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Volume 16, Issue 2: Summer 2013

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### From the President



I am very excited and honored to be your President for the next year. I want to thank our past president, Dr. Victoria Soltis-Jarrett. She has worked tirelessly to further the initiatives of ISPN during the past 2 years.

The  $6^{\mbox{th}}$  Annual Psychopharmacology Institute and the  $15^{\mbox{th}}$  annual ISPN Conference in San Antonio, Texas were a great success with a record number of attendees. I always enjoy the opportunity to connect with new and old colleagues at the conference and hope your were able to as well. Participants were pleased with the Resort as well as the podium and poster presentations.

Thanks to Geri Pearson and Karen Ragasis Co-Chairs of the Annual Psychopharmacology Institute . The 2013 annual psychopharmacology instituted offered numerous presentations on the best practices for the treatment of psychiatric disorders across the lifespan presented by our own members. The Susan McCabe Lectureship was presented by Geri Pearson-Where are we with prescriptive practice. The 2 Plenary sessions were presented by Mary Weber- Homelessness and complex pharmacotherapy decision-making; Janice Goodman presented Management of mood and anxiety disorders during pregnancy and postpartum.

Thanks to Anita Dempsey for Chairing the Annual Conference. The annual conference offered many Podium and Poster presentations that addressed the current concerns we face daily in our practice, research and educational settings. The outstanding Keynote Combat-Related PTSD: Risk, Resilience and Recovery was presented by Alan L. Peterson. The Melva Jo Hendrix Lectureship The Winds of Change: Dorothy, We're no in Kansas Anymore! was presented by Vicki Hines-Martin. The Dviersity Award session Women, Social Disconnection, and Depression over the Life Course was presented by Emily Hauenstein.

A very special thanks to Sue Krupnick and Peggy Dulaney (Co-Chairs of the 15/50 celebration). The celebration activities were a huge success and provided members with a historical perspective of ISPN and psychiatric consultation liaison nurses.

Are you saving the date for the 2014 Institute and Conference? If you haven't, please put March 25-30, 2014 into your calendar. DO NOT forget that the Call for Abstracts submission deadline for the 2014 conference is July 31, 2013. Information about submitting an abstract online will be available on the ISPN website - www.ispn-psych.org.

We continue to have multiple ACTIVE committees and task forces and we always need volunteers! Please let me know if you are interested in volunteering for a committee or task force. Currently, we have ongoing

#### OFFICERS President

Evelyn Parrish, PhD, APRN President Elect Sara Horton-Deutsch, PhD. PMHCNS, RN

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# DIVISION DIRECTORS

ACAPN Edilma L. Yearwood, PhD, PMHCNS-BC, FAAN

Susan Lee Benson, DNP, MSN, APRN PMHCNS-BC, FNP-BC

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#### **COUNCIL CHAIRS Education Council**

Research Council Jana Saunders jana.saunders@tt Practice Council

## Legislative Council

**EDITOR: CONNECTIONS** Angela McNelis, PhD, RN, ANEF ammcneli@iupui.edu



ISPN's visionary soul embraces personal and professional growth through the celebration of relationships, relational skills and collective humanity. Let us never neglect our relational rootedness. In facing contemporary harsh demands, let us progress forward, nurturing and leading all with whom we have to do; large and small, individuals, communities and cultures.
"Let's bring soul to the whole of society!" Thomas Moore

~ Dr. Kathleen McCoy, PMHNP/CNS/FNP-BC FAANP

presence and involvement with NONPF, LACE, ANCC and working with APNA on the revision of the Scope and Standards of Practice for Psychiatric Nurses. I am in the process of developing a graduate student task force to assist increasing their involvement in the organization and a communications task force to assist in the identification and dissemination of timely information to the membership.

Shortly after the conference I had the opportunity to represent ISPN at a nursing organizations stakeholders meeting in Washington, DC. The meeting was sponsored by Dr. Mary Wakefield, HRSA Administrator and Health and Human Services Secretary Kathleen Sebelius. The purpose of the meeting was for us to provide input into how nursing organizations could assist in increasing awareness of the affordable care act and also how important nurses are and will be an integral part of the care of the patients.

Dr. Wakefield stated "The Affordable Care Act increases access to health insurance coverage and health services for all Americans. Everyone involved in health care in the U.S. has a role to play, including nursing organizations, nurses and those they serve.

