

RPNews

EXPANDED EDITION

REGISTERED PSYCHIATRIC NURSES ASSOCIATION OF SASKATCHEWAN

Volume 14, Number 4

Winter 2001

Council decision on NEPS

At the December 8, 2001 meeting of the Council of the Registered Psychiatric Nurses Association of Saskatchewan, a decision was made regarding the approval status of the Nursing Education Program of Saskatchewan.

The Summative Evaluation of NEPS has been in process for well over a year. In December 2000, Council gave final approval of the criteria for the Summative Evaluation. These nine criteria were the same criteria used in the yearly Formative Evaluations of the program.

This approval decision came following a rigorous assessment by two external evaluators with expertise in program evaluation. The assessment involved a self-evaluation report prepared by NEPS and four days of onsite visits: two in Regina and two days in Saskatoon. The reviewers then spent eight days each in analyzing data and writing the report. RPNAS Council is confident that the review by the evaluators was thorough, all-encompassing and objective.

Council decision

The approval status of the Nursing Education Program of Saskatchewan, as determined by the Council of the Registered Psychiatric Nurses Association of Saskatchewan, is: **Approval Denied**

The last class eligible to write the Registered Psychiatric Nursing Registration Exam will be the graduates of Spring, 2002.

The rationale for this decision is as follows:

1. First and foremost, RPNAS has the responsibility to protect the public against unsafe psychiatric nursing practice. Council is not satisfied that the public is well-served by graduates of a program that meets only 33% of the program approval criteria. This raises serious issues of public safety and the potential incompetence of the practitioner. It also brings into question the future of quality mental health services and the impact on the mental health consumer.

2. The only aspect of the Assessment Report with which the Council takes issue is the assignment of "partially met" to three of the criteria. The RPNAS document, *Approval of Psychiatric Nursing Education Programs in Saskatchewan*, on page 18, sets out that the basis of approval will be on

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Call for Resolutions Reminder

The Fall issue of *RPNews* included a "Call for Resolutions." Members are reminded that the deadline for the submission of resolutions for the 2002 Annual Meeting is **February 15, 2002**.

Resolutions are subject to review by the Legislative Committee to ensure compliance with criteria.

Forms for submission of resolutions are available from Central Office. For more information or to submit resolutions, please contact RPNAS, 2055 Lorne St. Regina, SK S4P 2M4. Phone: (306) 586-4617 or Fax (306) 586-6000. E-mail: rpnas@rpnas.com



**Optimal mental health
for all people of
Saskatchewan.**

Volume 14, No. 4 Winter 2001
The Registered Psychiatric Nurses Association of Saskatchewan is the regulatory body for the province's 1,100 registered psychiatric nurses.

RPNAS distributes this newsletter to each of its registered practising and non-practising members. The newsletter discusses issues about the regulation of psychiatric nursing and the decisions of the RPNAS Council. RPNAS is published four times per year. 2002 copy deadlines: April 1, June 1, Sept. 1 and Dec. 1.

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President's Pen

By Linda Rabyj, RPN

Greetings!

Seldom is there an easy route to *saying what you mean and meaning what you say*. The Registered Psychiatric Nurses Association of Saskatchewan has a clear mandate to protect the public. The Council demonstrated their sincerity relating to this mandate recently when they denied approval to the Nursing Education Program of Saskatchewan following a recent program evaluation. The RPNAS Council decision was unanimous. The Council decision mirrors RPN Councils from Manitoba and Alberta who have previously indicated that NEPS graduates will not be accepted for registration as RPNs within their provinces without additional course/clinical work. RPNAS has made the government aware of the urgent need to address the issue of psychiatric nursing education in Saskatchewan and shall continue to advocate for the populations that RPNs serve.

Richard Bach, author of *Illusions: The Adventures of a Reluctant Messiah*, perhaps captures the paradox that RPNAS is currently facing when he notes, "What the caterpillar calls the end of the world, the master calls a butterfly." RPNAS intends to urge the government to support Bach's "butterfly" or baccalaureate education in psychiatric nursing for Registered Psychiatric Nurses in Saskatchewan.

