Network was created to implement the model and place for ongoing communication and collaboration by organizations involved in its implementation. This is still in place today. The APRN Consensus Model has proven to be an excellent framework for standardization to modernize practice acts and to break down barriers to APRN practice to improve access to care. This is been demonstrated in Nevada as the number of nurse practitioners have increased exponentially when barriers were taken down and nurse practitioners were allowed to practice to their full education and training. The APRN Consensus Model frequently asked questions "FAQs" were updated in 2025 and have modernized answers to questions you may have about this model.

Today, Nevada stands as a model for implementation of the APRN Consensus Model and how this has made a positive impact on access to care for patients. The impact is directly related to the number of providers in Nevada, as well as the opportunities for nurse practitioner practice in all corners of the Silver State.

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WHAT IS A.I.?

Part 1 of 3-part series

Artificial Intelligence in Nursing Education: Preparing Students and Faculty for a Technology-Rich Future

By Dr. Lisa Nicholas, UNLV School of Nursing

Healthcare today is defined by rapid technological change, where information systems, communication platforms, and artificial intelligence (AI) tools increasingly shape patient care. While AI encompasses diverse applications such as predictive analytics, robotics, and imaging, this article focuses specifically on AI language models (LLMs) and their role in nursing education. These tools are transforming how students learn, how faculty teach, and how nursing programs prepare graduates for practice in technology-rich environments. To use them effectively, educators and students must balance innovation with ethical responsibility.

This article explores how AI supports students in nursing education, how faculty can leverage LLMs to improve teaching, and why responsible engagement is essential to preparing competent and ethical nurses.

AI for Student Support

AI offers students significant advantages by making learning more personalized, efficient, and interactive. Faculty can provide prompts for virtual tutors and chatbots that provide immediate answers to student questions, explain complex concepts, and adapt practice exercises to the learner's level (Garcia-Rudolph et al., 2025). For struggling students, AI delivers additional guidance, while advanced learners can be challenged with higher-level material. This flexibility mirrors the individualized care that nurses provide to patients, reinforcing the importance of tailoring interventions to need.

When used responsibly, AI can also enhance students' academic work (Ostick et al., 2025; Patterson, 2025). Students can use AI to check grammar, structure, and APA formatting for instant feedback, enabling iterative improvement before assignments are submitted. AI can be particularly effective when it comes to studying and exam preparation. Students can use AI to summarize complex research articles, generate practice questions, and create customized quizzes aligned with course objectives. These tools streamline preparation for major milestones such as the NCLEX while also supporting day-to-day coursework. Additionally, AI contributes to professional readiness. Students can use AI to provide sample job interviews, create clinical scenarios, or provide banks of NCLEX-style questions (Garcia-Rudolph et al., 2025).

Faculty Integration of AI

While AI benefits students directly, its integration into nursing education depends on faculty leadership (Ostick et al., 2025). Educators must first recognize that AI is not a replacement for teaching, but a supportive tool. By streamlining certain instructional tasks, AI allows faculty to focus more energy on mentoring students in critical thinking, ethical decision-making, and clinical reasoning (Byrne, 2025).

Practical examples illustrate its potential. Faculty can use LLMs to generate case studies, discussion prompts, or quizzes aligned with learning outcomes. These resources can be customized quickly, freeing educators from time-consuming content creation. AI can also role-play patients, presenting diverse symptoms or perspectives to enrich classroom discussions. Similarly, AI-driven tools can provide instant feedback on early student drafts, allowing faculty to concentrate on higher-order feedback that develops clinical judgment.

Importantly, faculty use of AI is also about modeling (Patterson, 2025). When educators demonstrate how AI can support teaching and learning, they normalize its use while reinforcing professional boundaries. This modeling helps students understand that AI is a tool for enhancement, not a substitute for independent thought or professional expertise.

Teaching Responsible and Ethical Use

The ethical use of AI is central to preparing nursing students. Without clear guidance, students may misuse AI by submitting unedited, AI-generated work or relying too heavily on automated outputs (Almaki et al., 2025). Faculty can mitigate this risk by setting expectations in course syllabi, assignment descriptions, and rubrics. Guidelines should clarify when AI is appropriate for use such as for brainstorming, generating practice questions, or checking formatting, and when it is not, such as producing final graded work.

