I hope that the warm breezes of spring have arrived to your doorstep as you read this newsletter. I am writing to you from my office in Chapel Hill, North Carolina, where the warm season of spring (and with it, loads of pollen) has arrived!

I am so honored to be your President of ISPN for the next two years (2011-2013) as we are approaching so many challenges nationally and globally related to mental health. Although the focus of this column is a brief summary of our recent Psychopharmacology Institute and Annual Conference Highlights from March-April, I also wanted to take a moment to thank our past president who has made ISPN her passion and has volunteered countless hours for our organization. Dr. Kathleen Delaney has devoted the past three years as President Elect (2008-2009) and President (2009-2011) of ISPN. Many may not know that Dr. Delaney was also recently inducted as FELLOW into the American Academy of Nursing (FAAN) for her impeccable and steadfast loyalty to our profession and specialty. If you haven’t already congratulated her, do so now, for it is a great honor to be inducted and she is so deserving yet so humble. I am also so fortunate to have Kathy as a mentor in this new role a President. Over the past three years, Kathy has developed and created an environment within ISPN of flawless professionalism; focusing tirelessly on issues of specialty psychiatric advanced nursing practice, revisions in psychiatric advanced practice education and writing proposals for potential funding for ISPN. I have big shoes to try to fill but with her by my side, I feel assured that it will be a “textbook” transition!

In summary, the 2011 Psychopharmacology Institute had a wide array of concurrent presentations that focused on lifespan psychopharmacology: childhood through late life. We were so very honored to have ISPN Member Judy Coutouvanis, MA, APRN-BC, PMHCNS-BC, provide the Annual Susan McCabe Lectureship Keynote entitled “Focus on Autism: Blending Psychopharmacology & Psychotherapy” and a special guest Albert Laughter, MSW, a Dine Medicine Man (Navajo) who presented on “Ceremony Medicine: Traditional Dine Healing Practices for Veterans with PTSD.” The Psychopharmacology Institute also tried a new initiative "Lunch with the Experts Roundtable Discussions: Child/Adolescent Issues/Disorders; Geropsychiatric Issues and Adult Co-Morbidities" and offered a box lunch for those who wanted to keep it simple while enjoying the discussions and learning about each other’s psychopharmacology challenges. The conference wasn’t complete without a fascinating presentation by Virginia Savely, DNP, MEd, APRN, FNP-C, called “Microbes and Mental Illness” which gave all us something very different to think about in terms of unusual presentations in some of our patients.
Psychiatric Mental Health Nursing”; local Arizonian Bernadette Mazurek Melnyk’s presentation on “Improving the Quality, Safety and Cost-Effectiveness of Mental Health Care with Evidence-Based Practice” as well as a wonderful Plenary Session on “Diversity vs. Inclusion in Academia and in Practice: Why Should Psych Nurses Care?” presented by ISPN member and Chair of the Research Council, Laura C. Hein, PhD, RN, NP-C.

Finally, I hope that you will feel free to contact me or our Administrative offices should you have any questions, concerns or ideas that you would like to address in terms of your practice, education or research in the specialty of PMHN. There are several issues that we will be confronting as a specialty in the coming 3-5 years including the LACE implementation, the future of the PMHNP role and ANCC certification. What lies ahead for our specialty? How will LACE affect the CNS and NP in terms of practice, education and translation of research? Look forward to the next CONNECTIONS NEWSLETTER for updates and information about your future! Happy Summer!

Victoria Soltis-Jarrett, PhD, PMHCNS-BC, PMHNP-BC

2011 Conference Committee Update

The newly formed committee has a lot of work to do to try and meet or exceed expectations based on the Tucson conference. The bar is set because the conference was terrific! The venue was wonderful, keynote and plenary speakers were exceptional, the posters and presentations were excellent and informative and the Aztec Fire dancers at the opening reception got people relaxed yet energized. It was a great way to start the conference! Some key concepts taken away from the conference were “transformation and using systems theory (unfreezing or disruption),” “integration of care strategies,” and the use of “evidence-based practice” and “data gathering” in getting our message heard. In this time of healthcare reform with declining budgets and personnel, mental health nurses need to be more sensitive to the timing of pivotal moments and action which will move our specialty forward to be more visible and valued as experts in our field. We chose the LACE presentation power point slides to be available to ISPN members who did not attend the conference and you can view them on the ISPN web site.

