

Welcome! New Members

The individuals below have joined
ISPN or a new Division.

Mary Adams, FL, D
Saundra Anson Benn, NJ, D
Judy Ashworth, RI, D
Marge Bailey, DE, S
Darlene Barnes, OH, A
Sue Barrett, IL, D
Patricia Barron, NJ, D
Donna Becker, NJ, D
Gerald Bennett, GA, S
Annie Bland, NC
Victoria Booth, AZ, I
Leah Brown, TN, D
Carolyn Burns, IL
Theodora Burton, CT
Ann D. Buttner, PA, D
Cristina Carlson, NM, D
Marilyn Carmen, PA, D
Michael Chiarello, NY, S
Sonia Clark, Bermuda, A
Kathy Cockfield, OH, D
Mary Coe, CT
Kathleen Conway, CT
Maureen Cook, CT, D
Judith Corcelli, OH, D
Deborah Cosgrove, NY, D
Patricia Cunningham, TN
Linda D'Erminio, OH, D
Patricia Davis, PA, A
Lauren Davis, VA
Barbara DeFeo, NY, I
Anita Dempsey, OH
Glenda DenHerder, IA, A
Anne Devadason, MD, D
Kathy Dodd, VA, I

Nancy Driscoll, VT, D
Maureen Duffy, NJ
Robert Dumas, MA, S
Linda Earley, CA, DI
George Ehrhorn, PA
Gloria Fallon, MA
Debra Fedorchak, PA, D
Nancy Feighner, MI, D
Barbara Findley, VA, D
Rosaline Fleming, NJ, D
Kathy Freeman, OH, D
Causauda French, MD, D
Thomas Garber, TX, S
Leah Garrett Brown, TN, A
Sandra Gauker, NJ, D
Marge Golden, CO, D
Margo Governo, NY, A
Kathleen Graziano, CT, A
Sherrill Green, TN, D
Marilyn Grove, IN, A
Peter Guarnero, WY, S
Starla Harrison, TX
Jean Heideman, IL, AS
Mary Jane Hermanns, NJ, S
Donna Huff, ME, ID
Dianne Hunt-Mason, CT
Julie Hurley, MA
Linda Jaynes, AR, D
Kathryn Johnson, CA, D
Mary Beth Kaufman, KS, A
Judith Kay, NJ, A
Joanne Keglouits, PA, D
Arlene Keith, NY, D
Janet Keough, DE

Carol Kondrath, MN, D
Belinda Kotin, NY, D
Ernest LaPierre, NJ, AD
Sheila Langford, KY
Gail Lehner, PA, D
Joan Longwell, MA, D
William Lorman, PA, D
Kathleen Lynch, NY, A
Susan Macarthur, ME, D
Janet Mackey, NY
Lynda Malsky, NY, A
Cindy Marble, CA, A
Beverly Martin, KS, IA
Elizabeth McCaffrey, VT
Maureen McGlynn, NM, I
Robin Midouhas, NJ, D
Mary Ann Morris, NJ
Edna Murrell, TX, A
Susan Neistein, CT, D
Johanna Neuks, MI, D
Alan Ooka, CA, IS
Lea Pannella, CT, D
Joanne Patalano, NJ
D. Michael Peasley, NJ
Cheryl Perron-Kaufner, WI, A
Sharon Piercy, PA, A
Nancy Ray Wright, MA, D
Doris Reik, OH
Diane Reimer, MA, A
Margaret R. Sharf, NE, D
Theresa Richardson, DC, A
Rosanne Roselli, MA, S
LaDonna Ross, OH, A
Nancy Rutherford, PA, DS

Mary Sabey, AZ, D
Margaret Scharf, NE, D
Stephanie Scheeler, PA
Brenda Schiavone, TX, S
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Nancy Schweitzer, NJ, D
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Guy Walling, GA, IA
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Sharon Weisberg, CT, D
Linda Whitten, MD, I
Christine Williams, FL, SD
Marijane Wohlleb, IN, I
Nancy-Ray Wright, MA, D
Thomas Yarber, TX, S
Carol Zittle, MD, A
Marcia Zsamboky, PA, A

** The Letter following the member's state indicates the Division(s) the person has joined. A=ACAPN; D=AGPN; I= ISPCLN; S=SERPN*



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President's Message

Lynette Jack, PhD, RN, CARN
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Successful organizations meet the needs of their members through products and services that add value to each person. Healthy organizations periodically evaluate the effectiveness of the organization, its products, services, goals, and relationships in order to determine what's working and what's not. With that in mind, the ISPN Governing Board sent each member a needs satisfaction survey during the summer of 2003. Some of you found the survey on our Web site after you received our e-mail message. Others received a copy of the survey in the mail because we didn't have your e-mail address.