As full implementation of the law approaches, it is important to be aware of the new options for obtaining health insurance that will be available starting in 2014, and how these new options will work. To help ensure the nursing community has the information they need, HRSA has created a new webpage, which offers information and resources for HRSA stakeholders on Health Insurance Marketplaces, Essential Health Benefits, Essential Community Providers and more. Visit <a href="http://www.hrsa.gov/affordablecareact/">http://www.hrsa.gov/affordablecareact/</a> for more information.

The federal government is also working hard to get the word out to the public through <a href="www.Healthcare.gov">www.Healthcare.gov</a>. Here consumers will find information about how the coming Health Insurance Marketplace works, what the benefits will be, and what key deadlines and milestones are yet to come."

I hope you will share this information in order to assist in increasing awareness and knowledge of the affordable care act with your clients, students, and colleagues.

I will make every effort to either e-blast membership or update you via these newsletters.

Happy Summer, Evelyn

Evelyn Parrish, PhD, APRN ISPN President

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## Special News Items

#### The LACE Network: Easing Implementation of the APRN Consensus Model Written by: Wendy Umberger PhD PMHCNS-BC

The Consensus Model for advanced practice registered nurse (APRN) regulation: Licensure, Accreditation, Certification & Education (LACE) was introduced in 2008 through the joint work of the APRN Consensus Work Group and the National Council of State Boards of Nursing (NCSBN) APRN Advisory Committee. In addition to creating uniformity of APRN licensure, accreditation, and certification across states, it outlines curricular requirements for APRNs in graduate and post-graduate certificate nursing programs. The Consensus Model has been adopted by over 44 national nursing organizations, as well as national accrediting and certification bodies, such as the Commission on Collegiate Nursing Education (CCNE), National League for Nursing Accrediting Commission (NLNAC), and the American Nurse Credentialing Center (ANCC). The NCSBN, which is comprised of directors from state boards of nursing, is fully committed to its implementation. (Read the full report at: <a href="https://www.ncsbn.org/Consensus">https://www.ncsbn.org/Consensus</a> Model for APRN Regulation July 2008.pdf)

Nursing leaders of the APRN Consensus Model recognized from its inception that nurses in clinical, academic, and administrative positions will encounter challenges related to understanding and implementing the Model. For instance, clinicians may struggle to understand revisions in licensing requirements and scope of APRN practice as their respective states adopt new APRN eligibility requirements based on the Consensus Model and may wonder if, when, and/or how the Consensus Model will guide "grandfathering" related to licensure and scope of APRN practice. Educators may be confronted with modifying curricula to meet the requirements set forth in the Consensus Model and ensure ongoing accreditation of their graduate APRN programs, yet not fully understand how to implement these changes (e.g., a "broad-based APRN education"). Nurse administrators may need clarification on components of the Consensus Model to help them implement changes and guide their organizations through successful accreditation into the future. The LACE Network was established to ease the uniform implementation of the APRN Consensus Model across state boards of nursing, employers, and other entities in these 51 states.

The **LACE Network** is a communication structure at the national level that was implemented in 2010. It provides a mechanism for communicating about APRN regulatory issues, facilitating implementation of the APRN Consensus Model, and involving all stakeholders in moving forward APRN regulation. Delegates from 28 nursing organizations, representing the licensure (e.g. NCSBN), accreditation (e.g., CCNE), certification (e.g., American Nurses Credentialing Center [ANCC]), and education (e.g., American Academy of Colleges of Nursing [AACN]) components of APRN regulation, meet monthly via a virtual meeting, which serves as the primary vehicle of interactive communication in the **LACE Network**. Specialty professional nursing organizations with APRN membership, like the International Society of Psychiatric-Mental Health Nurses (ISPN), also



The International Society for Psychiatric Mental Health Nurses has played a vital role in my successful transition from a masters student to an independent psychiatric nurse practitioner. Through membership, I have gained a supportive network of experienced advanced practice psychiatric nurses who have provided me with mentorship and encouragement. ISPN has been an invaluable resource and continuously enrich my clinical practice.

~ Holly Hillburn, MS, RN, PMHNP-BC



It's a tough job being a nurse who engages with brain disordered people. It's made easier with alliances with affirming colleagues around the world who share the same values and are willing to share their expertise and experience of change.

