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Nevada Nursing News



Elizabeth Trilops
RN, MBA/HCM,
Board President

Message From the President

Investing in the Future of Nevada Nursing

As we welcome the fall season, I would like to extend my sincere gratitude to the nurses across Nevada who serve our communities with unwavering dedication, skill, and compassion. From hospitals and clinics to schools, long-term care facilities, public health organizations, and community settings, nurses remain the backbone of our healthcare system and a trusted source of care for patients and families.

This year, I would like to focus on a topic that affects every nurse regardless of practice setting or career stage: **the future sustainability of our nursing workforce.**

The future of healthcare depends on our ability to attract, develop, and retain talented nurses. Achieving this goal requires commitment from healthcare organizations, educational institutions, professional associations, and individual nurses alike. Creating healthy work environments where nurses feel valued, respected, and supported is essential to sustaining a strong workforce and delivering safe, high-quality patient care.

Professional development is another critical component of workforce sustainability. Nursing is a dynamic profession that requires continuous learning and adaptation. Whether pursuing specialty certification, advanced education, leadership development, or mentorship opportunities, ongoing growth strengthens both individual practice and the profession as a whole. Experienced nurses play a particularly important role in mentoring and supporting the next generation of nursing professionals.

Equally important is fostering a culture that recognizes the importance of well-being. Nurses dedicate themselves to caring for others, yet we often overlook the importance of caring for ourselves. Taking time to manage stress, maintain personal wellness, seek support when needed, and establish healthy boundaries is essential for long-term success and fulfillment. Prioritizing well-being is not only beneficial for nurses, but also for the patients, families, and communities we serve.

As healthcare continues to evolve, the core values of nursing remain constant: compassion, integrity, advocacy, excellence, and service. These principles unite us across specialties and practice settings and help guide our profession through times of change and opportunity.

I am continually inspired by the commitment and resilience demonstrated by Nevada nurses. Your work improves lives, strengthens communities, and advances the health of our state. Together, we have an opportunity to shape a future where nurses are supported, empowered, and prepared to meet the healthcare needs of generations to come.

Thank you for your service, your professionalism, and your dedication to the people of Nevada. I wish you a safe, healthy, and rewarding fall season.

References

American Nurses Association. (2024). *Healthy work environment*. <https://www.nursingworld.org>

National Academies of Sciences, Engineering, and Medicine. (2021). *The future of nursing 2020–2030: Charting a path to achieve health equity*. National Academies Press. <https://doi.org/10.17226/25982>

National Academy of Medicine. (2024). *National plan for health workforce well-being*. National Academies Press. <https://doi.org/10.17226/26744>

Catherine Frances Dinauer, lovingly known as Cathy, passed away in Carson City, Nevada, on Sunday, September 27, 2026, at the age of 69. Born on November 22, 1956, Cathy dedicated her life to caring for others and to upholding the highest standards in the nursing profession.

Cathy was raised in Southern California. Cathy graduated from the California Hospital School of Nursing in 1980, beginning a career marked by compassion, leadership, and an unwavering sense of duty. She started her nursing journey in the fast-paced emergency rooms of Los Angeles, where her steady presence and dedication were immediately evident.

In 1993, Cathy moved to Carson City, Nevada, a place that became her long-term home and the heart of her professional legacy. She devoted more than two decades to Carson Tahoe Medical Center, touching countless lives through her commitment to patient care, mentorship, and excellence.

Cathy later joined the Nevada State Board of Nursing, where her expertise and integrity made a profound impact. In 2016, she became the Executive Director of the Board, leading with kindness, clarity, and conviction. She guided the Board with an unwavering dedication to its mission of “protecting the public’s health, safety and welfare through effective nursing regulation,” a principle she championed every day.

Cathy is survived by her daughter Katie, her son-in-law Chris, and her sister Jacqueline. Among all her accomplishments, Cathy was most proud of being a mom. She poured her heart into her family, extended family and friends and her love for them was the foundation of her life.

Beyond her professional life, Cathy found joy outdoors and spent many weekends hiking in Lake Tahoe and surrounding areas. She loved a good movie, a shopping trip and an occasional trip to France to keep in touch with extended family; she never could pass up a good French macaron. Cathy will be remembered for her gentle strength, her generosity of spirit, and the deep respect she held for both the nursing profession and the patients it serves.

Her legacy lives on in the countless nurses she supported, the community she helped protect, and everyone who had the privilege of knowing her.

Her family has requested that in lieu of sending flowers or other items in her memory that donations to her Legacy Scholarship for future Nurse Leaders at the link below would be a lasting way to memorialize her dedicated contributions to nursing practice nationwide.

