

Attention:

ISPN has moved our headquarters. Please send all correspondence, effective 10/4/04, to the following address for our new headquarters:

ISPN
c/o The Rees Group
7600 Terrace Avenue, Suite 203
Middleton, WI 53562

If you have questions or need assistance, feel free to call the new headquarters at 1-866-330-7227 (toll-free). For membership services, ask for Theresa Vollstedt. For other questions, ask for Bruce Wheeler, ISPN Executive Director.

You may also e-mail ISPN President Lynette Jack with any comments/concerns at ljack@waynesburg.edu



ISPN

7600 Terrace Ave, Ste 203
Middleton, WI 53562



President's Message

Lynette Jack, PhD, RN, CARN
Ljack@waynesburg.edu

At the annual educational conference in St. Louis in April 2004, we held an issues forum where conference attendees had an opportunity to discuss important issues in small groups. The recommendations of the groups were presented to the audience as a whole, and I wanted to report to all of you on those discussion groups since the results were so powerful and persuasive.

One of the groups looked at education issues. Their comments primarily centered around the lack of psychiatric nursing content in undergraduate curricula today. This has resulted in fewer nursing students becoming excited about psychiatric nursing as a specialty, in turn bringing fewer students into our graduate programs and advanced practice positions. The group commented that there are fewer psychiatric nursing faculty in schools of nursing since there is less content on psychiatric nursing, and this has reduced the number of faculty on curriculum committees and other decision-making groups. NCLEX (the national licensure process in the United States) has reduced the number of psychiatric nursing questions in the licensure examination, saying that very few new graduates take positions in psychiatric settings so there is less

concern that they have the minimum knowledge necessary for safe practice in those settings. Our issues forum group talked about ways to make an impact to change the educational system priorities, and agreed that the biologically based psychiatric illnesses need to be addressed more. Elizabeth Poster plans to write an editorial column in the journal she edits regarding these issues, and the group suggested that ISPN members write letters to the editors of other journals to comment on the negative impact of decreased content on psychiatric nursing in undergraduate curricula. The entire audience at the forum agreed that all nurses need to be competent in dealing with psychological issues and psychiatric disorders, no matter where they practice, and they won't be competent if the content continues to be decreased.

A second issues forum group focused on the Psychiatric Nurse Practitioner role in comparison with the Psychiatric Clinical Nurse Specialist role. Members of the group commented that there was a terrific focus on clinical issues at this conference — perhaps the best ever. One identified need was the ability to explain to patients who we are as advanced practice psychiatric nurses, and how NPs and CNS differ. The group recommended we use our website to

explain role similarities and role differences, and also describe on the website the statewide and international differences in scope of practice for NPs and CNS'. A second concern addressed by this issues group was that on inpatient psychiatric treatment units, often the least experienced nurses are staffing these units while these patients have the greatest acuity. Advanced practice nurses are often working in outpatient programs rather than inpatient units. The group recommended that ISPN write a position statement reflecting our belief that high acuity patients being treated in inpatient settings need to have greater access to advanced practice nurses with the

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ISPN

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Creation of Yahoo Group

Karen Ragaisis, MSN, RN, APRN, CARN, BC
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I am so excited to share with you the news that ISPCLN now has a Yahoo! group site. Thanks to kind encouragement from Paul McNamara, a member of the Australia and New Zealand Consultation Liaison Nurses group, I was able to set up the site with minimal computer anxiety. The purpose of the group is to provide a forum to discuss PCLN practice issues and promote support for members around the world. The group has been up since September 14, 2004 and we've connected with PCLN's practicing in other countries. Thanks to Pamela Minarik for spreading the word

To join the group:

Send an email to: ISPCLNandConsultationLiaisonNurses-subscribe@yahoo.com

To post a message:

Send an email to (attachments are permitted): ISPCLNandConsultationLiaisonNurses@yahoo.com

Under New Management

ISPCLN recently changed management firms in order to centralize and streamline operations. Our new management firm is The Rees Group, Inc., headquartered in Middleton, Wisconsin, a suburb of state capitol, Madison.

