



Nevada Nurses working for Nevada's Nurses

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Do we continue to stigmatize girls/women with psychological issues?

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Nevada needs more advanced degree nurses to lead and teach

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Meet Nevada's Nurses This Issue: Debra Scott MSN, RN, FRE

By Mary Mackenzie, RN

At *RNFormation*, we believe Nevada's nurses are amazing, whether they demonstrate their exceptional dedication by getting up at the crack of dawn and shoveling snow for an hour so they can drive through a blizzard for an hour in order to work for 12 hours, by crawling through a hole into a collapsed mine shaft to provide emergency assistance to injured miners, by academic excellence and commitment to educating the next generation of nurses, or by outstanding service in another area of nursing. Through this column, which will appear in each issue, we will introduce you to a few of them.

If you would like to introduce us all to an amazing nurse, please contact us at nvnursesassn@mvqn.net.



Debra Scott is an exceptional nurse and could be considered Nevada's First Lady of Nursing. Her professional achievements and national recognition can make all of Nevada's nurses proud. Debra Scott, MSN, RN, FRE, currently holds the position of Executive Director of the Nevada State Board of Nursing.

Debra was licensed initially as an RN in California, and 15 years ago received a Nevada RN license. Debra earned Bachelor's and Master's degrees in nursing from California State University, Fresno. She graduated Cum Laude and was inducted into Sigma Theta Tau, Nursing's Honor Society. Debra also holds a Nevada certificate of recognition as an Advanced Practitioner of Nursing—Clinical Nurse Specialist in Psychiatric Nursing.

For the Nevada State Board of Nursing Debra serves as chair on various committees and as editor for the Board's nursing magazine. In addition, Debra is a charter member of the Nursing Institute of Nevada and a Certified Investigator, Level III, for the Council on Licensure, Enforcement and Regulation. Debra is also a member of the National Council of State Boards of Nursing (NCSBN), and serves them as a Director-at-Large and as chair for the Continued Competence Committee. The NCSBN inducted Debra as a Fellow into the National Council of Excellence in 2008.

(Continued on page 5)

current resident or



President's Address

By Tracy L. Singh, RN, JD

NNA's elections have been ongoing during the production of this quarter's publication and as President, I would like to welcome our new Board Members to NNA. I would also like to thank all of those who ran for office as we greatly appreciate those who are willing to dedicate their time and energy to the organization in support of our mission. We have many Committees and ongoing ventures at the State and District levels and we invite and encourage all nurses to join NNA & ANA today.



In October, we hosted a party for all nurses honoring American Nurses Association President, Rebecca Patton. We sincerely send a huge thank you out to Becky and everyone who attended. We also conducted our Annual State Meeting via video conferencing between Carson City and Las Vegas. This has shown to be a great way to reduce costs and increase access for our members. As we look forward to the New Year, one of our major goals for 2010 is to increase our membership, which will in turn increase the benefits to our members and our communities.

This past quarter NNA also had our first "Clothing Swap" and by popular demand, we plan to have another one this winter. This event was a great hit and everyone asked when the next one was going to be so they could spread the word for a larger turnout. The swap was great fun, and everyone who participated left with something new...some had several bags full of new clothes! As the event went on, participants began looking for more nurses to show, anticipating "new arrivals." To top it off, we were able to donate numerous boxes and bags of clothing to four different charities. Personally, seeing such gratitude on the faces of those in need as we delivered our donations was the most rewarding aspect of the event.

This one event made it possible for NNA to bring nurses together for some much needed fun where we all first gave to each other, then gave to our community...and we even raffled a few surprise gifts! We were all very pleased with the results and we are looking forward to an even bigger turn out in the winter. This time, we will try to coordinate events in the North and South so that more people may attend and more communities may benefit. For more information about the next Clothing Swap and other upcoming events throughout the state, please visit our website at www.nvnurses.org

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Are you interested in submitting an article for publication in *RNformation*? Please send it in a Word document to us at nvnursesassn@mvqn.net. Our Editorial Board will review the article and notify you regarding its acceptance for publication. Articles for our next edition are due by December 1, 2009.

If you wish to contact the author of an article published in *RNformation*, please email us and we will be happy to forward your comments.

NNA Mission Statement

MISSION

The Nevada Nurses Association promotes professional nursing practice through continuing education, community service, nursing leadership, and legislative activities to advocate for improved health and high quality health care for citizens of Nevada.

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Editorial Staff

- Co-Editors:** Margaret Curley, RN, BSN nvnursesassn@mvqn.net
 Kathy Ryan, RN, MSN
- | | |
|--------------------------------------|------------------------------|
| Lorraine Bonaldi-Moore, RN, MBA, MSN | Janice Muhammad, RN, CNM, MS |
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Legislative Update

Meet the Challenges of Nursing's Legislative Future

By Betty Razor, RN, BSN, CWOCN



The NNA State Board sponsored Lisa Black at the ANA/CMA Lobbyist meeting in Washington, D.C., in September. The goal of the meeting was to identify key political strategies and available resources for the advancement of at least two issues within Nevada's state legislative and/or regulatory process. The extensive

agenda and process were shared with the NNA Legislative Committee in October. This will assist the Legislative Committee in developing our skills and endeavors in promoting change through the legislative process.

Safe patient handling legislation remains a priority for NNA. The goal in Nevada is to focus on the benefits of safe patient handling legislation for hospitals and health care facilities: a reduction in injuries, sick days, worker's compensation claims, and overall costs. In addition, healthy nurses who continue to work safely reduce the nursing shortage.

In areas where the nursing shortage continues, voluntary and involuntary overtime are hotly debated issues. Recently some states have enacted legislation that prohibits overtime for nurses while other states have varying degrees of overtime restrictions in place. However, in most states, such overtime restrictions focus on voluntary rather than involuntary overtime and exert no cap on the amount of hours worked. Historically, such legislative endeavors have met with apprehension from hospitals, who are concerned that the laws are tantamount to dictating staffing decisions. To assuage these fears we are working to emphasize the link between hours worked and patient safety outcomes, nurse role satisfaction, and nurse burn out. The passage in 2009 of the safe staffing bill with its built-in reporting mechanism should provide the data to establish these links.

Past suggested legislation that may surface again include the Medical Aide Certified (MAC) and the state compacts. We will need active participation from NNA's Board of Directors and the Legislative Committee in the interim as we monitor legislative issues. Please consider assisting us during this legislative process.

The NNA Board received information that after this year APNs and PAs will no longer be allowed to sign off on sports physicals—only physicians may sign off on these physicals. So basically, a dermatologist or ophthalmologist can sign, but a pediatric or family practice APN or PA can not. NNA Board members met with the Nevada Interscholastic Activities Association (NIAA) regarding potential policy and regulation changes (NIAA has the authority in statutes) that will allow APNs and PAs to perform and sign off on sports physicals. This will require administrative and regulatory changes that may take a few months and not legislative changes that may take a few years. This is currently being pursued. Watch your emails for updates.

Another APN issue that may be entertained is increasing the autonomy of the APNs, allowing increased services in rural and underserved areas through clinics and other services. Currently three nearby states, Arizona, Oregon, and Washington, have this type of legislation. Much work will be required to obtain appropriate data and background information for legislators to understand APN qualifications and roles. Many have no idea of the APN's extensive educational background and expertise.

The Legislative Committee is aware that other nursing issues will be acted upon during the next session and most will be addressed at the Interim Health Care Committee hearings. NNA will require a volunteer to attend committee hearing(s) to keep abreast of what is being discussed; the majority of the meetings will be video-cast between Carson

City and Las Vegas. If you can attend even one IHCC meeting it would be helpful. Please contact the Legislative Committee chairs with your availability.

The Interim Health Care Committee members were appointed in late August.

They are:

Senator Valerie Wiener (Chair)

702-871-6536 (O)

Senator Allison Copening

702-869-9543 (H)

Senator Maurice Washington

775-331-3826 (O)

Assemblywoman Peggy Pierce (Vice Chair)

702-631-8036 (H)

Assemblywoman Ellen Spiegel

702-577-2167 (H)

Assemblyman Joe Hardy

702-643-4563 (O) 702-293-7506 (H)

Please contact these legislators and offer your services as a resource on health care. This is one of the most critical calls you can make to ensure that the voice of nursing will be heard during the legislative process. We do not expect you to have all the information at your finger tips, but you can state that you are a member of the Nevada Nurses Association and as a Registered Nurse you are willing to obtain information on health care concerns or any additional information necessary for their informed decision making. If you cannot supply the information, contact the Legislative Committee chairs.

We welcome the participation of all NNA members in the Legislative Committee - just contact us and you will be placed on the email tree and notified of the teleconference meetings. You can attend any teleconference from any phone where ever you are at no cost to you. Contact either of the Legislative Committee chairs:

Martha Drohobyczer, 702-365-9927 (O),

marthadrohobyczer@yahoo.com

Beatrice 'Betty' Razor, 775-560-2250 (C),

etbetty@sbcglobal.net

Finally, check out the NNA web page, www.nvnurses.org, for links and information on national issues. You may also wish to check out the ANA Capital updates on the ANA web page for resources and updates on national issues at www.nursingworld.org.

2009 Legislative Tracking sheet of bills impacting nursing available at www.nvnurses.org

Save The Date!

March 19, 2010

NNA District 1

Annual Conference



Nursing Today and Tomorrow

**Keynote Presentation:
What Would Health Care Reform Mean For Nurses in Nevada?**

Concurrent Sessions

(Subject to revision)

Horizontal Violence

Obesity

Healing Touch

National Nurse Response Team

Errors and Guilt

Disruptive Behavior

Watch our website for details:

www.nvnurses.org

We appreciate the assistance of Senator Harry Reid's Office in requesting a keynote speaker from Washington, DC

Congratulations!

