In September of 2013, I began Saskatchewan Polytechnic’s psychiatric nursing diploma program in Regina, Saskatchewan. I have had a long-time interest in psychology and mental health, and I was excited to start this new journey of education and growth. Shortly after beginning the first year of the program, I learned what an intense program it was. However, as heavy as the curriculum was, it was balanced by having an incredibly supportive faculty, who helped and guided us all students through the process. Two important values within the program are wholistic health and self-awareness. Both of these values align with my own personal values, which made my educational experience very nourishing to my spirit as I journeyed...

Bullies and Bulimia

It’s a stereotype that Hollywood has portrayed time and again: The schoolyard bully, who is always bigger — both in height and girth — than the meek children that are being bullied.

What is not part of the stereotype, however, is that behind closed doors, these bullies are more likely to display the symptoms of the eating disorder bulimia, including binging on food and then purging.

“For a long time, there’s been this story about bullies that they’re a little more hale and hearty,” said William Copeland, Ph.D., an associate professor of psychiatry and behavioural sciences at Duke University School of Medicine. “Maybe they’re good at manipulating social situations....

DAWN’S DEVOTION

In September of 2013, I began Saskatchewan Polytechnic’s psychiatric nursing diploma program in Regina, Saskatchewan. I have had a long-time interest in psychology and mental health, and I was excited to start this new journey of education and growth. Shortly after beginning the first year of the program, I learned what an intense program it was. However, as heavy as the curriculum was, it was balanced by having an incredibly supportive faculty, who helped and guided us all students through the process. Two important values within the program are wholistic health and self-awareness. Both of these values align with my own personal values, which made my educational experience very nourishing to my spirit as I journeyed...

» PG. 16

Helicopter Parenting can Hinder Child Development

Call for Nominations to RPNAS Council

Call for Resolutions for the 2016 AGM
WE NEED YOUR STORIES!

Our goal is to make RPNews both interesting and informative, not just of Association matters, but of issues of interest to RPNs in many areas of practice. You can inspire your fellow RPNs, province wide!

Please send your story submissions for the RPNews to: info@rpnas.com
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The business of a Professional Regulatory Body continues to be increasingly challenging and complex. The RPNAS is the only regulatory body for registered psychiatric nurses that has an association role, or in other words wears two hats. Legislation changes in Alberta, B.C. and Manitoba have changed the roles in those provinces, and they are now Colleges of Registered Psychiatric Nursing respectively.

The RPNAS has been cautioned several times that the Government considers the regulatory role to be of the most importance and that we should not be self-promoting. The owners of our association are the people of the province and we should always be working toward their best interests.

I am very proud of the Council of the RPNAS, for whom I work, and the individuals who donate their time as volunteers to serve Saskatchewan people. The governance model used by Council ensures that the established Ends of the Association guide the decision making process and ensures consideration is given to the owners at all times.

I believe that Saskatchewan people are entitled to quality healthcare and that care includes mental health.

told there are no jobs for RPNs when the reality is these job opportunities are hidden within postings for Registered Nurses (upper case). There are many positions available for RPNs in Saskatchewan.

I am also very satisfied in the work that has been accomplished working collaboratively with the RN and LPN regulatory bodies both provincially and nationally.

The National Nursing Assessment Service which creates one portal for all internationally educated nurses is a significant accomplishment. We are working closely to ensure clear direction on scope of practice issues, most recently on Medical Assisted Death as an example.

The Diploma Program in Psychiatric Nursing will be reviewed this year as part of our legislated responsibilities. It is wonderful to see the new graduating classes, if only there were more of them. It is clear that there are not sufficient graduates to meet the needs, especially given the profile of our membership.

Our AGM will be held in Saskatoon in June and we look forward to engaging our membership and providing an excellent Education Day as well. I look forward to seeing you there.

Robert Allen, RPN
Executive Director
I would like to take this opportunity to send heartfelt thanks to our office staff, for facilitating the Registration Renewal and the audit processes once again. I certainly appreciate and recognize their effort. You did a fabulous job, as usual.

This was the first year of online renewal and we received overwhelmingly positive feedback from the membership. Post renewal surveys were sent out to members requesting feedback about the process, features, and more. We received positive and constructive feedback from members and have made changes based on that feedback. We look forward to showing you the results of this survey in our annual report.