We received 78 completed surveys, representing approximately 10% of our membership. Although we'd hoped to hear from each of you, we learned some really important things about your needs and recommendations for our organization. What did the survey reveal?

We asked, "Why did you join ISPN?" You told us these 5 things are the *most important* reasons for ISPN membership (in descending order of importance):

1. To network with colleagues
2. To strengthen the voice of advanced practice psychiatric nursing

3. To add your voice in advocacy on mental health/mental illness issues
4. Because you previously belonged to one of the organizations that is currently a division of ISPN (ACAPN, SERPN, or ISPCLN)
5. To get one of the journals as a membership benefit

Of the possible reasons for joining ISPN, the most important is to strengthen the voice of advanced practice psychiatric-mental health nursing, one of our organizational goals.

We asked, "What membership benefits were valuable to you?" Benefits endorsed by more than half of the 78 respondents were (in descending order of importance):

1. The journal *Archives of Psychiatric Nursing*
2. The newsletter *Connections*
3. Legislative updates
4. Position statements
5. The annual educational conference
6. Networking with colleagues

The most important benefit was networking, followed closely by the annual educational conference.

More than half the respondents don't know if the Governing Board is

friendly or effective, and aren't sure if ISPN is sufficiently inclusive. Nor did most of the respondents know whether the organizational response to questions or requests is timely, or whether the membership brochure is effective in attracting new members. Most didn't know about the new division for adult and geropsychiatric nursing, or whether ISPN is sufficiently visible at the national level. More than half the respondents, however, did rate as good or excellent our response to psychiatric-mental health issues, the quality of our educational programs, and the value of our membership benefits.

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ISPN

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Conference 2004 Update

**St. Louis, MO - Hyatt Regency
Union Station - April 28 to May 1**

The 2004 Conference Planning Committee (**Kathe Niznik [chair], Sally Frese, Evelyn Parrish, Elizabeth Steinmiller, Susie Adams, Mary Jo Regan Kubinski, and Lynette Jack**) has been actively working to plan another outstanding conference for ISPN. The 2004 conference, "Reenergizing Psychiatric Nursing Practice: A Rainbow of Possibilities," will be held in St. Louis, MO, at the Hyatt Regency Union Station, April 28 to May 1.

Suzanne Gordon, author of *From Silence to Voice*, will be the keynote speaker. She is a dynamic force who eloquently encourages nurses to become visible and powerful in addressing issues related to quality of health care. In previous books she has told the story of professional nursing in vivid and memorable ways, describing the essence of caring and the application of current science as the key components of nursing practice. Suzanne will energize us all, and will encourage us to find our voice as we renew our commitment to the delivery of quality healthcare to patients and families experiencing psychological or psychiatric disorders.

As part of our Diversity Initiative, there will be a focused presentation and discussion of healthcare disparities and strategies for developing effective relationships with healthcare consumers from minority groups led by Derietra Neal-Ferguson, MPH, RN. She has conducted considerable focus group research with

members of minority groups, exploring the nature of the relationship and interactions between healthcare providers and healthcare consumers. All of us who work with patients from minority groups will benefit from this presentation; consultation-liaison nurses, in particular, will find important perspectives to be shared or taught to other healthcare providers regarding meaningful relationships and appropriate communication techniques.

Susan McCabe, EdD, APRN, BC, will be the featured speaker for the Melva Jo Hendrix Lectureship. Many ISPN members will also contribute to developing the evidence base for our specialty advanced practice through paper and poster presentations on topics ranging from clinical practice to educational strategies to current research. Last year more than 60 members were featured, and 2004 promises even more.

