



NEWSLETTER OF THE INTERNATIONAL SOCIETY OF PSYCHIATRIC-MENTAL HEALTH NURSES

CONNECTIONS

Volume 10 Issue 2

May 2007 - August 2007

From the President - August 2007

Greeting to you all! Hope your summer has gone well. There are many issues to update involving ISPN. First of all, the annual conference in Montreal, in April was stupendous with a beautiful setting and city. More importantly, the interactions and energy that flowed between attendees was wonderful to watch. Every time I attend a conference I'm struck by the importance of professional connections with colleagues. So many of us work in settings where we are a nurse alone or one of only a few doing the advanced practice work. These connections are always strengthened by the conference and the work we do.

Every time I attend a conference I'm struck by the importance of professional connections with colleagues.

The following summarizes some of the issues discussed at the conference and in subsequent months:

APRN Consensus Group: One of our members, **Edna Hamera** (also an ISPN member), has represented APNA on the APRN Consensus Group looking at APRN roles and competencies. Even though ISPN was previously represented on this group, this had stopped a few years ago. The Board of Directors voted and agreed that **Noreen Thompson** will be representing ISPN at this group's meetings. She will report back to the board.

Military issues: A newspaper article was published in a Seattle paper that

detailed the Army's plan to add mental health personnel to deal with the issues presented by soldiers. Dr. E. Ritchie, interviewed for the article, omitted nurses from the list of providers. I have sent letters to her and to Assistant Secretary of Defense, S. Ward Casscells. These will be published on the website. I have not received a response but will include this as well when I receive it. APNA also sent letters of concern about the lack of inclusion of nurses as mental health providers.

ANCC Content Expert Panel: The ANCC is forming a content Expert Panel around the adult psychiatric-mental health nurse practitioner exam
(continued on page 2)

ISPN FOUNDATION NEWS

by Elizabeth Bonham, PhD, APRN, BC

The annual ISPN Foundation fundraiser was held April 26, 2007 at the Hyatt Regency Montreal, Montreal, Quebec, Canada. A fun raffle ticket purchase preceded a buffet dinner for the 60 guests in attendance. The dinner was followed by a successful Silent Auction, an inaugural Foundation sponsored event.

Outgoing and founding Foundation Board of Director members **Dr. Jeanne Clement** and **Ann Robinette** were recognized at the fundraiser event for their dedication to and support of the Foundation. The Board warmly welcomes the three new members whose names are followed with their Division representation and home state:

One goal of the Board this year was to recognize and support graduate nursing students...

Dr. Kathleen Scharer (ACAPN, South Carolina), **Irva Faber-Bermudez** (ISPCLN, Michigan) and **Carolyn J. Castelli** (AGPN, New York).

One goal of the Board this year was to recognize and support graduate nursing students whose study focus is Psychiatric Mental Health (PMH) Nursing. Three students were awarded ISPN Foundation Graduate Student Scholarship Awards at the annual event: Ann Eungoung, Jane Franks and Robert 'Dave' Lane.

Ann Eungoung, a masters' student majoring in PMH Nursing at the University of Iowa College of Nursing,
(continued on page 2)

ISPN

New Scope and Standards of Practice... 2

Save the Date 3

APRN Consensus Work Group..... 4

ACAPN Division Update 5

ISPCLN Division Update 5

Governing Board and Councils 7

From the President (continued from page 1)

proposed to include competencies for both PMH clinical nurse specialists and nurse practitioners. Four of the eight positions were offered to APNA and their leadership has asked that an ISPN member be one of their four. An email call was sent out to ISPN members eligible to be on the panel (credentialed in last 10 years) and several members responded. Applications are being reviewed and the decision will be posted.

Revision of ISPN website: The ISPN website is in dire need of revising. Several members have volunteered to help with this and a web designer is involved with this process. Input from membership is welcomed.

Increasing fiscal and membership base: As always we want to maintain and grow our membership and increase sponsorship of various activities. This will grow our fiscal base and insure

long term liability.

I want to conclude this column with the announcement that the 2008 ISPN Conference will be in Louisville, Kentucky on April 9-12. This is an exciting year for us since 2008 marks the 10th anniversary of ISPN. One of the exciting additions to this meeting will be the introduction of a pre-conference on psychopharmacology issues across the lifespan. ISPN members have indicated in many forums that they need as much psychopharmacology information as they can get and the Board of Directors heard this loud and clear. Please plan to attend this conference in beautiful Kentucky!