Transparency is also essential. Students should be encouraged to acknowledge or cite their use of AI, fostering academic integrity and mirroring professional accountability in nursing practice (Patterson, 2025). Just as nurses must validate patient data before making clinical decisions, students must critically evaluate AI-generated content against evidence-based guidelines. Assignments that require students to compare AI outputs with current research, or reflect on how AI helped and where it misled, reinforce discernment rather than passive acceptance.

There is no single “correct” approach to integrating AI, but the most effective strategies position it as a learning partner rather than an ethical threat. Faculty must make thoughtful choices about what to permit, what to prohibit, and how to assess AI use. These decisions will ultimately determine whether students graduate with the ethical confidence and professional judgment needed to use these tools responsibly in practice.

A major barrier to this integration is faculty hesitancy or uncertainty (Byrne, 2025). Institutions can address this by investing in professional development. Hands-on workshops, peer success stories, and curated resources allow educators to experiment with AI in low-stakes settings. Faculty might practice designing rubrics, generating feedback, or streamlining administrative tasks before incorporating AI into teaching.

Even with clear benefits, challenges remain. Requiring AI transcripts, or evidence of the use of AI in assignments, may increase workload, grading prompting skills may disadvantage less experienced users, and access to tools can be inequitable due to licensing or cost barriers. A balanced approach fosters a culture of exploration where innovation is encouraged but academic rigor is preserved. As faculty gain confidence, they can model responsible use and guide students to do the same. Ultimately, faculty leadership ensures that AI strengthens learning without

undermining the core principles of nursing education (Abuadas et al., 2025; Byrne, 2025; Ostick et al., 2025; Patterson, 2025).

Conclusion

AI language models are reshaping education and practice in nursing. For students, they provide personalized support, strengthen clinical skills, and improve professional readiness. For faculty, they offer new ways to design instruction, provide feedback, and model effective use of emerging tools.

Nursing education must embrace AI while maintaining its commitment to compassion, critical thinking, and evidence-based practice. By integrating generative AI intentionally and ethically, educators can create dynamic learning environments that prepare students to thrive in technology-rich healthcare settings. In doing so, they ensure that future nurses are not only competent clinicians but also ethical leaders, capable of guiding patients, families, and communities through an increasingly digital world.

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Testing

Online NCLEX????? Is that really a thing?????

By Cathy Dinauer, MSN RN, FRE
Executive Director Nevada State Board of Nursing

The Nevada State Board of Nursing has recently been receiving calls from nurses and nursing students in the state about an online version of the NCLEX test. There is some misinformation out there so I thought I would provide some FAQs about the exam.

1. Will there actually be an online version of NCLEX and if so, when will it be available?
   - Yes, there will be an online version of the NCLEX exam. No official launch date has been set. The National Council of State Boards of Nursing (NCSBN) who writes and regulates the RN-NCLEX and PN-NCLEX will provide advance notice to nurses and Boards of Nursing as the launch date gets closer.
2. Will international testing candidates be able to take the NCLEX online?
   - Yes, domestic and international NCLEX candidates will be able to take NCLEX online
3. Will the exam be the same?
   - Yes, the NCLEX is the same exam no matter where you take it.
4. How will you avoid cheating or taking other unfair advantages on a remote exam?
   - This will not be an ordinary remote exam that exists today. NCSBN is building a whole new technology to ensure the person taking the exam is who they say they are and that they are not getting assistance of any kind. It will be as secure as taking the exam at a testing center.
5. Will I still be able to take the exam at a test center?
   - Yes. Candidates will have the option to choose a test center or take the NCLEX online when scheduling their exams.
6. Will I be able to have my phone with me remotely?
   - Yes. If you take the NCLEX online, you will need your phone as part of the exam process. There will be an app for candidates to download that uses the camera on your phone in concert with the camera on your computer to provide the live proctors with a 360-degree view, ensuring the testing area is not compromised.

7. Will there be security measures in place?
   - In addition to the existing measures, advanced technology and security measures will be in place for remote proctoring.
8. What if I have a technical problem during the exam?
   - There will be online instructions on how to report the issues you have, and candidates will be able to chat with their exam proctor.
9. If I need to retake the exam, will I need to select the same testing center or online?
   - No; you will be able to choose to retake the exam at any testing location or online.