This year, the conference planning group has included an issues forum discussion, based on feedback from last year's conference participants. There will be ample time to network with colleagues and discuss current issues that face the specialty and our patients. Sharing discussion and recommendations for organizational action to address the identified issues will

close out this portion of the conference program, energizing us all

to take action to further the development of our specialty and our organization.

The conference planning committee has a special request for all ISPN members who teach or direct graduate programs in psychiatric-mental health nursing: Please encourage your graduate students to attend the conference. There is a discounted registration rate for students, and the program will include presentations specific to the needs of nurses new to advanced practice psychiatric-mental health nursing. The conference is also a great way for new graduates to network with leaders in our specialty and make connections that may lead to new positions or opportunities. The lifeblood of any healthy organization is its new members. Please bring your students to this conference so we can help enhance their careers and strengthen our organization through their membership and participation.

In addition to the exemplary program content, there will be plenty of time for fun and relaxation in beautiful downtown St. Louis. There are many shops and restaurants within a short walking distance of the hotel, which is itself a particularly nice setting. Evening receptions and social events will help us reconnect with each other and extend our professional network to new colleagues. Plan now to reserve the dates. You don't want to miss this big event. ■



Get Involved in ISPN!

With your help, ISPN gets stronger and stronger!—and there are many opportunities for you to get involved.

- Join a committee:
 - Membership
 - Newsletter
 - Products
 - Bylaws
 - Awards
 - Website
- Join the new Development/Fundraising Task Force
- Join the new International Membership/Visibility Task Force
- Help write or review a Position Statement:
 - Educational Guidelines for Teaching About Child and Sexual Abuse
 - Evidence-Based Treatment for Schizophrenia
 - Evidence-Based Treatment for Alcohol Dependence After Detoxification
- Join the Palliative Care Task Force
- Join the Diversity Task Force
- Join the new Juvenile Justice Task Force
- Mentor a minority student into a career in Advanced Practice Psychiatric/Mental Health Nursing
- Help us explain advanced practice psychiatric nursing on the ISPN Web site, for visitors who find us in their search for information about psychiatric/mental health nursing, by writing a role description of advanced practice psychiatric/mental health nursing (we hope to post several different aspects of our practice)
- Recruit new members, particularly international members and students
- Bring attendees to our conference in St. Louis in May 2004
- Join the Exhibitor/Local Host Task Force for the 2004 Conference

If you are interested in any of these opportunities, please contact

Lynette Jack at lja100@pitt.edu or

Timothy Schalely at timothy.schalely@rmpinc.com

Thanks for your energy, time, and talent!

Call for Award Nominations, 2004

The Awards Committee invites you to consider your ISPN and Division (ACAPN, AGPN, SERPN, ISPCLN) colleagues for seven awards (see names & descriptions on page 11) that honor their contributions and achievements. A non-nurse or nonpsychiatric nurse who has made an outstanding contribution is eligible for the "Service to Psychiatric Nursing Award"; several years ago a psychiatrist who strongly forwarded the interests of psychiatric ARNPs in Washington State received this award.

The Awards Committee considers the specific contributions and impact of the nominee's achievements that meet the criteria for the award and contribute to psychiatric nursing more broadly. Special reasons why the individual should be considered also enter into the decision process (so be sure to speak to these points in your nomination and support letters). This breadth of consideration means that not all winners are those with years of outstanding accomplishments; sometimes relatively junior members who are off to a strong start in a new or interesting area are selected.

So think about the many fine accomplishments of your colleagues in ISPN. We know you know someone who should be honored. It's a generous act to nominate a colleague and an honor to be nominated by a peer.

To nominate a member, mail/fax/e-mail the following to the ISPN office by February 15, 2004:

- . A letter supporting the nomination of your candidate
- . Two endorsement letters
- . A copy of the nominee's CV and contact information

Questions? Contact Rica O'Connor, Awards Committee Chair roc@u.wash.edu

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President's Message

(continued from page 1)

One of the questions the Governing Board has been grappling with is that of chapters. The ACAPN Division has some state and regional chapters, and some members have indicated how important those chapter meetings and activities are. The board wanted to know more about chapters, so a series of questions on the survey focused on your experience with chapters as an ISPN member and your interest in having more chapter-level activity. Here's what the respondents told us:

- Of the 78 respondents, 14 were ACAPN members and the rest were not. Of those 14 ACAPN members, only 6 attend ACAPN chapter meetings.
- The primary benefit of attending a chapter meeting is socialization with other members, followed closely by the ability to obtain answers and guidance regarding clinical practice issues.
- Respondents generally don't attend meetings because they don't know about them, there are none nearby, or they don't really have the time.
- While many respondents indicated an interest in having a chapter at the local or state level, there was little interest in working to get a chapter started, and respondents would much prefer an ISPN chapter to a division chapter.