~ Susan Lee Benson, DNP, PMHCNS/FNP-BC



I have found the annual ISPN conferences extremely valuable. The plenary sessions they provide touch upon relevant topics that enhance my role as an educator and clinician. In addition, I have found the organization has helped me experience a sense of camaraderie with my peers. I look forward to continuing the supportive mentoring and networking that ISPN provides.

~ Barbie Frechette, DNP, PMHNP participate. Victoria Soltis-Jarrett, Sara Deutsch-Horton, and Wendy Umberger currently serve as ISPN's representatives to the LACE Network. Our roles on the **LACE Network** are to support the mission of ISPN, protect the interests of psychiatric mental health APRNs, and provide information to ISPN membership about ongoing communication at the national level related to the APRN Consensus Model implementation.

The public side of the LACE Network can be accessed at:

http://www.aprnlace.org. Check it out. It gives you a wealth of information to help you understand the APRN Consensus Model and answer questions related to its implementation. For instance, there are two LACE clarifying statements on the LACE Network website; the first clarifies the APRN core courses (also known as the 3 P's) and the second clarifies age parameters for APRNs. Please contact your ISPN representatives to the LACE Network with any questions and for further information:

- Victoria Soltis-Jarrett vsoltis@email.unc.edu
- Sara Deutsch-Horton shortond@iupui.edu
- Wendy Umberger wlewando@kent.edu

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## **ISPN Foundation Report**

The ISPN Foundation was thrilled to award two travel scholarships this year to Yemi Adebowale and Fabienne Williams, the Mental Health and Wellness Research Grant to Craig Tyson, and the Foundation Research Grant to Dr. Kathleen McCoy at the annual conference in San Antonio! The Mental Health and Wellness Grant, made possible by Drexel University faculty, will support Craig Tyson's research project where he will measure the effects of a two-week intensive group therapy outpatient intervention for naval combat veterans suffering from PTSD. The Foundation Research Grant will support Dr. McCoy on her study "Reflections upon Long Term Volunteer Commitment Experience to a Professional Organization during a Time of Rapid Change." We look forward to hearing about their results!

The Foundation would also like to acknowledge the tremendous generosity of Foundation Event attendees and contributors because they made it possible to offer these travel scholarships and research awards!

Bobbie Posmontier, PhD, CNM, PMHNP-BC Foundation Board President bp98@drexel.edu 215-495-3050

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## From the Membership Committee

The Membership Committee was involved in several exciting activities at the annual conference in Atlanta. We enjoyed meeting new members and revisiting with old friends. Our membership booth was a busy spot answering questions, selling ISPN pens and flash drives, ISPN publications and recent publications by ISPN members, and giving away ISPN pens and stress balls. Forty-four new members attended the New Member Orientation and Breakfast on Thursday morning.

This year we held the "Be A Member-Bring A Member" drawing again with ISPN member Karen Shrepp winning a \$100 gift card for bringing a new member to the conference. We introduced an ISPN Membership Quiz drawing this year, with Kathleen McCoy winning a free year ISPN membership. Our focus for 2012-13 continues to be the retention of current members and increasing membership, especially among students, DNPs, and international PMHAPNs. If you have any questions or suggestions about membership, please contact any of our committee members:

Kathleen McCoy (Chairperson) Susan Benson Beth Bonham Holly Hillburn Susan Krupnick Marion Newton Carol Tozer (International Member)

## ISPN Members Accomplishments and Achievements

Members stopping by the booth in Atlanta this year were asked to "blow their horn" by telling us about their recent awards and achievements.

Victoria Baldasarre, APRN, PMHNP-BC is a founding member of Northwest Advanced Practice Psychiatric Nurses (NAPPAN) – a peer supervision group in the Boston area. NAPPAN includes members of the 2011 class of Massachusetts General Hospital Institute of Health Professions who network and collaborate on professional and practice issues.

**Laurie Barkin, RN, MSN,** member of the ISPCLN Division is the author of *The Comfort Garden: Tales from the Tramua Unit,* selected by the ANA as a Book of the Year for Psychiatric-Mental Health Nursing, 2011.

**Susan Krupnick, MSN, PMHCNS-BC, ANP,** member of the ISPCLN Division is the 2011-12 winner of the Hendrix Award and Lectureship.