<https://nvnursesfoundation.org/Donations/cdinauer.php>

IN MEMORY OF CATHY DINAUER

Cathy, I am so grateful and thankful for the time we had together. You taught me so much, but the one thing that stood out for me was your dedication. Thank you for always being so patient, understanding, caring, and empathetic. I've missed our chats, your smile, but most of all your infectious laughter. We created some special and meaningful moments that I will cherish forever. Cathy, your absence is deeply felt. May you rest in eternal peace.

Love always,
Corina Jimenez,
Executive Assistant









Honoring the Lasting Legacy of Cathy Dinuer for Nurse Practitioner Practice in Nevada

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

Nurse practitioner practice has changed drastically in the last decade in Nevada. The changes have occurred by the collective work of clinicians, policy makers, legislators, and leaders. One such leader is Cathy Dinuer, who held the role of Executive Director at the Nevada State Board of Nursing from 2016-2026. During her tenure, nursing had changes to include advanced practice.

Cathy assumed the role of executive director not long after the practice for advanced practice registered nurses (APRN) had a major win in the 2013 legislative session where full practice authority was achieved. With this change, APRNs were able to practice to their full education and training in concept, but more needed to be done to have full realization beyond words on paper.

Over her decade in leadership, multiple changes happened to include signature authority in 2017, with more “clean up” in the 2019 session. Her leadership and guidance was immeasurably present as these changes were put in place. Testimony, support, and leadership gave legislators confidence to change the laws.

In 2021, statute was modernized to make a permanent spot on the Board of Nursing for an APRN. One of the sitting registered nurse members must also have credentials as an APRN, giving a voice to over 8,000 licensed advanced practice nurses in Nevada. This voice ensures a person will have the ability to assess, evaluate, and give meaning to agenda items and cases that come before the Board of Nursing involving advanced practice. She knew the importance of this voice and was a silent, solid champion of the statute change.

In 2025, a major change occurred impacting APRN practice to adopt regulations establishing requirements for governing the supervision of medical assistants by APRNs. This change in regulations came from statute changes in assembly bill 319. Cathy was instrumental in the work to make this change reality. Her work to improve practice for APRNs was evident in this change, which had been a barrier for well over a decade. In other words, this was a game changer for advanced practice nurses!

What most people do not know is the work to achieve these wins in the modernization of practice. The process of statute change is not for the faint of heart, but then it is the process of writing regulations and implanting the change. All steps in the process take patience, leadership, and a steady hand to make sure it happens without hiccups. This is the leadership Cathy provided daily.

Cathy Dinuer was a nurse’s nurse. She championed nurses and their roles to practice at the full extent of their licensure and training. In Nevada and in the United States, Cathy was well respected for her hard work, tenacity, and quiet work to champion the role of nurse. No matter the level of licensure, she dedicated her life and work to Nevada nurses.

Today we celebrate her work and her life. Cathy's legacy will be felt for years to come as practice continue to grow, evolve, and flourish in our great state.



Nurses Honoring Nurses

Silver State Nurse Honor Guard of Northern Nevada

By Deborah Pontius, MSN, RN, NCSN-E, FNASN

The Silver State Nurse Honor Guard of Northern Nevada (SSNHGNN) was recently created to honor the nurses who have either recently passed or expected to soon. The Guard provides a “Nightingale Tribute,” established by the Kansas State Nurses Association, the first known nurse honor guard, in 2002. The SSNHGNN will provide this tribute to fallen nurses from Elko to Reno, as well as Carson City, Minden/Gardnerville, Fallon, Fernley and Reno/Sparks, as volunteer availability permits.

Nursing honor guards provide a dignified and formal ceremonial “end” to a nurse’s career of service. Honor guards wear white uniforms, shoes and gloves, traditional nursing caps, and a blue cape with red lining. These are all reminiscent of WWII uniforms of Red Cross nurses on the battle lines. The “Nightingale Tribute” includes a summary of the nurse’s career highlights, the reading of the Poem “She/He Was There,” and providing a final “call to duty” or ringing of a bell and announcing the nurse’s name. When the nurse does not answer the call, the guard announces the nurse is relieved of her earthly duties, and her fellow nurses will carry on her legacy of care. In addition to memorial tributes, Nurse Honor Guards often provide living tributes. While memorial tributes are for family and friends of the recently passed nurse, living tributes are for the nurse themselves. Guards can also participate in other nursing ceremonies, like graduation pinning and community events such as veteran’s day celebrations.