We asked, "What new position statements should ISPN develop?" The list was diverse, and included the following:

- The CNS role related to prescriptive authority and provision of psychotherapy
- Reimbursement practices and issues
- Conflict of interest in certification examination development by the ANA
- The use of restraints in acute and long-term care settings
- The mental health treatment of young offenders
- The decreased amount of psychiatric nursing content on the NCLEX
- Residential care for children and adolescents
- Psychopharmacology for children
- Private practice collaborative agreements
- Depression screening in primary care
- Complementary therapies
- The role of the psychiatric nurse practitioner
- The integration of mental health and behavioral health in primary care
- The mental health needs of hospitalized medical patients
- Women's mental health issues

- Mental health issues in correctional facilities
- Collaboration with community stakeholders on psychiatric issues
- Prescribing controlled substances
- Medicare drug benefits for senior citizens
- National compact state acceptance
- Retooling faculty to keep pace with new curriculum guidelines
- Cultural diversity
- Humane care of the severely mentally ill in an era of budget crises

We also asked, "What new products or services should ISPN develop?" You said:

- Online CE programs
- A guide to educational programs in psychiatric nursing by geographic areas
- A private practice special interest group
- A psychopharmacology special interest group
- A chat room for consultation on clinical problems
- Curriculum guidelines for baccalaureate and graduate education in psychiatric-mental health nursing
- Services that focus specifically on graduate students
- Certification examination-preparation workshops
- Educational seminars on the West Coast
- A guide to starting a private practice
- Scholarships
- Case consultation regarding play therapy
- Review and critique of research proposals for doctoral students and researchers
- Update on credentialing in each state

Two thirds of the respondents believe ISPN meets its stated mission well or very well, although 14 respondents indicated they didn't know the mission. Overwhelmingly, the respondents were very satisfied with their ISPN membership and all but one plan to renew. The majority of respondents had been ISPN members for 3 or more years, although 13 respondents had been a member less than a year.

When asked what one change would most enhance ISPN, the respondents provided some valuable suggestions:

- Clarify membership options regarding divisions
- Enhance the newsletter
- More balanced topics for each of the division members at the annual conference
- Update the Web site
- More timely information sharing with the membership

President's Message

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- A chat room or listserv
- Increased focus on clinical issues
- Enhanced networking opportunities
- More psychopharmacology information
- Broaden the participation in ISPN activities while decreasing the "old girls network" mentality

The Governing Board will be studying these results, and you will be hearing more during the coming months about actions taken as a result of your feedback. It is clear we need to focus on our organizational goals of strengthening the voice of advanced practice psychiatric nursing, providing advocacy for our clients and their families, and appropriately educating psychiatric-mental health nurses. We also need to streamline and improve our organizational processes for communicating with members and for enhancing networking between and among our members.

We have begun to address some of your suggestions. For example, you can now access CE modules on our Web site, we've initiated a task force to develop a guide for getting started in a private practice; we've created a work group to write a position paper on mental health issues in the justice system; we have a group working on a position statement regarding evidence-based treatment for schizophrenia; we co-sponsor a psychopharmacology conference annually; we're actively working at updating the Web site; we're developing a guide to teach nurses about child abuse and sexual abuse; we're encouraging graduate students to present at, or at least attend, our 2004 conference; and we're planning a certification exam prep workshop at the annual educational conference. We'll be discussing strategies for strengthening the presence of chapters at the local level, and we'll look at ways to get many, many of you involved in ISPN projects or activities.

Stay tuned. And if you have any thoughts about any of the information collected via the survey, please contact me directly to share your ideas. If you have concerns about the organization and our responsiveness to you as a member, feel free to contact me directly about that as well. Your satisfaction is important. Together we'll grow and enhance this quality organization.