Right now, there are many questions and assumptions about the online exam. NCSBN is committed to making the exam accessible to more candidates at more times and places and to reduce reliance on physical locations that could be subject to natural disasters or pandemics. We will update you with information as we receive it.
If you have questions, please feel free to contact the NSBN or you can go to the NCSBN website at: https://nclex.com/nclex-online.page

PART 1 OF A 6-PART SERIES

Psychological Safety in Simulation-Based Learning

Fostering Supportive Learning Environments for Nursing Students and Faculty

By Nina Marcellus, MSN-Ed, RN, CHSE, CNEcl

& Sherri Lindsey, DNP, MSL, MSA, RN

Introduction

Psychological safety within simulation-based education is a foundational element that significantly influences learner engagement, risk-taking, and overall educational outcomes. Lioce et al. (2024) define psychological safety as "a feeling (explicit or implicit) within a simulation-based activity that participants are comfortable participating, speaking up, sharing thoughts, and asking for help as needed without concern for retribution or embarrassment" (p. 50). Comparatively, providing psychological safety mitigates, or at least decreases, the perceived or actual feeling of mental threat termed "psychological risk" (p. 49) learners may experience during simulation; this could include shame or humiliation. Importantly, learners' perceptions of psychological safety may differ from facilitators' intentions or efforts to create a supportive environment. This underscores the need to understand psychological safety not only as a facilitator-driven construct but also as a learner-experienced phenomenon that is essential for effective learning in simulation; it must be intentionally cultivated by facilitators and institutions.

Importance of Psychological Safety in Simulation

High-fidelity simulation brings both realism and stress, making psychological safety an essential protective factor. According to Lioce et al. (2024), psychological safety progresses through four stages: inclusion safety, learner safety, contributor safety, and challenger safety. This continuum begins with fostering a sense of belonging and extends to empowering learners to question norms and challenge ideas. When educators intentionally cultivate these stages, they promote deeper learning, open dialogue, and stronger learner–faculty connections. However, Turner et al. (2022) identified gaps between faculty and learner perceptions, emphasizing two key themes: dynamic interactions and student self-efficacy.

Dynamic Interactions

Dynamic interactions highlight the critical influence of relationships and communication between learners and faculty. Learners' perceptions of psychological safety were shaped by both positive and negative experiences with faculty, including familiarity of faculty with learners' clinical skills. When faculty recognized learners' progress and abilities, students felt less judged and more comfortable engaging in simulation activities. In contrast, negative experiences, such as course failures or strained relationships, often fostered apprehension, reduced participation, and hindered learning outcomes.

Student Self-Efficacy

Student self-efficacy centers on learners' confidence, preparation, and ability to manage simulation-related anxiety. Turner et al. (2022) found a strong connection between adequate preparation and increased confidence, which reduced anxiety and encouraged learners to take meaningful risks, such as embracing mistakes, that are essential for deep learning and advanced clinical skill development. However, when learners felt underprepared or perceived their performance as inadequate, simulation shifted from a growth opportunity to a source of

psychological harm. Harvey et al. (2025) reported that insufficient preparation and perceived poor performance were recurring contributors to psychological risk among nursing students, negatively impacting self-esteem, clinical confidence, and willingness to participate in future simulations. These findings underscore the importance of ensuring learners are thoroughly prepared and supported, as doing so not only mitigates psychological harm but also fosters resilience and maximizes the educational value of simulation-based learning.

The Role of Facilitators

Facilitators play a key role in establishing psychological safety by conducting effective prebriefing sessions (Somerville et al., 2023). Prebriefing includes setting clear ground rules, outlining expectations for participation, and reinforcing mutual respect and confidentiality among all participants. Simulation experiences should be framed as developmental rather than evaluative, with learners assessed from a formative perspective. This approach supports learners through both success and failure, emphasizing that risk-taking is a vital part of the learning process and essential for developing higher-level understanding.

Maintaining Psychological Safety Throughout the Simulation Experience

Psychological safety serves as a cornerstone of the simulation experience, with the prebriefing phase playing a particularly vital role (Somerville et al., 2023). The components involved in ensuring an equitable and psychologically safe simulation experience are: Prebrief, confidentiality, standardized facilitation, debrief, and reflection.

Prebrief

Effective prebriefing sets the tone for the session by decreasing learner anxiety, providing clear expectations and objectives, and normalizing mistakes as part of the learning process. This structured introduction helps learners mentally prepare and refocus, cultivating both readiness and active engagement.