Vicki Lachman, PhD, APRN-BC, MBE, FAAN is the author of Ethical Challenges in Health Care: Developing your Moral Compass published in 2009 and the author of "Negotiation Skills for the Doctoral Advanced Practice Nurse"

in Role Development for the Doctoral Advanced Practice Nurse Practice, (2011) both published by Springer.

**Kathleen McCoy, DNSc, APRN, PMHCNS/NP-BC, FNP-BC**, has been inducted in the American Academy of Nurse Practitioners in 2012.

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### From the Marketing and Development Committee

The Marketing & Development committee had a successful year promoting the 2013 annual conference in San Antonio. We were able to secure 13 exhibitors and 1 sponsor this year- one of the highest numbers of exhibits on record for ISPN. The committee implemented an exhibitor evaluation to help us better prepare for 2014. It is always a challenge to contact potential exhibitors and to ensure that the exhibits represent a diverse range of services, programs and organizations.

The committee is excited to work on the 2014 conference in Greenville and we look forward to an even more successful representation of exhibitors. If there are any particular organizations or exhibitors you would like to see in 2014, please contact one of the committee members listed below. Additionally, we would be delighted if members from South Carolina who have local contacts would be willing to work on the committee for 2014. The committee has recommended several innovative and exciting ideas for 2014 – we will provide more information as the time nears.

I would like to acknowledge the members of the 2013 M & D committee who are collaborative, responsive and collegial and a delight to work with: Gail Brenz, Peggy Dulaney, Vanessa Gengung, Colleen Gore, Andrea Kwasky, Caroline McKinnon, Lynn Shell, and Sandy Wood.

Carla J. Groh, M & D Chair grohci@udmercv.edu

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## **ACAPN Division Update**

Dear ACAPN Colleagues,

August 2013 will be the 50<sup>th</sup> anniversary of Dr. Martin Luther King Jr.'s "I Have A Dream Speech." No doubt there will be ceremonies on the Washington DC mall and the media will replay the speech and discuss the progress of the country since that now famous event. Symbolically, that speech can be applied to numerous struggles. As I think about the path this division has taken since it's creation, I am reminded that our broad dream has been, "to promote the mental health of infants, children, adolescents and their families through clinical practice, public policy and research." While we have identified excellence in education, public awareness, advanced practice skills, cultural sensitivity and communication as additional ACAPN purposes, they also serve as strategies to achieve our broader goal or dream for the success of our specialty. While we have been very successful in developing clinical expertise, collaborating with other groups, contributing to the science of child mental health and advocating for youth with psychiatric or behavioral challenges, the reality of our complex and chaotic environments remind us that more has to be done. We need to reaffirm our dream and remind ourselves about what still needs to be done.

Given the opportunities that will be available through the Affordable Care Act and the heightened awareness of the vulnerability and needs of children and adolescents as a result of multiple tragedies over the years, child and adolescent psychiatric nurses are well positioned to dream big, think outside the box and try new and perhaps more impactful strategies to meet the mental health needs of our youth. As I said in my May 2013 eblast, our collective voice and action can make a difference. At this time and throughout the world, the mental health of our youth is more perilous than ever. Poverty, war, violence, inadequate human and non-human resources, stigma, and poor access to care are pervasive realities everywhere and serve as barriers to mental health and prevention efforts.

The King speech provides hope that our dream can be realized but reminds us at the same time that we cannot be satisfied when vulnerability and risk remains for mental illness. The advocacy role of ACAPN is needed now more that ever at the local, national and international levels. Please let me know what you see as the most important activities for the division over the next year and if there are opportunities related to our purpose that has yet to be actualized. I look forward to working with you and welcome any or all suggestions and ideas as we move to expand our footbrint.

Edilma L. Yearwood, PhD, RN, FAAN ACAPN Division Director

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# **AGPN Division Update**

Dear Colleagues,

HOWDY!

I overheard two members say that this was the best ISPN convention they ever had attended. What do you think?

You likely came for the education and the community of colleagues. Did you have a great time seeing your colleagues and meeting new ones? How were

the offerings for your continuing education units for your adult geriatric nursing?

At the convention, we had an Adult Geriatric Psychiatric Nurses Division meeting. Several members attended: Kandy Aboud, Marilyn Paplow, Gina Pitocchelli, Cynthia Handrup, Willa Shields, Candice Knight, Linda Skalsky and Theodora (Teddy) Sirota. Also in attendance were the new president, Evelyn Parrish and the president-elect, Sara Horton-Deutsch.

