The CRPNBC would like to take this opportunity to honour all Registered Psychiatric Nurses who practice in British Columbia. Your ongoing commitment to your clients and to improving mental health services is applauded. Thank you!
Report From The Chair, Board of Directors

I am anticipating graduating from Kwantlen University College in April, with a Bachelor of Psychiatric Nursing Degree. I will be one of the first graduates of this new program. I cannot believe how quickly the time has gone. I commenced courses in June of 2004 and have been plugging away ever since. I want to talk about the experiences that have arisen for me since my return to school.

Returning to school is stressful, no doubt about it! The workload is heavy and challenging but at the same time very satisfying as each course is successfully completed and I come closer to attaining my degree in psychiatric nursing.

Throughout this process, new and interesting experiences have opened up for me including a one month sojourn to Thailand to study there. This in itself was an opportunity of a lifetime.

Back at home, my class consists of practicing psychiatric nurses. They bring to the table information and experiences which are rich and plentiful. We support and encourage each other along the way as at times it can become overwhelming. I have found working with my fellow students to be very gratifying as I know I am not in this alone.

The education has offered me an opportunity to be very reflective upon my career to date as I make my plans for the future. I now review with a sense of accomplishment my living portfolio, as it puts my career in perspective and sets my focus to the future.

For me, all areas of my life came on board to support me in this endeavour. This included my family, my employer and my colleagues and for that I am eternally grateful.

As I near the end of this milestone, I can say with confidence this experience was worthwhile and valuable. I will take every opportunity to continue to encourage all RPNs to avail themselves of the degree opportunities at Douglas College and Kwantlen University College. Also in spite of all the nail biting, the apprehension, the tears of frustration and the on-going confusion, it really was fun…

INVITATION TO THE ANNUAL GENERAL MEETING AND AWARD LUNCHEON

Executive Plaza Hotel on May 10, 2007
405 North Road, Coquitlam at 11:00 am

Please join us for the award luncheon and the annual general meeting.

Contact Terry Roach at terry_roach@crpnbc.ca or 604-931-5200 to preregister so we can order your lunch.

We look forward to seeing you there!

Join us in celebrating Nurses Week and the 75th anniversary of the Profession of Psychiatric Nursing in British Columbia.
Report From Executive Director and Deputy Registrar/Practice Consultant

Registration Statistics for the CRPNBC
The number of registrants in the College of Registered Psychiatric Nurses of British Columbia has increased during the past year. There are currently 2203 practicing registrants and 270 non practicing for a total of 2473. The numbers have increased during the past year. The demand for RPNs from employers continues to grow and there are a variety of vacant positions being posted on the website on a regular basis. The CRPNBC is anticipating a large number of retirements in 2007.

Registration Examinations
The registration examination statistics for the period January 1, 2006 to present is as follows: There have been 30 examination sittings with 101 candidates writing the examination. Four candidates failed and one rewrote and passed the exam. Examination sittings for international applicants and refresher program graduates are scheduled on demand and may be written in other parts of the province depending on the availability of a RPN invigilator. This arrangement has worked well and examinations have been held in Coquitlam, Victoria, Prince George, Kamloops, Vernon, Salt Spring Island, Nanaimo, Nelson and Cranbrook.
The examination has been revised by an interprovincial working group including an educational consultant and a content expert. The revised exam was written in December, 2006 by the Douglas College graduating class with positive results. The four provincial regulatory bodies will continue working together analyzing the examination and making necessary revisions.

CRPNBC Report Patient Client Safety In Mental Health Settings
An action plan is being developed to accompany this report. The report has been widely distributed to the following organizations within British Columbia and Canada:

CRPNBC Position Paper, Psychiatric Nursing as a Distinct Profession
On January 11, 2007 the Board of Directors of the CRPNBC approved a position paper, Psychiatric Nursing, A Distinct Profession. Please see a copy of the position paper on page 15 of this newsletter.

Registered Psychiatric Nurses of Canada Hosted a One Day Think Tank January 1, 2006
A one day think tank was held January 1, 2006 with RPNs attending from all provincial regulatory bodies. The purpose of the think tank was to set the direction for the future of the profession of psychiatric nursing. The recommendations from the think tank have been forwarded to the RPNC Executive for priority setting and next steps.