Now that the registration process has been completed it is time for the Continuing Professional Development and Hours of Work audits. Auditing is a process of checks and balances that insure that our system works effectively. 25 members are randomly selected to participate in each audit. Those who were selected for the CPD credit audit were asked to submit proof of their participation continuing education. Those selected for the hours of work audit received notice that their employer would be contacted to determine actual working hours. These audits serve as evidence that the Association is in compliance with the Act and Bylaws.

Congratulations to the Saskatchewan Polytechnic Psychiatric Nursing class of 2015 for passing their RPN exams and welcome them to the profession of psychiatric nursing. It is indeed encouraging to see the enthusiasm these young people bring to their work places.

Registered Psychiatric Nurses of Canada Examination (RPNCE) has undergone another overhaul it will now be delivered in one book containing approximately 230 questions and will be written over 4 hours – this contrasts with the previous version of the exam which was two, 2.5 hour sessions. The first candidates will be writing in this new format in May. We wish them success in their endeavors.

In closing, I would like to extend an invitation to all members to attend our Annual General Meeting and Education Day being held in Saskatoon on June 9th and 10th 2016. It will be a great learning opportunity for all attendees! I look forward to seeing everyone there.

Candace Alston, RPN
Registrar
Incapable, or more capable than you and I?
But the question is why?
Why does mental illness exist?
Why must some people be so much different from other people?

See, I don’t believe in such things as “normal”,
I believe that everyone is different.
I believe that if the world consisted of only people who thought like you
and I,
the whole world would have been thrown off balance,
and by now would have crashed and died.

So to keep balance the world has selected a group of us to be gifted,
we have been chosen to have such a beautiful mind,
a mind that can do so much,
that is capable of so much!
A super power if you will…

And like all super powers you must first struggle before you can gain,
you must go through life learning everyday how to cope.
Like all super powers you must first realize that you have an
advantage,
not a disadvantage.
You have an ability, not a disability,
BECAUSE YOU ARE AMAZING!

But sometimes it’s hard to watch,
it’s hard to swallow the realization of how much some have to struggle.
We have professions to help gifted minds realize inside their head,
that they were given an amazing prize -
a prize that one day may change the world.
No matter your size.

So good luck on continuing your superhero training
because one day the world may need you!
Do what you do and just be you,
and thank you for being heroes.

- Putrid Poetry
New research suggests overparenting, known as helicopter parenting, may hinder a child’s development. Investigators found this can occur when parents become too obsessed with homework, particularly in middle school and high school.

Investigators from Queensland University of Technology (QUT) followed 866 parents from three Brisbane Catholic/independent schools. They found those who endorse overparenting beliefs tend to take more responsibility for their child doing their homework and also expect their child’s teachers to take more responsibility for it.

“There is concern this greater parental involvement in ensuring homework is completed, particularly in high school, is actually impacting the child’s ability to take responsibility for their homework or understand the consequences of their actions.”

“We know from recent research, that there may be a point where parental assistance ceases to be beneficial, especially as children reach adolescence and young adulthood, and can result in poor resilience, entitlement and reduced sense of responsibility.”
said QUT Clinical Psychologist Dr. Judith Locke.

“The irony is a helicopter parenting style with the goal of fostering academic achievement could be undermining the development of independent and resilient performance in their children.

“Parental involvement is a child’s school experience is considered an important factor in their academic success and homework is a key aspect of that.

“However it seems some parents may take the notion too far and continue to assist children at an age the child should be taking most of the responsibility for their academic work, such as the senior school years.

“Parental assistance with homework should slowly reduce as a child gets older and daily parental involvement in an adolescent’s homework would be developmentally inappropriate.

“These parents appear to not only help their child more, they also expect their child’s teachers to help them more, particularly in the middle school and senior school years.

“We know from recent research, that there may be a point where parental assistance ceases to be beneficial, especially as children reach adolescence and young adulthood, and can result in poor resilience, entitlement, and reduced sense of responsibility.”

Dr. Locke said studies in America which reported on parental over-involvement in a student’s university life found it to be extremely detrimental.

“Some parents choose their adult child’s subjects, edit, or complete their assignments and badger lecturers to improve their child’s grades,” Dr Locke said.

“When these parents are making these decisions or providing academic pressure it has been found the adult student disengages from their education and often has increased depression and decreased satisfaction with life.

“The results of this study may go some way to explain why some parents are continuing to be highly involved in their adult child’s academic life.”

The study will be published by the Journal of Psychologists and Counsellors in Schools.

Researchers used the new Locke Parenting Scale (LPS) overparenting measure to quantify parenting involvement. Participating parents completed online questionnaires about their parenting beliefs and intentions, and their attitudes associated with their child’s homework.