One final note. I'm sure you know we are in the midst of a challenging economic environment. As businesses struggle with the implications of the economy, so, too, does ISPN struggle to achieve a balanced budget and a positive financial status. It is our financial health that allows us to deliver such value in our extensive membership benefits. Because we have seen fewer exhibitors and sponsors for our conference and other projects during the

past year, we have had to rely on income from dues and conference registrations. Those of you who have been loyal members for a number of years know we have not raised dues or conference registration fees in years. However, in order to achieve the goals we have set for ourselves, and in order to continue to deliver the membership benefits on which you place high value, this year we must raise dues and conference registration fees slightly.

Please know that the board did not make this decision quickly or easily. We do believe, however, that it is a necessary decision. While we are increasing dues from \$100 to \$115, we are also working aggressively to solicit donors, sponsors, and exhibitors; we are asking our management company to become even more efficient and attentive to costs than they have been already; we have reduced the budgeted expenses for the conference and other meetings; and we are actively looking for ways to create products or services that will generate additional revenue for the organization while adding value for nurses in our professional activities. And we are enthusiastically working at growing the size of the organization by attracting new members and retaining current members.

You can help us in our efforts to keep ISPN healthy and productive. Volunteer your time on one of our projects, convince a colleague to join and attend next year's conference, renew your membership, tell us when we need to address an issue to increase your satisfaction with our organization, help us find exhibitors, donors, and sponsors who will help us financially as we work to meet our goals.

Thanks for all you do to make ISPN the voice of advanced practice psychiatric-mental health nursing.

Best Wishes,

Lynette Jack

PhD, RN, CARN, President, ISPN

**Come Surf
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www.ispn-psych.org



ISPN

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ISPN Position Statement on Palliative Care

Over the last 20 years medical technology has become a double-edged sword. It has provided society with improved diagnostic capability and a more comprehensive set of tools to provide technological care. It has given society the ability to prolong life but until recently has also neglected the role of caring for patients and families during the end of life process.

Since 1997, more than 300 organizations have adopted the Last Acts Precept of Palliative Care (1997). More organizations are beginning to examine the different trajectories of dying and focusing on symptom management, patient and family decision making, and the psychosocial and spiritual care at the end of life.

The International Society of Psychiatric Nurses (ISPN) is the psychiatric-mental health nursing organization representing the coalition of The Association of Child and Adolescent Psychiatric Nurses, The International Society of Psychiatric Consultation-Liaison Nurses, the Society for Education and Research in Mental Health Nursing, and the Adult & Geropsychiatric Mental Health Nurses Division. The society is dedicated to promoting quality psychiatric care for individuals and families throughout the lifespan. We believe that effective palliative care includes promoting optimal mental health for the dying and their families. This includes enhancing communication; coping with a terminal condition; and managing grief, loss and bereavement issues.

Definition

Palliative care involves any chronic medical condition or severe mental illness where cure is not possible. In 2002, the World Health Organization defined palliative care as an approach taken to positively impact the quality of life for individuals and families who are dealing with a life-threatening illness. Included in this care are aspects of prevention, assessment, and treatment of a range of problems that are experienced throughout the dying process. Pasacreta, Minarik and Nield-Anderson (2001) identified providing care in a compassionate manner as a critical element in improving the quality of life for patients and surviving family members when providing palliative care. ISPN believes that psychiatric nurses have an obligation to provide the best possible mental health care at the end of life and for the remaining family after death. This includes, but is not limited to, helping assess underlying psychiatric disorders (i.e., severe, acute or chronic mental illness; anxiety, depression, delirium); enhancing communication among caregivers, as well as patients and their family; and assisting patients, their family, and staff cope with the stressors associated with the grieving process. Psychiatric nurses are also obligated to ensure that patients' physical symptoms and pain are managed, irrespective of the location of the patient or the type of patient. Those with severe acute or chronic mental illness have the same right to palliative care.