Stage One-Recruitment of Volunteers

We are actively recruiting volunteers to become Nurse Honor Guards. We need volunteers from all over northern Nevada, so they are available when and where needed. The commitment is small, and the timing is flexible, the reward is huge.

Stage Two- Spreading the Word to Families

SSNHGNN hopes to begin to provide services to nurses and families in early 2027. We will begin reaching out to families who have recently lost or have a terminally ill nurse family member after we obtain enough volunteers. This is through funeral homes, hospices, media and other public informational events.

Being part of a nurse honor guard is a moving, emotional tribute to recognize the work and dedication of our colleagues throughout their career. It provides comfort to families, but also to the honor guard members themselves. It continues our tradition of caring throughout the lifespan of our patients.

For more information about the Silver State Nurse Honor Guard of Northern Nevada, please Contact Deborah Pontius, Chapter Coordinator: SSNHGNN@gmail.com or Facebook: Silver State Nurse Honor Guard of Northern Nevada.

AI notice: Chat GPT was used in the development of the SSNHG logo and poster

**NURSES HONORING NURSES
WE NEED YOU.**
Join the Mission.♥

The Nurse Honor Guard ensures that
no nurse completes their earthly
journey without being honored

—★ VOLUNTEERS NEEDED ★—
LIVING TRIBUTES | FINAL TRIBUTES | HONOR GUARD

**GIVE YOUR TIME.
HONOR THEIR LEGACY.**
Make a Difference.♥

Silver State
Nurse Honor
Guard
of No. NV.

♥ HONOR | 🔔 RESPECT | 🌹 SERVICE

BECOME A VOLUNTEER TODAY.

FOR MORE INFORMATION, CONTACT:
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EXECUTIVE SUMMARY

Nevada RN Entry-to-Practice Roundtable

Prepared for the Nevada State Board of Nursing September 2026

Convened by the Nevada Nursing Workforce Center at the Orvis School of Nursing, University of Nevada, Reno

Background and Purpose

On August 14, 2026, the Nevada Nursing Workforce Center convened the RN Entry-to-Practice Roundtable at the University of Nevada, Reno, with synchronous virtual participation. The three-hour session brought together more than 50 participants from nursing education programs, health system employers, regulatory bodies, and workforce partners across Northern Nevada, Southern Nevada, and rural communities.

The day was organized around exploring the contradiction of Nevada's reports of ongoing shortages while some of its newest graduates cannot find work. The session was designed as a working session, not a seminar, with three structured breakout activities intended to leverage participant expertise, develop a shared working diagnosis, and identify feasible action plans forward.

This executive summary draws on three complementary sources: the Nevada Nurse Workforce Atlas (Rowe, Dilts, and Bennett, July 2026), a point-in-time employer survey administered by the Nevada State Board of Nursing (NSBN), and the structured input of participants captured across the three breakout rounds. It is submitted to document the findings of the convening and to pose several questions where the Board's perspective and regulatory authority may be most consequential.

The Nevada Nurse Workforce Atlas: What the Data Show

In advance of the roundtable, the Nevada Nurse Workforce Atlas was released as the first effort to bring Nevada nursing supply, demand, and education data together in a single geographic framework. The Atlas integrates five sources: NSBN licensure records, Bureau of Labor Statistics employment data, U.S. Census Bureau population estimates, County Health Rankings, and IPEDS and NCSBN education data, mapped across Nevada's 16 counties and Carson City. Interactive dashboards are available through the [Nevada Nursing Workforce Center](#) website.

The Licensed-to-Employed Cascade

The Atlas shows that the distance between holding a Nevada RN license and practicing in Nevada involves two separate gaps. Roughly 40% of Nevada RN licensees live outside the state, and among those who do live here, roughly one in four is not employed as an RN. Together these explain how the state can report a nursing shortage while its newest graduates struggle to find work.

Where Nevada RN Licensees Live

62,519

Active Nevada RN Licenses

Excludes advanced practice registered nurses

37,141**Live in Nevada***59% of licensees***25,378****Live Outside Nevada***41% of licensees*

Roughly 43% of Nevada RN licensees are employed as RNs in the state. The gap is not in the number of nurses Nevada produces or licenses. It is in the capacity to absorb them, the infrastructure to retain them, and their distribution across the state.

In-State Supply Compared to Employment

37,141**Nevada-Resident RN Licensees***Potential in-state supply***27,070****RNs Employed in Nevada***Approximately 43% of all licensees*

Sources: NSBN licensure records (active RN licenses, excluding APRNs) and U.S. Bureau of Labor Statistics Occupational Employment and Wage Statistics (SOC 29-1141, Registered Nurses), which likewise excludes advanced practice roles. Licensure counts reflect data as of June 2026. Counts published elsewhere may differ if APRNs are included.

