

CRPNM ADVISOR

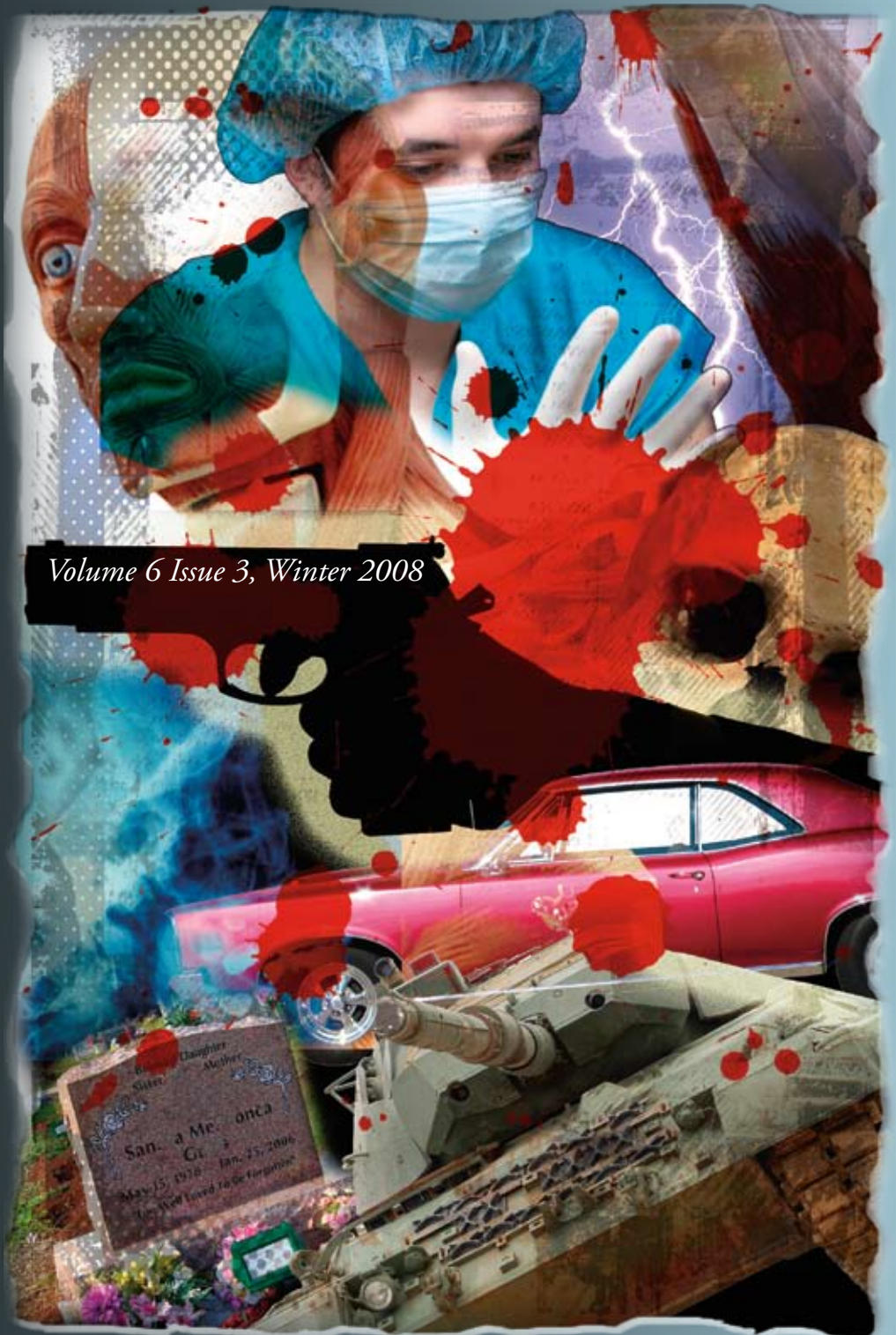
THE COLLEGE OF REGISTERED PSYCHIATRIC NURSES OF MANITOBA

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Volume 6 Issue 3, Winter 2008

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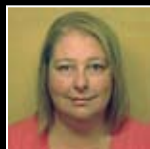
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CRPNM Office Hours

9:00am – 5:00pm

National Integrated Framework for Enhancing Mental Health Literacy in Canada

The Canadian Alliance on Mental Illness and Mental Health is pleased to present this National Integrated Framework for enhancing Mental Health Literacy in Canada. We have defined mental health literacy as the knowledge and skills that enable people to access, understand and apply information for mental health. This definition places more of an emphasis on empowerment for health, a key concept in health promotion and health literacy. This National Framework represents the culmination of almost four years of research, planning and consultation across Canada. This project was initiated to research the mental health literacy of Canadians, to compare it with findings from other jurisdictions, to share the findings with key partners and in partnership, to develop an integrated strategy to improve mental health literacy in Canada.

Mental Health Literacy Project

Mental health literacy has been defined as the knowledge, beliefs and abilities that enable the recognition, management or prevention of mental health problems. Enhanced mental health literacy appears to confer a range of benefits: prevention, early recognition and intervention, and reduction of stigma associated with mental illness. The Mental Health Literacy (MHL) project is the first of its kind in Canada, funded by Health Canada under the Population Health Fund (PHFN) as a response to the Chronic Disease - Integrated Approaches to Chronic Disease funding priority. It is a three-year project, which commenced in the fall of 2005. The report represents the conclusion of the first phase of the MHL project, which included a review of existing data, a national survey on MHL and follow-up focus group discussions. The next steps in the project involve sharing project findings and engaging with prospective partners across sectors and developing an Integrated National Strategy for Canada on Mental Health Literacy.

Mental Health Literacy

The term mental health literacy was first introduced in Australia by Anthony Jorm. It is derived from the term health literacy, originally defined as a functional capacity related to basic literacy skills and how these affect the ability of people to access and use health information. In recent years, the definition of health literacy has expanded to include the development of increasingly complex and interactive cognitive and social skills, which are related to personal and collective empowerment for health promotion. At the 5th WHO Global Conference on Health Promotion it was noted that health literacy is not only a personal characteristic, but also a key **determinant of population health**.