Impact of Palliative Care on National Health

The majority of Americans who die each year are over 65 years of age. Many will experience a prolonged life-threatening illness with either a rel-

actively predictable steady course, a relatively short terminal phase such as cancer, or a slow decline exacerbated by periodic crises marked by a slow decline and eventual death. Diseases such as CHF, emphysema and Alzheimer's are examples of the latter. The National Hospice and Palliative Care Organization (2003) estimated that in 2001 approximately 775,000 of the 2.4 million people who died that year received hospice care. A comprehensive Institute of Medicine document (1997) indicates that most patients and families who are living with a life-threatening illness can expect multiple physical as well as psychological, social, and spiritual problems. This is also true for individuals with a severe acute or chronic mental illness. In the face of prolonged suffering and unmanaged symptoms, the strategies used for coping with illness, disability, loss of control, and lack of ability to do things that are meaningful are varied. In some patients, distress becomes significant if suffering is not relieved. Historically, re-emergence of psychiatric symptoms has been the way in which the chronically mentally ill have dealt with burdensome distress. Nurses should be aware that any patient can develop self-destructive behaviors, may plan suicide, or may seek assistance to die by physician-assisted suicide. As care for patients with a life-threatening illness has shifted into institutions, a generalized lack of familiarity with the dying process and death has evolved. Palliative care provides expertise and standards of practice designed to improve the quality of patients' lives and provide dying patients the tools to remain in control of their lives as well as their deaths.

Ethical Tenets

Nurses individually and collectively have an obligation to provide comprehensive and compassionate end-of-life care, which includes the promotion of comfort and relief of pain and at times forgoing life sustaining treatment (ANA, 2001).

There is an ethical obligation to provide the best possible care at the end of life including the relief of suffering and, when possible, a death that is congruent with the values and desires of the dying person.

ISPN supports the rights of patients to remain in control of their lives and their deaths. Principles of autonomy, informed decision making, dignity, and respect for patients and their families will be paramount (ANA, 2001). Patients will be provided the opportunities of informed choice, input into decisions, and ability to change decisions as the situation changes.

ISPN endorses supporting and respecting a patient and family's end-of-life wishes and actions that are culturally based.

(Continued on pg. 8)

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ISPN Connections

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

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Recommendations:

ISPN Supports the following psychiatric-mental health initiatives

1. Research and interventions that will:

- Promote clinical research related to psychosocial aspects of palliative care.
- Establish a database of research endeavors in palliative care from our membership.
- Serve as a resource for those researchers looking for funding opportunities in palliative care.
- Collaborate with other organizations through an Internet link from the ISPN Web site.
- Participate in multidisciplinary collaborative research to develop and evaluate interventions regarding psychosocial aspects of palliative care.
- Promote participation of Advanced Practice Registered Nurses (APRNs) on palliative care teams in a variety of settings.

2. Education that will:

- Promote collaboration with Schools of Nursing to initiate changes in undergraduate, graduate, and continuing education to ensure that practitioners have knowledge and skills to address psychosocial and psychiatric aspects of palliative care.
- Enhance the public's knowledge and understanding of the dying process and the options available to patients and their families.
- Collaborate with other groups to promote changes in and evaluation of palliative care delivery.

3. Policy that will:

- Endorse and support efforts to ensure that legal and regulatory barriers do not hinder or prevent delivery of excellent care during the palliative care process.

4. Support our members with expertise in palliative care to:

- Provide workshops and educational opportunities at national conferences.
- Develop a formal network of support.

5. Recognize the complex needs of the chronically mentally ill who are dying and will:

- Provide expert consultation to patients, families, and organizations working with these individuals in need of palliative care.

6. Aggressively control the discomfort associated with pain using:

- Pain medications to alleviate physical discomfort.
- Psychopharmacological agents for management of psychiatric symptoms related to terminal illness such as depression, agitation, and delirium.
- Sedating agents to treat agitation and delirium suffi-

cient to relieve suffering even when these may hasten death if acceptable to the patient and family.

7. Provide support for:

- Groups or organizations working with families involved in the end-of-life process with their loved ones.
- Staff involved in providing palliative care.

8. Advocate for:

- Individuals with severe acute or chronic mental illness and their families as they proceed through the palliative care process. ■

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- Foley, K., & Gelband, H. (2001). Improving palliative care for cancer. Summary and recommendations. Washington DC: National Academies Press.

Accolades to...