Nevada Nurses Honored as Healthcare Heroes

Congratulations to Doreen Begley, MS, RN, Director of the UNR Orvis School of Nursing Clinic and recipient of the Northern Nevada Healthcare Hero Award for a nonprofit organization and to Carolyn Yucha, PhD, RN, FAAN, Dean of the School of Nursing at UNLV and recipient of the Southern Nevada Healthcare Hero Award as an educator. These awards are presented each year by the Nevada Business Magazine. Read the full story at <http://www.nevadabusiness.com/>



Summer Clothing Swap

How it works and why you won't want to miss the next one...



Submitted by NNA President
Tracy L. Singh, RN, JD

A Clothing Swap is a fun event where people can mingle and have fun while donating their old clothes to new friends and several community charities all at the same time. During this process, everyone gets to shop for new clothes for free! Prior to the event, everyone is asked to gather all of the clothes their family no longer enjoys wearing. Some clothes may even still have the original price tags on them. Aside from a nominal donation at the door to cover the costs for food & beverages, all you need to enter are your old clothes including, shoes, belts, hats or any accessories for men, women and children of any age or size.

This summer, NNA held its first Clothing Swap, hosted by our newly formed Social & Community Service Committee. The concept was inspired by a local nurse and close friend of mine, Carla Snyder, RN. We thought this could be our first annual event. However, before the event was over, participants were already asking when the next one would be held so they could help spread the word and get even more clothes to choose from.

The clothes were separated into sections for men, women and children with shoes and other accessories in separate areas. There were many varieties of items from bras to coats and even some jewelry. Reusable shopping bags from Whole Foods were donated by Martha Drohobyczer, District III President...*These were a great hit, thank you Martha!* There were no rules or limits to what participants could take with them. Everyone who shopped found

at least one item they wanted, some left with bags full of clothes and the more someone found, the more fun we seemed to have.

Once the event got started and people got the hang of what to do, participants began eagerly awaiting the next person to join the group with their "new arrivals." There were dressing rooms available to try on and display new "purchases" for the group, if they wished. Part of the excitement was to see someone else so happy to have found what you no longer wear. For example, one nurse tried on my favorite outfit that I could no longer fit into but had been hesitant to let go of for sentimental reasons. I was so thrilled when I saw how great it looked on her, knowing that it would be going to a good home.

By the end of the event, we had already decided to have our next swap in the fall before Christmas as this was thought to be an inexpensive way for nurses to shop for holiday gifts as well. Following the event, we gathered all of the clothes and other items according to the needs of the various charities we donated to including Safe Haven, Peoples Autism Foundation, Shade Tree, and the Las Vegas Rescue Mission. The following week, we delivered over 20 bags and boxes of clothes to these charities. This event was fun for everyone and it was a great way to facilitate giving back to our communities when donations were down and needs were high. Thank you to all who participated and we look forward to seeing more of you at our winter event. For details such as the date, time and location for the next swap, please visit our website at www.nvnurses.org, or send an email to our Communications Coordinator to request a flyer at imcmllrc@aol.com.



Meet Nevada's Nurses: Debra Scott

(Continued from page 1)

In May 2009, the NCSBN selected Debra as the first recipient of the Charlene Kelly Scholarship Fund grant. Serving as an executive officer of the Nebraska State Board of Nursing Kelly demonstrated visionary leadership. Grants from the fund commemorating Kelly offer leadership growth opportunities for current executive officers of state boards of nursing and enable recipients to attend the International Council of Nurses Global Nursing Leadership Institute. Debra was selected to attend the Leadership Institute in Geneva, Switzerland, this September. The Institute is an advanced leadership program for nurses to enhance participants' leadership knowledge and skills related to national and global health issues. Upon receiving the grant Debra commented that she is committed to honoring Charlene's contributions and looks forward to developing a greater understanding of how to foster relationships and build alliances.

As Executive Director of the Nevada State Board of Nursing, Debra has provided Nevada's nurses and health care consumers with outstanding care and concern for the last several years. Debra's leadership style stems from her belief that nursing leadership is based in stewardship; that is, choosing service to the greater good over self-interest, particularly in relation to honesty, integrity, and courage. As Executive Director, Debra expresses her stewardship ideal by protecting healthcare consumers as well as supporting nurses to practice safely and to acknowledge that nurses have a legitimate role as patient advocates.

Debra favors an honest and straightforward approach to creating, nurturing, and supporting relationships. Her strong belief in communication, integrity, and trust provided her courage in an atmosphere often prejudiced toward regulators. Debra continues: "Not only did I espouse those qualities in my own interactions, but [I] provided an environment and established the expectation for

changing how my agency interfaced with the citizens of our state, patients and nurses alike."

Debra was instrumental in providing research and rationale for the Board of Nursing to make decisions to remove regulatory barriers and to strengthen nursing law so that Nevadans may benefit safely from innovation in nursing practice and education. As a nurse, Debra is proud that those interventions resulted in her agency's [Nevada's State Board of Nursing] being better positioned and equipped to pursue its mission in an environment where, she says, "previously there was fear and distrust." Continuing to comment on things in which she takes pride, Debra



adds that "personally, as a nurse, I am most proud of being an example for those searching to fulfill their potential. The pursuit of my profession through education and licensure made me the master of my own destiny, providing unlimited opportunity and experience. What a gift to be able to share with those who are searching for professional meaning in life. Before me, my grandmother, my great-aunt, my many mentors, and after me, my niece, my daughter, and my friend have joined me in this lifelong adventure of sharing life's most precious moments, from birth to death, with all those who call us 'nurse'."

Debra's advice to anyone considering becoming a nurse is that "you will never imagine the overwhelming gift that will be yours each and every time you choose your patients' greater good over self-interest. Treasure it each time it is given."

As Executive Director of the Nevada State Board of Nursing, Debra Scott's dedicated commitment to serve as a role model displaying integrity and honesty, while maintaining a nurturing environment for her staff, has served to provide Nevada's nurses and health care consumers many treasured gifts.

Debra believes the poem "What I've Learned," penned by an unknown author, defines her philosophy...

What I've Learned

Author Unknown

"I've learned that no matter what happens, or how bad it seems today, life does go on, and it will be better tomorrow.

I've learned that you can tell a lot about a person by the way he/she handles these three things: a rainy day, lost luggage, and tangled Christmas tree lights.

I've learned that regardless of your relationship with your parents, you'll miss them when they're gone from your life.

I've learned that making a 'living' is not the same thing as making a life.

I've learned that life sometimes gives you a second chance.

I've learned that you shouldn't go through life with a catcher's mitt on both hands; you need to be able to throw some things back.

I've learned that whenever I decide something with an open heart, I usually make the right decision.

I've learned that even when I have pains, I don't have to be one.

I've learned that every day you should reach out and touch someone. People love a warm hug, or just a friendly pat on the back.

I've learned that I still have a lot to learn.

I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

Northern Nevada Nurses

of Achievement Event

May 14, 2010

Cathy Dinauer RN, MSN
Chair, Northern Nevada Nurses of Achievement Committee

Since 1999, the Northern Nevada Nurses of Achievement Committee has hosted the Northern Nevada Nurses of Achievement event. The event honors our fellow nurses for their accomplishments and dedication to the profession of nursing. In addition, the monies raised at the event, through sponsorships and silent auction, are used to award nursing scholarships to nursing schools in the northern Nevada region.

The event honors excellence in nursing in 13 categories. Any RN/LPN with a non-restricted license can be nominated. Nurses are nominated through a variety of venues, including peers, co-workers, patients, and families. The nomination process will begin in early January, 2010. Once the nominations are received, the nominees will be notified and asked to submit a nomination response via the Nurses of Achievement website. Only those nominees who respond to their nomination will be accepted.

The nominations and nominee responses are then independently scored by three judges. All identifying information is removed to avoid any bias. The scores are tallied and the winners are announced at the event.

All nominations and responses are done through the website at www.nursesofachievement.com so look for open nominations at the beginning of 2010. The nomination time frame is short so it is important to get your nominations in as soon as possible.

Important dates to remember:

Event: May 14, 2010

Location: Peppermill, Reno

Nominations: January, 2010

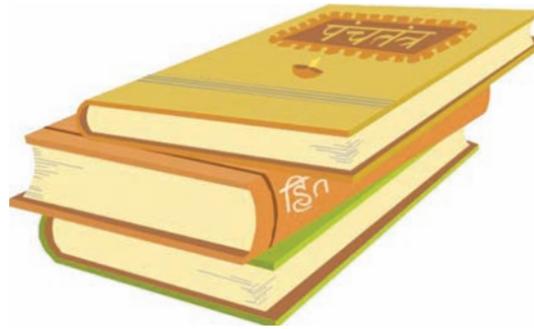
Feel free to contact me at cathy.dinauer@ctrh.org with any questions.

Gotta Love It!

The other morning, at 0600, my home phone rang. When I answered I heard a terrible beeping in the background and one of our wound clinic VAC patients said, "I am so sorry to bother you but I have tried everything, even turning the goofy thing off, and I can't get this VAC to stop beeping at me!!!" I could not imagine why the VAC would beep even when it was off so I had her push the white button with the circle on it and sure enough, I could still hear the loud beeping. I walked her through everything I could think of but the alarm would not stop. She was sooo exasperated I thought the next step was to throw the blasted contraption against the wall. We decided she should change the canister and call me back.

Within minutes she called me back. I commented on how quiet it was at her house. In a very sheepish voice I heard, "That's because I turned off my alarm clock!" I have not laughed so hard in a long time. What a wonderful way to start my day.