“Parental help can be constructive by showing interest and coaching them to complete their work, but unconstructive assistance includes telling a child the right answer or taking over from them when they are completing school tasks,” Locke said.

“Those who scored highly on the LPS measure in our study may have been reacting to greater academic difficulties of their child and without an objective measure of the child’s academic skills we cannot rule that out.

“However, this study is one of the first to indicate that overparenting may result in parenting actions and expectations of their child’s school which may not enable children to fully develop academic responsibility and self-regulation skills.”

Locke believes future research should examine whether extreme parental attitudes and reported behaviours have a negative effect on students or result in children taking more responsibility for their homework.

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Do you know someone that is a strong leader? Has an abundance of RPN pride? RPNAS has a great opportunity for you or someone you know to help our profession! RPNAS Council has a total of 3 positions up for election with 2 year terms starting in June of 2016.

- **3 x Member-at-Large positions**
  This is a council member that participates in the discussion and helps to make decisions about the profession in the province. If you are new to the profession and want to have your voice heard or would like to assist us in some of the difficult issues we face, this could be a great position for you.

**Requirements:**

- Active Practising
- Available to attend four council meetings (6 days)
- Available to attend the annual meeting. (1-2 days)
- Participation in Council Committees
- From time to time attend functions as a representative of RPNAS

The deadline for receipt of all nominations is April 4, 2016.
In June 2015 two Saskatchewan Polytechnic students graduated from the Bachelor of Psychiatric Nursing Degree Completion Program (BPN). The BPN students are required to complete a consolidated practice education experience (CLIN 300). As a program we ask the students for their input and strongly encourage them to seek a learning opportunity that is meaningful to them while applying the learned theoretical concepts. They are expected to apply the psychiatric nursing skills of critical thinking, clinical reasoning, leadership, primary health care, and mental health promotion in advanced practice education settings such as education, research or leadership and/or management.

Within this final practice education
“Learning about leadership was an area of interest for me, and I was able to see and meet many different leaders throughout my practice education.”

experience they are evaluated on both knowledge and performance. The students are required to choose one of the following: Option 1: 280 practice education hours with a resource binder applicable to agency. Option 2: 140 practice education hours with 140 hours dedicated to a learning project. The students that have completed this experience thus far chose Option 2 since it is more feasible to complete whilst working.

Recently one of our BPN students, Stacey Gedak completed her final practicum at Outlook & District Community Health Services with the Clinical Nurse Educator. Stacey is a RPN who works full time as a Community Mental Health Nurse in Outlook, Saskatchewan and will be graduating from the Bachelor of Psychiatric Nursing Degree Completion Program in June 2016. She is eager to share her experience with her peers.

I decided to choose Option 2 as it fit well with working full time as a Community Mental Health Nurse. The flexibility of the Degree Completion Program, especially the final practice education portion, has been paramount to the success of my, amongst other student’s, education. I spent my clinical hours learning about teaching, education, policies, procedures, provincial projects and how to develop and implement these concepts with respect to everyday nursing practice.

During my time with the Clinical Nurse Educator I was able to carry out a great deal of mental health promotion through my learning project regarding suicide assessment. The learning project was well received amongst the Clinical Nurse Educators and other professionals in the health region. I was enthused to be able to offer a specific area of knowledge to enhance my clinical experience. I was surprised at the amount of research I and other nurses conducted as this had been a class I recently had taken. Learning about leadership was an area of interest for me, and I was able to see and meet many different leaders throughout my practice education. This will help me develop my leadership style and has encouraged me to become a leader in the field of nursing as well.

Of importance was how relevant and applicable the previous classes are in the Degree Completion Program to the clinical portion, as well as my day to day work life. The Degree Completion ended up not being a series of classes to me, but information I could actually relate to, and use to enhance my professional self. The relativity of theory that was applicable to my work life greatly enriched my learning experience. This alone, has broadened my knowledge and encouraged me to carry on with future education.

The Bachelor of Psychiatric Nursing Degree Completion Program welcomes RPNs to explore the Saskatchewan Polytechnic Website to advance their professional practice.


Submitted by: Stacey Gedak, RPN, CMHN & Denise Gettle, RPN, RN, BN, MHS.
EARLY LIFE STRESS MAJOR RISK FACTOR FOR ADULT DEPRESSION

By Rick Nauert PhD
New research may help to explain how early life stressors can so dramatically affect mental health in adulthood. The discovery is important because stress during the formative years, including abuse or emotional neglect, increases the risk for adult depression by nearly two-fold.