We are coming out of a turbulent time in ISPN's history. I am confident that the next two years will see a time of growth and increased presence around the changes influencing psychiatric mental health nursing practice. I hope we can

continue our ongoing collaboration with APNA, ANCC and other like nursing groups as important changes are made to titlement and credentialing. Nurses are a powerful force in providing care, but we need to harness that power and authority and influence political and care issues in a concerted, organized manner.

I cannot say enough how much I've appreciated the supportive responses from ISPN members. I am always confident that if I put out a call for opinions or volunteers I will hear from you. We are a strong, vibrant group of advanced practice nurses who have a significant voice. I hope to make this voice even stronger in the coming months.

Have a wonderful fall and please don't hesitate to contact me with comments or questions. ■

Geri Pearson, President, ISPN
Email: pearsong@psychiatry.uhc.edu

Save the Date!
10th Annual Conference
Louisville, Kentucky
April 9-12, 2008

New Scope and Standards of Psychiatric-Mental Health Nursing Published

ISPN collaborated with the American Psychiatric Nurses Association (APNA) and the American Nurses Association (ANA) to update and revise the *Scope and Standards of Practice for Psychiatric-Mental Health Nursing*. The revised document is available from ANA's website, www.nursingworld.org or at www.nursesbooks.org. The price for ANA members is \$13.45.

Several ISPN members served on the work group to develop the revision of the Scope and Standards. The group worked diligently over three years to complete the task. Members of the work group were: Carole Farley-Toombs, MS, RN, CNAA, BC (Co-Chair), Peggy Dulaney, MSN, RN, BC (Co-Chair), Kathleen Delaney, PhD, APRN, BC, Judi Haber, PhD, APRN, BC, FAAN, Lynette Jack,

PhD, RN, Ellen Mahoney, DNSc, APRN, BC, Colleen Parsons, RN, C, Beth Phoenix, PhD, RN, Larry Plant, MS, PMH-NP, APRN, BC, Peggy Plunkett, MSN, APRN, BC, Diane Snow, PhD, APRN, BC, CARN, PMHNP, Sandra Talley, PhD, APRN, BC, FAAN, Christine Tebaldi, MS, APRN, BC and Karen Ballard, MA, RN, Consultant.

Editor's Note

This newsletter is produced three times a year. The next three deadlines for article submission are as follows:

Fall: September 28, 2007

Winter: January 25, 2008

Summer: May 30, 2008

In each issue we ask for updates from various Divisions, Councils, Committees and Work groups. We are interested in member professional activities, news and achievements. Please contact your division leaders with ideas for articles.

Submit your articles to **Bruce Wheeler**
email: bwheeler@reesgroupinc.com



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Foundation News (continued from page 1)

was born and educated in South Korea and graduated from the Armed Forces Nursing Academy, a nursing school for Korean Nurse Officers. Believing that PMH nursing is fundamental to nursing, Ann plans to teach future Korean nurse officers PMH nursing when she graduates. Jane Franks' focus is PMH Advanced Nurse Practitioner study at Gonzaga University. Certified as a Licensed Professional Counselor and Masters Addiction Counselor, Jane lives in North Pole, Alaska where she provides behavioral health services in Athabascan villages mostly accessible only by small plane in the Interior region of Alaska. Jane is also assisting the development and implementation of telepsychiatry services in those villages. By her own admission, Jane is the biggest Toronto Maple Leafs hockey fan in Alaska! Dave Lane is in the Psychiatric Family Nurse Practitioner clinical doctorate program at the University of Tennessee, Memphis and is completing the Doctor of Nursing Practice degree while planning to begin PhD studies. His research focus is frail elders adapting to the long term care environment after the community to nursing home migration. He is studying the concepts of vitality, intimacy, spiritual transcendence, optimism

and self worth as antecedents to lively aging among institutionalized elders. Dave currently directs an inpatient geropsychiatry program in rural Oklahoma and lives in Tulsa, Oklahoma where he and his wife are parents of eight children. We hope you are as impressed with the rich portfolios our Scholarship winners bring to ISPN as we are, and hope that you will have the opportunity to meet each one at future meetings. Please join us in congratulating the 2007 ISPN Foundation Graduate Student Scholarship Award recipients, Ann, Jane and Dave!