The themes for the 2012 conference will incorporate the above concepts as well as those that address the mission of ISPN. SAVE THE DATE—March 27-31, 2012. The venue for our 2012 conference will be Atlanta in the Buckhead area of the city, at the Grand Hyatt. Atlanta is a city of diverse population, having many cultural and historical exhibitions, and is a travel hub for the airline industry.

Please begin to think about presenting a paper or poster about your innovative clinical techniques or programs, teaching methods, evidence based care strategies, or research projects. Encourage your colleagues and graduate nursing students to submit abstracts. The deadline for abstracts is JULY 15 2011. Check the website for information about the conference as it develops. Hope to see you in Atlanta!

Till next time.

Judy Hirsh, NP-P
2012 Conference committee chairperson

International Society of Psychiatric-Mental Health Nurses
5th Psychopharmacology Institute and 14th Annual Conference
March 27-31, 2012
Grand Hyatt Atlanta in Buckhead • Atlanta, Georgia
Innovation, Integration and Transformation of Psychiatric Mental Health Nursing for the 21st Century

ATLANTA, GEORGIA USA
From the Membership Committee

New chairperson, Cynthia Taylor Handrup, DNP, APRN, PMHCNS, will be working with new committee members, Susan Benson, DNP, PMHCNS, FNP, Kathleen McCoy, DNSc, APRN, PMHNP/CNS, FNP, Marion Newton, PhD, RN, C and Patricia White, MSN, PMHNP, on achieving 2011-2012 goals for increasing membership in the following areas:

1. Psychiatric-Mental Health Nursing Faculty and Graduate Students
2. International Psychiatric Nurses, Faculty and Practitioners
3. Nurse Practitioners/Clinicians Practicing Psychiatric-Mental Health Nursing
4. DNP’s investigating Psychiatric-Mental Health Nursing Practice

Each committee member will focus on one of the above goals, working on recruitment strategies and retention of current members. The overall goal is to impart the image of ISPN as an enlightening and informative resource concerning Psychiatric Mental Health Nursing issues relevant to nurse practitioners, clinicians, and educators. Doctoral students, as well as nurse researchers, will be encouraged to post abstracts of their work. Nurse Practitioners and clinicians will be able to access guidelines and tools for use in their practice.

Over 35 new ISPN members attended the New Member Breakfast in Tucson this year. New members had the opportunity to meet the ISPN Board of Directors, the President and President-Elect, Division and Committee chairs, and indicate their interests in working on various committee and task force initiatives. We hope to connect with new members during their first year of membership. Please welcome a new member in your area or division.

If you have any ideas or suggestions for the recruitment and retention of ISPN member, please contact Cynthia Taylor Handrup (chandrup@sbcglobal.net).

NEW INITIATIVE: Military Task Force 2011

During these times of ongoing military operations and increased focus on maintaining the psychological resiliency of our troops, it has become more important for our mental health generalist and advanced practice nurses to become involved in their professional organizations.

As a long standing member of the International Society for Psychiatric Mental Health Nurses (ISPN), I have understood this message and am now preparing to embark on a leadership role that will enable me to provide that level of mentorship and advocacy among my military colleagues, while also gaining more connectivity to our civilian colleagues. As a new educator it has become increasingly apparent to me just how critical the role of education plays in bringing to light all that we need to accomplish in the area of mental health. If our leaders are not setting the example to accomplish in the area of mental health, we are failing our protégées. This is precisely the reason I have accepted the special appointment and commitment to be the new ISPN Chair of the Military Task Force by Dr. Victoria Soltis-Janett, PhD, PMHCNS/ NP-BC, President of ISPN.