Mental health literacy has been defined as "knowledge and beliefs about mental disorders which aid their recognition, management or prevention". More recently, researchers have suggested that mental health literacy is not a single dimension but rather represents knowledge and beliefs about mental health disorders that emerge from general pre-existing belief systems. Mental health literacy represents a relatively new area of investigation. Compared to health literacy, researchers and policymakers have not yet articulated a comprehensive model that organizes mental health literacy along a gradient of evolving skills and capacities that build empowerment for mental health promotion. Recent work in the field however, such as the beyondblue campaign in Australia, shows the effectiveness of adopting a broad, multi-level approach across several domains. This paper applies the conceptual model for health literacy to mental health literacy on the assumption that the skills and capacities that lead to personal and collective empowerment for health promotion are no different from those needed for mental health promotion.

Full review available at http://camimh.ca/files/literacy/LIT_REVIEW_MAY_6_07.pdf.

Trauma Informed Practice

Noreen Ek, RPN, PhD.



Throughout my career I have always embraced clinical challenges. The impact of trauma on people's lives has been increasingly visible. Whether we are talking about early childhood trauma memories or a current devastating event(s) the short and long term impact of trauma underlies varied psychiatric diagnoses. Given that so many life events, tragedies, disasters, and atrocities will result in significant psychiatric distress it is not surprising that there is a focus in mental health services on the need for well trained professionals in trauma counseling.

My broad based training both in Psychiatric Nursing and in Psychology has provided me with a solid knowledge base related to biopsychosocial approaches to assessment and an in-depth theoretical underpinning of a broad range of intervention strategies. Trauma counseling demands enhanced attunement with clients and their pain in combination with advanced expertise in varied intervention strategies. I view trauma counseling as a privilege which allows me to enter a client's world of personal pain. While my clinical expertise has been expansive I have always researched and applied therapeutic advances in the treatment of traumatic experiences.

As an educator of Psychiatric Nurses my exposure to trauma research, conferences, and intervention training ultimately led to my development of a course on Trauma-Informed Practice offered within the Bachelor of Psychiatric Nursing program. The course is open both to our students at the University as an elective, and to professionals currently employed in the mental health field, as continuing education. The course delivers material designed to provide the foundational knowledge essential to the provision of safe, informed practice when one is dealing with the traumatized individual (adult or child). The course not only looks at the history of how we have treated traumatized individuals in the past, but as well the scientific findings related to brain based changes that occur as a result of traumatizing experiences; covers advances in psychopharmacologic treatment and addresses strategies to enhance identity and relational functioning that are often compromised following trauma. A focus on mental health services as they currently exist and the service gaps that are evident, permit the student a glimpse into what could be more effective trauma treatment service delivery.

The course also reviews standard therapeutic strategies, however, I also focus on introductory coverage of the newer "power therapies". Often surprising to the student and to practitioners in general, the power therapies expand the therapeutic skill sets of the Psychiatric Nurse practicing within the field of trauma treatment. These strategies are making their way into the mainstream of psychotherapy. Eye movement desensitization and reprocessing (EMDR) has achieved prominence and is increasingly providing evidence of its effectiveness with endorsement by EAP agencies and veterans associations. Other alternative approaches include traumatic incident reduction (TIR) and thought field therapy (TFT). I have taken advanced training in each of these areas (EMDR, TIR and TFT) and each has expanded my clinical skills and my independent Psychiatric Nursing Practice.

If one is going to work with traumatized individuals it is imperative that you embrace continuing education to advance one's level of expertise. You must also embrace a supervisory model wherein you seek consultation and supervision. It is also obviously imperative that you have dealt with your own traumatic issues and that you are self-aware of your own limitations regarding therapy.

Trauma counseling is not for the faint of heart. However, it is clear that with the proper training one can implement intervention strategies that are effective and provide a new lease on life to our clients. They really do not have to try to survive in their nightmare of trauma. With the world as it is there is no end to the need for effective therapy provided by well trained professionals. As a Psychiatric Nurse there are options available to you for advanced training. The Bachelor of Psychiatric Nursing program provides an excellent foundation for this field. As we look into the future and foresee the establishment of a Master's of Psychiatric Nursing there will be no limit to the possibilities for our profession. You can become a trauma specialist. EMDR for instance requires a masters preparation and a registering body with a code of ethics. As Psychiatric Nurses we are well positioned to become experts in this field. There are options for you that go well beyond the basic "toolkit". Toolkits are good basic starting points but you need to know how to confidently apply and adapt suggested procedures for the benefit of your client.

If specialization in trauma counseling is an area that really interests you and that you want to pursue I would be most willing to discuss options with you.

Dr. Noreen Ek is currently Chair of the Bachelor of Psychiatric Nursing Program at Brandon University's School of Health Studies. She also maintains an independent clinical practice and can be reached at (204) 727-7432 or (204) 730-0727 or by e-mail at ek@brandonu.ca.

**6th European Congress
on Violence in Clinical
Psychiatry**

October 22- 24, 2009
Stockholm, Sweden

Call For Abstracts

The organization committee is pleased to invite you to submit an abstract for either seminars, workshops, papers, or posters. The overall theme is assessing, treating and caring for potentially violent patients.

For more information:
<http://www.oudconsultancy.nl/stockholmmail/>

Klinic launches a Trauma Tool Kit

Trauma Tool Kit

Klinic in collaboration with a inter agency advisory committee, and funding from the Public Health Agency of Canada, has developed a Trauma Tool Kit. This valuable resource and user- friendly handbook is intended to help both individual service providers and human service organizations deliver services that are trauma informed. Large percentages of people using these services have been impacted by trauma and have special needs not always met or understood by service providers. This lack of understanding can interfere with healing or even exacerbate the trauma experience. The toolkit provides information on the basics of trauma and it's impact in general and also specific populations. Guidelines are offered for how institutions can ensure that services are not only sensitive to the needs of people affected by trauma but also contribute to their healing and growth. The toolkit includes self- assessments as well as internet and provincial resources.

Suicide Prevention Training Series

Klinic will be offering a series of training dealing with various aspects of suicide prevention.

1. Introduction to Suicide Prevention

This one-day training introduces the participant to suicide recognition, assessment, intervention and prevention methods. This workshop also examines the stigma that surrounds suicide, and how attending to respectful communication and relationship building provides a solid foundation for accurate suicide assessment.

2. Advanced Suicide Prevention Training

Few clients challenge us more then clients struggling with suicide. Suicidal clients are dealing with deep and profound pain that can cause the service provider to feel overwhelmed and inadequate. The responsibility is great, and we are expected to assess the situation accurately, and the pressure is on us to help the client stay safe and alive. Given the gravity of the situation, it is paramount that we possess best practice and current suicide assessment and intervention information and skills. The Advanced Suicide Prevention Training (ASPT) explores these areas in-depth, going beyond the basics and towards more detailed assessment and intervention strategies to support clients on their road to healing. The training also covers the link between trauma and suicide and the importance of trauma-informed assessment. Relationship building and the impact of the work on providers is also a central focus.