With the new firm comes new staff. Bruce Wheeler, executive director, has an extensive background in association management, having worked for the California Society of CPAs, Credit Union National Association, and the Society for Research on Nicotine & Tobacco. Dianne Benson, finance manager, has been with The Rees Group for more than 10 years and currently provides financial analysis and other support services for 15 national and international membership associations.

John Hofmann, IT manager, develops websites and supports the technology needs of associations as diverse as the Society for Psychophysiological Research and the International Neural Network Society. Meeting Planner Stacey Phelps has planned educational conferences and trade shows for groups including the Nursing Organizations Alliance, the American College of Veterinary

Pathologists and the American Osteopathic Academy of Sports Medicine.

And, finally, Theresa Vollstedt, ISPCLN's administrative assistant/membership coordinator, has association management experience with groups including the Association for the Advancement of Applied Sport Psychology and the Wisconsin Winery Association.

ISPCLN's new staff can be reached at (608) 836-3363 or toll free (866) 330-7227 during regular business hours Monday through Friday, Central Standard Time. ISPCLN's new mailing address is 7600 Terrace Avenue, Suite 203, Middleton WI 53562-3174. The new fax number is (608) 831-5122.

Research Council

Kathleen Scharer, PhD, APRN, BC, FAAN
Kathleen.Scharer@sc.edu

The Research Council is currently evaluating requests for research funding we received over the summer. The deadline for submission was 10/15/2004 for the 2004 year. We are able to give 2 \$1000.00 research grant awards this year. We are expecting to make the awards before the end of the year. We are hoping to be able to give two grants again in 2005. So get your proposals ready for winter of 2005 and watch for the call for research proposals at the end of 2005. If we are able to give the awards we would like to do so at the annual meeting in April. So if you are

looking for a funding source or know of students who may need funding, please watch the web site for the call for proposals for 2005.

For those of you who will be presenting posters at the annual meeting, the Research Council will be giving two levels of awards — first place and honorable mention, in three categories. The review process usually begins immediately after the end of the set-up time period so if you want your poster to be considered for an award, please be sure you have set up your poster promptly!.

Conference 2005 Update

Conference 2005 is coming to Pittsburgh April 6-9, 2005

Our next annual conference is in Pittsburgh, April 6-9, 2005. With that fabulous location in mind, our theme is: A Fountain of Possibilities: Clinical Practice, Research, and Education. We've received many interesting abstracts, with topics ranging from domestic violence to networking, from psychotropic medications during pregnancy to dementia issues in the elderly. Thanks to all of you who submitted abstracts — our conference couldn't be this stimulating without you.

The conference planning committee (Kathe Niznik, Elizabeth Steinmiller, Ann Mitchell, Peggy Dulaney, Candy Dato, Judy Coucouvanis, Elissa Emerson, and Lynette Jack) are feverishly working to finish the last details of the registration brochure so you can see what a great program this will be. Our Melva Jo Hendrix Lecturer will be Dr. Linda Finke. To achieve this distinction, one has to be known as an articulate speaker, a nationally known force in psychiatric/mental health nursing, recognized for work with underserved populations, an outstanding leader and mentor. Linda meets all of those criteria and then some, so her lecture should prove to be a highlight of the conference—not to be missed! We'll also feature a panel presentation on diversity, looking at issues in building relationships with diverse clients and building relationships with diverse students and colleagues. Back by popular request, we'll have an issues forum, where conference attendees can brainstorm within small groups and produce ideas for addressing some of the most pressing issues in our organization and in psychiatric/mental health care delivery today. This should prove to be a wonderful opportunity to network and provide input the organization's leaders can use to take strategic actions in the next year.

The conference committee also knows you come to conference with the goals of reconnecting with old friends, making new friends, strengthening collegial relationships with psychiatric nurses from around the globe, and just plain having fun. So, we'll have evening outings for dinner and a great view, tours of famous mansions and art galleries, riverboat rides, shopping excursions, and other fun waiting for you when you arrive. Pittsburgh is a great city for a conference, and our hotel is a real bargain at \$119/night. So mark your calendar now, save the dates, and watch for our registration brochure, just after the start of the New Year. We'll see you in Pittsburgh!