Scientific research into this link has revealed that the increased risk following such childhood adversity is associated with sensitization of the brain circuits involved with processing threat and driving the stress response.

Emerging findings are now demonstrating that in addition to the stress sensitization, there may also be diminished processing of reward in the brain. This deficit may diminish a person’s ability to experience positive emotions.

In the new study, researchers at Duke University and the University of Texas Health Sciences Center at San Antonio looked specifically at this second phenomenon in a longitudinal neuroimaging study of adolescents. Their intent was to gain a better understanding of how early life stress contributes to depression.

They recruited 106 adolescents, between the ages of 11-15, who underwent an initial magnetic resonance imaging scan, along with measurements of mood and neglect. The study participants then had a second brain scan two years later.

The researchers focused on the ventral striatum, a deep brain region that is important for processing rewarding experiences as well as generating positive emotions, both of which are deficient in depression.

They discovered that over a two-year window during early to mid-adolescence, there was an abnormal decrease in the response of the ventral striatum to reward only in adolescents who had been exposed to emotional neglect.

Emotional neglect is a relatively common form of childhood adversity where parents are persistently emotionally unresponsive and unavailable to their children, explains first author Dr. Jamie Hanson.

“Importantly, we further showed that this decrease in ventral striatum activity predicted the emergence of depressive symptoms during this key developmental period,” he added.

“Our work is consistent with other recent studies finding deficient reward processing in depression, and further underscores the importance of considering such developmental pathways in efforts to protect individuals exposed to childhood adversity from later depression.”

This study suggests that, in some people, early life stress compromises the capacity to experience enthusiasm or pleasure. In addition, the effect of early life stress may grow over time so that people who initially appear resilient may develop problems later in life.

“This insight is important because it suggests a neural pathway through which early life stress may contribute to depression,” said Dr. John Krystal, Editor of Biological Psychiatry.

“This pathway might be targeted by neural stimulation treatments. Further, it suggests that survivors of early life trauma and their families may benefit from learning about the possibility of consequences that might appear later in life. This preparation could help lead to early intervention.”

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“Our work is consistent with other recent studies finding deficient reward processing in depression and further underscores the importance of considering such developmental pathways in efforts to protect individuals exposed to childhood adversity from later depression.”
I have depression and anxiety disorders.

and even with the medication, I still have those days when I have to force myself out of bed.

and I can’t rally the energy or motivation to do anything.

And, my mom will say things like “You were so happy and energetic yesterday, you got so much done.”

(it makes me cringe to just think about her saying that)

So I told her this: Depression and anxiety are teammates and I’m the opposing team.

They make me paranoid.

They make me feel useless.

I’m just going to put this out there: but I’m pretty sure your friends talk about your behind your back.

You’re probably having more fun without you anyway.
and they steal all my energy and motivation.

I’m freaking out, man, what if she tells someone about this?

Don’t worry, I took her motivation too.

However, sometimes, they go on vacation.

Did we pack enough? Do you know how to get there?

I never know how long the vacation will last, but I get.

Stuff.

Done.

while they’re away.

because I never know when they’ll come back.


It may be a few hours or a few days.

Let’s just go back.

I never know.

Come on! We’ve got butterflies to catch!

I do know that I have to be prepared to go back into battle when they return from vacation.

Reproduced with permission. Read the series at www.tapastic.com/theawkwardyeti
The Psychiatric Nursing Program has awarded Dawn Ewert with the Academic Achievement award which recognizes the student(s) who has the highest grade point average (GPA) over the 2.5 years of the program. “Dawn has been an extraordinary student who is most deserving of this award” says Jill Thomson faculty in the psychiatric nursing program. Dawn is kind, caring, and compassionate, and we knew from day one she had many of the characteristics that are representative of a registered psychiatric nurse (RPN)”, Thomson says. Kathy White Program head of the Psychiatric Nursing program explains that “this is the first year the Psychiatric Nursing program has given out such an accomplishment” and White agrees that “Dawn is most deserving”.

However, Dawn’s accomplishment of the award was not the only reason Dawn stood out on the day of the pinning ceremony that took place on January 21, 2016 at Saskatchewan Polytechnic in Regina, Sk. “When Dawn walked in the door on the day of the pinning ceremony we could not help but notice that Dawn took on a whole new appearance,” Thomson says. Dawn had made the decision to support her mother in her fight against cancer. Dawn, along with her sister made the brave decision in October to shave their heads to bring awareness to the cancer campaign. Where once there was a luscious main of...
healthy auburn-brown hair now only a remnant of what used to be. Despite graduation pictures and the pinning ceremony looming just around the corner, Dawn took the plunge to support her mother’s plight and shaved her head in support.