Kathy Young RN, CWOCN



Book Review

Inspiring the Inspirational: Words of Hope from Nurses to Nurses

by Sue Heacock
Published by AuthorHouse of
Bloomington, Indiana, in 2008

Reviewed by John Buehler-Garcia RN, BSN

This book is a collection of anecdotes, poems and quotes from nurses around the country which will often bring a smile and occasionally a tear. Experienced nurses will see circumstances which are familiar and episodes or circumstances to which they can easily relate. Novice nurses will be able to draw upon these stories for self education or even to share with colleagues and peers.

Ms. Heacock began her project by placing advertisements with over 180 nursing organizations seeking input for her book. Over eight months she organized and compiled the responses from nurses across the US. After some deliberation, she chose these 75 stories from among the many provided by these nurses who "...sent in stories out of the love of nursing."

Although one could read the book from cover to cover, this may not be the best method of digesting this work. I found it more enjoyable by randomly opening the book, reading the story and then reflecting on it over a day or so. Like all good stories, each can be perceived just a bit differently through the filter of our own experiences and our emotional state at the time of consumption. Nuances of these anecdotes become more defined when savored over a few hours, and with reflection.

The book is divided into six broad categories such as "philosophies" and "just funny." These categories are not much use if the reader is looking for a specific area (e.g. dying). Often when readers seek inspiration or support they have a specific question or need in mind. Therefore the book is better for serendipitous discovery of a story which touches you at the moment rather than locating a specific tale or subject.

Although not a "must read" for all nurses, Ms. Heacock's book is a source of heart warming and thought provoking tales as well as a ready source of quotes which can ease the frenetically paced life most of us lead. I expect few readers would come away without a touch of perspective and some empathy for nurses, their work, and their clients. It can be purchased for \$10-\$12 on Amazon.com and BarnesandNoble.com.

Fetal Alcohol Syndrome Disorder Training Project

by Shelly Young, Nevada State Coordinator



While many people in our country discuss the merits of prevention as it pertains to health care, Children's Research Triangle (CRT) is taking action in Nevada. In May, 2008, CRT implemented the FASD Training Project, an intervention and prevention program for pregnant women. Funded by a federal grant from the Maternal and Child Health Bureau, Health Resources Services Administration/ US Department of Health and Human Services, the FASD Project provides training along with a screening tool and materials for professionals in prenatal health care clinics and private practices. The project is a program instituted by Ira J. Chasnoff, MD, President of CRT. Dr. Chasnoff is one of the nation's leading researchers in the field of maternal drug use during pregnancy and the effects on the newborn infant and child.

The purpose of the FASD Project is to prevent Fetal Alcohol Spectrum Disorders in children. Along with prevention of FASD, early intervention for those pregnant women who are found to be using alcohol, tobacco or illicit drugs during pregnancy is provided. A screening tool (*4Ps Plus*®) developed by Dr. Chasnoff assesses pregnant women for substance use during pregnancy and guides the health care professionals through steps to provide intervention as needed.

Currently, the FASD Project is located at several sites in Northern Nevada. The first two sites for the project's implementation were Health Access Washoe County (HAWC), a community health center, as well as The Pregnancy Center at Renown. In the past year, the project has expanded to a private medical practice in Reno, Women's Health Specialists. The project has also been implemented in Winnemucca at the medical offices of Dr. Brad Granath and Dr. Richard Ingle as well as 1st Way Pregnancy Center.

The immediate goal of the FASD Project is to continue screening pregnant women at the above mentioned sites, while trying to secure additional funding for expansion to screen all pregnant women throughout Nevada. While this is a lofty vision, data collected to date support the need for this prevention and intervention in our State. Through the middle of August, 2009, almost 3,000 women have been screened in Northern Nevada, and 36.3% of those have been positive. That means that of 3,000 pregnant women, over one third drank alcohol and/or smoked tobacco prior to knowing they were pregnant. This is more than 10% over the national average for positive screens. Further evaluation of these same women showed that 15% of the 3,000 women continued to use alcohol, tobacco and/or other drugs even though they knew they were pregnant.

Prevention is a necessary component for solving the problem of FASD, an unnecessary disease that affects the children of Nevada. Data collected the past 15 months supports a continued plan to assess pregnant women and provide them intervention and treatment as needed. Children's Research Triangle will continue to be a leader in this fight to give every child born in Nevada the right to a healthy start in life.



NSBN Approves Alternate Plan for Return to Nursing

By Roseann Colisimo, RN

The Nevada State Board of Nursing is responding to the current economic climate in several ways—becoming more green and addressing regulatory barriers. One such need has been the recent increase in the demand for refresher courses for nurses who are seeking to return to the profession, but have not practiced nursing in the last five years. NAC 632.192 (4) requires a nurse who has not practiced in five years must meet the renewal requirement of successfully completing a board-approved refresher course. Requiring a refresher course or even more extensive education to document competence has become commonplace across the nation. For example, Utah requires a nurse who has not practiced in ten years to return to nursing school and complete another entire nursing program. Other states may require the nurse to retake the NCLEX, the national entry-level nursing examination.

When nurses across Nevada brought the issue of the long waiting lists for the existing Nevada approved refresher courses to NSBN's Education Advisory Committee, a search for an alternative option for completing a refresher course was explored. The identified need was for more clinical opportunities to meet the course requirements. In response, the committee recommended a Refresher Course Guidelines Policy which included an option where the nurse could substitute enrollment and successful completion with a C or better of a second level medical-surgical nursing course at one of Nevada's fully approved nursing programs. The NSBN approved the new policy as written at their July 2009 Board meeting. Participation in this alternative is permitted when all the policy requirements are met as outlined in the policy, available through the Nevada State Board of Nursing, <http://www.nursingboard.state.nv.us/>.

Why The Media Matters

By Hope Keller

Physicians have all the fun on TV. When they're not making passionate love in the supply closet they're busy saving lives all by themselves: they infuse solutions and IV medications; they set up and maintain cardiac bypasses (look ma, no nurses!); they keep watch all night over fragile quintuplets in the NICU; they provide comprehensive psychosocial care to patients and their families. They're fabulous and they look it too!

OK, you're laughing. But you're a nurse. You know that in the real world such critical hospital jobs are performed by nurses. Most people, however, do not know this – quite the contrary: Americans receive most of their health information from the entertainment and news media. Most people take the fictional TV hospital dramas as fact, if not as gospel.

When nurses do appear in shows such as *Grey's Anatomy*, *ER* or *House*, they are generally present to drive a romantic plot, push a gurney or change a bedpan. Or to be disparaged: In a scene from *House*, the eponymous doctor calls out for a nurse after a patient has fallen: "Cleanup on aisle three!"

The relentless marginalization and stereotyping of nurses in the popular media cannot be dismissed as a regrettable but trivial concern. In fact, television hospital shows disseminate highly persuasive disinformation to millions, if not billions, of people around the world, all day every day. Nurses' fictional presentation contributes greatly to a very real, acutely pernicious problem—a critical nursing shortage that is the world's No. 1 public health issue.

This juncture of fact and fiction is the theme of a highly readable and important new book by Sandy Summers, RN, MSN, MPH, and Harry Jacobs Summers. (Sandy Summers is the executive director of the nonprofit The Truth About Nursing.) *Saving Lives: Why the Media's Portrayal of Nurses Puts Us All at Risk* (Kaplan Publishing) has been critically praised around the world, from the UK's *Nursing Standard* to *The New York Times*. The book also is to receive the 2009 International Award for Nursing Excellence in Public Print Media from Sigma Theta Tau International, the Honor Society of Nursing, at the group's biennial convention.

Writing in the *Nursing Standard*, Britain's best-selling nursing journal, Dame Betty Kershaw, the education adviser of the Royal College of Nursing, praised *Saving Lives* and said, "Every nurse should recognise the damage that negative portrayals of nursing in the press, films, television and even books can do to our image."

In *The New York Times*' "Well" blog, Theresa Brown, RN, wrote: "*Saving Lives* is an important book because it so clearly delineates how ubiquitous negative portrayals of nursing are in today's media, particularly three common stereotypes of nurses – the 'Naughty Nurse,' the 'Angel' and the 'Battle Axe.' [The authors] argue that these images of nursing degrade the profession by portraying nurses as either vixens, saints or harridans, not college-educated health care workers with life and death responsibilities."

A section about the book on The Truth About Nursing's website (www.truthaboutnursing.org) reads: "For millions of people worldwide, nurses are the difference between life and death, self-sufficiency and dependency, and hope and despair. Nonetheless a lack of appreciation for nursing has contributed to a global shortage ... There are not enough nurses available to monitor patients, provide high-tech treatments, advocate for patients, and teach patients how to live with their conditions. Poor understanding of what nurses do undermines claims for adequate staffing and leads to a lack of resources for nursing practice, education and

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Nursing in Nevada: It isn't Just about You!

Dee Riley, BSN, RN, Tish Smyer, DNSc, RN, & Roseann Colosimo, PhD, MSN, RN

Nurses provide leadership and collaborate with other health care providers to insure the very best healthcare for the citizens of Nevada. We advocate for patients, teach, and provide skilled and ethical care for clients. Nurses have led the Gallup Poll for the last 7 years in professional "honesty and ethics." Nurses represent the largest number of healthcare professionals yet account for only 1% of quotations about health in the news media (Szydlo & Fisher, 2009). As a profession, we quietly contribute collectively as well as individually to Nevada's health. The majority of our nurses in Nevada are Associate Degree Nurses (ADNs), prepared at a two-year degree level. The ADN contributes greatly to the professional practice of nursing; however, ADNs represent an untapped pool of extremely talented and bright nurses who can provide leadership and knowledge to the profession through advanced education. Our state needs to mine this human capital to maximize the potential contributions of these nurses to the state of Nevada.