Practice Council Committee

Kathleen Delaney, DNSc, RN
Kathleen_R_delaney@rush.edu

One of the practice council's interests is constructing a road map to Evidence Based Practice (EBP) guidelines. Besides making intuitive sense, EBPs are a standard increasingly demanded by consumers and payers. They are also an integral component of major conceptual shifts that are coming into play in the mental health system. This past week a colleague and I attended the JCAHO-hosted National Conference on Behavioral Health Care: A Focus on Outcomes Research and the Use of Data. We heard two days of papers on a wide range of issues connected to behavioral health outcomes and the shifting paradigm of mental health care. Various federal reports (Institute of Medicine, Crossing the Quality Chasm, Surgeon General's Report, and The President's New Freedom Commission) all point to a mental health system built on a public health model that has at its heart consumer-driven outcomes, EBPs, and performance measurement. Three ideas I walked away with are:

One, the federal government is launching numerous federal initiatives to bring EBPs to a reality. Look on the SAMHSA.gov web site to view their National EBP demonstration project and The National Registry for Effective Practices (NREP). Two, practice will move with technology which will forge the development of data sets that will indicate what type of patients are being treated, by whom and how. The assumption is that the "how" of treatment will embrace EBPs. See www.ds2kplus.org to understand how technology will roll out the electronic submission of claims, new data standards, and new platforms for consumer involvement in outcomes and accountability. Three, we should be crafting services to implement outcomes consumers want and set up information so that consumers can make educated judgments on services. A systems performance will be increasingly judged on these outcomes. For more on this idea see www.mhsip.org. Also please watch for the Practice Council's statement on Evidence Based Practice.

President's Message

(continued from page 1)

highest level of skills. The group also recommended programs for the 2005 conference focusing on strategies for talking with the general public about who we are and what we do, as well as ways to talk "business talk" to market our private practices. There was a request for a session at the next conference that helps us understand how to use technology in therapy and advanced practice. The group also commented that there are states that are refusing to fill prescriptions written by psychiatric NPs, and they recommended that ISPN take a position on this issue. The group also commented that in some states, only psychiatric CNS' can do therapy. These issues reflect the confusion that exists regarding the practice roles and skills of NPs and CNS'. One member of the group encouraged us all to read the Hay Report, published by the American Psychiatric Association in 1995, commenting on where funding in psychiatry is going and what's not being funded.

A third issues forum group talked about international issues. Several members of this group were conference attendees from other countries. As an organization, ISPN is committed to meeting the needs of psychiatric-mental health nurses around the globe. We need to work more at making our organization welcoming to international members. One of the keys is to understand the value of the US dollar as it relates to other currencies. The group recommended a tiered track of registration and membership fees, related to exchange rates in other countries, so that the fees are a bit more equitable around the world. We also learned that many members and conference attendees don't understand American abbreviations, so we need to be more careful as we use terms or abbreviations. Perhaps a list of abbreviations and drug names, along with healthcare system acronyms, could be placed in the conference binder. One member suggested a buddy system be created at the conference, linking an international member with a member from the United States. A visitors' packet could be placed in the conference binder to help orient international attendees to the host city and country. Something about the city could be sent to the international attendees at the time of registration, with a welcome letter and orientation information that would ease the international member's adjustment to being in the United States for the conference. We also need an international member orientation at the conference, and an indication of division on the conference nametag so international members can quickly locate people they may be networking with electronically. It was suggested that there be a lunch together the first day of the conference, so international attendees can meet people more easily. We need a message board at the conference as well. The issues forum group also recommended that ISPN connect with and regularly communicate with psychiatric nursing organizations in other countries to develop more formal partnerships. It may be possible to link websites and do research or clinical

projects that focus on key issues affecting people in several countries. In general, the website needs to be more "user friendly" for all of us, but in particular for people from other countries. The group would also like to see an international representative to the Governing Board.