Confidentiality

Confidentiality assures learners that all events remain private, fostering a safe learning environment where they can take risks, make mistakes, and reflect without fear of judgment or consequences. This reflects that facilitators are intentionally safeguarding learners' psychological well-being as part of the educational process. To further reinforce safety, facilitators may randomize learner roles within scenarios, reducing perceptions of favoritism or exclusion. Such practices promote inclusion safety, a critical dimension of psychological safety that ensures all participants feel valued and respected (Clark, 2020).

Standardized Facilitation

During scenario progression, adhering to standardized algorithms and protocols reinforces fairness and predictability, ensuring that each learner receives an equitable experience. This

structured approach minimizes ambiguity and fosters a consistent learning environment. It is important to note that consistency does not mean eliminating embedded challenges. In fact, well-designed challenges are essential for skill development, encouraging learners to strengthen their critical thinking and clinical judgment. The key distinction lies in the nature of these challenges. Embedded challenges are thoughtfully designed and intentionally aligned with learning objectives. In contrast, unanticipated challenges for which learners are insufficiently prepared can erode psychological safety, creating unnecessary stress and confusion.

Debrief and Reflection

Debriefing provides facilitators with the opportunity to assess learner responses, validate emotional risks, and provide tailored support. Because learners often experience vulnerability during debriefing, it is essential for facilitators to incorporate intentional strategies for emotional regulation and support (Harder et al., 2020). This expands the facilitator's role beyond managing the environment and addressing scenario objectives or learning outcomes. It includes offering constructive feedback, practicing active listening, and validating individual experiences to promote meaningful reflection. This reflective dialogue not only deepens learning but also reinforces a sustained commitment to psychological safety throughout the simulation continuum.

Post-experience reflections offer students the opportunity to engage in self-reflection of performance, clinical reasoning, prioritization of care, adaptability, and plans for future growth. By thoughtfully balancing structure with appropriate complexity, challenging the status quo, and providing emotional support, facilitators can create a simulation experience that is both rigorous and supportive, enhancing learner growth while preserving a psychologically safe space.

The Role of Organizational Culture

Psychological safety is not only the responsibility of facilitators, but also of educators involved in simulation experiences. Providing support and training for simulation educators is essential to fostering and maintaining psychological safety for all learners. Effective training helps facilitators recognize implicit biases, practice active listening, and use inclusive language. With ongoing development, facilitators can tailor their strategies to meet the emotional and cognitive needs of individual learners. Madsgaard et al. (2022) recommend that facilitator training include emotional regulation strategies, highlighting the complexity of the facilitator role. Training offers insight into the ability to actively balance emotional safeguarding with intentionally drawing out emotions, understanding that both positive and negative emotional responses contribute to the overall learning process. By highlighting the importance of organizational culture, we can build a culture of curiosity and resilience, driving for continuous quality improvement, and truly embedding psychological safety as a core value to our programs and institutions.

Conclusion

Psychological safety is a core component of all levels of simulation-based education. This component influences learner engagement, emotional resilience, and the overall effectiveness of

the learning experience. Literature has indicated that psychological safety does not rest solely on facilitator intention but is profoundly shaped by learner perceptions, prior experiences, and preparedness. From prebriefing to debriefing, intentional strategies help to create equitable and emotionally secure environments. Strategies include highlighting confidentiality, role randomization, and adhering to standardized protocols. However, when learners feel underprepared or perceive their performance as inadequate, the risk of psychological harm increases, potentially impacting confidence and future participation (Harvey et al., 2025).

Educators must remain attuned to these dynamics, fostering trust, inclusion, and emotional support throughout the simulation continuum. By doing so, they not only enhance learning outcomes but also contribute to the development of resilient, reflective, and competent healthcare professionals. The authors of this article draw on extensive experience in facilitating healthcare simulation and intentionally cultivating psychologically safe learning environments for pre-licensure nursing students. This experience informs grounded understanding and application of these principles in practice.

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EMS Ride Along

By Tamara Pachak, MSN, RN, iCNA

When most of us hear about nursing, we imagine busy units in the hospital or long-term care (bedside nursing/care). Yet nursing doesn't always start inside the facility walls. Recently, I had the opportunity to join an EMS crew for a ride along, which provided me with a fresh perspective on what it means to care for patients before they even reach the emergency department doors.