Please join us in congratulating the 2007 ISPN Foundation Graduate Student Scholarship Award recipients, Ann, Jane and Dave!

Each student received a monetary award with this scholarship and, in a continuing collaboration with the ISPN Board, each recipient also received a one year ISPN membership sponsored by ISPN. The Foundation Board of Directors gratefully acknowledges this very generous contribution. Thank you, ISPN Board of Directors!!

The ISPN Foundation, with the ISPN Research Council, also awards an annual Research Award. This year the Research Award recipient is Dr. Jeanne M. Cartier. Dr. Cartier's research proposal is titled *Depression and Grief - overlapping phenomena or lack of individuation?* Dr.

Cartier and her colleagues at MGH Institute of Health Profession in Boston, MA are intrigued by the notion that people experiencing grief are actually treated for depression, if at all. The purpose of the current study is to investigate whether the phenomena of grief and depression can be distinguished in persons diagnosed with HIV/AIDS and to ascertain whether the phenomena are perceived as being addressed in health care settings. As part of the award, Dr. Cartier will present her findings at a future ISPN conference. We look forward to hearing the study results. Congratulations on receiving the ISPN Foundation Research Award, Dr. Cartier!

These awards signify the ongoing commitment the Foundation has to supporting the research, education and practice of PMH nurses.

These awards signify the ongoing commitment the Foundation has to supporting the research, education and practice of PMH nurses. The continued growth of the Foundation is possible through your generous contributions. You can send your donation to:

ISPN FOUNDATION
Attention: Bruce Wheeler
2810 Crossroads Drive, Suite 3800
Madison, WI 53718-7961

Elizabeth Bonham, PhD, APRN, BC
ISPN Foundation President

Save the Date in 2008!



April 9-12, 2008

The 10th Annual Education Conference is Coming to Louisville, Kentucky!

Photos courtesy of Greater Louisville Convention & Visitors Bureau

APRN Consensus Work Group

Report on the July, 2007 Meeting

I had the opportunity to attend these meetings with **Dr. Edna Hamera** who has been attending as a representative of APNA this past year. It is my purpose here to review a little of the history of this work and then update you as to where Psychiatric Nursing fits into this draft model. In March of 2004, the American Association of Colleges of Nursing (AACN) and the National Organization of Nurse Practitioner Faculties (NONPF) submitted a proposal to the Alliance for Nursing Accreditation, now named the Alliance for APRN Credentialing, to establish a process to develop a consensus statement on the credentialing of advanced practice nurses.

ISPN and APNA were represented at the June 2004 Consensus meeting. Since then, much work has been underway to write a consensus statement that would include recommendations regarding APN regulation, specialization and sub-specialization.

Thus far, APRN continues to be the umbrella term under which there are four roles:

- 1) CNM – Certified Nurse Midwife
- 2) CRNA – Certified Registered Nurse Anesthetist
- 3) CNS – Clinical Nurse Specialist
- 4) NP – Nurse Practitioner

The decision was made to not adopt Certified Clinical Nurse Specialist as the National Association of Clinical Nurse

Specialist thought the double C is unnecessary, as in CCNS. CNS will continue. The NP designation may stay NP as opposed to CNP (certified Nurse Practitioner).

So, we will continue to use CNS or NP as our role designation. In addition, we will be one of the groups that are defined as having a specific patient population along with gender specific (women's health), adult, child, neonatal, psych/mental health.

For example, They have defined gender as a population focus because women's health is important to the CNS, NP and Nurse Midwife roles.

Psych-mental health is a population focus for NP and the CNS core role competencies. It consists of unique skills and set of interventions. It was seen as a major group and therefore needs to be regulated.

Specialties such as palliative care, gerontology or substance abuse/addiction were seen as narrower foci and therefore not needing the rigor of regulation.

It was agreed that one test should be used to assess the APRN core which they define as the 3P's (pathophysiology, physical assessment, and pharmacology), the role (one of the four mentioned earlier) and population focused competencies.

There will be additional phone conferences this year so your input is important as this draft is finalized.

Dr. Edna Hamera and **Dr. Sandra Talley** have represented advanced practice psychiatric nursing well. As I sat at the table, I was impressed with complexity of the work underway to build towards more understandable ways of communicating who we are and what we do.