A Mental Health Sector Study is in progress in our province as this issue is sent to press. Although the government has indicated to RPNAS the results of the study will be considered in its deliberations relating to psychiatric nursing, RPNAS has also been informed that there has been no assurance that the findings from the study will be acted upon. Despite these conflicting messages, RPNAS will soon be privy to the information that has been collected to date. RPNAS anticipates the data that has been collected and the government representatives' presentation on an *Action Plan for Saskatchewan Health Care*. The familiar triple standard of mental health--working well, playing well and loving well--requires addressing if we intend to be mindful of a mental health promotion approach for the people of Saskatchewan.

Ironically, this issue is near the beginning of a new time. It is time to acknowledge the people of Saskatchewan who are affected by mental health and/or illness issues for sharing their stories and expertise with Registered Psychiatric Nurses. It remains our honour to provide our professional services in diverse settings with diverse people. Perhaps paraphrasing my favourite Irish Blessing best expresses wishes for 2002: May the New Year bless you all, and bless you kindly.

Executive Director's Update

By Joy Johnson, PhD

On December 3, 2001, I wrote the citizenship exam in application for Canadian citizenship. I have lived in Saskatchewan for over 25 years and decided that it was about time that I took this step. This decision was not made lightly. In contemplating my citizenship decision, I realized an appropriate comparison for Registered Psychiatric Nurses.

I am a U.S. citizen, born and raised in the Chicago area. Having lived in Saskatchewan for so long, I understand the differences between Americans and Canadians. Yes, there are differences, but what are they exactly?

My family, who visited Regina this summer, see very few differences between Canadians and Americans. Of course, the United States is a more powerful and prominent country than Canada. There seems to be an "attitude" with my family members. Yet because they saw essentially no difference between people in the two countries, they felt that Canada should become part of the U.S.A.

While I struggle to articulate the differences, which I know with certainty exist, I realize that this is much the same struggle that Registered Psychiatric Nurses have in articulating the uniqueness of the psychiatric nursing profession. We know intrinsically that RPNs are essential to our mental health system and that psychiatric nursing is a distinct profession. Yet trying to put this distinction into words has always been a barrier to appropriate recognition of Registered Psychiatric Nurses. Perhaps it is time that we overcome this barrier and demand the respect that the profession of psychiatric nursing deserves.

This issue of *RPNNews* was delayed in printing in order to provide our membership with accurate information on Council's decision regarding approval status of the Nursing Education Program of Saskatchewan. Council made a well-considered and thought out decision.

RPNs in this province can be very proud of the leadership that each and every Council member gives so whole-heartedly to this association. I look forward to working with Council in 2002, as they set out to carry psychiatric nursing forward in the province of Saskatchewan.

December Council Highlights

The Council of the Registered Psychiatric Nurses Association of Saskatchewan met on December 8, 2001 at Central Office. Among the work dealt with were the following:

Governance Decisions

Council reviewed the *Report of the Assessment Team Regarding the Nursing Education Program of Saskatchewan*, and made the determination that approval status would be "Approval Denied."

Council conducted the Summative Evaluation of the Executive Director and concluded that she has been in compliance with all Ends and Executive Limitation policies over the course of the past year.

Council reviewed and revised a feedback document to the provincial government regarding the Saskatchewan Action Plan for Health Care. This feedback is intended for the Minister of Health.

The draft Bylaws of the SRNA were reviewed and comments drafted to be sent to the SRNA.

Council discussed the mission of the RPNAS and developed a mission statement.

Ownership Linkage

Council met with Kerrie Strathy, Executive Director of the Seniors Education Centre in Regina. Ms Strathy provided information on the Centre and discussed ways in which RPNAS could partner with that organization. A proposal currently awaiting funding would involve the RPNAS as a partner in looking at the mental health needs of seniors.

All RPNAS Council meetings are open to the public. The next meeting is March 2, 2002, in Regina at Central Office. Please call Central Office at least two weeks prior to the meeting to ensure that space is available and to receive a copy of meeting materials.