In the new business portion of that meeting, each colleague talked about their wants and needs as a member of the Adult Geriatric division. Here are some of the themes of those wants and needs:

- Educate and communicate with other care professions and nurses of other disciplines what we do and how we can work together to promote care for our clients.
- Help advanced practice nurses be more supportive of one another (and not work against each other).
- 3. Become a resource to primary care providers in our communities.
- 4. Help retain psychotherapy within our practice even in briefer forms.
- $5. \ \mbox{Become more confident in our skill}$  and what value we provide.
- 6. Connect more with our Adult Geriatric and ISPN colleagues.
- Create a clinical issue forum where we can pose questions and seek advice from our colleagues.

The next question this core group dealt with was how were we going to connect? Monthly conference calls, Skype, email, phone calls (especially to new members), and a blog forum.

There was discussion on how we could promote growth of ISPN and the division. Suggestions included offering CEU's with local membership or monthly online classes as well as personal outreach to colleagues. Another idea was to put on the registration form a way for members to be an ambassador for ISPN and the division. This ambassador would pair up with first time attendees and/or new members to make them feel a part of the community, instead of an outsider.

It was decided that we needed to build the infrastructure to connect and engage others. This core group was formed and the means of regular networking and communication was discussed. Linda Skalsky took the lead and has created a blog site when we can connect. It can be reached at <a href="http://ispnagon-division.freeforums.net">http://ispnagon-division.freeforums.net</a>. You will need to create a username and password and then you are in. This is a great first start. So log in and help create a connection.

There may be other social media sites that have a few more features. If you already use other social media means to connect and you like them, please let me know about them.

We have need for:

- 1. Nomination committee delegate from our division
- 2. A next chairperson of our division which would begin in 2014 and is a 2 year term.

Please volunteer. Change is happening. Be the change.

Respectfully submitted, Susan Benson sueleebee@me.com

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### **ISPCLN Division Update**

Hello ISPCLN Division Colleagues;

I hope that our friends, colleagues and their family members in the Midwest region are safe as this last spring has turned into a turbulent weather pattern. My thoughts and wishes for your safety are with you. I also want to express my sincere appreciation to many of the ISPCLN division members and also ISPN members in general who called or emailed to me during the aftermath of the Boston Marathon bombings, I passed along your thoughts to all the nurses that I know were actively involved in being at the medical tent at the end of the race, and also at the various medical centers in Boston who cared for the individuals injured. We are slowly getting back to a post tragedy "new normal" state. Your thoughts and well wishes and support in so many ways have made a tangible difference, I personally want to thank everyone who reached out to me and offered your support to me too. You are all the best.

Also, I want to thank many of the first responders, nurses and especially psychiatric nurses who have been working in Moore, Oklahoma and will be working with so many victims in the Oklahoma City tornado disaster. Thank you all for what you are doing for our neighbors in San Antonio too, as they continue to be ravaged with flooding. If anyone would like to assist our neighbors in Oklahoma please consider a donation to the Red Cross, and if you would like to assist the many victims of the Boston bombing tragedy, you might consider the Boston One Foundation. These are turbulent times and once again nurses, especially psychiatric nurses are being pressed into community recovery programs and individual recovery strategies to assist our patients, their families and neighbors with the first steps of healing. We work diligently to provide them with safety first and psychological first aid to lay a foundation where they can begin to negotiate "picking up the pieces of their lives". Thank you all for being present to these most vulnerable people!

# 15<sup>th</sup> Annual ISPN Conference is a Success: The 15/50 Celebrations

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 San Antonio, Texas. First it was just wonderful to be in such a beautiful and relaxing environment with colleagues and friends that I typically see once a year.

During the conference I had numerous opportunities to reconnect with long time PCLN colleagues and to participate in an equally rich educational experience. During this year's conference we celebrated the 15<sup>th</sup> Anniversary of ISPN with a dinner on Wednesday evening that Peggy Dulaney, Beth Bonham, Linda Finke and I worked collaboratively to orchestrate. We were fortunate to have most of the ISPN Founders at the dinner, and Linda Finke and Beth Bonham worked with all the Founders to tell their story as they recalled the beginning of ISPN. Each person's recollections were placed in the Celebration Program Booklet that each participant received.