And, finally, the fourth group at the issues forum focused on structural issues within the ISPN organization. Many members of this group expressed frustration with the current structure, commenting that this structure was necessary at the time the founding organizations merged to form ISPN, but now it's time to re-evaluate the effectiveness of our structure. In particular, group members commented on the overlap between divisions and councils and the need for better coordination of activities. The recommendation was made that we consider fewer elected positions, but more short-term task forces on particular issues that can be disbanded when the task has been completed. The group encouraged the board to consider a location for conference outside the United States, and improved communication with members around the globe via our website and our newsletter. They also recommended more orientation to leadership roles and more formal, written guidelines for procedures and processes. They asked for a focused strategic plan that includes accountability and costs for key strategic actions for the next several years, so we are clear as an organization where we're investing our resources, both time and money. They commented on the need for a post-conference board planning meeting, to use the energy of the conference as a boost for the next year. They also commented that ISPN needs a management company staff that will work positively with us to accomplish our goals and help us grow as an international and influential organization.

You can see that these forum groups were stimulating, forward thinking, oriented toward positive solutions for key issues, and dedicated to ISPN goals and mission. The Governing Board listened carefully, and plans to take action on many of these recommendations are currently underway. You will see concrete results at the 2005 conference in Pittsburgh, and you can see that we have changed our management company to a group that we believe will be responsive to members' needs and supportive of our goals. We'll be asking for your feedback on these changes. Let us know if you think we're moving in the right direction and how we can continue to enhance the value of your dues.

Best Wishes,

Lynette Jack

PhD, RN, CARN, President, ISPN

Clothes Drive for Chronically Mentally Ill Patients in Panama: Bring Adult Clothes to Annual Meeting

The Pan American Health Organization, ISPN and the Honor Society of Nursing, Sigma Theta Tau International have been working with the country of Panama to facilitate the development of competencies for mental health nursing. As a part of this project, Edilma Yearwood, Sally Raphael and Linda Finke attended the National Association of Nursing of the Republic of Panama Meeting and the Central American and The Caribbean Congress which both took place in Panama City this past August. Approximately 500 nurses attended these joint meetings from Central America and the Caribbean. Their hospitality was overwhelming and in spite of the language differences we were made to feel welcome as honored guests.

During our visit we took the opportunity to tour the mental health facilities throughout the country of Panama. Our first visit was a four hour trip into the interior of Panama to visit a rural hospital that included three mental health units. The heat was exhausting and when we pulled up to the hospital we thought we were just stopping to ask for directions at an abandoned building site. This decaying rubble was the hospital. The hospital was a cinder block building with no glass windows- only bars or decorative holes in the cinder block. We were prepared for conditions to be grim, but we were shocked by the decaying structure and lack of cleanliness. The patients, however, were well cared for and content. In fact, it was apparent that the nurses cared for the patients as if they were family, yet they had very little in the way of necessities such as plumbing, sound clean structure and staffing. What struck us instantly was that the patients had few clothes and no shoes. They also had nothing to do all day but to stare at the crumbling walls or the mud in the court yard. The barriers these patients and nurses faced seemed insurmountable, yet the nurses were not discouraged and told us of the vision they had for adequate staffing, needed medications, activities for the patients, therapy and yes- even clothes and washing machines. These nurses were inspiring and had a lot to teach us about working toward a goal with tremendous patience. Their dedication and undying spirit is something that will always stay with us.

On the plane ride home from Panama, the faces of the patients at this one hospital in particular haunted us and we searched for something we could do to help the situation. The idea of a clothes drive came to us about 30,000 feet in the air: We could ask attendees of our Spring Conference to bring appropriate clothes for these patients and we can ship them to the US Embassy who will then distribute them to the hospital. So - we are asking you to attend the Annual Conference and to bring clothes for adult patients. Remember that Panama is a very hot climate and the hospital does not have air-conditioning or even a fan. The patients are in need of such things as underwear, sleepwear, sandals, slippers, combs, tooth brushes and cotton dresses, pants and shirts. We will box the clothes donated and ship them to Panama. We know we can make a small difference for these patients and give the nurses some much needed caring as well. See you in Pittsburgh.