3. Trauma Informed Suicide Prevention with Persistently Suicidal Clients

This two-day training specifically focuses on working with clients who are struggling with post-traumatic issues and are persistently suicidal. The training explores a non-crisis oriented, trauma-informed approach to suicide prevention.

4. After a Suicide Loss, Post-Vention with Survivors

This two-day training acknowledges the traumatic nature of suicidal loss and explores the experience of suicide grief and how service providers can assist clients in their healing process.

"Voices Of Healing And Hope: Our Journeys Of Transition From The Sex Trade"

"Voices of Healing and Hope" is a video which chronicles the journeys of four courageous women whose lives have been deeply impacted by their involvement in the Winnipeg sex trade. These women's stories are unscripted and provide the soundtrack for the film. Photographic images offer visual representations of the reality facing so many of the women and girls who continue to be exploited into the sex trades. The film loosely follows the full circle that encompasses entering the sex trade, living the life of a sex trade worker, finding safe ground to begin healing and then slowly, and often erratically, transitioning out of the sex trade. "Voices of Healing and Hope" aims to provide an understanding about the context of these women's lives (and by extension, the lives of many such women), the impact of their experiences, and the resources necessary to adequately and effectively promote transition and healing.



Working with Trauma

Impact on the Professional

**By: Debra Wikstom, RPN
Brandon, Manitoba**

I am a Registered Psychiatric Nurse (RPN) who has worked in this profession for several years, initially employed as a staff psychiatric nurse in a large mental health facility and then as a Community Mental Health Worker. In the course of my career I have been privileged to participate with clients in their successes. I have also been given the privilege to participate with clients and their families when they experience pain and trauma as they go through their journey of life.

As Registered Psychiatric Nurses we may be the first line of contact with clients, whether that occurs within a hospital or community setting. We often are the profession who is dealing with the client/patient in their most vulnerable state, when emotions are pain-filled and details are vivid. My peers and I recognize the unique knowledge and expertise that families bring and we welcome their collaboration as part of our treatment planning. As RPN's, we take on the role of counsellor, advocate, supporter and care provider when assisting others with the aftermath of trauma.

As RPN's, we are often called upon to be the main resource when the client/family turns to us for help during times of trauma. The client and/or family can be feeling a wide range of emotions and part of our responsibility is to bear witness to these in a respectful manner.

Much of our work is with clients and families who have experienced the extremes of stress and trauma. We use our clinical skills to assist others to cope with trauma but we may have to use different coping skills to deal with these traumas ourselves.

We may be surprised to discover that our reactions as RPN's may not be much different than the client/family member who has experienced the trauma or crisis. In fact, according to the literature, we may experience symptoms that are similar to that of post traumatic stress disorder. We may experience intrusive imagery; nightmares; fear for our own safety and the safety of our loved ones; irritability; and, emotional numbing. These can be complicated when the traumatic event is also a subject in the media. Yet too often we expect that we should be able to set aside these reactions to focus on assisting the client and their families to manage their trauma.

The terms secondary post traumatic stress and compassion fatigue have been used interchangeably in some of the literature to describe the emotional distress experienced by professionals who work closely with trauma survivors. Figley (1983) has described these as natural responses to the traumatic material as we identify and empathize with the traumatic experience. Vicarious traumatization, on the other hand, refers to the permanent transformation of the professional's inner experience that is a result of the empathic engagement with the traumatic material (Pearlman et al, 1995). Sometimes our world view, our beliefs about self and others and our own interpersonal relationships can be impacted as a result of the trauma work we do.

The impact of trauma is profound. While we assist the client and their families with the terrifying situations and aftermaths of trauma we must also assist ourselves by turning to our peers and supervisors to manage our personal reactions. We must acknowledge both trauma and the potential for vicarious trauma and, when necessary, be willing to seek support in addressing our own reactions. We must be willing to be supportive peers and managers to our colleagues. We must do this as our health is an important part of the services we deliver.

Registration

The CRPNM by-laws set November 15th as the administrative deadline for registration renewal. Your completed renewal application and the payment were due to the CRPNM by this date. If your application and payment was not received by November 15th you are considered to be in default. You had 14 days to remedy this without penalty but registration renewal applications for Practising received after December 1st are subject to a late fee of \$52.50 (\$50 plus GST). Applications for the Non-practising register will be subject to a late fee of \$5.25 (5.00 plus GST). Applications will not be processed until all fees are paid in full.

Sections 66 (1) and (2) of the Registered Psychiatric Nurses Act identify the employer's responsibility to verify the registration status of all psychiatric nurse employees annually. By renewing early you will have received your registration certificate in plenty of time to provide proof of registration to your employer.

Fees for Unauthorized Practice & Reinstatement

You may not practice as a Registered Psychiatric Nurse without a valid registration certificate. Unauthorized practice is practice without a valid registration certificate. The penalty for unauthorized practice is \$250.

All applications for the renewal of registration received after December 1st will be subject to a late fee of \$52.50 (\$50 late fee plus 5% GST). Registration that has not been renewed by noon on December 31, 2008 will be cancelled as of midnight, December 31, 2008. Both you and your employer will be informed of the cancellation.

If your registration is cancelled and you wish to practice as a Registered Psychiatric Nurse you will need to apply for reinstatement. The reinstatement fee is 33% of the current year's fee. This reinstatement fee would be in addition to the unauthorized practice fee in cases where persons were practicing without a valid registration certificate. Applicants for reinstatement must meet all of the requirements for registration. This includes recent criminal records and child abuse registry checks.

Payment

You are not registered until your fees are paid in full AND we have received and processed your registration renewal application.

2009 Registration Fees

The 2009 registration fees:

Practising:

$411.43 + 20.57 \text{ GST} = \432.00

Non-Practising:

$47.48 + 2.37 \text{ GST} = \49.85

If you were on the debit plan, the last withdrawal was on October 1st. The prepaid amount will be noted on your registration renewal form. Your registration renewal cannot be processed until all of the fees have been paid in full. This includes any outstanding NSF fees and penalties.