Based on current research studies (Visco, 2009) and (Visco & Moldrem, 2010), the implications for mental health nursing involve more thorough screening and assessing of troops for PTSD and other mental health conditions, greater participation in behavioral health optimization programs that screen members for psychological problems in the primary care setting, and outreach and prevention practices that will help decrease stigma and barriers to mental health care. Since my current position is within a tri-service academic environment on a military base, there will be many opportunities to reinforce these initiatives while involving all branches of service. Traditionally in the past the branches have functioned as separate entities but with the advent of 9/11, the military mission has embarked on a joint venture and more nursing professionals find themselves cutting across all branches to work with their sister services in the mental health field. As a recent Iraq deployer, I had the privilege of being detached with an army combat stress control unit as an air force member. In the Air force we have a website dedicated to medical services and mental health nursing occupies a significant piece of the nursing services link. Every air force member has access to this link which provides updated information about mental health nurse information including advanced education, nursing resource information and professional organizations.

I am starting this Task Force immediately and my goal will be a call for increased membership of military personnel and those interested in military issues to join the task force through their membership at ISPN. As part of this initiative I plan to set up conference calls and meetings for those members interested in focusing on bases and military personnel to include reservists and the National Guard. The emphasis would be on members providing insight to their needs in mental health nursing so that ISPN can support them and also give them a voice both nationally and globally. We can hopefully disseminate information gleaned from this group in Atlanta next spring! So, I challenge and invite all ISPN members who have an interest in supporting mental health issues involving the military to join me in this worthy endeavor.

References
Rosanne Visco, PhD, RN-BC
Air Force Service Lead
Behavioral Health Training Program
Hello colleagues,

In this last ACAPN Update column I write for the Connections Newsletter as the Division Director, I want to share about the wonderful Annual Conference held March 29 – April 2 in Tucson, AZ as well as introduce two new ACAPN officers: Division Director, Margaret Rhoads Scharf and ACAPN Representative to ISPN Nomination Committee, Theresa (Tess) Searls.

In reviewing the last ACAPN Update column written in the February, 2011 Connections edition, I mentioned that I hoped to see many of you at our Annual Conference in Tucson, AZ as well as at the ACAPN Division Business Meeting. I welcomed 30 of you to our ACAPN Business Meeting where we had a lively discussion. Three of four goals that were developed for the 2009-2011 biennium were realized: 1) increase ACAPN visibility; 2) increase communication between ACAPN members; and 3) represent child and adolescent mental health issues at different public venues. The fourth goal of updating the ACAPN Guidelines for Care and Practice remains to be completed. (For a complete copy of the 2011 ACAPN Division Annual Report, you can contact the ISPN International office at www.ispn-psych.org.) Discussion at the meeting included writing a position paper on bullying; exploring certificate programs, webinars and Child Center of Excellence Award in C/A PMH nursing; sponsoring a certification review; and developing a mechanism for better connection between members and regions. Partnering with school based health personnel, school nursing associations and conferences was a recurrent theme. As usual, attending the conference invigorated ideas and friendships. That is certainly one reason I always attend!

The 13th Annual Conference was well attended with over 200 registered. While some people were concerned about having the conference in Arizona in light of that state’s political leanings over the past year, having the conference in a resort venue for the first time was a delightful draw for members to bring families with them. Kathy Delaney presented (at the last moment, too, since our scheduled keynote speaker, Elena Avila, passed away suddenly March 17) an inspiring keynote speech about strategies and pivotal moments we as psychiatric mental health nurses need to entertain and implement. I presented this year’s Melva Jo Hendrix Lectureship on “Transformation in Psychiatric Mental Health Nursing.” Bernadette Mazurek Melnyk presented a lively lecture on improving mental health care with evidence-based practice. And Laura Hein presented a timely and thought provoking talk about diversity and inclusion in academia and practice. ACAPN members presented lectures throughout the conference as well as at the 4th Annual Psychopharmacology Institute March 29-30. One new interesting event at the ISPN Business Meeting initiated by Geri Pearson was public recognition of members who have passed away in the last year – Linda Stephan, Pat Berry, Jeannette Chamberlain, and more recently, Elizabeth Erwin. Be sure to put next year’s 14th Annual Conference in Atlanta, GA on your calendar March 27-31, 2012. And if you haven’t done so yet, but have been thinking about what you can do or how you can get involved, you can donate to the ISPN Foundation or you can volunteer for one of the committee or Task Forces that may be announced during the year.