Linda Finke
Edilma Yearwood
Sally Raphael

SERP

Vicki Hines-Martin
Vphine01@louisville.edu

As Director of the SERPN Division during this year, I have had the opportunity to see the organization at work during a time of transition and have developed a greater appreciation of the dedication and foresight of the leadership. I have learned much and have gained momentum and focus. During this year, SERPN has undertaken a partnership with the Education Council (under the leadership of Mark Soucy) to develop a new ISPN statement on Essential Psychiatric Mental Health Nursing content in the BSN curriculum. The work of the partnership will be built on the information developed by the Education council that was shared at the last ISPN Conference. SERPN members who have consented to work with me on this effort are Dr. Catherine Kane, Dr. Anita Hufft and Dr. Sandra Nelson. We hope to have a draft of the completed document for review at the next ISPN meeting. SERPN members have also been active in assisting in the work of other areas of the organization. Dr. Joanne Hall has consented to work with the conference program committee, Deena Nardi will be working on the Research Council and Membership Committee, and Dr. Edilma Yearwood has assumed the role of chair of the Diversity Committee. It has been an exciting ride so far and I greatly appreciate all the support I continue to receive in acclimating to this role and accomplishing the work of the organization. I continue to invite the SERPN membership to let me know their ideas and concerns. ■



ISPN

Governing Board and Leadership Team

OFFICERS

President -

Lynette W. Jack, PhD, RN, CARN
E: ljack@waynesburg.edu

President Elect -

Susan McCabe, EdD, RN, CS
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Secretary -

Geraldine Pearson, PhD, APRN
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Treasurer

Mary Jo Regan-Kubinski, PhD, RN
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DIVISION DIRECTORS

(ACAPN)

Maureen Killeen, PhD, APRN, BC FAAN
E: killeenispn@aol.com

(ISPCLN)

Karen Ragaisis, MSN, RN, APRN, CARN, BC
E: KRagaisis01@snet.net

(SERPN)

Vicki Hines-Martin, PhD, RN, CS
E: Vphine01@louisville.edu

(AGPN)

Melinda Morissette, MSN, RN, CS
E: mmmorissette@adelphia.net

Committee members and Council Members and the division they represent can be found at <http://www.ispn-psych.org>. Click on ISPN Leaders Identified

Come Surf Our WebSite...

[www.ispn-
psych.org](http://www.ispn-psych.org)

AGPN Division Director

Melinda Morissette, PMH-NP, CS
mmmorissette@adelphia.net

To begin, I would like to introduce myself. My name is Melinda Morissette and I live in Bangor, Maine. In July of 2004 I was appointed Division Director for AGPN for 2004-2006. I have been in psychiatric nursing for twenty years and hold ANCC certification as an Adult Psychiatric Clinical Specialist and Adult Psychiatric Mental Health Nurse Practitioner.

I have belonged to ISPN since its inception and prior to that I belonged to the International Society of Psychiatric Consultation Liaison Nurses. I was also editor for the newsletter ISPN Connections for three years.

In the September board meeting, the members discussed the role of white papers, positions papers and practice oriented guidelines. A subcommittee has been formed to develop a template for each and the function for each paper.

Currently, the AGPN division has a task force in place working on the development of practice guidelines for the treatment of clients with Schizophrenia. Kathleen Walker, RN, CSS, PhD is Chair. There is also interest in the development of practice oriented guidelines for the treatment of Bipolar Disorder, Post Traumatic Stress Disorder and Alzheimer's. Any interested members should email me at mmmorissette@adelphia.net if you would like to be part of the development of any one of these guidelines. By the time the newsletter is out the templates should be developed.

The Adult and Geriatric Division of ISPN is in its early development. You, the members, are needed to help it grow, develop and mature into a strong division. I request feedback on your needs, what role you would like to see the division take in the organization and nationally. I am also interested in your ideas and suggestions on retention and recruitment of members.