RPNAS Central Office Hours

Sept. 1 -- June 30 0830 -- 1630
July 1 -- August 31 0830 -- 1600

Closed June 3-5, 2002 for RPNAS Annual Meeting

Closed noon Dec. 24, 2002 through Jan. 1, 2003
and Statutory Holidays

Council decision on NEPS --continued

whether criteria are met or not met. The document does not make a provision for "partially met." The term "partially met" is ambiguous as to the extent to which a criteria is met. Council believes that any criteria that is substantially met would have been deemed "met" by the evaluators. Therefore, the committee has determined that three criteria have been met; six criteria have not been met.

3. The report provides substantial documentation that 66% of the criteria are not met (with "partially" being considered "no"). Council believes that a program that meets only 33% of the approval criteria should not be approved. To give "conditional approval" to the program would take to the extreme the meaning of "a program that meets some but not all the criteria." Three of nine criteria is not considered a substantial enough number to be considered "some." Council also believes that, given the mediocre quality of such a program, students would not be attracted to be RPNs. The 66% of the criteria not being met are fundamental to psychiatric nursing practice.

4. For the most part, the issues and recommendations made by the evaluators in the Assessment Report are not new. Many of these recommendations have been voiced in the formative evaluation processes. Others, such as criterion #2, were foundational to the RPNAS becoming involved in early discussions (1993/94) regarding a common nursing program. Council believes that NEPS has had ample time to address these concerns, yet apparently little or no effort has been made to alleviate these concerns.

Criteria

A summary of each criteria from the evaluation report will provide the

reader with an overview of the information received by Council.

Criterion 1: Curriculum

The curriculum forms the basis to ensure that graduates of the program meet the standards of RPNAS as identified in the *Standards for Psychiatric Nursing Practice and Competency Profile for Registered Psychiatric Nurses*

"With reference to the *Standards of Psychiatric Nursing Practice* (RPNAS,

when examined from a psychiatric nursing perspective, concerns do emerge. The ability to meet professional standards and required competencies is based on learners' knowledge and, as well, on the ability to apply the knowledge and skills in laboratory and clinical practice settings. Since most students will graduate with limited clinical experiences specific to psychiatric nursing, it is difficult to ensure the graduates will meet the required clinical competencies. The majority of students will participate in

Status of Nine Criteria as Determined by Evaluators

Criterion	Criterion Met?
1. Curriculum	Partially
2. Faculty	No
3. Clinical Psychiatric Nursing Experiences	No
4. Students	No
5. Professionalism	Partially
6. Evaluation	Yes
7. Resources	Yes
8. Communication	Yes
9. Marketing	Partially

(Report, page 28)

1993), we conclude that the standards are met or exceeded in relation to the helping relationship, health teaching, and collaboration. Because psychiatric nursing-focused curriculum content is not sufficiently focused and organized, professional, legal, ethical, leadership and nursing process (assessment, planning, implementation, evaluation) standards are only partially met, when considered within the specific context of psychiatric nursing practice" (p. 6).

"In examining the curriculum from the perspective of nursing as a generic discipline, the NEPS curriculum appears to provide a solid plan for the education of nurses who will work in primary health settings. However,

only one psychiatric nursing clinical experience; they are unlikely to be consistently well prepared to meet the RPNAS standards and competency profiles" (p. 6).

Criterion 2: Faculty

The minimum ratio of one Registered Psychiatric Nurse faculty in seven Registered Nurse faculty.

"Considering the data related to Criterion 2, the Wascana unit clearly meets the criterion while Kelsey comes very close. . . The College of Nursing, as a whole, also does not meet the criterion. While the presence of faculty members with expertise in mental health is undoubtedly

valuable, this is not a substitute for having RPN faculty" (p. 9).

"In educational programs concerned with preparing students for the practice of a profession, the presence of members of that profession in the instructional corps is essential. They are needed to ensure high standards of instruction, to provide role models for students, and to ensure that there are adequate socialization experiences available. The Years 3 and 4 of NEPS, particularly in Saskatoon, operate without adequate RPN presence in the classroom, in clinical teaching and supervision, in curriculum development, and in governance" (p. 9).

Criterion 3: Clinical Psychiatric Nursing Experiences

The curriculum ensures that the student has identifiable clinical psychiatric nursing experiences.