The CRPNM accepts Visa, MasterCard and American Express. You can provide the credit card information, the expiry date and your signature on the registration renewal form or pay in person at the CRPNM office.

The CRPNM also accepts debit payments (Interac) and money orders. Please pay in person at the CRPNM office if using Interac. The CRPNM will not accept post-dated cheques. Personal cheques are not accepted after the November 15th deadline.

Not Renewing or Retiring?

If you are not renewing your registration, please complete the appropriate section on the registration renewal form. If you were on the Practising register in 2008 you are eligible to report your practice hours. This way those hours can be included if you decide to reinstate your registration some time in the future. If you apply for reinstatement you will need to meet all of the requirements for registration identified in the Registered Psychiatric Nurses Act, its regulation and the CRPNM by-laws and pay the appropriate fees. You are not authorized to practice as a Registered Psychiatric Nurse or to use the title RPN or variation of that title or to claim practice hours if you are not on the Practising register of the CRPNM.

If you are retiring and are unsure what to do about your registration status, please contact the CRPNM office for information about your options.

n Renewal

Frequently Asked Questions

If my current registration doesn't expire until December 31st why do I have to renew earlier?

The College of Registered Psychiatric Nurses of Manitoba meets its obligations and the mandate of the Registered Psychiatric Nurses Act by ensuring timely and valid registration and by preventing unauthorized practice.

The CRPNM deals with a large volume of registration renewals and continuing competence audits from October to December each year, with limited staff resources. The deadlines ensure that there are no interruptions to RPN registration and that RPNs have valid registration in place by January 1st of each year. Earlier renewal will also prevent unauthorized practice. You will not be authorized to practice as a Registered Psychiatric Nurse or to use the title RPN or any variation of that title come January 1st if you have not renewed your registration within the identified time frames.

If I missed the deadline does this mean that I can't practice for the remainder of 2008?

No. If you are currently on the Practising register your registration certificate expires at midnight on December 31, 2008. You are entitled to practice as a Registered Psychiatric Nurse and to use the title RPN when you hold a valid registration certificate. Your right to practice after December 31, 2008 will be affected if you do not renew your registration by the identified deadlines. However, there are penalties if you wait until December 31st.

If my registration is cancelled and I do not practice will I be charged the unauthorized practice fee?

You will not be charged the unauthorized practice fee if you did not practice. You may, however, be asked to provide documentation from your employer that supports your claim that you did not practice.

However, if your registration is cancelled you will have to apply for reinstatement and meet all of the requirements for registration identified in the Registered Psychiatric Nurses Act, its regulation and the CRPNM by-laws. This includes a criminal record and child abuse registry checks. There are fees associated with both of these and it can take up to three weeks for a child abuse registry check. If you intend to continue your practice as a RPN you can avoid these costly processes by renewing your registration early.

What you Need to Know

- Your completed renewal application and the payment was due to the CRPNM by November 15th
- After November 15th payments must be made by credit card, debit or cash.
- There will be a \$52.50 late fee for applications received after December 1st.
- Applications will not be processed until all fees are received in full
- Registration that has not been renewed by noon on December 31, 2008 will be cancelled as of midnight, December 31, 2008.
- If your registration is cancelled there is a reinstatement fee of 33% of the current year's fee. This reinstatement fee would be in addition to the unauthorized practice fee in cases where persons were practicing without a valid registration certificate
- Applicants for reinstatement must meet all of the requirements for registration. This includes a recent criminal records and child abuse registry check.
- **The CRPNM Office will close at 12:00 ON December 24th and will not reopen until January 5th.**

The CRPNM received notice of "The Partnership in Coping system" that has been developed by psychiatric/mental health nurses in the UK. They call it the pinc system and more information is available on www.pinc-recovery.com.

We asked Marlene Fitzsimmons to review the site and her response follows:

Thank you for the opportunity to review this information.

I have reviewed the information & particularly like the manual - I can see it being a great addition to info for the staff trying to implement a PSR model and plan on requesting permission to forward the information to some of those.

This fits extremely well with the PSR model - the manual uses the SMART goal format & simplifies the PSR process. Would the CRPNM ever consider providing a link on the website?

Thanks again

The CRPNM website is in the process of re-construction and this link will be placed there as soon as possible.

Report of the President, Dawn Bollman

Here is a summary of the issues being a



New Standards for Approval of the Psychiatric Nursing Education Program

On July 4th, a very successful consultation on the Standards for Approval of Psychiatric Nursing Education Programs was held. There were RPNs representing clinicians, employers and educators. Also in attendance were the (then current) Dean of the School of Health Studies, the incoming Dean and the Chair of the Department of Psychiatric Nursing in the School. The CRPNM Executive Committee and members of the PNEAC also participated. The day was facilitated by Dr. Michel Tarko who then took all the input and revised the Standards and indicators on the basis of the input from the participants in the consultation session. The PNEAC provided feedback to the documents prepared by Dr. Tarko and the final drafts were presented to the board who approved the document on Standards and the one on Processes at its September meeting. The Standards will now be presented to government to replace the current ones under the Regulations.

Provincial meetings

The CRPNM was involved in a meeting with Marie O'Neill, Assistant Deputy Minister, Manitoba Health and Healthy Living who carries both the mental health and primary health care portfolios. Manitoba Health/Healthy Living is in the process of developing a 5-year strategic plan for the Province of Manitoba.

Psychiatric Nursing Planning Group

This group was established following our request to the Ministers of Health and Healthy Living in May of this year. The Terms of Reference are highlighted in a different section of this newsletter. The Group is chaired by Terry Goertzen, Assistant Deputy Minister, Manitoba Health/Healthy Living and includes employer representatives, BScPN representatives and CRPNM representatives.

Inter-provincial meetings

At the end of June, the Registered Psychiatric Nurses of Canada held its Annual Meeting in Winnipeg. At that meeting, discussion were held on expanded and advanced roles for Registered Psychiatric Nurses and this discussion was continued on August 7th in conjunction with a meeting of the Steering Committee for a Master's program in Psychiatric Nursing that was held on August 8th. During its June 24th meeting, the RPNC board made the following decision: "That RPNC establish a national Steering Committee to work towards the development of the RPN-PNP role in Canada; and that the Committee develop a process to achieve this goal; and that the Committee ensure the development of a proposal to fund the process." Also during the RPNC meeting, a new Mutual Endorsement Agreement was signed by the Presidents of the four regulatory bodies for RPNs in Canada.