I look forward to working with you and for you in the development of a strong and vital Adult and Geriatric division of ISPN.

Save the Date!

Conference 2005 is coming to Pittsburgh April 6-9, 2005

2005 Call for Award Nominations

NOMINATION PROCESS

Send the following to ISPN Headquarters no later than February 15, 2005 (7600 Terrace Avenue, Suite 203, Middleton, WI 53562, Attention Bruce Wheeler; you may also e-mail your nominations to bwheeler@reesgroupinc.com)

- An official Nomination Letter
- At least one endorsement of the Nominee; a nominator is welcome to solicit additional endorsements
- A copy of the Nominee's Curriculum Vitae
- Complete contact information for both Nominee and Nominator

Please direct any questions to Rica O'Connor, Awards Committee Chair: roc@u.washington.edu.

Nominators and awardees (except for the Hendrix Lectureship) will be notified as soon as selections are made.

In reviewing nominations, committee members consider the specific contributions and impact of the Nominee that meet the specific criteria of the award. Other contributions the individual or program has made to the profession, to ISPN, or to the representative division may also be considered. Decisions of the Awards Committee, in collaboration with the ISPN Governing Board, are final.

Awards will be presented at the Awards Reception at the Seventh Annual ISPN Conference on April 9, 2005.

DIVISION AWARDS

With the exception of the Psychiatric Nursing Award, ISPN awards are given only to ISPN members. Nominees for the ACAPN, ISPCLN, AGPN & SERPN Awards must be members of the awarding Divisions. No self-nominations accepted.

ACAPN Award

The ACAPN Award will be given to a member of the ACAPN Division who has demonstrated outstanding achievements in one of the following areas: 1) clinical practice – leadership in the advancement of the care of children/adolescents with mental health problems and their families at a local and/or national level; 2) service – contribution to the advancement of the discipline of child/adolescent psychiatric nursing or the care of children or adolescents with mental health problems and their families; 3) research – contribution to the body of knowledge concerning children or adolescents with mental health problems and their families through research; 4) education – contribution to the preparation of child or adolescent psychiatric nurses through teaching, policy development or curriculum development.

ISPCLN Leadership Award

The ISPCLN Division Award will be given to a member of the ISPCLN Division who has demonstrated outstanding achievement in psychiatric consultation liaison nursing in one or more of the following areas: 1) clinical practice – contribution to PCLN clinical performance that has made a significant impact on nursing practice and patient outcomes; is viewed as a role model by colleagues; 2) leadership/service – contribution to the promotion/advancement of

the discipline of psychiatric consultation liaison nursing or the advancement of the care of patients and families with actual or potential mental health sequelae to other health problems or life events; promotion of collaboration with other psychiatric nursing groups and mental health disciplines; 3) research/writer – contribution to the body of psychiatric consultation liaison nursing knowledge through valid or published work that has added significantly to the knowledge base of PCLN practice; 4) education – contribution to the preparation of psychiatric consultation liaison nurses through teaching, policy development or curriculum development.

SERPN Jeanette Chamberlain Award

The SERPN Jeanette Chamberlain Award is given to a psychiatric nurse who has contributed to psychiatric nursing through activities that have advanced the field through public service, administration, development of healthcare policy and other service activities.

AGPN Award

The AGPN Division Award will be given to a member of the Adult and Geropsychiatric Nursing Division who has demonstrated outstanding achievement in adult or geriatric psychiatric nursing in one or more of the following areas: (1) clinical practice — is actively involved in the management of the mental health needs of the adult and/or geriatric population. This individual exemplifies the following characteristics of excellent mental health clinical practice in individual or family therapy settings: expertise, sound knowledge base of mental health issues, advocacy, fairness, respect, and compassion; (2) leadership/service — contribution to the promotion/advancement of the discipline of adult and/or geriatric psychiatric nursing through program development or the advancement of the care of clients and families with actual or potential mental health needs, or promotion of collaboration with other psychiatric nursing groups and mental health disciplines at local or national levels; (3) research/writer — contribution to the body of adult or geriatric psychiatric nursing knowledge through valid or published work that has added significantly to the knowledge base of practice; and (4) education — contribution to the preparation of adult or geriatric psychiatric nurses through teaching, policy development, or curriculum development.