"An important challenge relating to Criterion 3 is to develop a clear understanding of what constitutes a psychiatric nursing clinical placement. We frequently heard the position stated that the focus of the program is to prepare people for a generalist nursing practice, within which mental health and psychiatric nursing components are seen as part of a broader context" (p. 13).

"Analysis of the data indicates that all students do not participate in core clinical experiences in an acute psychiatric nursing setting, particularly in Years 3 and 4 of the program. Analysis also indicates that students do not experience clinical placements in rural settings. In fact, the site visit confirmed that placements in rural settings are not readily available. Further, not all placements identified as psychiatric nursing/mental health provide opportunities for relevant psychiatric clinical experiences" (p. 13)

Criterion 4: Students **Strategies are in place to ensure socialization of students with the Registered Psychiatric Nursing profession.**

"Socialization into any profession is an important process. Socialization is more than the provision of information or the teaching of skills; it is the formation of an outlook; the adoption of a set of attitudes and values that members of each profession share; it is the development of an identity as a member of that profession" (p. 16).

"Maintaining a culture that can socialize students effectively to psychiatric nursing as a profession is a particular challenge in NEPS, since psychiatric nursing is a minority profession within the faculty and a route chosen by a minority of students. . . The challenge, however, is to ensure that within the dominant culture of the program, there is also room for the psychiatric nursing professional culture. Equal treatment and equal opportunity may not be enough to ensure that this happens; proactive measures are needed to ensure the viability of the psychiatric nursing culture" (p. 16).

Criterion 5: Professionalism **Opportunities exist for RPN/RN faculty to interact and to promote/ model professionalism.**

"The issues and concerns raised by faculty, students and clinical agency personnel all have the potential to negatively influence students' perception of professionalism. The fact that the majority of students will have limited contact with RPNs as faculty and in clinical learning experiences across the four years of the program raises concerns about their opportunity to develop a professional identity (see criterion 4) congruent with the profession of psychiatric nursing. Limited contact with RPNs also raises con-

cerns about whether students have adequate opportunity to meet specific RPNAS standards of practice and competency requirements related to professionalism (professional, legal and ethical issues unique to the profession)" (p. 18).

"While all students engage in a number of learning activities related to professionalism, no documentation was included as to how the learning activities are applied in the specific context of psychiatric nursing as a profession or in relation to issues unique to psychiatric nursing practice" (p. 18).

Criterion 6: Evaluation **Mechanisms exist to ensure continuous program improvement and outcome evaluation.**

"A key focus of evaluation should be student outcomes, both within the program and after completion. In NEPS, which has the objective of preparing students for psychiatric nursing in addition to general nursing, it is important that mechanisms exist that can separate out the psychiatric learning outcomes in the evaluation process. One important indicator of student learning outcomes is success on registration examinations; data are provided in the Self Evaluation Report to indicate a very high success rate (90% in 1999 and 100% in 2000) on these exams. While very useful, this indicator, by itself, is limited as only a small percentage of students actually write RPNAS registration examinations" (p. 19).

"A related area of interest is ultimate learning outcomes, the knowledge and skills of graduates once they enter practice settings. From the perspective of this approval process, information regarding the psychiatric nursing knowledge and competencies of the graduates would be highly

Council decision on NEPS --continued

desirable. To date, the evaluation process has generated little information that can answer questions about the skills and knowledge of students and graduates in the psychiatric nursing domain. This area of inquiry is particularly important as repeated concerns were expressed by field-based people about the psychiatric and knowledge skills of students and graduates" (p. 20).

Criterion 7: Resources

Support services exist for faculty and students to ensure opportunities for student success.

"Due to time and scheduling constraints, onsite tours were restricted to the library services, computer laboratories, and selected student services. The tours confirmed the information provided in the Self Study Report. In relation to the physical facilities, excellent teaching and learning facilities offered at SIAST, particularly on the Wascana campus, were noted" (p. 22).

"Based on the data available, it is evident that space allocation is a problem, particularly at the University of Saskatchewan and, to lesser extent, at the Kelsey campus. Other program resources are very good to excellent" (p. 22).