Here is Dawn’s story:

In September of 2013, I began Saskatchewan Polytechnic’s psychiatric nursing diploma program in Regina, Saskatchewan. I have had a long-time interest in psychology and mental health, and I was excited to start this new journey of education and growth. Shortly after beginning the first year of the program, I learned what an intense program it was. However, as heavy as the curriculum was, it was balanced by having an incredibly supportive faculty, who helped and guided us all students through the process. Two important values within the program are wholistic health and self-awareness. Both of these values align with my own personal values, which made my educational experience very nourishing to my spirit as I journeyed through the psychiatric nursing program. A large amount of time was spent in reflection and making meaning of experiences to gain the ability to learn and grow as people and as professionals. I believe that this work was the most valuable work I completed during my time in the program.

In my second year of the program, I moved to Prince Albert, where I completed practicum
experiences in agencies including Addiction Services, Mental Health Inpatient, Riverside Elementary School’s STAR Program, and Mental Health Outpatient. I was very blessed to have had all of these opportunities to learn, as well as to see how diverse practice within this profession can be. I was happy to be able to practice my education with psychiatric nurses as well as mental health professionals of other disciplines, collaborating and planning care in the most wholistic sense. Moving to Prince Albert was a great experience, as it brought me closer to my family. Family has always been a priority for me, and I was happy to be able to have them near as I continued my education.

Toward the middle of my second year in the program, I became aware of some health concerns that my mom was experiencing. My family and I remained positive. By spring, 2015, as my second year was coming to a close, I learned the devastating news that my mom had stage 3 lung cancer. I felt like my world came crashing down around me. I found myself facing this new awful reality, trying to process it and grieve this news, as well as feeling intensifying stress, as I tried to carry on with my schooling amidst the challenges being faced in my personal life. Throughout this experience, I am thankful for the amazing and overwhelming support that I received from my faculty (especially my clinical faculty located in Prince Albert, Jamie Louiseize), my psychiatric nursing mentor, Darlene Zanidean, as well as my family and friends. As I entered my final year of the program, struggling to balance my personal life with my studies, I could not have been more thankful for the supports that the psychiatric program has given.
What an amazing thing it is to be surrounded by people who understand the struggle of battling with mental health issues, which is exactly what I was experiencing, as I dealt with my educational priorities and my mom’s health. One comment from a classmate rang true for me as I went through this: “no one is immune to illness”. We all go through things in our personal life that affect our mental health and even as mental health professionals, we are not immune. How lucky I was, to be surrounded by people that understand this, and kept encouraging me to keep going.

My mom is one of the most important women in my life, my best friend. I am so thankful to have such a close relationship with her. She is one of the strongest women I know. During the times where I found myself struggling, my mom was there for me, encouraging me and reminding me how proud she was of me. My mom has been so positive throughout this whole experience, even in the most vulnerable of circumstances. When her hair started to fall out, and the time came to shave it off, my sister and I decided that we would also shave our hair off with her. I felt that by doing this, I could not only be a support to my mom, but I could also share in her vulnerability. The experience of shaving our hair off together was so special; it turned a sombre situation of loss into a time of connection and shared laughs. I did not want my mom to feel alone through this. Being there, being present for my mom, and being able to share in her experience, was more important to me than my hair. As dissimilar as my experience was, as my lack of hair was a choice, it still brought a sense of peace and normalcy, as we shared the experience together. I have chosen to continue shaving my head and will grow it back when my mom’s hair returns. My mom has since completed radiation and two rounds of chemotherapy. She remains strong and we all try to continue with optimism and positivity—enjoying every opportunity to spend time together.

Since graduating from the psychiatric nursing program at Saskatchewan Polytechnic, I have been offered a position in the Mental Health Unit at Saskatchewan Penitentiary, which is where I completed my final practicum. I am enjoying working in the interdisciplinary environment at Saskatchewan Pen, collaborating with and learning from other nurses, psychologists, and social workers within my unit, as well as other professionals throughout the institution. I am excited for this new beginning and the learning that will accompany it.

Looking back on my experiences throughout the program, I do not feel as though I would have been as successful without all of the people around me. I am so grateful for all of the support I was given by faculty, family, and friends. My goal now, is to pay forward all of the support, grace, and encouragement that I have received, to my clients, colleagues, and loved ones.