Note: The employment figure counts RNs working in Nevada regardless of state of residence and therefore includes a small number of nurses who commute from neighboring states.

Licensed RN Distribution Across Counties

[The Atlas](#) maps licensed RN rates across Nevada's 16 counties and Carson City, showing a distribution gap that statewide averages obscure entirely. Rates range from 1,337 RNs per 100,000 residents in Washoe County to 104 in Esmeralda County, a thirteenfold difference.

Weighted by population, Nevada's rate is 1,182 licensed RNs per 100,000 residents. Averaged across the 17 jurisdictions with each counted equally, the rate is 661. Both figures are correct, and the distance between them is the distribution problem: the statewide rate reflects Clark and Washoe, which together hold roughly 93% of Nevada-resident licensees, while most Nevada jurisdictions fall well below it.

Licensed RN Distribution Across Nevada

County	Licensed RNs	Population	RNs per 100,000
Washoe	6,600	491,770	1,337
Carson City	738	58,364	1,264
Clark	27,800	2,293,764	1,212
Douglas	558	49,624	1,124
Churchill	206	25,614	804
Lyon	380	60,630	627
Humboldt	107	17,299	619
Elko	315	53,852	585
Lincoln	25	4,452	562
White Pine	48	8,856	542
Eureka	9	1,660	542
Nye	281	53,207	528
Mineral	21	4,557	461

County	Licensed RNs	Population	RNs per 100,000
Lander	23	5,745	400
Storey	11	4,139	266
Pershing	17	6,505	261
Esmeralda	1	962	104
Nevada, population weighted	37,141	3,141,000	1,182
Average across jurisdictions	—	—	661

Sources: NSBN licensure records (active RN licenses, excluding APRNs) and U.S. Census Bureau U.S. Census Bureau vintage 2024 estimates.

Education: Growth and Its Concentration

Nevada's nursing education pipeline has grown. Prelicensure RN graduates rose from 1,627 in 2022-23 to 1,969 in 2024-25, a 21% increase over three academic years.

Nevada Prelicensure RN Programs: Graduates, NCLEX Performance, and Approval Status

School	Program	City	Graduates 2024-25	NCLEX-RN 2025 Pass Rate	Approval Status
Nevada State University	BSN	Henderson	232	96.03%	Full
University of Nevada, Las Vegas	BSN	Las Vegas	225	85.08%	Full
Arizona College of Nursing	BSN	Las Vegas	216	89.11%	Full
Roseman University of Health Sciences	BSN	Henderson	204	81.52%	Full
Chamberlain University	BSN	Las Vegas	191	89.16%	Full
Carrington College	ADN	Reno	168	89.47%	Full
University of Nevada, Reno	BSN	Reno	159	96.30%	Full
College of Southern Nevada	AAS	Las Vegas	141	90.07%	Full
Las Vegas College	AAS	Las Vegas	110	75.59%	Teach-out
Unitek College	BSN	Reno	81	84.13%	Full
Truckee Meadows Community College	ASN	Reno	63	93.75%	Full
Grand Canyon University	BSN	Henderson	59	91.67%	Full
Western Nevada College	AAS	Carson City	47	89.36%	Full
Carrington College	ADN	Las Vegas	46	77.55%	Full
Great Basin College	AAS	Elko	27	100%	Full
Galen College of Nursing	BSN	Las Vegas	0	No graduates	Provisional
Galen College of Nursing	ADN	Las Vegas	0	No graduates	Provisional
Nevada Career Institute	ADN	Las Vegas	0	No graduates	Provisional
Total	18 programs		1,969	88.6% mean	

Sources: NSBN Annual Report Fiscal Year 2024-25 Report and list of Approved Nursing Programs as of 6/1/2026.

Two structural concerns accompany this growth. The first is geographic. Fourteen of Nevada's 20 prelicensure RN programs are located in Las Vegas or Henderson and five in Reno or Carson City, leaving Great Basin College in Elko as the state's only rural program. The pipeline is expanding in the same markets where participants report the most constrained clinical placement and new-graduate hiring capacity, and it is not expanding in the counties the distribution data identify as least served. Five additional out-of-state programs hold Board approval to conduct clinical education in

Nevada while producing no Nevada graduates, adding demand for clinical placements that Nevada's own graduate count does not capture.