We know the ADN is a competent and skilled provider who is dedicated to the citizens of Nevada; however, we have one of the lowest nurse to population ratios in the country. This makes all of our nurses work harder to meet our state's healthcare challenges. Additionally, as healthcare technology evolves and patient care becomes more complex, our nurses require even more education to continue their high level of care.

In our profession, life-long learning is a reality and a necessity. In a well-known study, higher proportions of nurses educated at the baccalaureate or higher degree level reflected a "substantial survival advantage" for patients in hospitals (Aiken, Clarke, Cheung, Sloane, & Silber, 2003, para. 26). Rambur, Palumbo, MacIntosh, and Mongeon (2003) found that increasing the proportion of baccalaureate-prepared nurses in the registered nursing population appeared to stabilize the nursing workforce population, partially because BSNs had higher job satisfaction rates, which are known to influence retention in the workforce.

Our work is cut out for us as nurses educated at any level. In 2007, the Kaiser Family Foundation studied our state's health and revealed some grim statistics.

Nevada is the 7th largest state in the nation with a landmass of 110,000 square miles. Eleven of Nevada's counties are designated as frontier. The distances between rural towns (an average of 100 miles), more isolated areas (an average of 180-200 miles), and major metropolitan areas (450 miles or more) complicate healthcare here. Given the state's geography, the state must balance the needs of major metropolitan areas with extremely rural and frontier counties (i.e., 86% of the population lives on 13% of the land). Medically Underserved Areas (MUAs) or Health Professional Shortage Areas (HPSAs) exist in every Nevada County (U.S. Department of Health & Human Services, 2009) making nurse educational levels even more important to the health of Nevadans. The capacity to meet the demands for health care in urban and frontier areas of Nevada and effectively treat our 42 million annual visitors has diminished. The acute care demand for highly educated nurses in Nevada's emergency rooms, hospitals and mental health facilities presents a challenge to the already overburdened healthcare infrastructure.

What can nurses do to contribute to the quality of healthcare in Nevada? Only 37% of the RN workforce in Nevada is prepared at the BSN level and a scant 9% have an MS or PhD. Just 22% of RNs in rural counties in Nevada possess a BSN (Packham, Griswold, Burke, & Lake, 2005). Nevada has one of the lowest ratios of nurse practitioners per capita in the nation: 15.2 nurse practitioners per 100,000 population, less than half the national rate of 33.7. To adequately meet the health care demands and challenges in Nevada, nurses educated with an advanced degree are needed to provide primary care and teach in our nursing education programs. PhDs are needed to address nursing research issues. We have several Nevada nurses who research clean air, patient safety, and a multitude of issues, but we need more. We cannot fill this vacuum without nurses who can begin a master's program; that means going back for a BSN to make your potential available to the profession and the entire state. *This isn't just about you!*

What does this mean for the ADN in Nevada? It means the possibility to contribute at an ever higher level to assure good health outcomes for our

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Sandy Summers

Table 1: Nevada's Health Compared to the U.S. as a Whole

Health Risk	Nevada	United States
Deaths from heart disease*	226.7	200.2
Adult smokers	22.1%	18.3%
Self reported "poor mental health"	38%	33%
Suicide rates*	19.5	10.5
Violent crime rate*	750.6	466.9

*Per 100,000 persons

District One Fall Report

By Beatrice Razor, RN, BSN, CWOCN, District 1 President



Today is a Gift—that's why it's called
"the Present"

The newspaper comic strip "The Family Circus" by Bill Keane, published on August 31, 1994, contained this wisdom: "Yesterday's the past, tomorrow's the future, but today is a GIFT. That's why it's called the present!"

Does it mean we cannot do anything about the past or the future, only today? It is very special that we have today, so it is a gift. We sometimes call a gift a "present." The word present has more than one meaning. It also means "now, the current time." So the quotation takes advantage of the two different meanings of the word "present."

When applied to nursing and NNA I believe it has a greater meaning:

"One can learn from the past, use the information in the present to improve the future."

What have you learned? How are you using that information to improve the status of nursing? When was the last time you "mentored a nurse or nursing?"

Participation in NNA allows you to increase your ability to be an advocate, increase your community service and nursing leadership and improve the quality of nursing care to the citizens of Nevada!



District One serves as advocates to those in Northwest Nevada, and because the Nevada state legislative body meets within our district we are also influential in legislative activities. The district is seeking members who are willing to serve on our district board and/or a committee. Can you

give a couple of hours a month? The board meets monthly by phone at no cost to you for one hour. The committee meets as needed also by phone via the teleconference system where you can call in from anywhere to participate in the meeting.

The district invited Sandy Summers (founder of Truth about Nursing, <http://www.truthaboutnursing.org>) for a special presentation on the "Power of Myth." She shared examples and ideas on how the media has shaped and reinforced inaccurate perceptions of nursing. Ms. Summers also provided strategies on how to make nursing's voice heard and improve the public's perception of nursing's value. She is seeking nurses in Nevada who are willing to respond to her requests to write and send emails to the media that portray harmful images of nursing. One of her thoughtful questions was "how do you explain your nursing role and what you do to others and your family?" Try it, it is not easy! A very special thanks to the Oncology Nurses Society and Nevada's Advanced Practice Nurses—their financial sponsorship made this event possible.

The district participated in these fall community events:

- Suicide Gatekeeper Training—September 10th. This special workshop was offered in

conjunction with Nevada's Office of Suicide Prevention. Gatekeepers became aware of the warning signs and symptoms most commonly associated with suicide risk and learned the appropriate resources and referrals for connecting those at risk with those who can help.

- "Susan Komen—Race for the Cure," at UNR on October 4th. This was an inspirational event with teams composed of nurses and friends. Whether we walked or ran, we all enjoyed a beautiful day.
- Meet and Greet Your Legislators, at the Artisan conference room (Renown Medical Center) on October 21st. All health organizations and nurses were invited to network with Nevada Legislators and discuss on a one-to-one basis problems and concerns. This event was preceded by a short NNA membership meeting to review nursing issues and the legislative process.
- Mentoring new members. Kathy Ryan, NNA District One Secretary, is spearheading this new program for the district and is looking for volunteers who are willing to communicate with new members and answer their questions about NNA. Thanks to Beth Bomberger for a great idea!



Upcoming district events include:

- **Holiday Dinner**, in Dayton on Sunday, December 6, 2-6 pm. Theme: FUN, including our yearly ornament exchange with installation of new officers and an awards ceremony. Everyone (members, non-members, & family) are invited to this end of the year event and kick-off for the holiday festivities.
- **Scholarship raffle**—all members will receive tickets to sell in late January. The raffle raises funds to support NNA District One's commitment to provide a scholarship to each nursing program in northern Nevada. Some great prizes have been received and the raffle winners will be drawn at a program in April.
- **Nursing conference**, in Reno on Friday, March 19, 2010. The planning committee is meeting weekly to develop an excellent program with national speakers as well as local experts to provide resources to improve nurses' lives, profession, and health.

Please join us in District One! Contact the President for additional information: Betty Razor 775-560-3350 (Cell) or etbetty@sbcglobal.net



Welcome to the
Nevada Nurses
Association!



We are pleased and proud to warmly
welcome our new members.

Nurses in the Trenches



Nursing is a profession that provides diversity in what we do and whom we serve. Nurses work in a broad array of settings, disciplines and specialties which serve diverse

populations across the lifespan. Everyday, nurses make a tremendous impact in not only caring for the sick but promoting wellness through preventative screenings, education and nursing research.

Many *RNformation* readers may not be fully aware of the breadth of what nurses do everyday. Many nurses often work tirelessly to restore the health of those in their care; many work very long hours; others work in stressful environments; all with a common goal of making patients well and being advocates for them when necessary.

Without nurses, our hospitals, nursing homes, doctors offices could not provide their primary function of healing and promoting wellness, our nursing schools could not continue to produce the future nursing leaders needed to replace those retiring trailblazers, visionaries and entrepreneurs, or continue the nursing research vital to proving the continued relevance of nursing and strengthening our presence as healthcare team members necessary to producing positive patient health outcomes.

The *RNformation* editorial staff is excited about introducing to our readers a new section in the newsletter dedicated to sharing photographs of who Nevada nurses are and what they do everyday. It is important to share the contributions of Nevada nurses through the imagery of photography. Photography provides snapshots into the multi-dimensional environments in which nurses live and thrive while making a difference to others. This photographic review will be called "**Nurses in the Trenches.**"

The guideline for submitting photographs are:

1. The photographs should depict nurse(s) at work or in a volunteer nurse capacity
2. The photograph should have a caption or heading; it must also:
 - a. Identify what is the photo is depicting (e.g. nurse(s) giving flu vaccines)
 - b. Identify the location where the activity took place (e.g. health fair at XYZ hospital)
 - c. Photographs must be submitted in jpg format only. Please save jpg photos at 300 dpi. The publisher prefers photos to be saved at 100% in size
3. A consent form granting permission to *RNformation* to publish the photograph(s) must be signed and dated by each person appearing in the photograph. *RNformation* must receive the signed consent before photographs can be published. See web site (www.nvnurses.org) for consent form, or call 775-747-2333 to request the consent form by fax
4. No photographs submitted that are considered by the editorial board to be undignified, crude or degrading to the nursing profession will be published
5. If more photographs are received than can be published in the next issue of the newsletter, the *RNformation* editorial board will make the final selection on which photographs will be published
6. Deadline for receipt of photographs and the signed consent form for the February 2010 issue of the *RNformation* newsletter is December 1, 2009



Avoid Malpractice & Protect Your License: Wash Your Hands!!!