It seems at this juncture, there is respect for the rich and long history of advanced practice psych nursing. If this is accepted, the most concrete change I see is that there will be a need for Schools of Nursing to expect CNS and NP students to have the same core courses (3P's). In other words, the proposed changes seem to impact faculty more than any other group.

In terms of regulation there is much to be decided. That was not the focus of our meeting. The National Council of State Boards of Nursing (NCSBN) will convene as Certifiers and the professional organizations that have formal affiliations with the certifying organizations to discuss possibilities further.

I will welcome any questions or input.

You can email me at ntthomps2@kumc.edu/

I will keep you posted as I have updates. Noreen Thompson, RN, ARNP-BC

ISPN and APNA were represented at the June 2004 Consensus meeting.

...there is respect for the rich and long history of advanced practice psych nursing.

ACAPN Division Update

by Kathleen R. Delaney, RN, PMH-NP, DNSc

Hello to all ACAPN members:

To begin, I offer a few words about our Annual Conference in Montreal. As this edition of the newsletter documents, it was an invigorating conference. The papers and posters provided an excellent perspective on the science of our profession and the direction of service delivery. Several of our ACAPN members were recognized with much deserved awards, **Sally Raphael**, the Melva Jo Hendrix lecture award, **Barbara Johnson**, the practice award, and **Charlotte Herrick**, the ACAPN award. It is wonderful that we have an avenue to recognize the practice excellence and dedication of our members to the care of children and adolescents. Forty ACAPN members attended our division meeting. As is our custom, each participant briefly reports on their work and/or focus of scholarship. We are a small group but involved in service delivery to diverse populations in inpatient/outpatient settings, as well as schools and juvenile justice. Participants had several ideas for the year; one was to

partner with Pediatric Nurse Practitioner groups to discuss the direction for integrated health care and how we might partner on preparing practitioners for these settings. Populations of concern include treatment of juvenile sex offenders and advocacy for children and families of veterans. Finally, there was an interest in developing a continuing education module on suicide assessment and prevention. Over this year we need to move these ideas to projects that will have impact. If you are interested in any of these projects, please contact me. Also contact me throughout the year with any questions and concerns. Finally be sure to read the ACAPN column in the *Journal of Child and Adolescent Psychiatric Nursing*. Here, I will highlight projects we are participating in at the national level. Have a great summer.

Kathy Delaney. Kathleen_R_Delaney@rush.edu

ISPCLN Division Update

by Susan Krupnick, MSN, APRN, BC, CARN

Hello ISPCLN Division Colleagues:

I hope that you are having some enjoyable time over this summer and taking some time to relax and have fun with the family. 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 Montreal. During the conference I had numerous opportunities to reconnect with long time PCLN colleagues and an equally rich experience was to welcome many new ISPCLN members, who had just joined prior to or at the conference.

This year, ISPN ventured out of the United States borders and experienced the culturally diverse city of Montreal. I had the opportunity to meet many nurses from Montreal as several of the hospitals (due to the wonderful networking of the conference planning committee, that was aptly lead by **Karen Ragaisis**) sent many nurses to our conference. Additionally, I had the opportunity to meet nurses from the United Kingdom and was even asked to participate in a research survey interview with one of our PCLN colleagues from the UK. His research was directed at the practice of psychiatric consultation liaison nursing and what influences it. Several of the PCLN's that attended were also asked to participate and they did so-now that was using collective wisdom; go to a conference and also conduct some part of your research.

Overall, this years conference was a smashing success with registration being the best it has been, many more international as well as national members attending. Additionally, the ISPN Foundation, under the leadership of **Dr. Elizabeth Bonham**, put on a special dinner and silent auction event that was both fun and another opportunity to network with colleagues while contributing to the growth of the ISPN Foundation. This year the ISPN Foundation funded several students to attend the 2007 conference.