The second concern is variation in program outcomes. NCLEX first-time pass rates average 88.6% across the 15 programs reporting a rate, ranging from 75.59% to 100%. As of June 2026, no Nevada prelicensure RN program held Conditional approval and five held Provisional status, none of which had yet graduated a Nevada cohort. All five are located in Las Vegas or Reno.

Employer Survey: The Entry Point Is Narrow

A pre-roundtable employer survey administered by the NSBN offered a snapshot of hiring conditions. Of 168 open RN positions across nine facilities, 24 (14%) were accessible to new graduates at that moment. Roundtable participants cautioned against over-indexing on any single-day figure, while agreeing that the underlying dynamic, constrained and inconsistent access to new-graduate positions, reflects a real and persistent pattern.

Finding	Result
Survey respondents (of 31 CNOs invited)	9 (29% response rate)
Combined licensed beds represented	1,200
Open RN positions reported	168
Positions open to new graduates	24 (14%)
Facilities with residency programs	7 of 9
First-year turnover range	Nominal to 54%

The low Chief Nursing Officer (CNO) response rate is itself a finding. Only 9 of 31 invited CNO's responded, meaning the employer voice in this conversation remains significantly incomplete. Roundtable participants identified deeper engagement from hospital executives as a prerequisite for any durable solution.

Roundtable Findings: What Participants Told Us

Three structured breakout sessions engaged all participants in identifying problems, developing working diagnoses, and proposing near-term actions. The following summarizes the themes that emerged across all nine breakout groups.

Breakout 1: What Problems Are We Seeing?

Five themes emerged consistently across groups:

- **The experience void. Preceptor and onboarding capacity constraints.**
Facilities described a structural shortage of experienced nurses available to safely train and precept new graduates. Departures of senior nurses created a thinning mentor layer. Remaining preceptors reported burnout, inadequate compensation, and extended residency timelines, in some cases reaching 12 to 14 months, that directly limit new-graduate intake capacity.
- **Too many students, not enough sites. Urban program oversaturation and clinical placement competition.**
Particularly in Southern Nevada, participants identified a disproportionate concentration of nursing programs relative to available clinical placements and new-graduate hiring capacity.

Groups called for more transparent data on program growth relative to clinical site availability. The Atlas confirms the concentration: 14 of Nevada's 20 prelicensure RN programs operate in Las Vegas or Henderson. It does not measure clinical site capacity, which is itself a gap participants identified

- **Nevada-educated nurses leaving Nevada. Out-of-state migration and retention gaps.** Graduates from Nevada programs are taking first positions in Arizona, California, and Midwestern states, often because hiring timelines are clearer or onboarding is faster elsewhere. Participants reported this pattern from experience rather than from data. It is consistent with the 25,378 Nevada RN licensees who hold a Nevada license while living in another state, though that figure cannot isolate recent graduates.
- **School outcomes and employer expectations are not aligned. Academic-practice gap.** Multiple groups identified a disconnect between what nursing programs prepare graduates to do and what employers need graduates to do from day one. In the NSBN-administered point-in-time employer survey, respondents identified the most common readiness gaps as prioritization and time management (78%), clinical judgment and recognizing changes in patient status (67%), confidence and professional socialization (67%), critical thinking (56%), and communication (44%). Participants noted that these findings reflect a snapshot of nine employers and should be interpreted accordingly, while also observing that the categories themselves rang true across the room regardless of the specific percentages.
- **Opportunity exists; nurses do not go. Rural maldistribution.** New graduates are reluctant to accept positions in rural Nevada, even when positions are available, due to concerns about support structures and professional development. The Atlas makes this visible at a county level: Esmeralda County has 104 licensed RNs per 100,000 residents while Washoe has 1,337.

Breakout 2: Developing a Working Diagnosis

Building on the Atlas data, Dr. Michelle Johnson's presentation on whether Nevada has a nursing workforce shortage, and the problems named in Breakout 1, participants were asked to identify the most consequential workforce-entry problem in their region. Groups converged on a common working diagnosis:

Nevada does not appear to have a nurse production problem. It appears to have an entry-to-practice access problem, characterized by a constrained first-job pathway, insufficient transition-to-practice infrastructure, and maldistribution of both nurses and programs. Together these contribute to a licensed-to-employed gap that existing data do not fully explain.

Participants also identified expectation misalignment as a contributing factor. Many new graduates seek specialty positions in critical care, emergency, or labor and delivery immediately after graduation, creating a mismatch with the medical-surgical and intermediate-care entry points most consistently available. This observation came from employers and educators in the room rather than from the survey or Atlas data.