Submitted by:
Jill Thomson RPN, RN, BScN, MAED
&
Dawn Ewert, RPN

“During times where I found myself struggling, my mom was there for me, encouraging me and reminding me how proud she was of me. My mom has been so positive throughout this whole experience, even in the most vulnerable of circumstances.”
It’s a stereotype that Hollywood has portrayed time and again: The schoolyard bully, who is always bigger — both in height and girth — than the meek children that are being bullied.

What is not part of the stereotype, however, is that behind closed doors, these bullies are more likely to display the symptoms of the eating disorder bulimia, including binging on food and then purging.

“For a long time, there’s been this story about bullies that they’re a little more hale and hearty,” said William Copeland, Ph.D., an associate professor of psychiatry and behavioural sciences at Duke University School of Medicine. “Maybe they’re good at manipulating social situations or getting out of trouble, but in this one area it seems that’s not the case at all. Maybe teasing others may sensitize them to their own body image issues, or afterward, they have regret for their actions that results in these symptoms like binge eating followed by purging or excess exercise.”

Look a little deeper, and you may see that the bully is zeroing in on the one trait in the victim that strikes a nerve.

“Sadly, humans tend to be most critical about features in other people that they dislike most in themselves,” said Cynthia Bulik, Ph.D., a distinguished professor of eating disorders at the UNC School of Medicine. “The bullies’ own body dissatisfaction could fuel their taunting of others.”

The Duke study involved 1,420 children from the Great Smoky Mountains Study, who were followed from the age of 9 to 16.

The kids were divided into four categories:

- Children who were not involved in bullying;
- Victims of bullying;
- Children who sometimes were victims and sometimes were bullies; and
- Children who were solely bullies, repeatedly abusing other children verbally and physically, socially excluding others, and rumour mongering, without ever becoming a victim themselves.

What was not surprising is that the kids who were bullied were at a higher risk for developing an eating disorder.

The researchers found that children
who were victims of bullying were at nearly twice the risk of displaying symptoms of anorexia (11.2 percent compared to 5.6 percent of children who were not involved in bullying) and bulimia (27.9 percent compared to 17.6 percent of children not involved in bullying).

The study also found that children who were both bullies and victims had the highest prevalence of anorexia symptoms (22.8 percent compared to 5.6 percent of the children not involved in bullying) and also the highest prevalence of binge eating, then vomiting to control their weight (4.8 percent of children as compared to less than 1 percent of uninvolved children).

But what was surprising to the researchers was the significance of the bullying behaviour on the bullies themselves. The study found that 30.8 percent of bullies have symptoms of bulimia, compared to 17.6 percent of children not involved in bullying.

While some children experience lifelong effects from the bullying, others appear to not only cope, but go on to success in their lives, according to Copeland. That’s the next phase of their study.

“We want to do a better job of understanding why some people are able to experience the same things as others and be able to get through them without the same consequences,” Copeland said. “We really need to understand the resilience in those who have been bullied. That can help us determine the children who are going to need the most attention, and how we can promote those traits in others to increase their resilience.”

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GUIDE TO THE MENTAL HEALTH SERVICES ACT

The Government of Saskatchewan released a guide to The Mental Health Services Act.

The guide has two purposes:

1. Making The Mental Health Services Act more understandable and

2. Promoting consistent interpretation of the Act so that people who need involuntary mental health treatment receive help in a lawful, responsible and respectful manner.

View the guide at: http://www.rpnas.com/guide

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Version 1.0
CALL FOR RESOLUTIONS FOR THE
2016 ANNUAL MEETING

Resolutions to the Annual Meeting can be submitted by Council, Branches, a group of practicing members or an individual practicing member. Resolutions submitted from meetings must be accompanied by a motion of endorsement at the meeting.

The submission of resolutions to the Annual Meeting represents one of the most important avenues for direct input available to the membership. Resolutions provide the opportunity for the membership to give specific direction to the Council to act on a matter of significance.

The subject of a resolution must be within the jurisdiction of the RPNAS. Resolutions can relate to psychiatric nursing practice, education, administration, research, the profession or the health care system. A resolution can be declared out of order if there is conflict with the law, The Act, Bylaws and Regulations, standing rules of order, or if it concerns matters already under study.

To submit a resolution, please complete the form below. Be sure to identify the issue and provide any background information. Contact the Executive Director for advice regarding whether the resolution is within the objectives and jurisdiction of the RPNAS.