Revision of CRPNBC Bylaws Including Proposed Amendment Regarding Liability Insurance for RPNs and Their Employees
The Board of Directors has proposed an amendment to the bylaws by adding the following new section: Liability Insurance
53.1 (1) Each practicing registrant must obtain and at all times maintain professional liability insurance with a limit of liability not less than $2,000,000 per occurrence insuring against liability arising from

Continued on page 4
an error, omission or negligent act of the registrant. (2) Each practicing registrant must obtain and at all time maintain professional liability insurance with a limit of liability not less than $2,000,000 per occurrence insuring against liability arising from an error, omission or negligent act of an employee of the registrant. All RPNs except those who are in independent practice are covered by the group liability insurance paid by the CRPNBC. The RPNS in independent practice are required to make additional arrangements with an insurance agency as they are not covered by the group insurance. All RPNs in independent practice have been advised of this change. If you have any questions please contact myself or Mary MacInnes at the CRPNBC by phone or email.

The bylaws of the College are being reviewed by a Bylaw Review Working Group, chaired by Karen Godin. The work is progressing well and all registrants will have an opportunity for input when the initial review is complete.

**Review and Revision of the Regulations and Scope of Practice for Registered Psychiatric Nurses**

The Bylaws, The Regulation and the Scope of Practice for Registered Psychiatric Nurses in BC are being reviewed. Two working groups have been convened to begin the preliminary work which builds on the Health Professions Council Post – Hearing Update of Preliminary Report: Registered Psychiatric Nurses, March 2001, and the CRPNBC Bylaws of January 2001.

The CRPNBC will be working with registrants, other nursing regulatory bodies, the Ministry of Health and legal council to complete this work. There will be an opportunity for all RPNs to have input into the review process.

**Quality Assurance Committee of the CRPNBC**

The Quality Assurance Committee, chaired by Anna Helewka, met November 23, 2006 and January 12, 2007. Terms of reference and scope of the committee are being established.

**Registered Psychiatric Nurses: Competency Profile for the Profession in Canada, 2001**

The competency profile for the profession of psychiatric nurses in Canada is being reviewed and revised by representatives from each provincial regulatory body. The working group in BC consists of a committee of the Board of Directors. The initial review will be completed March 1, 2007. There will be an opportunity for input from all RPNs in Canada.

**Registered Psychiatric Nurses of Canada are Drafting a Code of Ethics, Standards of Psychiatric Nursing Practice and Entry Level Competencies**

A working document has been drafted by an interprovincial working group. The representative from CRPNBC is Mary MacInnes. The draft has been circulated to Workplace Representatives and the Patient Relations and Professional Practice Committee for their input and feedback. All registrants will have an opportunity to respond to this draft document.

**Regulatory Meeting Scheduled with the Nursing and Midwifery Council, United Kingdom regarding Internationally Educated Nurses**

An initial meeting has been scheduled between representatives from the Canadian Regulatory Bodies for Registered Psychiatric Nurses and the Nursing and Midwifery Council in the United Kingdom to discuss processes and regulatory mechanisms related to internationally educated psychiatric nurses moving between the United Kingdom and Canada.

**“Horatio” The Founding Congress for European Psychiatric Nurses in Arnhem, Holland, March 22-24, 2007**

The founding Congress for European Psychiatric Nurses will take place in Arnhem Holland, March 22 – 24, 2007. Representatives from the CRPNBC will attend the Congress and the General Assembly. The founding congress will be the first biennial congress in Europe where participants can exchange knowledge and share information and inspiration. “As Europe seeks to set common goals and standards for mental health, Horatio seeks to harness the energy, knowledge and experiences of 350,000 psychiatric nursing professionals within Europe and the European Union and ensure their voices are heard.”

**Annual General Meeting and Award Luncheon, The College of The Registered Psychiatric Nurses of BC**

May 10, 2007 - Celebrate the 75th Anniversary of the Profession of Psychiatric Nursing in BC.

The annual general meeting and award luncheon for CRPNBC will be held May 10, 2007 at the Executive Plaza Hotel, 405 North Road Coquitlam from 11am to 3pm. Please plan to attend and celebrate the 75th anniversary of the profession of psychiatric nursing in British Columbia.

**Registered Psychiatric Nurses Annual Education Day, May 11, 2007 Co-sponsored by the CRPNBC and the Union Of Psychiatric Nurses**

The CRPNBC and the UPN will co-sponsor the Annual Education Day May 11, 2007. The event will be held at the Executive Plaza Hotel, 405 North Road, Coquitlam.