Breakout 3: Are Graduates Prepared for the Jobs That Exist?

A presentation by Dr. Shannon Richard (University of Nevada, Reno) and Dr. Angela Silvestri-Elmore (University of Nevada, Las Vegas) introduced a framework distinguishing three related but distinct milestones in the nursing transition.

School Outcomes	Licensure (NCLEX)	Employer Readiness
Can demonstrate core concepts, clinical judgment, and safe care with faculty support	Meets minimum entry-level standard for public safety	Can carry a realistic assignment, escalate changes in patient status, document, and manage time independently

Schools, licensing bodies, and employers may each be measuring the right thing. No one is responsible for the space between those measures, and that is where new graduates struggle.

Proposed Framework: Three Leverage Points for Nevada

Breakout 3 asked participants to identify small, feasible actions within a 90-day horizon and one concrete step toward answering an important unresolved workforce question. Three leverage points emerged across groups:

1

Define Readiness Together

Establish shared language across academic programs and employers around what practice readiness means at the point of hire. This includes clarifying which expectations belong to prelicensure education, which are measured by licensure, and which are appropriately addressed during employer onboarding, including defining entrustable professional activities (EPAs) for Nevada new-graduate RNs.

90-Day Action:

Convene a joint education-practice working group to draft shared EPA language for Nevada new graduates, using the October 2026 NSBN Deans and Directors meeting as a launching point.

2

Build Capacity Where the Bottleneck Occurs

Expand preceptor development, recognition, and compensation. Move from "a residency program exists" to "residency seats match new-graduate volume." Explore expanded Nurse Apprentice Program positions to reduce post-graduation onboarding burden and close pandemic-era clinical training gaps.

90-Day Action:

Scope and launch a small transition support pilot with one volunteer facility in Northern Nevada and one in Southern Nevada, defining measures at launch and tracking NCLEX timing, local employment at 12 months, and transition satisfaction over the following year.

3

Align Timing and Build a Feedback Loop

Graduation schedules, NCLEX testing windows, residency cohort cycles, and hospital hiring windows should be designed to work together. Schools and clinical partners need better mechanisms to share aggregate readiness data on an ongoing basis. Groups identified the Nevada Nursing Workforce Center as positioned to convene this work.

90-Day Action:

Establish quarterly meetings of deans, directors, and clinical partners, and launch longitudinal tracking of minimum workforce supply and demand data sets through the Nevada Nursing Workforce Center.

Agreed Next Steps

The following commitments were made before the close of the August 14 session:

Lead	Commitment	Target
Nevada Nursing Workforce Center, Dr. Sheryl Bennett	Share the Nevada Nurse Workforce Atlas dashboard links with all participants	Complete
Nevada Nursing Workforce Center, Dr. Sheryl Bennett	Distribute the CEU survey to participants	Complete
Nevada Nursing Workforce Center, Dr. Sheryl Bennett	Produce a full white paper from the roundtable and share it with all attendees	9/18/26
Nevada Nursing Workforce Center, Dr. Sheryl Bennett	Share minimum workforce supply and demand data sets with attendees to support ongoing planning	9/4/26
Nevada Nursing Workforce Center, Dr. Sheryl Bennett	Convene a follow-up roundtable	November 2026
University of Nevada, Las Vegas, Dr. Angela Silvestri-Elmore	Identify candidate facilities for a volunteer transition support pilot, one in Northern Nevada and one in Southern Nevada	TBD
NSHE unit TBD	Complete short survey collection from NSHE nursing deans and directors for the forthcoming workforce report	TBD

Closing Observation

The most important outcome of the August 14 roundtable may be the question it repositioned. Nevada has spent considerable energy asking whether it has a nursing shortage. The roundtable, grounded in Atlas data, regulatory survey findings, and the direct experience of more than 50 education, practice, and workforce leaders from across the state, pointed toward a more useful question: does Nevada have a sufficient, well-supported pathway from nursing graduation to sustained RN practice?

The evidence suggests it does not. Nevada employs approximately 43% of its RN licensees within the state. The pipeline is growing and most programs meet or exceed licensure standards, yet in a point-in-time survey administered by NSBN, only 24 of 168 open RN positions across nine facilities were accessible to new graduates. The gap is not primarily in the number of nurses being produced. It is in the infrastructure that receives, orients, supports, and retains them.

Closing that gap will require sustained collaboration among education, practice, regulation, and state workforce partners. The Nevada Nurse Workforce Atlas provides a shared evidence base for that conversation. The roundtable was the beginning of it.