Agreement on Internal Trade

On September 4th, CRPNM attended an information session on the amendments that will be made to Chapter 7 of the Agreement on Internal Trade as of January 2009. Although the language in the presentation sounded promising for the mobility of RPNs in Eastern Canada, when we asked the question, the answer was that the AIT, even with amendments, will still be from one regulatory jurisdiction to another regulatory jurisdiction. Therefore, we are pursuing discussions with both individual employers in Eastern Canada and with federal government representatives whenever we are in Ottawa.

and Executive Director, Annette Osted addressed by the The Board of Directors

International Meetings

The Registered Psychiatric Nurses of Canada has booked a gold trade stand during the European Psychiatric Nurses (Horatio) Conference that is being held in Malta November 4th to 9th, 2008. This provides us with a large space and access to the attendance data base. BC is sending 4 persons and there will be another 4 who are presenting. Alberta is sending three persons. There are five persons attending from Saskatchewan (two of whom are presenting) and there are four persons attending from Manitoba (one of whom is presenting).

Malpractice/Liability Insurance

The Board of Directors has been reviewing the issue of malpractice/liability insurance that is provided to the registrants as part of the registration fees. This is secondary insurance that only applies if the primary insurance carried by the employer is not enough during a malpractice suit.

The coverage was of \$2,000,000.00 per incident per year for about 5000 RPNs. That is, if the \$2million was used by one RPN during the year, there was no other coverage for anyone else.

The main advantage to this group policy was that RPNs in independent practice could obtain coverage of \$2 million per year per insured person for a reasonable cost.

However, just recently, the Board learned that this malpractice insurance covers legal costs for disciplinary action by the CRPNM. This places the CRPNM in a conflict of interest position because the CRPNM's legislated mandate is to "carry out its activities and govern its members in a manner that serves and protects the public interest." (The Registered Psychiatric Nurses Act)

The Board is therefore in the process of winding down any involvement in providing access to malpractice/liability insurance to the CRPNM registrants. Staff and some Board members will be available to meet with registrants about this.

Revised Website

The CRPNM website is in the process of revision. A new site should be up and running before the end of the year.

NEW Guidelines for RPNs in Independent Practice

The Board of Directors has reviewed the RPNC Guidelines for RPNs in Independent Practice and has approved them as a policy of the CRPNM. The Guidelines had been approved as a RPNC policy at the June 2008 RPNC Annual Meeting. A copy can be downloaded from the RPNC website (www.rpnc.ca) and will shortly be available on the CRPNM website. Persons wishing to have a bound copy of the Guidelines should send a request, along with \$5.00 to the CRPNM.



Upcoming Events

- 2010 CRPNM 50th Anniversary
- 2010 RPNC World Congress – March 18,19 & 20 in Vancouver
- 2012 RPNC World Congress in Winnipeg

2010 is CRPNM's 50th Anniversary

Note from the editor: In preparation for the CRPNM's 50th anniversary, we will start to talk about the history of the College (originally the Association). Thank you to Beverley Hicks for allowing us to use some of the content from her doctoral dissertation (2008). We have quoted liberally from her document.

On March 26, 1960, the Psychiatric Nurses Association of Manitoba Act received royal assent. On the same day a bill regulating the preparation of psychiatric nurses also received royal assent. So, although education programs for psychiatric nurses had started in Manitoba around 1920, it took forty years before there was recognition of this group of health care providers.

Beverley Hicks's 2008 doctoral dissertation: "From Barnyards to Bedsides to Books and Beyond: The Evolution and Professionalization of Registered Psychiatric Nursing in Manitoba, 1955-1980" provides much insight into the development of the profession. At the end of her second chapter she states: "There was no single event that brought about the establishment of the profession in Manitoba; rather there were a number of factors that coalesced at critical moments to bring about the pivotal legislation in 1960."

That first Act stated:

"The objects of the association are to promote, approve and maintain an enlightened and progressive standard of psychiatric nursing, and to assist in the promotion of mental health and prevention of mental illness, and for such purposes to foster and encourage the maintenance of schools for the training of psychiatric nurses and others concerned with the care and treatment of the mentally ill, and to cooperate with other persons or organizations interested in the promotion of mental health and prevention of mental illness."

The legislation also protected the title "Psychiatric Nurse". The inaugural meeting of the new formal association was held on May 24, 1960. Alf Barnett was elected President and Anne Stanley was elected first vice-president. Garth Cooke was elected second vice-president.

Interestingly, in 1963, the Minister of Health received a briefing memo from his Deputy Minister stating:

"We have run into problems for my staff . . . in the Psychiatric Nurses Training Act we made provision for the licensing of psychiatric nurses by the Psychiatric Nurses Association . . . [T]here is a conflict between these two acts . . . [D]espite the Advisory Committee which is under the control of our Department, the Association can refuse a licence under certain conditions . . . I recommend we adopt what our psychiatrists feel they must have in order to control the Psychiatric Nurses Association."

In 1965 ". . .there were four units of the association, Brandon, Portage, Selkirk and Metro District in Winnipeg. There was a functional council which met regularly and dealt with issues under its jurisdiction, such as recalcitrant members who were delinquent in paying their fees. They also notified hospitals of members not holding a valid licence. They maintained meticulous records. There was a registrar who was paid an honorarium; equipment had been purchased to help in the task of maintaining accurate records; and there was over \$8000.00 in the bank. All this had been accomplished at kitchen tables and in borrowed hospital space."

Alf Barnett "had been thirty years working for the cause of psychiatric nursing. His widow recalls that every Sunday, his only day off during the late 1950s, he would ride his motorcycle to Portage la Prairie where the organizational meetings were being held."

IHI 20th Annual National Forum comes to Manitoba!

Organize and attend a webcast of The Institute for Healthcare Improvement's 20th Annual National Forum on Quality Improvement "Celebrating 20 years: The Future of Healthcare is Yours to Imagine"!

A broadcast of two days of the forum, December 10 and 11 2008, is accessible to any site in Manitoba free of charge, using your existing internet and computers to receive the broadcast. Registration details are being finalized. Sites will be responsible for organizing the event and paying for venue and other related local event costs.

Watch the MIPS website for details on how to register your site. MIPS is also sponsoring the webcast at the St. Boniface Research Centre, 351 Tache Avenue, Winnipeg MB, on December 10 and 11, 2008. No registration is required, and there is no charge for attendees.