By: Tracy L. Singh, RN, JD

Nurse-Attorney at Law Offices of Tracy L. Singh, LLC

Wash your hands! It sounds so simple, hardly worth mentioning, right? Do you wash your hands between every patient? Do you wear gloves for every procedure? Do your co-workers wash their hands and wear gloves? If not, do you say anything? If not, why not? Do you believe hand washing and wearing gloves are important? Do you fear being ridiculed if you remind your colleagues to wash their hands or wear gloves? If you avoid calling attention to such basic nursing standards, what else are you overlooking?

As patient advocates, nurses have a responsibility to wash their hands and wear gloves and if other healthcare providers neglect to do so, nurses have a duty to remind them as well. If a gentle reminder does not work, nurses have a duty to report such blatant disregard for patient safety.

As basic as this topic may seem, this is probably one of the most difficult articles I have written to date. It is difficult, because it is personal. It is common knowledge that I was a nurse before I became an attorney. I was also a patient before I became a nurse following major back surgery and for the past two years, I have been a patient again as we struggle with infertility. After months and months of lab work, ultrasounds and surgical procedures, being a patient again has given me even more of a full-circle perspective of the healthcare system and the need to bridge the gap between healthcare providers and their patients.

A while back, I had been visiting the same office for months to get my blood drawn by the same person. She was a wonderful nurse who made sure I felt safe and cared for every visit. When this nurse left for economic reasons, she was replaced by non-nursing technicians. I immediately noticed a huge difference in my care. First, I was no longer treated as a patient with feelings and concerns. Rather, I was just one of the many passing through for blood draws. Second, my blood draws were no longer pain-free. As a nurse, I knew of ways to make the procedure less tortuous but, they did not seem to appreciate any advice on how to do their jobs. It also took them much longer to find my veins, sometimes sticking me two or three times per visit.

It was not long before I noticed that the technicians were not washing their hands between patients and they were not wearing gloves all the time. When they did wear gloves, I saw them rip the tip off of the index finger of the glove or sometimes



they would wear just one. When I asked one of them why she only wore one glove, her answer was, "because I can't feel the vein through the glove." I immediately told her, "Oh no, that is no excuse, you have to wear gloves on both

hands; with practice, you will learn to feel for the vein through your gloves." At that point, I started to pay more attention. During my next visit, the girl I had spoken to did wear gloves on both hands. However, the other technician was still only wearing one glove and she continued to wear the same glove for three patients. I never did see either of them wash their hands while I was there.

That night, I wrote a letter to the managing partner of the practice. I advised him of what I had witnessed and I explained that while I found it uncomfortable to bring this to his attention, especially since I was his patient, I had a duty to tell him about my observations. As a nurse attorney who represents healthcare providers, and as President of the Nevada Nurses Association, I thought, if I didn't say anything, then who would?

I explained to him that given what I do, I had a different perspective. And in the current environment, with an increased focus on healthcare in the media and more surveys leading to sanctions for failures to meet the standards of care, he needed to know that proper techniques were not being followed.

When the doctor called that evening, I was very pleased by his response. He thanked me profusely for notifying him. He explained that he takes great pride in his practice and he demands the best of care for his patients. He said that the technicians had always followed proper technique when he was around so he had no idea they were falling below the standard of care behind his back. He had already spoken with the office manager and lead nurse and within the week, they held an in-service on aseptic technique for their entire staff and warned that anyone who did not follow protocol would be terminated.

As I explained to my doctor, going through this experience really brought home something I teach healthcare providers in my seminars on how to avoid

malpractice. Even though many failures to meet the standard of care do not necessarily cause actual harm to a patient, the mere appearance that proper techniques are not being followed will cast doubt in the minds of patients and their families when things go wrong, and this leads to malpractice claims and agency complaints. Patients may wonder, "If they don't wash their hands, what else are they not doing? Maybe that's why I got sick. Maybe I should pay more attention. Maybe it was their fault. Maybe I should sue!"

I could have told you about all the malpractice cases involving the failure to wash hands or wear gloves, the numerous articles on how this failure leads to MRSA, or I could have even reminded you of those disgusting Petri dish experiments you did in school to demonstrate the benefits of washing hands and donning gloves. Instead, I hope I've given you a different perspective that may at least get you thinking about why it's important to wash your hands and wear gloves at all times, even when you think nobody is watching.

For additional comments or questions about this article, feel free to contact the author directly at tsingh@tsinghlaw.com

Why the Media Matters

Continued from page 7

research. All of that means worse patient outcomes, including death.”

It would behoove the public to start taking nurses seriously, but this will happen only when nurses take control of their own narrative.

Sandy just stopped by Reno and Las Vegas to deliver the group’s message to Nevada nurses on August 10 and 11. She spoke of the need for Nevada nurses to become involved in the effort to change the media image of nursing by:

- Participating in letter writing campaigns;
- Watching local media for favorable and unfavorable portrayals of nursing and notifying The Truth About Nursing;
- Starting a local chapter of The Truth About Nursing.

Interested? See www.truthaboutnursing.org/action for more information on what you can do to help change the way people think about nursing; or email Sandy Summers at ssummers@truthaboutnursing.org.



Editorial

Speak Up and Be Heard

Health care is very much in the news these days, as Congress considers several health reform packages. The process of changing health care in America is a complex and difficult undertaking, and one that is likely to have a significant impact on our future as professional nurses.

I was struck by the quote from NNA Lobbyist Cheryl Blomstrom in a recent RNF column: “You’re either at the table or you’re on the menu.” I know you are all busy balancing work and families, but this is a time when nurses need to take their places at the table, speak up, and be heard. I have spoken to and received calls from Nevada nurses with many differing opinions on health care reform, and I was glad to hear from all of them. Whatever your perspective, it is important to bring your knowledge and expertise to this discussion to insure that any plan passed is in the best interests of our patients and our profession.

I encourage you to get involved in this important debate.

- The proposed legislation is available online. Take the time to read it so that you can make informed decisions.
- Write to your legislators.
 - Email **Senator Harry Reid** by using the contact form at <http://reid.senate.gov/contact/index.cfm>.
 - Email **Senator John Ensign** at <http://ensign.senate.gov/public/index.cfm?FuseAction=Contact.ContactForm>.
 - Email **Representative Shelley Birkley** at <http://berkeley.house.gov/contact/email.html>
 - Email **Representative Dean Heller** at <http://heller.house.gov/zipauth.shtml>
 - Email **Representative Dina Titus** at <https://forms.house.gov/titus/contact-form.shtml>
- Call your legislators to express your opinion.
- Call the offices of your legislators to find out when they will hold public events in Nevada and attend.

Anything that impacts health care in America is likely to impact nursing. This is a discussion we cannot afford to ignore!

Margaret Curley, RN, BSN
Co-editor, *RNformation*

Nursing Organizations in Nevada

American Association of Critical Care Nurses		(800) 899-2226	www.aacn.org & info@aacn.org
National Association of Hispanic Nurses	Maria Lipscomb	(702) 239-9684	mlipscombrn@aol.com
Nevada Association of Occupational Health Nurses	Nancy Menzel	(702) 895-5970	nancy.menzel@unlv.edu
Nevada Nurses Association	Margaret Curley	(775) 327-9421	www.nvnurses.org & nvnursesassn@mvqn.net
Nevada Organization of Nurse Leaders	Margaret Covelli		http://nonl.clubexpress.com
Philippine Nurses Association of Nevada		(702) 258-1224	PNANV.org
Preventive Cardiovascular Nurses Association	Kim Newlin		knewlinpcna@surewest.net pcna.net
Southern Nevada Black Nurses Association	Marcia Evans	(702) 615-3575 or (702) 338-0524	www.snbna.net
Wound, Ostomy, Contenance Nurses	Joyce Moss		www.pcr.org



405 Lacy Lane, Las Vegas, NV 89107
Tel/Fax: 702-258-1224

The purpose of the Association is to uphold the image and foster the welfare of Filipino-American nurses in the state of Nevada as a professional group.

The objectives of the Association shall be to

- Promote unity among Filipino-American nurses in the State of Nevada.
- Provide a mechanism for networking with other organizations and agencies in developing and implementing programs relevant to nursing practices, education, and research.
- Formulate and implement strategies for acting on nursing issues, legislation, and public policies, which directly or indirectly affect nursing.
- Provide and coordinate educational programs to assist members in the acquisition and expansion of knowledge, professional excellence, and nursing practice.
- Promote advancement of professional nursing through scholarship and research awards.
- Collaborate and coordinate with associations and agencies, both in the Philippines and the United States, to facilitate the professional and cultural adjustments of Filipino nurses in the United States.
- Organize and actively participate in community health programs relating to prevention of disease, and promotion and maintenance of health.
- Promote a positive and active image of the Filipino-American nurses and the association.

In conclusion, the Philippine Nurses Association of Nevada is a non-profit professional organization with the objective of fostering the welfare of and promoting unity among the Filipino-American nurses in Nevada. We invite all Filipino-American nurses to visit our website and join our organization. You will find us at PNANV.org.

The Nevada Organization of Nurse Leaders

The Nevada Organization of Nurse Leaders (NONL) is an organization composed of nurse executives, directors, managers, academics, and consultants in nursing. The organization is an affiliate of the American Organization of Nurse Executives (AONE).

The Nevada Organization of Nurse Leaders mission is to foster the development of nurse leaders through mentorship, collaboration, and education, to influence the development of health policy, and to advance the profession of nursing.