Criterion 8: Communication

Communication strategies ensure that input and evaluation is sought from stakeholders.

"It appears that, although there exist reasonable and comprehensive plans, communications have not been entirely effective. Of course, communication is not the responsibility of only one party; nevertheless, NEPS, presenting a new and novel approach to

psychiatric nursing education, has a special responsibility to inform stakeholders and to communicate as effectively as possible. Currently there is a good framework in place but there appears to be a need to ensure that communications strategies are more consistently and effectively implemented" (p. 24).

Criterion 9: Marketing

Strategies exist to market the program.

"Although marketing is usually thought of as external, it can also be an internal activity. Meetings with students indicated that a sizeable minority of students within the program entered with, or subsequently developed an interest in, psychiatric nursing. Many students commented that, within the program, there was little attention paid to psychiatric nursing as a distinct profession and very little information provided aside from inviting representatives of RPNAS, early in the program, to speak about it. During meetings with faculty, the view was strongly voiced that the program, in fact, did not have a responsibility to actively promote the profession of psychiatric nursing" (p. 25).

"What is clear, however, is that coinciding with the inception of NEPS there has been a dramatic decline in the number of graduates entering the psychiatric nursing profession. Data also indicate that about 40 psychiat-

ric nursing graduates found employment in each of the final years of the SIAST program (SIAST Graduate Employment Statistics Reports for 1995, 1996, 1997). It is unlikely that, precisely at the time NEPS was started, health care system restructuring and labour market trends, alone, would have eliminated, almost entirely, a labour market of this size. We are persuaded that a lack of marketing of NEPS, as a psychiatric nursing program, has also contributed to this decline. Without concerted efforts to promote NEPS as a psychiatric nursing program, this trend is not likely to change" (p. 26).

Conclusions

Why did Council make a decision that differs from the recommendation of the evaluators?

First, Council's priority must be the provision of a safe, quality psychiatric nursing program for the people of this province. Council felt strongly that

the people of this province could be at risk if a mediocre program was given conditional approval.

Second, Council realized that evaluators seldom, if ever, recommend "approval denied" in a report. The evaluators assume the continued existence of the program. In the report provided to

RPNAS, the evaluators left two significant "loopholes" by which Council could justifiably deny approval. One, the use of "partially met" was not an option in the RPNAS

Number of RPNAS Registrations by Sask. Psychiatric Nursing Graduates

Year	Registrations
1995 (SIAST)	39
1996 (SIAST)	29
1997 (SIAST)	40
1999 (NEPS)	4
2000 (NEPS)	3
2001 (NEPS)	2

(page 26)

approval process. The criteria were either "met" or "not met." Council deliberated over how "partially met" a criterion would need to be to be deemed "met." If the criterion was not met sufficiently to be labeled as such, then it obviously was "not met."

The second "loop hole" does not rule out "approval denied" as an option. According to the evaluators, "Using the definitions provided in the Approval Document, *full approval* is clearly not warranted, because of serious deficiencies, particularly in the areas of faculty ratios, clinical psychiatric nursing experiences, and student socialization. At the same time, considering that the program is just now approaching maturity, and that the program model represents a novel and promising approach, *approval denied* may also not be warranted..." (p. 30). The evaluators do not state that "approval denied" is not warranted. Instead they state that it may not be warranted.

When Council looked at the criteria that were deemed not met (faculty, clinical psychiatric nursing experiences, and students), Council had grave concern. This concern was multiplied many times when the three criteria deemed partially met were reviewed (curriculum, professionalism, marketing). The evaluators raised serious concerns even about the three criteria they deemed met (evaluation, resources, communication).

Therefore, Council felt that, given the legislated mandate of the Association to regulate psychiatric nursing **in the public interest**, the only option was "approval denied."

Where does this leave psychiatric nursing education for this province?

Some concern has been raised that, if Council denied approval to NEPS, Saskatchewan will have no new RPNs entering the profession. Council's response to this statement would be that Saskatchewan has no new RPNs entering the profession now. The evaluators clearly demonstrate this on page 26 of the report. Since the inception of NEPS, nine students have chosen to register with RPNAS. This is a significant decline from the 40 who registered in 1997.