For more information, contact the Nevada Nursing Workforce Center:

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Failure or Feedback? Rethinking Student Progress

Nina Marcellus-Duong, PhD(c), RN, CHSE, CNEcl

Nursing Simulation and skills labs are educational environments where a single skill attempt or interaction can feel like a definitive moment for students and faculty alike. What a faculty member says in the thirty seconds after a student misses a critical criterion can either close a door or quietly hold one open. This [HealthySimulation.com article](#) written by Nina Marcellus-Duong, PhD(c), RN, CHSE, CNEcl, explores how nursing simulation and skills lab educators can separate summative decisions from formative feedback, use a practical protocol to deliver results with clarity, and craft “feedback forward” messages that preserve rigor and ensure students remain motivated and in the game.

The Challenge for Faculty Communicating Summative and Formative Feedback

The challenge is not whether healthcare simulation faculty know the difference between a summative decision and formative feedback. The challenge is what happens under pressure. When a student is visibly upset, and the room goes quiet or feels heavy, the lines blur. Faculty begin to deliver the decision in softer language or delay the feedback entirely to focus on the management of emotional fallout. Both patterns leave students confused and faculty exposed.

Faculty need to draw a clear line between the two concepts that frequently get tangled in the clinical simulation lab. A summative decision is the documented outcome at a specific point in time. Summative decisions answer, “Did the student meet criteria?” and govern progression. Formative feedback is forward-focused, tied to specific observable behaviors, and answers “What should the student do differently next time?” So often, there is confusion between these two roles mid-evaluation, and where most faculty run into trouble.

Empathy and Consistency Can Coexist in Healthcare Learner Feedback

Faculty can care about a student’s emotional state, but that does not mean the faculty reopens the evaluation. Faculty can be fully human and remain fully consistent. The key is how to deliver the response intentionally. Separate acknowledgment from evaluative language to keep the interaction professional and the student moving forward. A three-move approach works well in healthcare simulation lab environments.

- First, name the emotion without judgment (“[the faculty] can see this is frustrating.”).
- Second, redirect the conversation (“Let’s focus on what will help the next attempt go differently.”).
- Third, if there is pushback on the decision, hold the boundary clearly (“The decision stands.”).

Common Clinical Learner Scenarios Worth Reviewing

Theory only goes so far. Here are three situations that commonly arise in nursing simulation skills labs. These situations are worth some time and review before faculty encounter them in real time.

Scenario 1: “This feels unfair.” A student misses a critical criterion and challenges the decision as unfair. The recommended response acknowledges the emotion without treating the challenge as an appeal: “[The faculty] hear your frustration. The decision is based on criteria, not comparison. It is essential to focus on the next steps.”

Scenario 2: “Another instructor would have passed me.” A student cites perceived inconsistency across faculty. Reaffirm the shared standard: “All instructors use the same criteria. Today’s evaluation was based on the rubric.” Then pause and add: “When [the student] is ready, [faculty and student] will walk through next steps together.”

Scenario 3: “I’ve never failed anything before.” A high-achieving student encounters a first failure and shuts down. Resist the urge to soften the decision: “This is hard, especially when it hasn’t happened before. What matters now is how to move forward.” Consistency across all three scenarios is what protects both students and faculty.

Four-Step Cycle to Provide Simulated Learner Feedback

A repetitive four-step cycle makes every simulation lab evaluation interaction predictable, fair, and educationally sound. Think of evaluation as a process, not a debate.

- **Step 1: State the Decision** - Say the outcome once, clearly, with no qualifiers. “This skill attempt did not meet passing criteria because [specific criterion] was not met.” Do not soften the language by using qualifiers. Do not apologize for the rubric.
- **Step 2: Deliver Specific Feedback** - Identify what went well, what criterion was not met, and what to focus on for the next attempt. “For the next attempt, focus on [specific behavior] using [specific resource].”
- **Step 3: Conduct Focused Remediation** - Review the challenge area, clarify the expectation, and have the student demonstrate back. One-on-one remediation is an effective way to ensure everyone is on the same page for the next attempt. Students may decline, but the offer and outcome should be documented.
- **Step 4: Hold the Boundary** - Do not re-teach the skill mid-attempt, do not coach missed steps mid-attempt, and do not revisit the decision. Documentation of the process and support offered is the faculty’s best protection.

The cycle then repeats: decision, feedback, remediation, and back to evaluation. With this model in place, the student re-enters the next attempt as a prepared learner, not a student who replays the grievance.