The organization has cooperative alliances with the Nevada Hospital Association as well as the Nevada Nurses Association and the Nevada Health Care Forum (affiliate of the American College of Health Care Executives). The recent history of the organization began in the year 2000 when nurse leaders in Nevada reinvigorated the former “Nev-One” organization (Nevada Organization of Nurse Executives) so that it would be more inclusive of all nurse leaders in the state. That president, Norma Brown, remains an advisor to the organization today. Her legacy includes development of the annual fall conference, passing state regulation that allows nurses to only have to use their last initial on their name badges and also to encourage the passing of the bylaw that enabled past presidents of the organization to remain involved through the role “executive advisor” in the organization. She is currently retired from St. Mary’s Hospital.

Sandy Rush, a winner of the NurseWeek Excellence Award and Nurse Administrator of the Year in Southern Nevada, defined her legacy as president to include the passing of state law to enable prosecution of individuals who violently abuse healthcare workers. She remains heavily involved in the organization today. She currently works for Catholic Healthcare West.

Michele Nichols, a winner of the Distinguished Nurse Award in Southern Nevada, became the longest serving officer in the organization and looks forward to becoming an advisor. She currently works for the Valley Health System.



Margaret Covelli
President, NONL

Promoting Awareness of the Mental Health Concerns of Girls and Women

by John Malek, PhD, MSN, FNP-C

Introduction

Literature and internet resources contain a plethora of knowledge regarding mental health concerns. Much of this information however is NOT disseminated to girls or women. Among females, the manifestation of mental health concerns begins around the age of 14. The diagnoses of underlying mental health conditions are often overlooked for numerous reasons including the insidious nature of mental health symptoms, lack of evidenced based mental health practices, insurance barriers, access to mental health professionals, provider discomfort in treating mental health issues and cultural barriers.

Our education prepares us to deliver care in a holistic fashion which includes assessing and evaluating the physical, emotional, psychosocial, spiritual, intellectual, cultural and environmental dimensions of each individual.

The purpose of this article is to provide an overview of mental health conditions, treatment options, barriers to accessing mental health care, and a discussion of women's mental health needs from an interview with Dr. Wanda Jones, Director of the Office on Women's Health, Department of Health and Human Services.

Mental Health Conditions

Over 44 million Americans have diagnosable mental disorders. Mental health concerns impact all ages, genders, socioeconomic strata, cultures and professions. As a result of changes in definitions and diagnosis of mental health and mental illness, estimates on these afflictions tend to shift over time. The 1978 Surgeon General's Report, the President's Commission on Mental Health, conservatively concluded that the annual prevalence of specific mental disorders in the United States was about 15 percent. Current prevalence estimates suggest that about 20 percent of the U.S. population is affected by mental disorders during a given year. Many individuals also have co-existing substance abuse disorders resulting in a more chronic course of treatment and greater utilization of healthcare resources.

The most common reported disorders include various types of anxiety, mood disorders or social function disorders. According to the National Comorbidity Survey of the early 1990s, the prevalence of mental disorders is better documented among adults 54 years of age and younger than among adults 55 years of age and older. Estimates indicate that 19.8 percent of older adults have a diagnosable mental disorder during a 1-year period.



Proper diagnosis of mental disorders is made based upon multidimensional assessments that include observable signs and symptoms, course and duration of illness, response to treatment and degree of functional impairment. The diversity of presenting symptoms coupled with the lack of objective medical findings compound difficulties in formulating accurate diagnoses. Since presenting symptoms tend to be physical rather than psychological it is estimated that only half of these individuals are properly diagnosed, and only half of them actually receive treatment.

Women frequently report a variety of somatic symptoms rather than depression or anxiety. These symptoms are typically revealed during history taking and include chronic illnesses and substance abuse. Reported subjective data include headaches,

constipation, sleep disturbances, loss of energy, change in appetite and/or weight, decreased libido, and chronic pain. Women with these symptoms may erroneously be labeled as hypochondriacs. Clearly, providers need to listen and maintain a trusting, therapeutic environment. Histories should include medical, family, gynecological, social and psychological issues. Underlying medical conditions should be ruled out first. These include testing of thyroid function, premenstrual and premenopausal disorders, hypertension and cardiovascular risk factors. Suicidal ideation expressed by any client warrants immediate referral to appropriate mental health services.

Alterations in mood function in girls and women typically appear around the age of 14 and continue through the ages of 40-60. Hormonal changes specific to women regulate mood, appetite, sleep, pain perception and coincide with the numerous somatic complaints nurses are faced with evaluating. Childhood trauma coupled with significant neurobiological changes may result in a lack of effective coping skills. Other factors that must be considered when evaluating girls and women include changes in self-esteem, body image, peer pressure, aging, empty nest syndrome, loss of childbearing

(Continued on page 12)

Promoting Awareness of the Mental Health Concerns of Girls and Women

(Continued from page 11)

capacity, and concerns about retirement, finances and aging parents.

Treatment Options

Mental health conditions are treatable, and a wide range of treatment options are available. Psychotherapy, pharmacotherapy or combinations of both are the two most general approaches to care. In psychotherapy, professionals seek to assist individuals through talk therapy and evaluation of coping skills. Talk therapy can include individuals, couples, families and groups. Combination treatments that include psychotherapy and pharmacological interventions is often more effective. This approach to care is referred to as multimodal therapy. Studies have demonstrated conclusively that treatment is more effective than placebo. However, the placebo response has a powerful effect of its own, and is still more effective than no treatment at all. The primary purpose for psychotherapy is to provide individuals with understanding and education of their conditions as well as effectively evaluating and teaching appropriate coping skills to manage life stressors and difficulties.

An additional approach to treatment known as Cognitive Behavioral Therapy (CBT), attempts to mobilize the resources of the patient in the direction of change. The past decade has seen an outpouring of new drugs introduced for the treatment of mental disorders. As with any treatment, patients need to understand the risks and benefits involved. Neurobiological treatment exceeds the scope of this article but continues to be the focus of extensive research. Patients should discuss all available options with their providers and therapists, taking an active role in the decision making process. The goal should be recovery focused. If treatment involves medication use, it is important to remember that all medications have the potential for adverse effects and drug interactions. As we move to an era of evidenced based practice clients should be evaluated utilizing scientifically tested psychological scales and questionnaires. Many of these are easily accessible on the internet. I have personally incorporated many valid psychological questionnaires in practice and found them to be reliable, convenient to implement, evaluate and take an average of 10-20 minutes to administer.

Barriers to Acquiring and Accessing Mental Health Care



Research has shown that women account for the majority of depressed patients. Why then are women finding accurate diagnosis and treatment difficult? In addition, for the need to increase awareness, the misconception that women are prone to emotional weakness still prevails. The healthcare crisis has placed additional burdens on treatment of mental health conditions. Limited training and knowledge of primary care providers in the areas of psychiatric disorders and neurobiology, affiliated with gender differences results in inappropriate diagnoses, treatment or referrals. Additionally, other obstacles

that affect access to quality, affordable mental health care for women include excessive costs, limited availability of qualified providers and services, lack of transportation and fragmentation of appropriate referral systems. The combination of social and gender inequities is detrimental to effective screening, treatment and education.

Speaking Out for Women

The Office on Women's Health (OWH), Department of Health and Human Services in Washington, D.C., was established in 1991 to improve women's health services and has expanded their efforts to include girls. The mission of the OWH is "to provide leadership to promote health equity for women and girls through sex-and-gender specific approaches." The OWH is guided by three main goals:

- Develop and impact national women's health policy.
- Develop, adapt, evaluate and replicate model programs on women's health.
- Educate, influence and collaborate with health organizations, healthcare professionals and the public.



Dr. Wanda Jones

to identify potential conflicts in coping mechanisms. Women and girls need to be asked how they feel about their pregnancy, what types of social support do they have and what issues they are dealing with. Research has shown a direct correlation between psychological maladies and increased healthcare costs, and with successful interventions millions of healthcare dollars could be saved." When attempting to conduct research and gather plausible statistics, Dr. Jones explained that fragmentation within the healthcare system makes this very difficult. As a result of untreated or undiagnosed mental health conditions many girls and women end up victims of the criminal justice system. Many difficulties stem from childhood and as a result of inadequate coping skills treatment is costing our country billions of dollars each year. These difficulties could be circumvented by increasing awareness through education and early intervention strategies. She further explained that "most individuals in the criminal justice system are 35 years of age and under and that between 60-90 percent of these individuals have suffered some type of mental health issue."

Substance abuse, pregnancy and risk taking behaviors are not uncommon. As Dr. Jones stated, "our focus needs to shift not only in treatment issues but on recovery and acceptance of the mind body connection. One analogy to this approach would be caring for a diabetic patient. If we fail to address mental health concerns then patients are unable to adequately manage their medical illness. This results in increased hospitalizations from medical complications and even greater utilization of healthcare resources." In girls and women, Dr. Jones explained that society does not fully recognize the complexities associated with mental health. As such, we continue to stigmatize individuals with psychological issues. As healthcare providers we must continue our efforts to overcome these prejudices by increasing awareness, keeping current on legislative issues and providing education.

Debates on women's mental health issues are only just beginning and as Dr. Jones pointed out, topics of concern include projects to study childhood trauma and also to raise awareness for mental health issues in girls and women. Without proper

identification and intervention, child abuse is very common. Since mental health and substance abuse conditions appear in young women around the age of 14, their difficulties can typically be related back to childhood trauma associated with abuse, alcoholism and drug addiction within the family. As nurses, she emphasized the need for ongoing evaluation of patients in all settings.