The “whereas” for the resolution should provide a logical rationale for the requested action. The “be it resolved” clause should be worded so that it can stand alone, without requiring the “whereas.” This clause should state who is to take the action what the action is to be and to whom the action is directed. Supporting data and rationale, including anticipated actions and costs, should be attached to the resolution and appropriate sections of The Act and Bylaws should be cited. The name and phone number of the mover and seconder should be included at the bottom of the page.

The deadline for resolutions is April 11, 2016. Submit resolutions to: Chair, Legislative Committee, 2055 Lorne Street, Regina, Saskatchewan, S4P 2M4. You can also e-mail the resolution to info@rpnas.com.

The annual meeting will be held on June 9-10, 2016 at the Sheraton Cavalier in Saskatoon, SK.

More information is available at http://www.rpnas.com/agm2015

When submitting your resolution, please send it in a similar format as the table illustrated below. The resolution must have a signature.

RESOLUTION TO THE ANNUAL MEETING 2016

Date ............................................................ Submitted by ............................................................
Address ...........................................................................................................................................
Phone ............................................................................................................................................
Email Address ............................................................................................................................... 
Signature ..............................................................................................................................
Whereas ........................................................................................................................................
Whereas ........................................................................................................................................
Therefore be it resolved that the RPNAS ..........................................................................................

Rationale ........................................................................................................................................
........................................................................................................................................................

Moved by ........................................................................................................................................
Seconded by ...................................................................................................................................
Phone .............................................................................................................................................
Phone .............................................................................................................................................
RPNAS received a petition from membership that a special meeting be held to “discuss the positions and planned actions of the RPNAS with regard to new licensed practical nurse bylaws and related employer practices.” Therefore, a special meeting will be held on March 31.

Date: March 31st, 2016
Time: 1:00 PM - 4:00 PM
Location: Executive Royal Hotel
Emerald A
4025 Albert Street
Regina, SK
S4S 3R6

According to RPNAS BYLAW II, Section 2(3), “Council shall establish the rules and procedures for the conduct of the meeting.” Please bring identification for verification of licensure.

In 2017, the School of Nursing will celebrate 50 years of quality nursing education at Sask Polytech. Events to mark the occasion are already being planned.

Are you a nursing grad from Sask Polytech or its predecessor schools? Complete the alumni registration form at saskpolytech.ca/alumni so you don’t miss any news.

The School of Nursing needs your help reconnecting with students from each graduating year. If you are passionate about keeping in touch with your fellow classmates, email nursing.50th@saskpolytech.ca.
the 7th Annual

CHAMPIONS
of
Mental Health
Awards Banquet

In recognition of individuals, organizations, and businesses in our community who have a positive impact on those living with mental illness.

Saturday, April 30th, 2016
The Dekker Centre

5:00PM - Cocktails
6:00PM - Supper
8:00PM - Presentations
8:45PM - Entertainment

Featured Entertainment:
Big Daddy Tazz
comedian and mental health advocate

Tickets are $50/person and $400/table
For tickets call:
Lucy 446-6533  Johann 446-6530  Pat 445-3067
CONTINUING PROFESSIONAL DEVELOPMENT

Remember: To maintain your eligibility for licensure you must have at least 10 credits every year! Here’s a few ground rules to help you:

1. If you are a new RPN and are just starting work, your first orientation counts towards you professional development credits at a rate of 1 credit per hour.
2. If you are taking a course again as a refresher you can only count the FIRST TIME you take the course. For example First Aid or CPR.
3. Taking a formal course at an educational institution will net you 10 credits per course.
4. Mandatory work requirements such as quality assurance meetings, health/safety meetings and team meetings are not eligible for CPD.
5. When listing your CPDs, don’t forget to spell out any abbreviations.

CPD CATEGORIES & CREDIT GUIDE

Informal Study
Workshops, conferences, seminars, in-services, lectures, presentations, self-directed study (films, videos, books, internet research, learning kits, etc.)
1 credit per hour

Contributions to Knowledge
Preceptorship, submissions to research articles, journal articles, manual development.
10 credits per activity

Formal Study
Courses at/from universities and colleges including distance education courses.
10 credits per class

Professional & Community Involvement
Mentoring, service on professional and public bodies relating to psychiatric nursing.
1 credit per hour

Presentation to others
Conferences, seminars, poster presentations, special projects, research paper, commercial or educational exhibits, etc.
1 credit per hour