ISPN Awards

Clinical Practice Award

The Clinical Practice Award is given to a psychiatric-mental health nurse who has made an outstanding contribution to the advancement of the care of people with mental illness and/or their families at a local and/or national level. The majority of the responsibilities of this nurse are clinical rather than administrative or academic. Clinical practice can include direct care, consultation, etc. The candidate demonstrates exceptional clinical performance that has made an impact on nursing practice and patient/family outcomes and is viewed as a role model by colleagues.

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2005 Call for Award Nominations

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Education Award

The Education Award acknowledges exceptional creativity and effectiveness in curriculum development, teaching strategies, student recruitment and support, educational outreach and/or other activities by a psychiatric-mental health nurse educator; viewed as a mentor and role model by colleagues and students.

Research Award

Candidates for the Research Award will be evaluated based on the following criteria: 1) the contribution of their research to the generation of new psychiatric-mental health nursing knowledge; and 2) the impact of their research on improving psychiatric-mental health nursing clinical practice, care delivery, and/or policy. The letter of nomination must describe the impact of the research program on clinical practice, care delivery and/or policy. Peer-reviewed presentation and publication of findings, receipt of external grant funding, as well as other research activities such as mentorship, consultations and peer review service activities will be included in the evaluation of the candidate.

Service to Psychiatric Nursing Award

The Service to Psychiatric Nursing Award is given to a non-nurse

(individual or group of individuals) or to a non-psychiatric nurse who has made an outstanding contribution to the field of psychiatric nursing.

Melva Jo Hendrix Lectureship Award

The purpose of this award is to honor the memory of Melva Jo Hendrix, DNSc, RN, FAAN, to celebrate her leadership, and to recognize her lifetime of contributions to psychiatric-mental health nursing. It is designed to recognize psychiatric-mental health nurses whose careers exemplify Dr. Hendrix's values and principles – her unswerving commitment to improving care for the underserved, stigmatized, or disenfranchised and her dedication to mentoring others. The Award Winner will be announced at the 2005 conference in St. Louis, MO and will present the lecture at the 2006 conference.

Criteria:

- Articulate speaker
- Evidence of leadership or emerging leadership
- Recognition of work in the community (education, practice and research)
- Nominee's career addresses key variables in the purposes of the award – i.e., work with underserved populations or mentoring

2005 ISPN Leadership Alert

Now is the time to nominate candidates for the next ISPN election. The Nominating Committee will be finalizing the slate of candidates in December for the election in February. New officers will be announced at the 2005 conference in Pittsburgh, Pennsylvania. Don't let this opportunity for greater involvement pass you by! Nominations are sought for the positions listed below. Please consider in which role you or a colleague could best contribute and respond to this call. The following positions are open:

ISPN:	Treasurer, Nominating Committee At-Large
ACAPN:	Division Director, 1 Member for the Education, Legislative, Practice and Research Councils, and 1 member for Nominating Committee
AGPN:	Secretary/Treasurer, 1 Nominating Committee Member, 2 Members for the Education Council, and 1 member for Legislative, Practice and Research Councils
ISPCLN:	Secretary/Treasurer, 1 Member for the Education, Legislative, Practice and Research Councils, and 1 member of Nominating Committee
SERP:	Division Director, 1 Member for the Education, Legislative, Practice and Research Councils

Contact members of the Nominating Committee if you have questions.