Dr. Jones agreed that the field of mental illness and psychotherapy was indeed "very diverse and that treatment should be individualized incorporating tools for assessment, continued management, and early identification of mental health concerns. Resilience is a concept of much interest and research. How is it that certain individuals can be confronted by the most traumatic conditions, yet continue to function as productive members of society? On the other end of the mental health spectrum are certain individuals who become so devastated they can no longer function within society.

To close the gap between the services that are versus what services should be, Dr. Jones recommended that all of us could increase awareness, utilize the many internet resources for patients and providers and "like a virus, our hope is to infect large numbers of individuals about these issues".

The Office of Women's Health has published two very significant booklets that are accessible free of charge. Women's Mental Health: What it means to you and Action Steps for Improving Women's Mental Health. These publications are available from the Substance Abuse and Mental Health Services Administration's Health Information Network (SHIN), at <http://www.samsha.gov/shin>. In addition to addressing the cultural and social disparities that place women and girls at greater risk for certain mental illnesses, a detailed conceptual framework and methodology are included that incorporate environmental, individual and system based components.

Conclusion

As providers and advocates for our patients, nurses have an obligation to promote awareness on mental health. Medical, societal, cultural, psycho-social and gender differences create vast opportunities for nursing research, mental health care program development, and community education. Healthcare members must continue collaboration efforts to assure accurate medical records, avoidance of medication errors, appropriate treatment of clients and an environment of confidence and trust. Since mental health services vary widely from state to state and even from clinician to clinician we must strive for evidenced based mental health practices. Research continues to refine the many neurobiological factors contributing to mental disorders and has identified gender specific elements of mental health conditions, especially among women.

It is my hope that within Nevada there is a call to action. This action could include a campaign to Walk for Women, we could order online materials



to be distributed to girls and women in all healthcare settings and contact government officials regarding the need to address this issue. **Whatever your specialty may be, let nursing hold the torch of light for the many girls and women who desperately need us to hear what they don't always say.**

References available upon request.

Resources

<http://www.grants.gov/>
<http://www.hrsa.gov/womenshealth>
<http://www.mentalhealth.samsha.gov>
<http://www.nimh.nih.gov/health/index.shtml>
<http://www.promoteprevent.org>
<http://www.womenshealth.gov/owh/about/factsheet/>

Nursing in Nevada: It Isn't Just About You!

(Continued from page 7)

citizens. The American Association of Colleges of Nursing (AACN) states "With patient care growing more complex, ensuring a sufficient RN workforce isn't merely a matter of how many nurses are needed, but rather an issue of preparing an adequate number of nurses with the right *educational mix to meet health care demands*" (AACN, 2006, para 11). For the ADN, this means reaching toward a broader scope of practice by completing a BSN with an eye toward an MSN or PhD in advanced practice, education, or research. Meeting that benchmark opens up avenues that can only strengthen our profession in Nevada. Our state's healthcare is at stake. We all live and receive healthcare here, we all want the best care available. It will take a collaborative effort by all of the nurses in the Silver State to improve health care, but every Nevadan will benefit.

Back to School?

Many nurses cringe at the thought of returning to school. How will I continue to work to pay the bills? Who'll watch the kids? How will I pay for it all? I hate driving to the school, not to mention finding parking! Today's RN to BSN nursing programs are more working-nurse-friendly than ever before. Many

programs are offered partially or totally online, making trips to campus unnecessary or at least a rarity. Online classes are often asynchronous, meaning that course work can be completed anywhere at a time convenient to the student. School application, financial aid, library, and many other college services may also be handily available on the internet.

Most local hospitals and other healthcare employers offer tuition assistance or tuition reimbursement to their nurses. Your Human Resources office or supervisor can tell you about existing benefits. Financial aid opportunities may also be available to students through the nursing school. Look at the school's financial aid webpage for more information.

Join forces with all the Silver State's nurses by looking into a BSN completion program. Table 2 lists the five RN to BSN programs located in our state. Check out your employer's tuition assistance program. The costs of work related education are tax deductible, as are memberships in professional organizations and professional journal subscriptions. Even more importantly, the knowledge you gain could save a life. Help us to make Nevada a healthier (and smarter) place to live.

Table 2: BSN Completion Programs Located in Nevada

School	Location	Web Address
Great Basin College	Elko, NV	http://www2.gbcnv.edu/programs/BS-NUR.html
National University	Henderson, NV	www.nu.edu/OurPrograms/SchoolOfHealthAndHumanServices/Nursing.html
Nevada State College & UNLV Collaborative Program	Henderson, NV	www.nsc.nevada.edu/rn2bsn
Touro University	Henderson, NV	www.tu.edu/departments.php?id=68&page=194
University of Nevada, Reno Orvis School of Nursing	Reno, NV	http://hhs.unr.edu/osn/rn_bsn_program.html

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The Nevada Disability Advocacy and Law Center Protects Rights of Disabled

by Marcus Liem, Communications Director
Nevada Disability Advocacy & Law Center

Many nurses in the state of Nevada encounter patients with various disabilities on a daily basis. To better serve these patients, we want to let you know about a statewide organization in Nevada that helps these individuals protect their rights.

Since 1995, the Nevada Disability Advocacy and Law Center (NDALC) has been the federally-mandated protection and advocacy system for Nevada's disability community. As a private, statewide, non-profit, organization NDALC protects and advocates for the human, legal, and service rights for individuals with a variety of disabilities.

NDALC is part of a nationwide network of congressionally mandated, legally based disability rights agencies known as Protection and Advocacy (P&A) agencies.

P&A agencies have the authority to provide legal representation and other advocacy services, under all federal and state laws, to all people with disabilities (based on a system of priorities for services). All P&As maintain a presence in facilities that care for people with disabilities, where they monitor, investigate and attempt to remedy adverse conditions. These agencies also devote considerable resources to ensuring full access to inclusive educational programs, healthcare, accessible housing and productive employment opportunities.

In Nevada, NDALC provides services that include, but are not limited to information and referral services, education, training, negotiation, mediation, investigation of reported or suspected abuse/neglect, legal counsel, technical assistance, litigation services, and public policy work.

NDALC assists individuals who meet the statutory eligibility criteria for its P&A programs and whose complaints or problems fall under NDALC's current service priorities. Services are provided at no cost to individuals in accordance with available resources and service priorities.

NDALC has offices in Las Vegas, Reno/Sparks, and Elko with services provided statewide. If you have questions about issues related to people with disabilities, please contact one of NDALC's offices listed below or visit their website.

Southern Office: 702-257-8150

Northern Office: 775-333-7878

Elko Office: 775-777-1590

www.ndalc.org

Skin Tear Prevention and Management

Kimberly Miner, RN, ND, CNS, CWCN, FAPWCA, Marilee Katz RN, BSN, CWOCN, Betty Razor, RN, BSN, CWOCN

Skin tears are a commonly encountered wound in the elderly population. While they rarely have the dire consequences seen with other traumatic injuries, skin tears are painful, can cost hundreds of dollars to treat and may result in a chronic wound. It is now known that the best option for skin tears may indeed be **preventive** practices.



It is reported that 1.5 million skin tears occur annually in institutionalized US adults. Skin tears are also the wound most commonly encountered in the acute care setting. Approximately 80% of skin tears occur on upper extremities, 50% have no apparent cause, 25% result from wheel chair injuries and 25% are caused by simply bumping into objects. Given a prevalence of 14-25% in the elderly population, perhaps skin tears deserve more attention.

Skin, also known as the integumentary system, is the largest organ in the body. In the frail elderly, there is an increased risk for impaired skin integrity and/or injury. Many common skin changes are associated with aging and they impact the incidence of skin tear formation. Common skin changes in the elderly include: thinning of the dermis and epidermis, flattening of the dermal/epidermal junction, decrease in the number of sweat glands, diminished dermal proteins, dry skin, thinning of blood vessels, decrease in subcutaneous fat, and generalized skin atrophy. Risk factors include: co-morbidities, poly-pharmacy, corticosteroid use,

anticoagulant therapy, dependence in ADL's, presence of bruising and senile purpura, visual impairment, neuropathy, cognitive impairment, and decreased mobility.

So, what exactly is a skin tear? A skin tear is a traumatic wound that results from the separation of the epidermis from the dermis, or the epidermis and dermis from the subcutaneous tissue and is usually related to friction and/or shear combined with blunt force. The epidermis is attached to the dermis by deep, finger-like projections of epidermal tissue called rete ridges or rete pegs. With aging, these projections flatten and the attachment of the epidermis to the dermis weakens; and when an injury occurs, the skin layers can separate. Notably skin tears are frequently preceded by blood vessel tearing and bruising.

Skin tears can be documented as partial or full thickness but also have their own classification system, the Payne-Martin classification system. Developed in 1990 and revised in 1993, this documentation system has 3 categories. A category I skin tear is defined as: a "linear" tear with less than 1 mm of exposed dermis. A category II skin tear involves partial tissue loss, noted as "scant" with 25% or less and "moderate to large" showing >25% flap loss. The final classification, category III, is defined as showing complete tissue loss with the epidermal flap being absent.