Sandra Thomas, PhD, RN, FAAN, on the occasion of receiving two awards for her 2002 book, co-authored with Howard Pollio, "Listening to Patients: A Phenomenological Approach to Nursing Research and Practice." Published by Springer/New York, *AJN* gave the book its "Book of the Year Award" in nursing research, and Choice Magazine gave it its Outstanding Academic Title award.

Marilyn Shirk, MN, RN, authored "Reflections: Hallelujah," a case study of steroid psychosis and an unorthodox intervention, which was published in the *AJN*, 103(9), p. 31 (Sept. 2003).

2003 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 January for the election in February. New officers will be announced at the 2004 conference in St. Louis, MO. Don't let this opportunity for greater involvement pass you by! Nominations are sought for the following positions. Please consider in which role you or a colleague could best contribute and respond to this call. The following positions are open:

ISPN:	President-Elect, Secretary, Nominating Committee At-Large
ACAPN:	Secretary/Treasurer and 1 Member for the Education, Legislative, Practice and Research Councils
AGPN:	Division Director, 1 Nominating Committee Member and 1 Member for the Education, Legislative, Practice and Research Councils
ISPCLN:	Division Director, and 1 Member for the Education, Legislative, Practice and Research Councils
SERP:	Secretary/Treasurer, 1 Nominating Committee Member and 1 Member for the Education, Legislative, Practice and Research Councils

Contact members of the Nominating Committee if you have questions.

Division	Representative	E-mail Address
ACAPN:	Carol Bush [Chair]	carol.bush@mindspring.com
AGPN:	Tom Schaal	grizzley@flint.umich.edu
ISPCLN:	Jane Milazzo	milazzo@wcmc.com
SERP:	Judy Brandt-Rice	jbrandt524@aol.com
At-Large:	Susan Krupnick	skrupnick@charter.net
At-Large:	Sandra Thomas	sthomas@utk.edu

Duties of Offices (As spelled out in the ISPN Bylaws)

I. The President-elect shall:

- Succeed into the Presidency at the end of the term of office;
- Assist the President in communicating to the public the purpose and functions of the ISPN;
- Fulfill the duties of President in his/her absence;
- Assist the President as needed.

II. The Secretary shall:

- Record and distribute minutes of all meetings;
- Carry out correspondence as delegated;
- Serve as historian and archivist for the ISPN;
- Prepare and distribute other reports as directed by the President and Governing Board

III. 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.

IV. 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.

V. 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.

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 six members).

ISPN 2004 Nomination and Consent Form

Nominations must be postmarked by **January 5, 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:

1. 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 ispn@rmpinc.com**
2. Completed Nomination and Consent Form

Nomination Information

I hereby nominate _____ for the office of _____

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

Supporting reasons for this nomination: _____

Signed, ISPN member _____ Date _____

Nominee Data

Full Name _____ Credentials _____

Title _____ Institution _____

Please Use my Work Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ E-mail _____

2004 Consent to Serve

Congratulations! You have been nominated to run for an ISPN office in 2004. If you would like to serve in the office listed, please sign the bottom of this form and fax back to ISPN Headquarters at 215.545.8107. Should you have questions, please call us at 800.826.2950.

Nominated by: _____

Office: _____

ISPN

ISPN

Division

ACAPN

AGPN

ISPCLN

SERPN

Consent to Serve

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

Signed, ISPN member _____

Date _____

Membership Committee

Vicki D. Lachman PhD, RN, MBE
Chair, Membership Committee

We want to thank all ISPN members who recruited new members to our great organization.

As of September 30 we have 895 members, including 130 members in our new AGPN division. Due to feedback from you, we are eliminating the request for you to choose a primary division; you can simply select all the divisions to which you want to belong.

What are the benefits of belonging to more than one division? Besides receiving a peer-reviewed journal from each division you join, you have increased your networking

opportunities and research connections. You also have the opportunity to vote and run for office in all the divisions to which you belong. All this for an additional \$55.00!

By taking advantage of the membership benefits, you can more than make ISPN membership pay for itself. The journal subscription and the conference registration discount are a \$104 value.

We are always exploring other possible benefits to offer our members. Any ideas? Please contact me at vdlachman@comcast.net. ■

Awards Committee - November '03 report

If you were in Charleston last April, you will recall the lovely brunch and awards presentation. Following is a list of 2003 award winners.