Background

The Institute for Healthcare Improvement's (IHI) Annual National Forum on Quality Improvement in Health Care is the premier "meeting place" for people committed to the mission of improving health care. This annual event draws approximately 7,000 healthcare leaders from around the world in person and an additional 15,000 via broadcast. To view the 2008 forum brochure, please visit: <http://www.ihio.org/IHI/Programs/ConferencesAndSeminars/20thNationalForumonQualityImprovement.html> The Canadian broadcast is being sponsored by the Canadian Patient Safety Institute, Medbuy and several other sponsors.

New Legislative Initiative

Background

On November 26, 2006, a meeting was held between Manitoba Health and representatives of regulated health professions in Manitoba. The purpose of the meeting was to review and discuss the process for the development of the umbrella health professions statute and reserved action regulation and its implementation.

Arlene Wilgosh, Deputy Minister reviewed the process of establishing a common Integrated regulatory framework and the development of a single statute to replace the existing stand-alone health profession statutes. There will be a Health Professions Act that will identify a complaints and discipline process for all health professions. It will also identify acts/activities that can only be performed by a regulated health professional.

Professions will continue to be self-regulating. Key objectives for government are to improve public accountability requirements, public protection and remove barriers to inter-disciplinary practice.

Reserved acts

The Health Professions Act will include all those activities that, should they be performed by an unregulated person, could cause harm to a person. To date, there is a list of 21 "reserved acts" being proposed for the Health Professions Act. Each profession will have to determine which of those acts can be performed by its registrants.

Complaints and Discipline

The draft template for complaints and discipline that has been given to us for review has some changes in procedures from what we currently have. Overall, however, the processes are much the same as what we have had at least since 2001.

The provision continues that a person who voluntarily surrendered his/her registration may be reinstated when the CIC is satisfied that the conduct or complaint has been resolved. At that time, the CIC may place conditions on the member's registration.

Dr. W. Dean Care appointed as Dean of the School of Health Studies at Brandon University



BRANDON, MB – Brandon University is pleased to announce the appointment of Dr. W. Dean Care as Professor and Dean of the School of Health Studies for a five-year term from August 1, 2008 until July 31, 2013.

"I am excited and honoured to join Brandon University as Dean of the School of Health Studies," says Dr. Care. "I look forward to working with faculty, staff, students, and collaborative partners to expand upon the excellent reputation of the School. I wish to acknowledge the leadership shown by Dr. Linda Ross over the past 10 years as Dean of the School and look forward to building upon the solid foundation that she has established."

Dr. Care received his RN diploma from Winnipeg General Hospital in 1972, and his BN from the University of Manitoba in 1976. He was awarded his Master of Education in 1984 at the U of M, and his Doctor of Education (Ed.D.) at Nova Southeastern University in 1995, with a major in Adult Education.

From 1972 to 1997, Dr. Care worked in various positions at St. Boniface General Hospital. He began teaching as a Nursing Instructor in the St. Boniface Diploma School of Nursing in 1977. In 1984, he was named Director of the School of Nursing, and in 1987, he took over as Director of the Diploma and Practical Schools of Nursing. In 1995, Dr. Care was promoted to Coordinator, Educational Services at St. Boniface.

In 1997, Dr. Care joined the University of Manitoba Faculty of Nursing as an Assistant Professor and Urban Program Coordinator. He was named Associate Dean, Undergraduate Programs shortly in 1999. From 2000 to 2004, he worked as Academic Assistant to the Dean of U of M's Faculty of Nursing before becoming Acting Dean in 2004. In 2005, Dr. Care served for four months as Associate Dean (Undergraduate Programs – Academic Affairs) before moving into the position of Interim Dean, which he held from 2005 to 2007. Dr. Care was named a full professor at the University of Manitoba in 2007, where he taught up until his appointment at Brandon University.

In addition to his wealth of practical, research, teaching and administrative experience, Dr. Care has an extensive publishing history in nursing education and distance education, and is the recipient of several awards, including Invited Professor at Havana Medical University in Cuba (2007), and two Outstanding Teacher Awards from the University of Manitoba. He is an Editor for the International Journal of Nursing Education and serves on several advisory boards for peer-reviewed journals.

New STANDARDS AND INDICATORS FOR APPROVAL

The CRPNM has been involved in the review and revision of the Standards for Approval of Psychiatric Nursing Education. The current Standards, that are a Schedule to the Regulation under The Registered Psychiatric Nurses Act, were developed in 1983 and were due for a review.

The resulting document is included in this edition of the CRPNM ADVISOR. Please let us know if you have feedback or comments about the document. These may be sent to crpnm@crpnm.mb.ca and put "Standards" in the subject line. Please send your comments before December 31, 2008.

CONCEPTUAL FRAMEWORK FOR APPROVAL OF PSYCHIATRIC NURSING EDUCATION IN MANITOBA

Guiding Values to Describe Relationships Among All Participants in the Process of Program Evaluation

The CRPNM believes quality psychiatric nursing education programming is achieved and maintained through an approval process that adheres to values such as:

- The promotion of honesty, respect, dignity, integrity, confidentiality, cooperation, transparency, responsibility, accountability, availability, pro-activity, genuine involvement of consumers, valuing of all stakeholder input, open communication among partners, openness to diverse perspectives, and collaborative relationships.

Guiding Principles that Will Inform the Process of Program Evaluation

The revised Standards for psychiatric nursing education is the result of consultation with CRPNM members, a review of the existing Standards for Education Approval, identified trends, and a review of standards for education approval for other professional groups. The following guiding principles were identified by the stakeholder group to guide the process of program evaluation and approval. These guiding principles are reflected in the program approval process which:

- Is inclusive, respectful of all stakeholders, striving for excellence, and is responsive to change;
- Is a source of ongoing quality improvements in psychiatric nursing education;
- Has clear outcomes that are measurable using evidenced-based standards and indicators,
- is action oriented, embraces a culture of learning, and is grounded in a fair transparent process(integrity);
- Is based upon valid and reliable standards, and processes that are informed by best practices;
- Is open to change within the context of bureaucratic education systems.

STANDARDS & INDICATORS FOR APPROVAL OF PSYCHIATRIC NURSING EDUCATION

Pre-Amble: The process of program approval for psychiatric nursing education is determined through legislation as the College of Registered Psychiatric Nurses of Manitoba (CRPNM) has the mandate for approval of such education programs. The approval of a psychiatric nursing education program communicates to the public that the Post-Secondary Education Institution (PSEI) is given recognition that the program is compatible with statutory and legal requirements in ensuring graduates practice in accordance with the professional practice requirements: (1) Code of Ethics, (2) Standards of Psychiatric Nursing, and (3) are prepared to meet the entry level competencies as articulated by the CRPNM for beginning practitioners.