Two members who have graciously volunteered to share their expertise and time over the next two years are our new Division officers elected and announced at the Annual Conference. Dr. Margaret Rhoads Scharf received her DNP in 2009 from Oregon Health & Science University, her Post Master’s FNP from the University of Nebraska Medical Center in 1995, her MS in Psychiatric Nursing from the University of Minnesota in 1983, and her BSN from the University of North Dakota in 1979. She has held faculty positions at the University of North Dakota, University of Nebraska, and currently at OHSU. Here is what Margaret tells us:

“My first position was as an OR nurse, then as an inpatient psych nurse on an ‘integrated’ child and adult psychiatric unit. After getting my PMH-CNS, I worked as a therapist in various sites until I obtained prescribing privileges and worked in a hospital based IP and OP practice. I have spent many years working in community mental health centers with all ages.

The majority of my practice has been in rural areas, in a generalist practice that saw all types of illnesses and all ages in both inpatient and outpatient settings. Most recently, after moving to Portland, Oregon I have worked in a school-based health clinic using both my mental health and FNP skills and in a rehabilitation clinic for people with severe mental illness. I coordinate the PMHNP and DNP programs at OHSU. I came to OHSU to teach the child and adolescent track of the PMHNP program.”

Theresa Searls is the ACAPN representative to the ISPN Nomination Committee. Here is what Tess says:

“I am a CNS in child and adolescent mental health, and a family psychiatric nurse practitioner. I work as the nurse clinician at the Virginia Treatment Center for Children in Richmond, VA and am adjunct faculty at Virginia Commonwealth University School of Nursing.

I am a former Army brat, born in Okinawa, and raised all over the world, with my three younger brothers, by my lovely mom and dad. I am married to a wonderful man I met in nursing school (he is a critical care nurse) and am the mom of two amazing children; my daughter is a freshman in nursing school and my son is a junior in high school.”

I am delighted to welcome you as the new officers of the ACAPN Division and wish you the best! Thank you all for the support you have given and continue to give to ACAPN and ISPN.

Warm regards,
Beth
Hello and happy summer! It feels like Tucson was a long time ago and yet it’s only been a few months. I hope you enjoyed the 2011 ISPN conference with its programs, presentations and opportunities to connect with colleagues. Please consider sharing your own expertise next year and submit an abstract. Do you work with geriatrics as your primary population? We want to hear about your work!

Speaking of communication, I recently attended a professional training, which included information about the use of social media, email and social networking in clinical practice. I gave some thought to my setting up a Facebook page for AGPN (which has not seen much use) and then having created a page on LinkedIn. To my profile page on LinkedIn, I have added a group for AGPN members to communicate, network and provide mentoring for one another. Please join me!

Social media is everywhere and most recently involved headline news stories. Social media debuted with the first email sent in 1971. In 1978 bulletin board systems (BBS) allowed data exchange over a phone line. One of the first social networking sites Geocities.com went live in 1994. Since that time, sites like Friendster (2002), MySpace (2003), Facebook (originally set up for college students in 2004) and Twitter (2006) have become part of our language. Facebook is identified as having the largest user base recording 600 million users. For more on the timeline of social networking go to www.onlineschools.org/blog/history-of-social-networking.

How do you use social media in your practice? Social network services focus on building online communities of people who share interests and/or activities or who are interested in exploring the interests and activities of others. Most social network services are web based and provide a variety of ways to users to interact, such as email and instant messaging services.