Additionally, we also celebrated 50 years of PCLN practice during a luncheon on Friday. During the luncheon there was a panel presentation with several PCLN's from the United States speaking about the beginnings of PCLN practice, the development of the educational process for PCLN practice, and we were fortunate to have two PCLN's from Australia join us to discuss PCLN practice and research in Australia. Dr.Timothy Wand, who is the current Chair of the special interest group for PCLN's in Australia and Julie Sharrock the past Chair of the PCLN-SIG in Australia. The panel presenters included Peggy Dulaney, Jane Neese, Karen Ragaisis, Marilyn Shirk, Mark Soucy, Jean Klein, Timothy Wand and Julie Sharrock. Our colleague Ann Robinette was to be panel presenter, but due to a family member health issue, she was not able to discuss her transition in practice from acute care to specialty oncology hospital practice and then into long term care. It was apparent from the presentations that over the last 50 years PCLN practice, research and education have continued to expand into atypical and novel practice environments and then come full circle with an upswing in PCLN's now working in acute care environments. PCLN's are creative, flexible, innovative and often "ahead of the upcoming wave of changes". I hope the next 50 years are as exciting, and that our upcoming PCLN's will continue to lead the way on innovative clinical strategies.

### Dr. Lisa Robinson- First Recipient of the ISPN Living Legends Award

Dr.Lisa Robinson was presented with the first ISPN Living Legend Award, which is a new award established this year to honor an ISPN member for a life time of focused work in the area of psychiatric-mental health nursing. Dr. Robinson is often spoken of as the "mother of PCLN practice", she has authored several books addressing PCLN practice, established an academic program to educate graduate level nurses in psychiatric consultation liaison nursing at the University of Maryland. Therefore, with such an outstanding career that focused on PCLN practice it was fitting with the 50 year celebration of PCLN to honor Dr. Lisa Robinson with the first ISPN Living Legend Award. Dr. Robinson was presented this award at a dinner in Boston, as she has retired to Plymouth, MA. We were able to organize a celebration dinner for her and Dr.Soltis-Jarrett was able to call her during the dinner to express her congratulations to Dr. Robinson. Congratulations to Lisa on a "job well done". Also, several of Dr.Robinson's students and colleagues from University of Maryland reconnected with her to congratulate her on this award.

# Another Successful and Fun ISPN Foundation Event.

Additionally, the ISPN Foundation, under the leadership of Susan Vebber put on a special event with a wonderful Southwestern cuisine reception, an open air environment added to this special event. Once again Peggy Dulaney both entertained and engaged the participants into parting with their money in such a truly enthusiastic manner. This event was both fun and another opportunity to network with colleagues while contributing to the ISPN Foundation. Kudos goes to ISPCLN division member Peggy Dulaney who worked the participants as a finely tuned auctioneer- encouraging a bidding frenzy over several auction items. These monies are used to promote research efforts and facilitate participation of colleagues at the ISPN conference.

#### Peggy Plunkett -PCLN at Dartmouth Hitchcock Medical Center Presented the ISPCLN Leadership Awardee for 2013

Psychiatric Consultation Liaison Nurse Specialist Dartmouth Hitchcock Medical Center, Hanover New Hampshire

Please take a moment to send along congratulations to Peggy Plunkett. 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 Peggy Plunkett 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 Peggy Plunkett and her commitment to PCLN practice, her patients and her nursing colleagues. Peggy has been instrumental in establishing the PCLN role at Dartmouth Hitchcock Medical Center. She continues to evolve her role by seeking out new learning experiences to enhance her own practice, including, ethics consultation These learning experiences have allowed her to expand her knowledge and disseminate her knowledge in building more effective approaches to challenging patient related issues at the medical center.

Additionally, Peggy 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. Also, Peggy has returned to the ISPN board of directors as the Treasurer for 2013-2015. Thank you Peggy for your generous support of ISPN and your continued leadership!

# Increasing the Visibility of PCLN Practice

I want to encourage you to consider submitting an article to Perspective in Psychiatric Nursing, where there is a section devoted to psychiatric consultation liaison nursing. 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. During the 2013 conference several of the PCLN present at the business meeting supported the idea of developing a PCLN bibliography, so it would be very helpful as the work begins on this venture to have each PCLN send me citations of any articles you have authored, coauthored or articles that you use in your practice, that describe PCLN practice. 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. Victoria Soltis-Jarrett for her incredible 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. Often, you would hear her say "No worries, we can get it done", and she did work with colleagues to "get it done". Thank you Victoria for your masterful leadership and collegiality. Additionally, I want to welcome Dr. Evelyn Parrish 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 members of this division very often 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.