• ISPN 9th Annual Conference a Smashing Success

One of the preconference events was Lateral Violence which presented by two of our ISPCLN colleagues, **Karen Stanley** from Medical University of South Carolina (MUSC) and **Peggy Dulaney**, a PCLN nurse entrepreneur from South Carolina along with a MUSC faculty member (and new ISPN member) **Dr. Mary Martin** and **Karen Pehrson** from Massachusetts. I had the opportunity to attend this outstanding presentation, it was well attended and the interactive style of the panelists with audience made it an engaging and memorable presentation. The participants of this presentation were talking about the content, what they had learned and the style of the presenters throughout the conference. Kudos go to Karen, Peggy, Mary and Karen for submitting an excellent proposal for what turned out to be a tremendous preconference!

Additionally, the full conference was jam packed with excellent presentations that were research based and clinically focused with relevance to PCLN practice. It was truly wonderful to listen to so many PCLN's describing their practice and also their ventures into research and publications. It was wonderful 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. Well, if you missed this years 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 2008, we are off to the land of sensational horses-Louisville, KY!



continued on next page...

• Celebrating A Decade of Development and Progress – 10th Annual ISPN Conference

The 10th Annual ISPN Conference will be held April 9-12 in Louisville, KY at the Marriott. This conference will allow us to celebrate our 10th Anniversary and all the wonderful members who made ISPN a reality more than a decade ago, when there was a important decision point in relation to the professional nursing organizations that represented psychiatric nurses. ISPN is continuing to develop and grow and I hope that each ISPCLN Division member will consider participating at the 10th annual conference, either by submitting an abstract, and if selected come and present your wonderful work, and when you come bring a colleague. Periodically, I would hear someone at the conference say, "ISPN is wonderful, I had a terrific time, but it is a best kept secret." I have to agree, we and that means every member has to assist in making visible the wonderful work our members do and the support that members do receive from ISPN. So, tell a colleague or several, I am always giving out information about ISPN to newly graduated or graduate students where I do lectures or if I am precepting a graduate student.

A new and exciting offering will be added to the 10th Annual Conference and has been decided on as direct feedback from the ISPN membership to meet their educational needs. **Melinda Morrisette** (Division Director for the Adult and Geriatric Psychiatric Nursing-AGPN) and I are co-chairs of the **First Annual ISPN Psychopharmacology Institute** that will be on the front end of the full conference. The Psychopharmacology Institute will be a day and half offering with keynotes and population/practice focused breakout sessions along with a specific session dealing with prescribing conundrums. Melinda and I have both sent out information in e-blasts but still want to hear back from members about your ideas and what your specific needs are, so continue to email either Melinda Morrisette or myself and if e-blasts go out, answer them with your thoughts.

• Increasing the Visibility of PCLN Practice

I had some time recently to go through all my journals for the last three months, that have been sitting in a pile near by bed, for that late night reading. I was very pleased to read the most recent edition of the *Perspectives in Psychiatric Care* (July 2007), since it was on top (an interesting way to select journal reading material), and discovered an excellent example of how an arti-

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The Psychopharmacology Institute will be a day and half offering with keynotes and population/practice focused breakout sessions...

cle can explicate the richness of psychiatric consultation liaison nurses and PCLN practice. **Karen Ragaisis**, MSN, APRN,BC, PMH-NP, is a psychiatric nurse practitioner at Hartford Hospital currently, and the immediate past ISPCLN Division Director and Chair of the ISPN 2007 and 2008 conference. Karen found time to write an article about her practice as a PCLN while she was a PCLN at Bristol Hospital, and her work in a cardiac rehabilitation program. The article titled *A Place for the PCLN in Cardiac Rehabilitation* is an excellent description of her work as a PCLN on a cardiopulmonary rehabilitation program at Bristol Hospitals program called Heart Works. Karen discusses the "value added aspects" of a PCLN being on a multidisciplinary team. Definitely worth the read!

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. I recall very fondly many words of wisdom Dr. Lisa Robinson imparted, "if we do not make visible our practice, we will be always invisible and without a voice." Dr. Robinson for some who may not recall, the "mother" of psychiatric consultation liaison nursing and is responsible for many practicing PCLN's who have given voice to make our practice visible. I 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. I would like to keep telling our PCLN colleagues about the work we do.

• 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. 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. I will continue to use the ISPN e-blast to communicate in a more rapid manner with each member when issues arise that need a more rapid response. The ISPN e-blast system can also be used to communicate issues that you may have and want to communicate with your PCLN colleagues. ■

Warmly,
Susan Krupnick MSN, APRN, BC, CARN
ISPCLN Division Director



ISPN

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