Social networking has encouraged new ways to communicate and share information by millions of people. Familiar names may be Facebook, MySpace, LinkedIn. These are electronic “gathering places” and an extension of the chat room. Initially, people tried to create a “bigger, better, more beautiful” online persona. IT specialists are now saying that the virtual person now tends to be the real person.

Are you a blogger? What’s a blog? A blog is a type of website, usually maintained by an individual with regular entries of commentary, descriptions of an event, or other material such as graphics or video. Many blogs provide commentary or news on a particular subject; others function as a more personal online diary. The personal blog is the most traditional, most common blog.

Personal bloggers take pride in their posts even if their blog is never ready by anyone but themselves. Blogs often become more than a way to communicate; they are a way to reflect on life or works of art. Blogging can have a sentimental quality. A type of personal blog, referred to as microblogging, is extremely detailed blogging as it seeks to capture a moment in time. Sites such as Twitter allow bloggers to share thoughts and feelings instantaneously with friends and family that are much faster than emailing or writing.

Sigma Theta Tau International, the Honor Society of Nursing has multiple resources on nursing and social media. Go to the website to see the posting of the “Top 10 Social Media Tips for Nurses” on their website (www.nursingknowledge.org) from a book written by Robert Fraser, BScN, RN. The author suggests having an open mind, caution and commonsense approach to the use of social media. It is described as a “tool to make work easier but dangerous if not used properly.” Another publication by Kathleen D. Pagana focuses on how nurses can improve their business communications by savvy use of technology.

A common recommendation is to treat social networking and electronic communication as you would any other social interaction with a current or recent client. For example, a client wants to “friend” you. What do you do? Do you email clients as part of your practice? What boundaries have you established around using these forms of contact? Online postings are forever public. Would you feel comfortable with your words/photo published? These are but a few questions that have been raised. Social media is here to stay and as practitioners we need to be clear on how we harness it’s ability to work for us.

Reference:


Hello ISPCLN Division Colleagues;

This spring has been on hardship on many people in the United States and worldwide with all of the disaster level storms, flooding, and tornadoes throughout our country. I hope that all of you are doing well and have been safe, and that you are planning to have some enjoyable and relaxing time over this summer. If you have been touched in some manner by all these incredibly catastrophic weather systems I hope you are beginning to recover. While volunteering after the tornadoes in Massachusetts, it is apparent how many psychiatric-consultation liaison nurses will be needed during the long aftermath of clean up, recovery and reestablishment of individual’s usual life before these storms. In advance I want to thank you – for I do know that several PCLN’s are already working in shelters, on DMAT teams, and volunteering their time, expertise and money to assist our neighbors, and strangers as they begin to pick up the pieces of their shattered lives.

I wanted to let you know what a wonderful experience I had as the ISPCLN Division Director while I was attending the conference this year in Tucson, Arizona. First, it was just wonderful to be in such a beautiful and relaxing environment and not shoveling snow! During the conference I had numerous opportunities to reconnect with long time PCLN colleagues and welcome many new ISPCLN members and to participate in an equally rich educational experience. The conference was certainly internationally represented with colleagues from around the world including Australia, Bahamas, Japan, and Canada.

Another Successful and Fun ISPN Foundation Event.

I want to acknowledge the ISPN Foundation, under the leadership of Dr. Kathy Scharer, who put on a special event with a wonderful Southwestern cuisine reception overseen by some very enthusiastic waiters and waitresses and an ever thrilling and competitive silent auction. Once again Peggy Dulaney both entertained and engaged the participants into parting with their money assisted often by one of the waiters! This event was both fun and another opportunity to network with colleagues while contributing to the ISPN Foundation. These monies are used to promote research efforts and facilitate participation of colleagues at the ISPN conference. This year the ISPN Foundation funded both international travelers and students to attend the 2011 conference.