■ **The ACAPN Award** was given to a member of the ACAPN Division who has demonstrated *outstanding achievements in child/adolescent psychiatric-mental health nursing in clinical practice, service, research, or -education*. This year's honoree was **Beth Bonham**. Beth is currently a doctoral student at the University of Arizona. She was a founding ISPN board member and served as the first ACAPN division director. She is a career-long, tireless advocate for children and adolescents, and a pioneer in developing and implementing psychotherapeutic interventions (rather than severe punishment) for juvenile delinquents and their families.

■ **The ISPCLN Leadership Award** recognizes a member of the ISPCLN Division who has demonstrated outstanding achievement in *clinical practice, leadership/service, as a researcher/writer, or in educational activities for psychiatric consultation liaison nurses*.

This year we honored **Karen Stanley**, who has been instrumental in advancing PCLN practice at both the Medical University of South Carolina and Johns Hopkins Medical Center. Karen is leader of an important performance improvement program addressing the psychophysiologic needs of patients with or at risk for alcohol withdrawal. She is noted for executing her clinical role with creativity, flexibility, energy, and strong interpersonal and negotiation skills, and she has contributed many important ideas to the work of the ISPCLN Division.

■ **The SERPN Jeanette Chamberlain Award** is given to a SERPN member who has contributed to activities that have advanced the field through *public service, administration, development of health care policy, and other service activities*. This year's recipient was **Linda Finke**. Linda is Director of Professional Development Services at Sigma Theta Tau, an adjunct professor at Indiana University, and last year's president of ISPN. Linda's scholarly focus is substance abuse prevention among children and adolescents. She has held leadership roles in many organizations relevant to psychiatric nursing and provided testimony to numerous government panels and commissions. She was a contributor to the effort that united three smaller specialties into ISPN so "the collective voice could be heard in more influential ways," in the words of one of her endorsers.

■ **The ISPN Clinical Practice Award** is given to a nurse who has made an outstanding contribution to *advancement of the care of people with mental illness and/or their*

families. This year we honored **Susan Krupnick**. Susan is a psychiatric/addictions consultation-liaison nurse specialist at Mercy Medical Center in Springfield, MA, and a nurse specialist for Arbour Senior Care. Susan has served as a psychiatric liaison nurse in a varied array of clinical services, and she developed and implemented psychiatric consultation-liaison programs at two centers in MA. Susan's nominator attests that Susan's clinical practice has improved the quality of care rendered to patients and their families, and has assisted staff in developing their own clinical skills.

■ **The ISPN Education Award** acknowledges exceptional creativity and effectiveness in *curriculum development, teaching strategies, student recruitment and support, educational outreach and/or other educational activities*.

The winner this year was **Diane Snow**. Diane is director of the PMHNP program at the University of Texas at Arlington. As an educator she has focused on addiction as a serious disease requiring a high level of nursing care and on the need to apply awareness of the neuropathy to the care. Diane is characterized as an effective and creative teacher (particularly in the area of neuropathology), workshop leader, practitioner, scholar, and leader. She has also been active in the current work to bridge NONPF and ISPN in the service of developing the psychiatric/mental health nurse practitioner role.

■ **The ISPN Research Award** is awarded to a member whose research has contributed to the *generation of knowledge that has impacted practice, care delivery, and/or policy*. This year's recipient was **Ginette Ferszt**. Ginette focuses on the grieving process of women in prison who have experienced loss of a loved one. She has studied not only the women, but also the perceptions of correctional officers in research settings. Ginette's nominator attests that Ginette's research has not only contributed to new knowledge but has led to improved quality of care for incarcerated women who are grieving.

■ **The Melva Jo Hendrix Lectureship Award** honors the memory of its namesake, celebrating her leadership and recognizing her lifetime of contributions to psychiatric-mental health nursing – particularly her unswerving commitment to improving care for the underserved, stigmatized, or disenfranchised, and her dedication to mentoring others. The nominee's career must reflect dedication to these values. The nominee must also evidence leadership and the ability to represent her work articulately. **Susan McCabe** was selected for this honor this year. She will present the Melva Jo Hendrix lecture at the 2004 conference in St. Louis. ■