Where does Council go from here?

Council has been and is continuing to explore a number of possibilities for psychiatric nursing education in Saskatchewan.

Council would welcome an opportunity to discuss with SIAST a number of options. A letter has been sent to Mr. Claude Naud, Vice President of Programs at SIAST, requesting such a meeting.

Council has also requested a joint meeting, as soon as possible, with the Minister of Health and the Minister of Post-Secondary Education/Skills Training.

Copies of the report and letters have been sent to interested parties, such as the other RPN associations, government, other regulatory bodies, and interested individuals. The evaluators were asked to write a report that could be made public.

On March 1, 2002, the RPNAS will be hosting a conference to discuss education options. All members are invited to attend. There is no registration fee and a complimentary lunch will be provided. It is **mandatory**, however, that anyone planning to attend register in advance (registration form on page 11 of this newsletter). We

must have accurate numbers for lunch and coffee at least 48 hours prior to the event.

How does Council feel about this decision?

This was a very difficult decision for Council in that the Association has been pressured from many sides regarding an approval decision--before the report was even received. Council gave considerable thought and discussion to this. Council made its decision carefully, with attention to its legislated mandate. The decision to deny approval to the NEPS program was unanimous, with two Council members absent for conflict of interest.

Council did not ignore the implications of this decision. Council is also well aware that the RPNAS and the profession of psychiatric nursing is at an important point historically. Certainly Council members are feeling somewhat anxious about where to go from here, but they have taken on a leadership role. RPNs in this province can be very proud of the commitment and determination of members serving on Council.

How can you receive a copy of the report?

Copies of the *Report of the Assessment Team* and Council's decision are available through Central Office. To receive a copy, simply: call (306-586-4617), e-mail (jjohnson@rpnas.com) or write (2055 Lorne St., Regina, SK S4P 2M4) and a copy of the report will be sent to you.

Thank you to the RPNs, students, graduates, faculty and employers that participated in the onsite visits. Your input was very much appreciated!

Letter to the Editor:

Dear Editor:

I believe as an RPN that I am accountable to my clients and owe a legal duty of care to them. Because of this, I feel that it is my responsibility to respond to situations that may have a negative effect on client care, or put a client's health in jeopardy. However, recently, when trying to deal with such a situation, I found that I had little backing from my governing body, whose main concern should also be with client care.

I work in a long-term care facility for the mentally ill. When nurses were ordered to pre-pour medication for 25 clients, so that non-professional staff (summer relief camp staff and nurses aides) could administer them, I filed my concern to the Professional Conduct Committee. I did so, firmly believing that clients were being put into a dangerous position in order to keep recreational programs functioning at a normal level, regardless of a nursing shortage and lack of available professional staff.

I have great concerns regarding the process in which this concern was dealt with. As a professional association, I would expect an outcome, based on more than two informal phone calls and consultation with a lawyer, representing the health district's, not the client's interests. Don't our professional standards dictate that there is more to administering medications, than just ensuring that the client has swallowed them?

It is quite obvious to me, and many other RPNs, that I have discussed this with, that this was a situation that could have caused great harm to a client's health. Yet the Professional Conduct Committee chose to do nothing to stop, or to prevent the same thing from happening in the future. If something of this magnitude is treated so inconsequentially, I fear for the credibility/value of psychiatric nurses and our association in the future. It's as if we are telling management to do whatever they deem necessary in order to keep programs functioning, regardless of the quality of care or the safety of our clients in mental health.

-- Glenna Olenick, RPN

In response to the Letter to the Editor authored by Glenna Olenick, the Professional Conduct Committee is comprised of individuals who freely give of their time, energy and services. They are dispersed throughout the province. When a complaint is sent to the committee, a response to the allegations is requested from the member whom the complaint has been levied against. Investigation of any complaint is taken seriously and information is gathered in an objective manner, neither being biased or judgmental. Telephone calls are a necessary component of this committee due to the vastness of our province, and thus any phone call is considered formal and a part of the investigation. As information is the basis of any complaint and investigation, it is the responsibility of the person laying the complaint to share information and documentation with the committee.