ISPN 13th Annual Conference and 4th Annual Psychopharmacology Institute Described as a “Smashing Success” by Participants

The verbal and written feedback for both the Psychopharmacology Institute and ISPN annual conference have declared them both successful events that promoted the outstanding and innovative work that our members do on a daily basis. The conference was jam packed with excellent presentations that were research based and clinically focused with relevance to PCLN practice. It was truly wonderful to hear so many PCLN’s describing their practice, their ventures into research, publications and movement into non-traditional roles. It was exciting to be immersed for a few days in the experience of listening to and discussing the many facets of psychiatric-consultation liaison nursing in specific and psychiatric mental health nursing in general. If you missed this year’s conference, I am sorry you did, but here is an offer I hope you consider. The site location and dates have been decided on for 2012, we are going to be heading to Atlanta, Georgia for our annual conference. I strongly encourage each ISPCLN member to consider submitting an abstract for a presentation or poster for the 2012 ISPN conference, your work is invaluable and needs to be showcased and what a better place then amongst your PCLN colleagues. Start thinking and drafting a presentation now!

Priscilla Adams APRN CNS is ISPCLN Leadership Awardee for 2011
Psychiatric Consultation Liaison Nurse Specialist
BryanLGH Medical Center, Lincoln, Nebraska

Please take a moment to send along congratulations to Priscilla Adams as she was nominated, selected and presented with the ISPCLN Leadership Award for 2011. During the Awards program each year ISPCLN presents a member this award for their outstanding work as a PCLN and their contributions to PCLN practice and the organization. This year Priscilla Adams was supported by her ISPCLN colleagues for the continued outstanding work she does on a daily basis and also for her long-term commitment to both ISPCLN and now ISPN. I would like to share some information about Priscilla Adams and her commitment to PCLN practice, her patients and her nursing colleagues. Priscilla has been instrumental in establishing the PCLN role at BryanLGH Medical Center almost twenty years ago. She continues to evolve her role by seeking out new learning experiences to enhance her own practice, including bereavement counseling, sexual assault nurse examiner program, and a fellowship in geropsychiatric nursing. These learning experiences has allowed her to expand her knowledge and also disseminate her knowledge in building more effective approaches to challenging patient related issues at the medical center. Additionally, Priscilla has been active in both ISPCLN and ISPN during both organizations formative years. She has functioned as the ISPCLN Division Secretary/Treasurer and most recently has served on the ISPN Conference Planning Committee. On a more personal level I had the pleasure of working with her when she invited me to present at her hospital. I personally witnessed her the level of commitment to the nurses and the degree of trust that the staff placed in her. She was attentive to their needs while being clear about the patient’s needs and assisting the staff to find common ground. If you would like to congratulate her – send along an email to padams@bryanlgh.org

Congratulations to Dr. Vicki Lachman and Dr. Roberta Waite-Selected to Join the American Academy of Nursing

Vicki Lachman who is a long time member of both ISPCLN and ISPN, and was also instrumental in facilitating the early meetings to establish ISPN has been selected for induction in the American Academy of Nursing. Dr. Vicki Lachman has been an outstanding clinician, psychotherapist, author, researcher and educator during her years of practice and wholeheartedly deserves this outstanding acknowledgement of her comprehensive
nursing practice. Currently, as a faculty member at Drexel University in Philadelphia, PA, she continues to “grow the future of psychiatric nurses and leaders in nursing.”

It is also a pleasure to inform you that Dr. Roberta Waite of Drexel University has also been selected for induction into the American Academy of Nursing. Roberta has also been a long time member of ISPN and has presented over the years at the annual conference and has worked on the behalf of ISPN in participating on committees and volunteering in her usual enthusiastic manner to help develop specific policies for our organizations development. Her students are fortunate to have such a wonderful nurse educator, researcher and author to shepherd them through their learning process.

Please extend your warm wishes and congratulations to both Dr. Vicki Lachman and Dr. Roberta Waite for their enduring commitment to patients with psychiatric-mental health illness, to their students and to ISPN. KUDOS to both of you, Vicki and Roberta!