Division

ACAPN:
ISPCLN:
AGPN:
SERPN:
At-Large:
At-Large:

Representative

Carol Bush [Chair]
Jane Milazzo
Judy Hirsh
Ona Riggin
Susan Krupnick
Mona Shattell

E-mail Address

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skrupnick@charter.net
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Duties of Offices (As spelled out in the ISPN Bylaws)

1. Treasurer. The Treasurer shall:

- manage the finances of ISPN
- serve as a member of the finance committee
- provide regular financial reports to the Governing Board
- provide an annual report of the finances of the organization as a whole for the membership

2. The Nominating Committee shall:

- Coordinate all elections
- Develop ballots for all elections, seeking balanced representation from the Divisions in nominations for ISPN officers
- Obtain consents to serve
- Provide biographical information on each candidate to the voters

3. The Division Director shall:

- Serve as the Team Leader and official spokesperson for the Division;
- Represent the Division on the ISPN Governing Board;
- Provide regular financial reports to the Governing Board;
- Appoint Division task forces/committees as needed to conduct the business of the Division;
- Communicate with Division members and Governing Board concerning Division issues/concerns/activities;
- Collaborate with other Division Directors, ISPN Officers and Council Chairpersons to work on issues of mutual concern;
- Be accountable for operating within the Division budget.

4. The Division Secretary/Treasurer shall:

- Serve as recording and corresponding secretary for the Division;
- Prepare and distribute minutes of all Division meetings; Maintain financial records of the Division;
- Prepare an annual Division budget request for submission to ISPN Finance Committee;
- Prepare reports for the Division and ISPN Governing Board as directed;
- Represent the Division on the Finance Committee.

5. The Division Council Representatives:

There will be four Councils: Practice, Education, Research and Legislative Affairs.

The functions of the Councils shall be to:

- Provide a forum for coordination, collaboration and consultation among the Divisions on issues of mutual interest.
 - Identify issues and strategies for action.
- Propose activities/projects to the Governing Board.
- Provide regular reports to the Governing Board and Divisions on their activities.

The Councils will report to the Governing Board, but will also be accountable for representing the concerns of the Divisions. Each Council will have two elected representatives from each Division who will serve two-year terms (minimum of eight members).

ISPN 2005 Nomination Form

Nominations must be postmarked by December 1, 2004 in order to be considered by the Nominating Committee. All current regular members of ISPN are eligible for nomination. Nomination does not guarantee that a person's name will appear on the final slate. Self-nominations are encouraged.

All nominations must include:

- Completed Nomination and Consent Form
- A Nominee Statement that can be used in the official ballot (100 words or less) that includes qualifications and relevant experience, previous organizational contributions, and commitment to ISPN mission and goals.
- Please send via e-mail if possible to carol.bush@mindspring.com

Nomination

I hereby nominate _____ for the office of _____

This is a/an (select one) r _____ ISPN _____ Division (Specify) _____ office.

Supporting reasons for this nomination: _____

Signed: ISPN member _____ Date _____

2005 ISPN Consent Form

2005 Consent To Serve

Congratulations! You have been nominated to run for an ISPN office in 2005. If you would like to serve in the office listed, please sign the bottom of this form and fax back to ISPN Headquarters at 608-831-5122. Should you have questions, please call us at 866-330-7227. Deadline for faxing back the consent form is December 15, 2004.

Nominated by: _____

Office: _____

ISPN	Division
<input type="checkbox"/> ISPN	<input type="checkbox"/> ACAPN
	<input type="checkbox"/> AGPN
	<input type="checkbox"/> ISPCLN
	<input type="checkbox"/> SERPN

I am willing to serve in the above office if selected for nomination and elected by the membership.

Signed: ISPN member _____

Date _____

NOMINEE STATEMENT FOR THE BALLOT (Not more than 100 words):

Nominee Data

Full Name _____

Credentials _____

Title _____

Institution _____

Please Use my: Work Home Address

Address _____

City _____ State _____ Zip Code _____

Work Phone _____

Home Phone _____

E-mail _____



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Provided by an Educational Grant from Forest Pharmaceuticals, Inc.

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ISP Connections

ISP Connections the Newsletter of the International Society of Psychiatric-Mental Health Nurses (ISP) is published 3x/year.

Editor: Mimi Brittingham, MSN, RN, CS

Design/Layout: The Rees Group, Inc., John Hofmann
Advertising Opportunities:

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