### 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 <a href="Skrupnick@charter.net">Skrupnick@charter.net</a>; 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 2014!!! Plan to meet your PCLN colleagues in Greenville, South Carolina next March.

Warmly,

Susan Krupnick MSN, PMHCNS-BC, ANP-BC, C-PREP ISPCLN Division Director

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### **SERPN Division Update**

As I was walking to work this morning, I stopped to enjoy the rejuvenating sunshine along with a slight breeze. Spring and summer always seem to be reenergizing after the long winter months. I am looking forward to participating in outside activities over the next few months and hope that you will be able to do the same. This feeling of joy is also intertwined with a feeling of sadness and a heavy heart for the loss experienced in numerous states due to tornadoes recently. My thoughts and prayers extend to those who have been either directly impacted or worked in areas of disaster and trauma over the last few months.

I want to extend greetings to all new and returning SERPN members. As the new director of SERPN, I am excited and appreciate the opportunity to facilitate the areas of interest that we identified this year at the 2013 annual conference in San Antonio. We had several members attending the conference for the first time which is always exciting. I would like to thank everyone who attended the SERPN division meeting where the energy and excitement about our upcoming year was evident. We had great ideas offered that we would like to focus on as a group. As you review the targeted areas of interest for the year, I would like for you to consider which areas you would be interested in being involved during the upcoming year.

The following topics were identified: 1) The development of a position paper on the topic of lateral violence in the workplace, 2) Training (possibly a webinar) on the DSM- V with a bulleted outline for members, 3) Integrative Care Workforce which includes collaboration with APNA working through NONFP and the Academy in alignment with evidence-based model by SAMSHA and HRSA Center for Integrated Health Solutions, 4) Guidance of transition of psychiatric mental health nurse practitioner programs, 5) Development of a Health Policy Paper for educational programs to meet mental health needs of tomorrow to support #3 and #4 of our topics, and 6) Preparation of mental health nurses to guide, respond, and direct mental health leaster responses. It will require ongoing active participation to achieve these six items; therefore, the ability to facilitate these projects over the next two years will depend on member response and engagement. I am hopeful that we will be able to work on each of these areas. We will also continue to support Wendy Umberger, PhD, as our representative on the LACE network. Wendy is going to provide updates in *Connections* of the meetings so that you can keep abreast of the discussions that are occurring.

I want to thank everyone who has already expressed an interest in supporting these ideas and for those that are still interested, you can email me directly at <a href="mailto:rene.love@vanderbilt.edu">rene.love@vanderbilt.edu</a>. Healthcare is changing rapidly and it will take all of

us to guide our profession in the direction that we desire. If we have missed any other important ideas or if you learn of other activities or updates, then please let me know so that we can share with everyone. Thank you once again and I look forward to this upcoming year.

Rene Love DNP, PMHCNS/NP-BC SERPN Division Chair

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## **Netiquette for ISPN Listserve Users**

Here are some simple guidelines when using a listserv to ensure a more enjoyable online experience:

Ten Tips for Using a Listserv

- 1. When responding to a listserv, keep your messages brief.
- Respond directly to the sender, rather than to the entire list. After receiving multiple responses, consider compiling a short message to post to the entire list. Include a portion or a summary of the message you are responding to, so others are clear.
- 3. Stick to the topics intended for discussion on the listserv. All communication should be focused on sharing knowledge, and seeking information.
- 4. Avoid all upper case when writing. This is thought of as shouting.
- 5. Be cautious when using humor in your messages.
- 6. Avoid sending meaningless messages with no content, such as "I agree!"
- 7. Instead, respond with personal notes directly to the person.
- 8. Identify yourself. This could be your first and last name, email and your institution.
- 9. Avoid sharing your grudges or dirty laundry. If you have a conflict with an individual, settle it by private e-mail messages (or better yet, in person).
- 10. Be positive about people's queries posted to the listserv. Many people are new to the listserv process. Send them a private message and "gently" make suggestions if you think it is warranted.

Remember, we're here to learn, share, and grow from each other.

Enjoy! Plumer Lovelace ISPN Executive Director

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