Increasing the Visibility of PCLN Practice

I want to encourage you to consider submitting an article also to Perspective in Psychiatric Nursing, where there is a section devoted to psychiatric consultation liaison nursing would also suggest that if you have written about your practice, research or an issue related to PCLN practice, I would like to know (sometimes hard to keep up with all the journals), so email me and I will definitely find and read your work and with your permission share it with the ISPCLN Division via this newsletter and also in the resource section of the website that we are building.

I would like to keep our PCLN colleagues informed about the rich and exciting work that we do on a daily basis.

Farewell and Hail

I would like to take a moment to express my personal appreciation to Dr. Kathy Delaney for her leadership of ISPN during her presidency over the last two years. She worked diligently to shepherd this organization and continue promoting our visibility and encouraging members (both new and long time) to become involved in the organization. Additionally, I want to welcome Dr. Victoria Soltis-Jarrett as the current president of ISPN and ask that we all support her in the next wave of leadership to promote the strength of ISPN. I also want to extend my sincere appreciation to each ISPCLN Division member who served on committee(s), task force or assisted a colleague in obtaining some information or resource. I rely on the division members to assist our colleagues both nationally and internationally and I am indebted to you for your kindness and generosity in facilitating their questions. That is after all the nature of PCLN practice.

PCLN Practice to Reach 50th Anniversary in 2013!

I want to encourage each of our members to think of strategies to acknowledge and celebrate the 50th anniversary of the article being published about cross nursing specialty consultation authored by Betty Sue Johnson in 1963. During 2013 it would be a wonderful opportunity to showcase our incredible, challenging and interesting history of development, evolution and innovation. I would like to hear from everyone about your ideas, when you decided PCLN work is what you wanted to do and what it means to you to be a PCLN. I would like to make this a wonderful and rich celebration. Also during that year (2013) it will also be the 15th Anniversary of ISPN, we as an integrated organization from three independent organizations have much to celebrate. So, please over the next several months, take a summer break, but then start to conjure up ideas of how you would like to envision a 50th anniversary celebration of PCLN practice!

Opportunity to Participate in the ISPCLN Division

I hope that each member will actively participate in the ISPCLN Division this year in some manner. I certainly want to hear from you about other ideas or options that you are aware of that the ISPCLN Division should be considering for future partnerships or involvement. I definitely want and need your assistance in planning a celebration of our uniqueness and outstanding contributions to psychiatric consultation liaison nursing, as you well know PCLN’s are terrific at teamwork and getting the job done! Please contact me at Skrupnick@charter.net; or phone 1-508-248-7108 or cell 1-508-826-6208 to let me know if you are interested in participating in projects or on committees. Have a fun and safe summer and start writing those abstracts for 2012! Also, my thoughts and prayers are with all that have been touched by the overwhelming natural disasters both nationally and internationally, I hope the healing continues.

Warmly,

Susan

Greetings to new and returning members of SERPN! As the new director of SERPN, I appreciate the opportunity to facilitate the work of the division. Since the 13th Annual Conference in Tucson many projects are continuing or newly underway. First, the joint ISPN/APNA Task Force on the implementation of LACE reached consensus regarding implementation of LACE for PMHN. These recommendations were presented to and received approval from the respective Boards.

Dr. Mary Jo Regan Kubinski continues to work with the joint task force and attended a LACE network meeting in Chicago in May 2011. The next steps in the implementation process for PMHN will continue to focus on the ability of PMHN education programs. Mary Jo will present the outcomes of the Chicago meeting and recommendations for next steps in the fall issue of Archives of Psychiatric Nursing.