As a member of the Professional Conduct Committee and its Chair, I am prevented from addressing the specific case that Glenna Olenick speaks about in her Letter to the Editor. I can specifically state that information was gathered about the complaint, there were no telephone conversations with a lawyer representing the health district, but rather with a lawyer representing the respondent and documentation was provided to this committee. The complaint and all relevant documentation were discussed at a formal meeting with this committee and consultation was sought from the lawyer that represents and advises the Professional Conduct Committee. Not all complaints end in the manner that the complainant would wish or expect, but the committee must review the information without prejudice.

*--Delores Stevens
Chair, Professional
Conduct Committee*

RPNAS Registrar Position

Currently the RPNAS has a volunteer Registrar on contract until March 31, 2002. In light of impending staff changes, the Association will be hiring a part-time, permanent Registrar on staff, beginning April 2, 2002.

Qualifications:

- Applicant must be currently registered with the Registered Psychiatric Nurses Association of Saskatchewan, willing to travel, with excellent communication skills. Knowledge of RPNAS activities will be considered an asset.

Position:

- Position will be 1/4 time April 1-September 30, 2002 and then permanent 1/2 time from October 1. Some flexibility to hours.

Interested persons should send resume to Executive Director, RPNAS, 2055 Lorne Street, Regina, SK S4P 2M4. Deadline: February 15, 2002.

RPN Scholarships and Bursaries

The Registered Psychiatric Nurses Association of Saskatchewan recognizes that costs for education programs continue to rise. To assist students and RPNs in education pursuits, the RPNAS provides a number of bursaries and scholarships.

The Association is very pleased to offer the following scholarships and bursaries to students and RPNs:

Terrence B. Christiansen Memorial Bursary for Year II: \$200.00

Joyce P. Long Memorial Bursary for Year III: \$300.00

NEPS Year III Bursary (3): \$300.00

NEPS Year IV Scholarship: \$1000.00

Registered Psychiatric Nurse Bursary (2): \$500.00

Baccalaureate Scholarship: \$1000.00

Masters Scholarship (2): \$1000.00

Doctorate Scholarship: \$2000.00

The deadline for applications is **May 1, 2002.**

Complete criteria and application forms are available from RPNAS, 2055 Lorne St., Regina S4P 2M4, or call (306) 586-4617 to have the application information mailed to you.

Volunteer opportunities

RPNAS staff will be undertaking two new projects in 2002 and we need the assistance of interested RPNs to complete these projects. If you are interested in participating on any of the following staff advisory teams, please call Central Office (306-506-4617) or e-mail the Executive Director at jjohnson@rpnas.com to volunteer.

Revision of Guidelines for Psychiatric Nursing Practice-- review and redraft. Completion by June 2002. One teleconference, two Regina meetings.

CPD Process Evaluation Team-- one Regina meeting. Completion by June 2002.

SIASST ad

Karen Kenny, RPN New Tri-District General Manager

Congratulations to Karen Kenny, RPN on being appointed to the position of Tri-District General Manager.

This position is responsible for the development, coordination, integration and administration of the community health programs, services and projects that serve the three health districts that form the Tri-District Service areas.

This includes the role and function of Regional Director Mental Health. Programs and services include: early childhood development, speech language pathology, public health inspection, acquired brain injury services, nutrition, communicable disease coordination, and other programs/services.

SIAST ad

Open forum at Annual Meeting

An opportunity is provided for members to raise issues of concern through an Open Forum planned as an agenda item at the RPNAS Annual Meeting. On June 4, 2002, specific time will be set aside for individual members to bring forward items of concern or interest affecting the profession and/or the general membership.

Members are invited to submit items for discussion prior to the meeting to ensure sufficient time is planned in the agenda. Items raised from the floor will be dealt with at the discretion of the chair, after written submissions are discussed and considered, and will be subject to the time limits identified in the rules of order.

An application for Discussion Request is available from Central Office and must be received by Central Office no later than May 20, 2002. For an application, please call (306) 586-4617 or e-mail scoward@rpnas.com.

Call for nominations

The Registered Psychiatric Nurses Association of Saskatchewan needs strong leadership as the Association tackles some difficult issues.