STANDARD I - Administration

The Post-Secondary Education Institution (PSEI) providing education for psychiatric nursing, hereinafter referred to as the PSEI, shall develop and maintain a comprehensive strategic and tactical plan for the education program that describes:

- 1.1 the relationship to the University's Academic Plan, Mission, and Vision.
- 1.2 societal and holistic health care trends using a current needs approach to planning.
- 1.3 the current and future emerging community health and mental health needs of the society and the human health resources that are available to meet those needs.
- 1.4 how the environment within which the program takes place is appropriate for the instructional needs of the learners.
- 1.5 the physical, human, fiscal resources and technological opportunities and challenges that have implications for the program.
- 1.6 an organizational structure that supports the division responsible for the program in meeting its objectives.
- 1.7 the mechanisms to be used for program review (formative & summative).
- 1.8 the organizational structure of the PSEI and the division in which the program is situated in that structure.
- 1.9 strategies used for maintaining liaison with learning agencies.

STANDARD II - Curriculum

The division of the PSEI that is responsible for psychiatric nursing education shall provide a curriculum conceptual framework that includes:

- 2.1 a statement of the program philosophy in relation to the four meta-paradigms of person, health, psychiatric nursing, and education.
- 2.2 a statement of the beliefs related to inter-professional collaborative partnerships.
- 2.3 a statement of the beliefs related to the development, maintenance, and termination of therapeutic relationships with individuals, families, groups, communities, and populations as client systems.
- 2.4 the philosophical underpinnings and curriculum design of the program and how these are clearly presented and integrated throughout the curriculum.
- 2.5 intended program goals and outcomes that are clearly stated and integrated throughout the curriculum.
- 2.6 logical sequencing of curriculum concepts and processes that are clearly stated; that reflect contemporary psychiatric nursing theory and that are integrated throughout the curriculum.
- 2.7 the processes whereby CRPNM professional practice requirements (Code of Ethics, Standards of Psychiatric Nursing Practice, Entry-level Competencies) are systematically introduced and built upon in psychiatric nursing courses to achieve the intended outcomes.

L OF PSYCHIATRIC NURSING EDUCATION proposed

- 2.8 the rationale for the inclusion of the required non-psychiatric nursing courses in terms of relevance to practice and contribution to the achievement of the professional psychiatric nursing requirements.
- 2.9 the way the learning experiences are designed to ensure students have the opportunity to apply entry-level competencies in situations of direct care using the Code of Ethics, Standards of Psychiatric Nursing Practice, and how they are able to meet the entry level competencies for psychiatric nursing practice as determined by the CRPNM.

STANDARD III – Students

The division of the PSEI shall provide a statement of the ways learners are selected, supported, promoted and evaluated, describing:

- 3.1 policies and processes for student selection used that enable students to have reasonable chance for success in the program and to achieve professional psychiatric nursing requirements.
- 3.2 methods that are in place to document and examine the relationship among admission requirements, student attrition and success; and changes made based upon the findings re: tracking student attrition and strategies to support student success.
- 3.3 processes whereby students learn about self-regulation and fitness to practice and the ways the program has to manage student issues concerning student self-regulation and fitness to practice.
- 3.1 student evaluation methods that are used to effectively monitor, document and manage student progression in relation to meeting the professional practice requirements set by the CRPNM.
- 3.2 processes that ensure students receive well-timed formative and summative evaluation feedback from faculty about their theoretical and practice learning in order to facilitate student progress towards achievement of the CRPNM professional practice requirements.
- 3.3 policies and procedures for progression in the program, failure, appeals, and readmissions ensuring they are clearly documented; familiar to students and faculty; and effective in supporting decision-making regarding student progress.
- 3.4 resources that are available and accessible for student achievement of psychiatric nursing professional practice requirements.

STANDARD IV - Faculty

The PSEI shall provide a statement of the processes and procedures as to how faculty are selected, supported in their program of scholarship, and evaluated, describing:

- 4.1 specific criteria and methods for selection of faculty and other program personnel.
- 4.2 the criteria and methods designed to assess the performance of faculty, in relation to the standards and policies set by the PSEI.
- 4.3 faculty leadership through scholarship and opportunities for student engagement in scholarship.
- 4.4 institutional support for the existence of a scholarly environment that models a culture of inquiry.
- 4.5 faculty research partnerships.

STANDARD V – Program / Curriculum Evaluation

The division of the PSEI shall provide a statement of the ways the program is engaged in continuous program evaluation and change, describing:

- 5.1 formative and summative program evaluation processes that provide relevant and on-going information used to improve the quality of the program in preparing graduates to meet the professional practice requirements (Code of Ethics, Standards of Psychiatric Nursing Practice, Entry-level competencies) determined by the CRPNM.
- 5.2 processes used to engage students in the planning, implementation, and evaluation of the program and/ or course offerings.
- 5.3 processes whereby the number and percentage of graduates who passed the registration examinations(s), if available, are monitored and trends analyzed and how results are used to inform change.
- 5.4 the program evaluation methods for data collection and tools used and how these are developed, validated, and meet the requirements of informed consent.
- 5.5 the involvement of managers and psychiatric nursing practice leaders or their designates who are familiar with the practice of graduates in indicating their level of satisfaction in regard to the graduates meeting the professional practice requirements in the practice setting as determined by the CRPNM.
- 5.6 processes whereby other sources of feedback (e.g., preceptors, workplace colleagues, program advisory committees, and where feasible, the public and consumers) can indicate their relative satisfaction with graduates of the program.
- 5.7 processes whereby the program allows for graduates to express their relative satisfaction that their education prepared them to achieve the professional practice requirements set by the CRPNM after a period of employment.

STANDARD VI – Establishment of New RPN Education Program

The PSEI that is intending to offer an education program for psychiatric nursing education is responsible for a proposal that will:

- 6.1 demonstrate that a program is needed in that particular area of the province;
- 6.2 provide a rationale for the development of a program;
- 6.3 demonstrate that the program goals and outcomes are congruent with the purposes and strategic goals of the PSEI;
- 6.4 demonstrate that in the development of the program there was consultation with:
 - (i) the statutory body that governs psychiatric nursing education and practice,
 - (ii) relevant educational authorities within the PSEI and in the jurisdiction, and,
 - (iii) employers and others whose support has significance for the establishment of a program; and
- 6.5 address Standards I – V for approval of psychiatric nursing education programs.