A new initiative put forth at the SERPN meeting in Tucson was the formation of a Psychiatric-Mental Health DNP Task Force. Dr. Bobbie Posmontier graciously agreed to lead this task force and representatives from across the country will work with Bobbie over the next year to develop a position statement to submit to the ISPN board. The task force got off to an impressive start in May and will share their work through a publication in Archives of Psychiatric Nursing next spring and presentation at the SERPN

Sara Horton-Deutsch, PhD, PMHCNS, RN
shortond@iupiu.edu
Next, Dr. Angela McNelis and I will work with Dr. Joyce Fitzpatrick, Editor of the Archives of Psychiatric Nursing, on a special issue dedicated to articles addressing Quality and Safety Education for Nurses (QSEN) as it relates to mental health in the August 2012 issue. The overall goal for QSEN is to meet the challenge of preparing future nurses who will have the knowledge, skills and attitudes (KSAs) necessary to continuously improve the quality and safety of the healthcare systems within which they work. Using the Institute of Medicine (2003) competencies for nursing, QSEN faculty have defined pre-licensure and graduate quality and safety competencies for nursing and proposed targets for the knowledge, skills, and attitudes to be developed in nursing pre-licensure and graduate programs for each competency: patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety and informatics. Please visit the QSEN website at www.qsen.org for more information about the competencies, KSAs and how your teaching and research may fit with QSEN goals. We invite manuscripts focusing on pedagogical projects, and research or scholarly initiatives that support the development of students’ quality and safety competencies across mental health nursing education. We invite major articles, briefs or innovative learning activities of different lengths. Manuscript submission deadline to Archives is February 1, 2012. Please contact Angela McNelis at ammcneli@iupui.edu or myself at shortond@iupiu.edu for questions.

I want to thank all who contribute to the work of SERPN. There are so many changes and it truly takes a village to keep up with the rapidly evolving landscape of our profession and practice. If there are other issues or initiatives you would like to address over the next year please contact me. I am also eager to learn of other important professional updates or activities that I may have missed so we can share with our colleagues.

Brian has followed a diverse educational and professional career path incorporating behavioral health, primary care, integrative health care, chronic mental illness, and gerontology. He began his healthcare career in 1987 as a U.S Army Combat Medic with the National Guard; served in Honduras. It was there that Brian developed an interest in nursing and he graduated from the ADN program at the University of Toledo in 1991.

After working as a psychiatric nurse in an inner city hospital in Toledo, Brian joined the staff at the University of Utah’s Neuropsychiatric Institute and after completing his BS degree through Charter Oak State College; he graduated with a Graduate Certificate in Gerontology in 2000, from the University of Utah. He then earned an MSN in the Family Nurse Practitioner Program at the University of Colorado at Colorado Springs in 2004. Brian will complete a Post-Masters Certificate as a Psychiatric Mental Health Nurse Practitioner at Saint Louis University in December 2011. Brian plans to begin work on his clinical doctorate a few years later.

Professionally, Brian has held a number of positions with while on active duty the military and with the Department of Veterans Affairs from being the Director of the Psycho-Educational Program for Basic Trainees at the 319th TRS; an inpatient mental health nurse manager at Wilford Hall Medical Center at Lackland AFB, Texas to being the Associate Chief Nurse of Psychiatric Care Service at the Grand Junction VAMC, Colorado.

Currently, Brian serves as the Mental Health Care Manager at the VA Community Based Outpatient Clinic in Ogden, Utah. He describes his role as veteran mental health care coordination, care management, and primary care-mental health integration. With an interdisciplinary mental health team of a psychiatrist, a psychiatric advanced practice nurse, a psychologist and two psychiatric social workers, he manages the mental health, chronic mental illness, and medication management for over 1000 veterans.

In his spare time, Brian is a naturalist and adventurer. He loves living in Utah and takes advantage of the mountains and deserts for hiking, biking, wildlife study and exploring. Brian is married to a native Peruvian, who shares his interests and they have two sons. Brian joined ISPN while attending the Annual Conference in Tucson this spring. He was impressed with collegial atmosphere and felt he was among nurses who understood and shared his passion and professional goals. Brian felt he had found a home in the ISPN. He has already begun working with the Chair of the Military Task Force, Major Roseanne Visco, and is proud to be a new member of ISPN.
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