ONLINE CPD PORTFOLIO

With our new member self service area, you can keep track of your professional development credits online. Instead of waiting until renewal, enter them in as you complete them to keep track of your progress. Go to www.rpnas.com and click the “Self Service” link in the top left to sign on.
2016 AGM & Education Day

Saskatoon, SK

Thursday June 9th, 2016 – Friday June 10th, 2016

www.rpnas.com/agm2016

Paula Mayer
Legal Nurse Consultant

TENTATIVE SCHEDULE

Thursday, June 9, 2016
12:30 PM - 4:30 PM - Education Sessions
6:00 PM - 9:00 PM - President's Award Banquet

Friday June 10, 2016
7:15 AM - 8:00 AM - Breakfast
8:00 AM - 12:30 PM - Education - Paula Mayer
12:30 PM - 1:15 PM - Lunch
1:30 PM - End - Annual General Meeting

Guaranteed Rate: $169/night
Call 306-652-6770 and quote block “RPNAS”

Paula has 23 years of nursing experience in Canada and throughout the U.S. She is a former Certified Emergency Nurse, and has clinical experience as well in Long Term Care, General Medicine, Palliative Care, Surgery, and all aspects of Cardiac care. She has practised in virtually every domain of nursing: management, education, research, private practise, and clinical nursing.

After providing expert opinion on a number of LNC cases, Paula and her husband Chris found that poor communication and impaired working relationships were playing a role in nursing malpractice. After extensive independent research and further education on the subject, she created a workshop series to educate nurses and other healthcare professionals about their legal risks and responsibilities.

Paula now hosts workshops for healthcare professionals on a variety of topics relating to her work as a Legal Nurse Consultant (LNC). She presents on such topics as legal risks in nursing, legalities of healthcare, nursing self-care, nurse violence, bullying, navigating the toxic workplace, compassion fatigue, and other related topics.
On September 30, 2015, the Discipline Committee convened to consider charges that Wendy Ferguson was guilty of professional misconduct. In particular, it was alleged that Ms. Ferguson had collected loyalty or reward points from a retailer while using a government purchase card issued to her by her employer. Further, it was alleged that Ms. Ferguson altered the receipts and made false and incorrect statements to her employer about her collection and redemption of loyalty points while using the government issued purchase card.

The hearing proceeded on the basis of an Agreed Statement of Facts in which Ms. Ferguson admitted to the charges and the underlying facts and admitted that she was guilty of professional misconduct as described in a Notice of Discipline Hearing. Based on the Agreed Statement of Facts, the Discipline Committee accepted Ms. Ferguson’s plea and found that her conduct as alleged and as admitted, constituted professional misconduct.

Counsel for the Professional Conduct Committee and Ms. Ferguson submitted a joint submission on penalty and the joint submission was accepted by the Discipline Committee. The Discipline Committee ordered:

1. Ms. Ferguson was reprimanded.
2. Ms. Ferguson’s continued practice will be subject to a condition that she complete an ethics course approved by the Professional Conduct Committee with such course being completed by October 1, 2017.
3. Ms. Ferguson shall pay a fine in the amount of $2,000.00 on or before October 1, 2017.
4. Ms. Ferguson shall pay costs of the investigation and hearing fixed in the amount of $4,000.00, payable on or before October 1, 2017.

A full copy of the decision of the Discipline Committee dated October 9, 2015 along with the Agreed Statement of Facts is available upon request to the Executive Director.
In response to member feedback, a wallet card is now available for download in your self service area. Simply sign in and click on the “Annual Registration Card” link from the menu to download a printable card, just like the one pictured.

SCHOOL OF NURSING
We salute all nurses in the province for your ongoing dedication and commitment to the profession of nursing and the people you care for. Your efforts contribute to the quality of life and health care within our province and impact the education of our nursing students.

ADVANCE YOUR CAREER
Saskatchewan Polytechnic has courses and programs that allow you to maintain your employment and family responsibilities while furthering your education.

DEGREE PROGRAM
• Bachelor of Psychiatric Nursing Degree Completion Program

POST-GRADUATE CERTIFICATE PROGRAM
• Occupational Health Nursing

ADVANCED CERTIFICATE PROGRAMS
• Critical Care Nursing
• Diabetes Education for Health Care Professionals
• Perioperative Nursing/LPN
• Perioperative Nursing/RN

APPLIED CERTIFICATE PROGRAMS
• Diabetes Education for Health Care Providers
• Medical Device Reprocessing Technician
• Nursing Re-entry
• Orientation to Nursing in Canada for Internationally Educated Nurses

For further information, visit saskpolytech.ca/nursing.

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