Little has been written about PREVENTION of skin tears; however we know that patient and care giver education regarding preventive measures can reduce the incidence of skin tears. Minimizing friction and

eliminating shear and trauma are key prevention points. Preventive measures for individuals at risk include:

- Proper positioning, turning, lifting, and transferring techniques
- Use of long sleeves, gloves, long pants or tubular dressings as a layer of protection
- Padding wheel chair arms and foot rests, bed rails and sharp furniture edges
- Avoiding harsh soaps/scrubbing while bathing and gently patting skin dry
- Applying a good emollient (without alcohol) after bathing to keep skin moisturized
- Maintaining appropriate hydration levels
- Educating staff regarding risk identification
- Keeping nails short and filed
- Avoidance of tapes
- Using care when removing adhesive products

In a home setting it is important to avoid the use of throw rugs and ensure a safe environment with appropriate lighting. Efficacy of utilizing an educational program both for prevention and treatment may reduce incidence by 73.8% to 93.7%

Now that we have discussed prevention, what about the TREATMENT of skin tears? Evidence based treatment practices include: thorough cleaning with normal saline, dermal wound cleansers or mildly acidic soap and water. Next, achieve hemostasis, approximate the skin flap with a moist cotton swab (if possible), and maintain an environment that promotes moist wound healing.

When selecting a dressing choose a product that conforms to the wound bed, prevents maceration and avoids trauma to both the wound and periwound tissue. A study by Bryant and Nix indicated that non-adhesive dressings resulted in complete healings of Category II and III within 21 days. Dressing selection should facilitate healing, absorb exudate, remain in place for multiple days and prevent subsequent trauma to the wound and the periwound skin.

As skin tears are a traumatic injury and can have a high bacterial load, the use of occlusive dressings is discouraged. Gentle cleaning is critical preparation to prevent further damage and decrease the bio-burden in the wound. Another important practice is the avoidance of aggressive adhesive products to avoid skin stripping when removing tapes or adhesive wound dressings.

A literature review reports the following dressings have been used to treat skin tears: petrolatum ointments, low adherent dressings, contact layers (including silicone mesh netting), hydrogels, collagens, low tack foams, transparent films, calcium alginates, hydrocolloids, 2-octyl cyanoacrylate monomers (skin glue), sutures and Steri-strips. If treated appropriately a partial thickness skin tear should heal in 7-10 days, while a full thickness injury may take up to 21 days.

New evidence based practices for the treatment of skin tears are discussed in several publications. In the "Review of the Evidence for WOC Nursing Practice 2007-2009" it is noted the "transparent adhesive dressings are no longer recommended for skin tears". Use of transparent film dressings may also result in excessive moisture and exacerbate the separation of the dermis from the dermal papillae. Roberts's states in the JWOCN May/June 2007 issue that "soft silicone-coated net dressings are superior to other types of dressings". Staples and sutures are "not a viable option" according to Baranoski and LeBlanc, 2009.

Given the high incidence of skin tears it is important for nurses to identify individuals who are at risk and implement preventive protocols to reduce skin tear formation. Education and prevention are key components to quality protocols. If a skin tear is identified, treatment should reflect recent evidence based practices to ensure optimal healing outcomes.

References available on request

New Nurses—Their Experiences and Advice

Nevada shares national concerns for the future of healthcare and nursing. The continuing nursing shortage impacts the delivery and quality of health care, and seriously limits the access to health care, especially in rural and frontier communities. One solution to this crisis is preparing greater numbers of registered nurses. But despite the expanding diversity of educational programs and government-supported financial incentives, in many areas the nursing shortage persists. Mangan (2009) cites statistics reporting that among newly licensed registered nurses, 18% leave nursing positions within one year, and 26% leave nursing positions within two years. The burning question is, why?

"What Newly Licensed Registered Nurses Have to Say About Their First Experiences" summarizes the impressions of 612 nurses from across the nation. These nurses describe what is now referred to as "reality shock," the psychic discomfort that results from the challenge or inability to resolve the differences between the idealistic expectations fostered by academia and the realistic expectations presented by fast paced and highly technological work settings. This transition is even more difficult when nurses are physically and mentally fatigued by long hours and the lack of respect and support for their efforts. Long hours and the lack of respect are additional areas of concern according to the nurses in this survey.

How can nursing education programs better prepare nurses for their first professional experiences? The nurses in this survey suggest didactic instruction that includes a clearer picture of expected workloads and pressures, and clinical instruction that includes responsibility for greater numbers of complex patients for longer shifts. In addition, they recommend the inclusion of practice in charting, communication and conflict resolution skills, and shift change reporting.

Reference

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NONL

(Continued from page 10)

Jayne Mitton and Linda Doughty have also served as presidents of the organization.

Margaret Covelli is the current president. She is a past winner of the Nurse Administrator of the Year. Currently, she is the Chief Nursing Officer at Spring Valley Hospital and introduced formal strategic planning to the organization.

Over the past nine years, NONL has worked with many organizations and legislators to help improve the nursing shortage in Nevada as well as being involved in work groups whose efforts align themselves with the work environment of nurses, education and competency of nurses, and training of nurse leaders. Our members and officers are volunteers and members of the Nevada State Nursing Board, Southern Nevada Medical Industry Coalition, Nevada Healthcare Forum, Nevada Nursing Education and Practice Alliance, Nevada Nurses Association, and many other organizations in nursing in our state. We believe in collaborating with all nurses and others in the state who are interested in advancing the profession of nursing. Our website, www.nonl.org, provides information on membership as well as local activities. As a member of the organization, you add your voice to your nurse leader colleagues in the state and gain valuable networking capability.



Category I



Category II



Category III



NEVADA NURSES ASSOCIATION MEMBERSHIP APPLICATION

P.O. BOX 34660, RENO, NEVADA 89533 • 775 747-2333 • FAX 775 329-3334
NNA@NVNURSES.ORG

Please mail your completed application with payment to: NNA, P.O. Box 34660, Reno, NV 89533

Please Print Clearly:

_____	Date _____	_____
Last Name/First Name/Middle Initial	Home Phone Number	cell phone number
_____	Home Fax Number	Basic School of Nursing
Credentials	Work Phone Number	Graduation (Month/Year)
Home Address	Work Fax Number	RN License Number/State
City/State/Zip Code + 4	Position	_____
County	Employer	_____
Email Address		

Would you like to receive NNA email updates with information relative to nursing & healthcare? YES NO

Membership Options (Check One) Payment Plan (Check One)

Full ANA/NNA Membership

Includes full membership to both NNA and the American Nurses Association (ANA) for 12 months.

F-Full Membership

Employed

R-Reduced Membership

- ____ Not employed
- ____ Full-time student (must be a RN)
- ____ New graduate from basic nursing education program, within six months of graduation (first membership year only)
- ____ New Member—Never been a member of a state nurses association of the American Nurses Association (first year of membership only)
- ____ 62 years of age or older and not earning more than Social Security allows

S-Special Membership

- ____ 62 years of age or over and unemployed
- ____ Totally disabled

***State nurses' association dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense.**

State Only NNA Membership

Includes state only membership to NNA only for 12 months. Does not establish membership in the American Nurses Association

- ____ Any RN with an active or inactive Nevada license.

***State Only dues must be paid in full at the time of application.**

Full Annual Payment

- ____ Check (payable to NNA/ANA)
- ____ Visa
- ____ MasterCard

Annual Credit Card Payment

This is to authorize annual credit card payments to NNA/ANA. By signing on the line, I authorize NNA/ANA to charge the credit card listed for the annual dues on the 1st day of the month when the annual renewal is due.

Annual Credit Card Authorization Signature*

EDPP (Monthly Electronic Payment)

This is to authorize monthly electronic payments to ANA. By signing on the line, I authorize NNA/ANA to withdraw 1/12 of my annual dues and any additional service fees from my account. **Checking:** Please enclose a check for the first month's payment; the account designated by the enclosed check will be drafted on or after the 15th of each month.

Credit card: Please complete the credit card information and this credit card will be debited on or after the 1st day of each month.

EDPP Authorization Signature*

***By signing the EDPP or Annual Credit Card authorizations, you are authorizing NNA/ANA to charge the amount by giving the above-signed thirty (30) days advance written notice. Above signer may cancel this authorization upon receipt by NNA/ANA of written notification of termination twenty (20) days prior to the deduction date designated above. Membership will continue unless this notification is received. NNA/ANA will charge a \$5 fee for any returned drafts of charges backs.**

Credit Card Information

Bank Card Number and Expiration Date

Authorization Signature

Printed Name

Amount \$

Membership Dues

Full NNA/ANA

Annual \$250.00 / Monthly \$21.33

Reduced NNA/ANA

Annual \$125.50 / Monthly \$10.92

Special NNA/ANA

Annual \$62.50 / Monthly \$5.71

NNA State Only

Annual \$105.00 / Monthly — not applicable

To be completed by NNA/ANA

State _____ District _____

Approved by _____ Date _____

Expires _____ Amt. Paid _____

Check # _____

*****Referred to NNA/ANA by:**

The Nevada State Board of Nursing voted to discontinue the issuance of hard card licenses/certificates, effective January 1, 2010. The decision was based on the need to avoid fraud and the use of counterfeit license cards.

- Elimination of the hard card license/certificate will require that employers verify current licensure/certification online or by calling the Board office. This helps the Board further its mission of protecting the public.
- The Board does not, and will not, require you to have the card in your possession. As long as your license/certificate is active and in good standing with the Board, you may practice the full scope of nursing you have been licensed/certified for.
- If you renew your license/certificate on or after January 1, 2010, you will not receive a hard card in the mail. Your license/certification status can be verified online 24x7 online at our website www.nursingboard.state.nv.us. You may even print out your verification information directly from our website.
- Letters will be sent to all nurses, CNAs, and chief nurses informing them of the coming change. Board staff will also conduct presentations for chief nurses and nursing/CNA classes.
- You will continue to receive a postcard reminding you that your license/certificate is due for renewal, approximately two months in advance of your expiration date.

IF YOU HAVE ANY QUESTIONS, PLEASE EMAIL THE BOARD AT nursingboard@nsbn.state.nv.us or CALL THE BOARD OFFICE AT (888) 590-6726.