The Nominations Committee is seeking candidates for nomination and election to the RPNAS Council.

Four Council Members-at-Large positions will be open for nomination. Terms of office begin after the 2002 Annual Meeting and are for two years. Nominees must be active practising members of the RPNAS.

For nomination forms, please contact your local RPNAS Branch or Central Office. **Deadline for nominations is February 15, 2002.**

Recognizing deserving RPNs

Nominations are now being accepted for RPN Awards for Registered Psychiatric Nurses who have excelled in one or more of the areas of: psychiatric nursing practice, psychiatric nursing education, psychiatric nursing research, psychiatric nursing administration, and community service.

Applicants may be nominated by RPNAS Branches, individual RPNs or a group of RPNs. The nominee must be registered with the RPNAS, either as a practising or nonpractising member.

Nominees shall have contributed to the profession in one or more of the following ways:

- Promoted awareness of mental health and human service issues;
- Demonstrated leadership within the professional Association;
- Contributed to the furtherance of Association goals, objectives and activities;

- Developed and/or implemented innovated programs;
- Demonstrated leadership within an area of service delivery;
- Written/published major papers, articles, books or pamphlets that benefit the profession, clients, health care workers and/or the general public.

Selection of award recipients shall be made by a staff advisory team, with a maximum of four recipients selected. Recipients shall be informed as soon as possible after the selection is made.

Recipients shall receive an appropriate plaque, usually presented in conjunction with the Annual Meeting of the Association.

Deadline for nominations is March 30, 2002. Application forms can be obtained by calling Central Office at (306) 586-4617 or e-mail Shayna at scoward@rpnas.com.

PSYCHIATRIC NURSING EDUCATION IN SASKATCHEWAN

An Invitational Conference to Explore Education Options

Where are we? Where do we want to go?
How do we get there?

MARCH 1, 2002

**Travelodge South, Regina SK
0900 - 1600
(Registration begins at 0815)**

Where do you want to see psychiatric nursing education going? What ideas do you have for a program in Saskatchewan? Registered Psychiatric Nurses in Saskatchewan are invited to come together to discuss education ideas, options and opportunities. Lunch and coffee provided. No registration fee, however pre-registration is mandatory.

**Registration deadline: February 15, 2002
(Qualifies for 6 CPD Credits)**

REGISTRATION FORM

Please complete and mail to address below.
Registration must be received at Central Office no later than 1630, Feb. 15, 2002.

NAME _____ RPN # _____

ADDRESS _____
Street City Prov. Postal Code

PHONE: (Home) _____ (Work) _____

E-mail address _____



Registered Psychiatric Nurses Association of Saskatchewan
2055 Lorne St., Regina, SK S4P 2M4

Fax: (306) 586-6000
E-mail: scoward@rpnas.com

Professional Development Opportunities

RPNAS EDUCATION DAY & ANNUAL MEETING

JUNE 3-4, 2002

RPNs: Essential Links on
the Health Care Track

DAYS INN
Swift Current

Watch for the Spring issue
of RPNNews (March) for more
details and registration form.

EARLY INTERVENTION IN MENTAL HEALTH

Mental Health Clinical
Conference 2002

February 13 & 14, 2002

First United Church
223 - 3rd Ave. NW
Swift Current

For more information, contact:
Peggy Skelton, RPN
(306) 778-9566

World Congress for Psychiatric Nurses

May 10-11, 2002

Executive Inn
Coquitlam, BC

Sponsored by:
RPNAS
RPNAM
RPNAA
CRPNBC

For more information call:
Mary MacInnes
1-800-565-2505

Women's and Children's Health

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FEBRUARY 21 & 22, 2002

Delta Conference Centre
Regina

For more information, call:
Continuing Nursing
Education
(306) 966-8360

**What is the easiest, safest way to help patients, friends
or family members who are living in an abusive
relationship?**

**In Saskatchewan, the answer is in every
DirectWest phone book.**

**Near the front of the book is the Emergency Service
numbers/Sasktel Guide tab. On the inside of the tab
is a Hot Peach Pages Abuse Help Lines Page.**

Hot Peach Pages. Pass it on. It's that simple.

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