From the beginning of the shift, I was astounded by the amount of preparation that the EMS team put in before they received their first call. The EMS crew consisted of a Registered Nurse (EMS-RN) and an Advanced Emergency Medical Technician (AEMT). Before entering the ambulance, the EMS-RN and AEMT checked their supplies, organized the equipment, and discussed proper safety procedures with me. It was evident that safety is the foundation of their work and their top priority. When emergencies happen, there's no time to pause and search for what you need, and these small, routine tasks are what keep the operation running smoothly.

Throughout the night, I witnessed several different calls. Each call required various levels of intervention, and some calls solely necessitated careful observation and reassurance. Notably, the crew's ability to remain calm and their exceptional communication skills continued without hesitation. They communicated effectively and flawlessly, balancing their skills, poise, and compassion with every patient throughout the shift.

Watching the handoff from the field to the hospital was nothing short of impressive. The EMS team provided clear and concise reports, allowing hospital staff to continue care without interruption. Seeing that process validated how vital communication is throughout the healthcare system. Whether in the field or at the bedside, healthcare workers continually ensure that important details don't slip through the cracks.

For nursing students and new graduates who are still exploring where they fit, experiences like this are eye-opening. EMS nursing demands quick critical thinking, adaptability, and steady nerves. Still, they also reflect the heart of what nursing truly is: showing up for people at their most vulnerable moments. This ride-along was undoubtedly an exceptional learning experience.

If you're curious about this side of healthcare, reach out to your local EMS service and ask about ride-along opportunities. Spending even one shift in the back of an ambulance can change how you see nursing, and maybe even spark a passion for a new path in your career.

Former UNLV Dean, Dr. Angela Amar is Named President-Elect of the American Academy of Nursing

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

Dean Angela F. Amar, PhD, RN, ANEF, FAAN, who is currently the Dean of NYU's Rory Meyers College of Nursing, has been elected President-Elect of the American Academy of Nursing— one of the most prestigious and influential organizations in the profession, representing top leaders in nursing practice, education, management, and research.

Dean Amar served as Dean at UNLV from 20218 to 2023. Dean Amar has dedicated her career to enhancing diversity within nursing leadership and improving care and support for survivors of violence and trauma when they enter the health care system. During her tenure at UNLV, she worked tirelessly to make strides in programing, adding new programs in the School of Nursing, which will impact our community for years to come.

After serving a two-year term as President-Elect, Dean Amar will become AAN's president. Election to leadership roles within the Academy reflects a career of extraordinary impact and peer recognition at the highest level.

The American Academy of Nursing is composed of over 3,200 Fellows. Its mission is to improve health and achieve health equity by impacting policy through nursing leadership, innovation, and science. Election to leadership roles within the Academy reflects a career of extraordinary impact and peer recognition at the highest level.

The Nevada State Board of Nursing salutes Dean Amar and we are proud to have played a small role in her path to achieving this momentous honor.

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ADMINISTRATION

6005 Plumas Street, Suite 100, Reno, NV 89519
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888-590-6726
nursingboard@nsbn.state.nv.us
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CNA Advisory Committee Chair

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IT & ACCOUNTING

Rhoda Hernandez
Technology & Computer Systems Specialist
Kristie Neuhauser, MBA
Accountant

BOARD TALK

Board Meeting Dates

All dates and locations are subject to change
***Virtual/teleconference options available**

*** January 15-16, 2025**
NSBN Conference Room
6005 Plumas Street Ste. 101
Reno, NV 89519

*** March 19-20, 2025**
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

July 16-18, 2025
Zephyr Point Presbyterian Conference Center
660 Hwy 50
Zephyr Cove, Nevada 89448

***September 17-18, 2025**
NSBN Conference Room
6005 Plumas Street Ste. 101
Reno, NV 89519

***November 19-20, 2025**
Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89519

Committee Meetings and Openings

Advanced Practice Advisory Committee:
February 11, 2025
May 13, 2025
August 12, 2025
November 18, 2025

CNA & Medication Aide – Certified Committee:
April 3, 2025
August 7, 2025
October 2, 2025

Disability Advisory Committee:
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:
February 27, 2025
May 8, 2025
August 21, 2025
November TBD

Nurse Practice Advisory Committee:
February 4, 2025
May 6, 2025
August 5, 2025
November 4, 2025

CNA Advisory Committee: 1 opening in May 2026 & 1 medications aides-certified
Disability Advisory Committee: 1 opening November 2025
Education Advisory Committee: 1 opening March 2026 & 1 opening May 2026
LPN Advisory Committee: 1 opening November 2025
APRN Advisory Committee: 1 opening November 2025