Build a shared vocabulary across the faculty that resonates beyond individual interactions. Instructors who debrief with each other and offer example phrases that have both landed well or backfired create stronger consistency for students across the simulation laboratory. When every student hears the same process and language, the criteria appear to be in charge, rather than the evaluator. That dynamic protects everyone involved.

Escalation after Evaluation for Healthcare Education Outcomes

Not every clinical simulation or psychomotor skill evaluation interaction concludes cleanly. When a situation does not resolve, a clear chain of command provides the structure needed to

move forward consistently. The example below will not align with all institutions or facility policies but will give an idea of what the structure may look like.

- **Level 1 Instructor Feedback:** Initial decision and documentation. This is where the process starts and, in most cases, ends.
- **Level 2 Lab Course Lead:** Reviews the concern and confirms the criteria were applied correctly.
- **Level 3 Director of Lab and Simulation:** Formal review if the concern remains unresolved after the Course Lead step.
- **Level 4 Formal School of Nursing Process:** If applicable, the student grievance process follows the established chain of command.

Documentation is the best protection for both the instructor and the learner at every level. A clearly recorded evaluation (criteria cited, performance observed, feedback delivered, remediation offered) tells a coherent story that holds up to scrutiny.

Moving Beyond Learner Failure with Competency-Based Debriefing

Working with a clinical simulation debriefing consultant or simulation program faculty development consultant can help healthcare simulation programs move beyond simply identifying learner failures to creating a culture of continuous performance improvement. Rather than focusing exclusively on whether a learner passed or failed a scenario, experienced consultants help educators develop structured debriefing methodologies that uncover patterns in clinical reasoning, communication, teamwork, and systems performance. Faculty learn how to provide timely, objective, competency-based feedback throughout the learner journey, allowing interventions to occur before deficiencies become entrenched. This approach not only improves learner confidence and clinical competence but also strengthens curriculum design, faculty consistency, and overall educational quality by generating actionable insights that inform future simulation activities and program development.

Modern competency management platforms further amplify these faculty development efforts by automating data collection, longitudinal performance tracking, and competency reporting across hundreds or even thousands of learners. Solutions such as Competency.AI from Education Management Solutions, along with other competency management and learner performance tracking systems, enable faculty to consolidate assessment data from multiple simulation events, clinical experiences, and evaluators into a unified competency profile. Instead of relying on isolated observations, educators can identify trends, recognize learners who require additional coaching, validate readiness for progression, and measure program effectiveness using objective performance data. Combined with expert faculty development and evidence-based debriefing practices, these technologies make it possible to scale personalized feedback, improve educational decision-making, and maximize both learner outcomes and broader clinical education outcomes across healthcare simulation programs.

Intentionality is Key to Longterm Healthcare Simulation Success

Before walking into the first nursing simulation skills lab of the semester, take time to draft a personal version of a “feedback forward” message: a two-to-three sentence response ready to

deliver when a student does not meet criteria. The message is not a script to read from. Rather, the message is a set of anchors to internalize. When the room goes quiet, and a student's eyes fill with tears, have that language ready so you know exactly where to go next.

The goal of intentional feedback in healthcare simulation labs is not to make failure comfortable. The goal is to make failure meaningful and impactful. When students leave a failed attempt with a clear picture of what happened and a concrete path forward, failure becomes an event in their education rather than the end of it. *“Intentional feedback does not end the conversation — it shapes what comes next.”*

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Board Meeting Dates

All dates and locations are subject to change

*Virtual/teleconference options available

* January 14-15, 2026

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

* March 11-12, 2026

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

* May 13-14, 2026

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

July 15-17, 2026

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

*September 16-17, 2026

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

*November 18-19, 2026

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 10, 2026
May 12, 2026
August 11, 2026
November 10, 2026

Education Advisory Committee:

January 9, 2026
April 10, 2026
August 14, 2026
October 9, 2026

CNA & Medication Aide – Certified Committee:

April 2, 2026
August 6, 2026
October 1, 2026

LPN Advisory Committee:

February 19, 2026
May 21, 2026
August 20, 2026
November 12, 2026

Disability Advisory Committee:

January 8, 2026
April 9, 2026
July 9, 2026
October 8, 2026

Nurse Practice Advisory Committee:

February 3, 2026
May 5, 2026
August 4, 2026
November 3, 2026

CNA Advisory Committee: 2 opening2 & 1 medications aides-certified

Disability Advisory Committee: 1 opening November 2026 Education

Advisory Committee: 1 opening March 2027

LPN Advisory Committee: 1 opening May 2026

APRN Advisory Committee: 1 opening November 2026