C. difficile (Clostridium difficile)

This article was produced in collaboration with the Public Health Agency of Canada.

The Issue

Clostridium difficile, commonly called C. difficile, is a bacterium that causes diarrhea and other serious intestinal conditions. It is the most common cause of infectious diarrhea in hospitalized patients in the industrialized world.

Background

C. difficile is one of the most common infections found in hospitals and long-term care facilities.

C. difficile bacteria are found in feces. People can become infected if they touch items or surfaces that are contaminated with fecal traces, then touch their mouth or nose. Health care workers can spread the bacteria to other patients or contaminate surfaces through hand contact.

The use of antibiotics increases the chances of developing C. difficile diarrhea because antibiotics alter the normal levels of good bacteria found in the intestines and colon. When there are fewer good bacteria, C. difficile can thrive and produce toxins that can cause an infection. In hospital and long-term care settings, the combination of a number of people receiving antibiotics and the presence of C. difficile can lead to frequent outbreaks.

A study in Quebec showed that a stronger strain of the bacteria may be present in hospitals in the province. The study found that C. difficile was indirectly responsible for 108 deaths during a six-month period. While many of these patients were seniors and other factors contributed to their deaths, younger patients were also affected.

Symptoms of C. difficile

The symptoms of C. difficile include:

- watery diarrhea (at least three bowel movements per day for two or more days);
- fever;
- loss of appetite;
- nausea; and abdominal pain or tenderness.

Health Risks of C. difficile

Healthy people are not usually vulnerable to C. difficile. Seniors - and people who have other illnesses or conditions being treated with antibiotics and certain other stomach medications - are at the greatest risk of infection.

Most commonly, the infection causes diarrhea, which can lead to serious complications, including dehydration and colitis. In rare cases, it can be fatal.

For people with mild symptoms, no treatment is needed. The symptoms usually clear up once the patient stops using antibiotics. In severe cases, medication and even surgery may be needed.

Minimizing Your Risk

As with any infectious disease, washing your hands often in warm soapy water for at least 20 seconds is your best defense against C. difficile. Follow these tips to prevent spread of the bacteria.

- If you work in a hospital or a long-term health care facility, or visit someone there, wash your hands often, especially after using the toilet. Most health care facilities now provide an alcohol-based hand sanitizer at the entrance. Be sure to use it.
- Use antibiotics only when necessary for serious infections. Be sure to take the full course of antibiotics, even after you start to feel better. If even some of the bacteria survive, they may become resistant to the antibiotic, making the infection harder to treat.
- If you are taking antibiotics or stomach medications, talk to your doctor about any concerns you might have about C. difficile.

Public Health Agency of Canada's Role

The Public Health Agency of Canada (PHAC) publishes infection control guidelines for use by the provinces, territories and health care organizations. They have helped in examining the most recent outbreaks of C. difficile in Quebec.

Through the Canadian Nosocomial Infection Surveillance Program, the Agency recently completed a six-month surveillance study on C. difficile in teaching hospitals across the country. The study focussed on the most serious results of the infection, including dehydration, admissions to intensive care units, surgeries needed to stop the infection and the number of deaths.

The Agency's National Microbiology Lab is also studying the bacteria to see if there is way to differentiate between mild and severe cases of C. difficile, and whether there is a new strain of the bacteria that is making people sicker.

In January 2005, the Agency also surveyed all hospitals in Canada to get a better understanding of their infection prevention and control practices for C. d

2010 RPNC World Congress for Psychiatric Nurses

March 18,19 & 20

Westin Bayshore inVancouver

Start preparing your abstracts! Think about your practice and what it is you can share about what you are doing.

Do you need help with your abstract? Call the CRPNM and we will find some assistance for you.

Do you need help with your PowerPoint presentation? We can also help you find help for that.

Winnipeg to host the 2012 RPNC World Congress for Psychiatric Nurses

The CRPNM last hosted the RPNC World Congress in 2004. The planning processes began about 3 years prior to the event itself. Several volunteers were involved and the College hired a conference coordinator to help with the work. It was a very successful Congress and since then, the Calgary and Regina Congresses have also been very successful. Each Congress builds on the one before and they keep getting better.

The work

We foresee a similar structure to that of 2004 for the planning for 2012 with a Program Committee; a Sponsorship Committee; a Registration Committee; a Social Committee and a Logistics Committee. The Chairs of each Committee then form the Planning Committee or Steering Committee.

The theme ???

The 2010 Congress has the theme: "Building Global Connections in Psychiatric Nursing". What will the theme be for 2012? What are your suggestions? Let us know what you would like to see and we will try to incorporate your suggestions. There may even be a prize for the best theme suggestion or the best title suggestion. Send your suggestions in to crpnm@crpnm.mb.ca and put 2012 congress in the subject line.

Canadian Health Leadership Network

CHLNet Purpose

The Canadian Health Leadership Network (CHLNet) aims to identify, develop, support and celebrate leaders throughout the leadership continuum and transcending all health professions.

CHLNet - a coalition of emerging and senior leaders with a shared commitment to leadership - looks to address the imminent leadership shortage by focusing on the lifecycle of leadership, specifically leadership development and succession planning for a broad cross-section of the health community in Canada. If we truly believe that people are what make good organizations great, Canadian health organizations must nurture both the leaders of today and tomorrow.

The challenge for CHLNet will be to develop a virtual network of centres of health leadership development in support of excellence, while acknowledging Canada's distributive or federated system.

http://www.chlnet.ca/index_e.html

Congratulations to the Registered Psychiatric Nurses Association of Saskatchewan on the 60th Anniversary of the Registered Psychiatric Nurses Act in Saskatchewan.

The RPNAS had the first legislation governing the profession of Psychiatric Nursing in Canada.

For your information:

This organization offers workshops that may be of interest to RPNs:

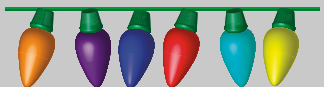
www.ctrinstitute.com/

CRPNM Holiday Hours


The office will be closed at 12:00 on December 24th, 2008 and will not reopen until January 5th, 2009 at 9:00.



*We wish all RPN's,
their patients,
clients and families
Best Wishes for the
Holiday Season.*




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BRANDON  MANITOBA



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