The theme for the education day will be “RPNs Celebrating the Profession of Psychiatric Nursing – The First 75 Years”.

The Union of Psychiatric Nurses will pay the $50.00 registration fee for all UPN members in good standing. Please check the website at www.crpnbc and your mail for program details.
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and Customized Training

Winter 2007

Douglas College offers a wide range of health courses and certificate programs to suit your learning needs. Courses and workshops can be custom-designed for groups. Visit our website at www.douglascollege.ca/ce for complete program and course listings.

Emergency Mental Health Services Certificate
Designed to prepare professionals for beginning practice in hospital emergency departments, mental health emergency services and outreach programs. Distance education—includes clinical experience. Start anytime. $1400

Child and Adolescent Mental Health
New distance education course! Learn about child and adolescent mental disorders and other childhood and adolescent problems/issues. Review basic communication skills, interviewing and assessment concepts and skills. Course includes the major theories of human development; an overview of mental illness in children and adolescents; basic concepts of “mental disorders” and an introduction to the use of the DSM-IV-TR with children and adolescents. Apply your skills through case study assignments. $1295

Introduction to Mental Health

Psychosocial Rehabilitation (PSR)
PSR explores the ways and means of how psycho-social/psychiatric rehabilitation can assist the individual within the mental health system achieve recovery. Newly updated, the course focuses on core concepts of PSR, rehabilitation models and methods and key competencies for working in a psychiatric rehabilitation environment. Includes a practice experience. Courses start in September and January. Available by distance education starting September 2007.

Certificate in Community Mental Health
Successfully complete Introduction to Mental Health and PSR, a total of 190 hours, to earn this certificate.

Psychiatric Nursing Refresher Certificate
Prepares Psychiatric Nurses who have been non-practicing for at least five years to upgrade knowledge and skills. For information call 604-527-5477. $2365 Funding available through the BC Government Nursing Directorate.

RN Mental Health Nursing Certificate
Prepares RNs interested in working in a mental health setting. $1550

RN Qualifying Certificate Program in Psychiatric Nursing
Prepares RNs educated in other countries to meet the requirements for registration in BC. $1550

LPN Mental Health Nursing Certificate
Prepares LPNs to work in mental health settings. $1550

Professional Development Courses in Mental Health Nursing
Courses for RNs, RPNs and LPNs. Distance education, tutor-supported. Start anytime!

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Assessment and Promotion of Mental Health $265
Disorders of Mental Health $415
Common Physiological Conditions in Mental Health $415
Professional Practice in Mental Health $265

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Information: 604-527-5477  Registration: 604-527-5472  douglascollege.ca/ce
Lost in Thailand; A Clinical Experience

By Linda Moyneur, RPN, RN and Rosanne Rothenberg, RPN

We were offered an opportunity to have a clinical experience in Thailand as part of our studies in working towards acquiring a Bachelor Degree in Psychiatric Nursing and so began the adventure which took us to the north east section of the country.

We flew from Vancouver to Bangkok and the following day took another flight to Khon Kaen. From there it was about an hour trip by car to reach our destination, Maha Sarakham University.

We agreed at the onset to journal our trip and experiences and are thankful we did as the program was extremely full, varied, challenging and fun. This is the first long trip we have undertaken together even though we have been friends and colleagues for many years. We anticipated having fun and enjoying the adventure and were prepared to even having some interesting moments as we tend to both be leaders rather than followers, and you know what is said about too many leaders and not enough followers.

The experiences could only be described as intense and profound. The information provided to us was extensive and thoughtful. The people were welcoming and sharing. The food was exceptional.

Our days were chalk full of activities, and it all began with an invitation to see a parade, which was an annual event as part of a festival weekend, a celebration of the end of the rainy season and to give thanks for the success of the crops. All the faculties of the University had an entry which was judged and the winner was announced later in the evening along with a beauty pageant. We were set up at a judges table and had a front row seat. This year the beauty pageant had two additional entries from Kwantlen and they were gorgeous in traditional Thai outfits and hairdos.

The following will provide you with some insight into the in-depth preparation and opportunities afforded us by the universities and the areas we were invited to see and share information.

Before our own clinical experiences began, we, as students were expected to be in uniforms so we were taken to a tailor who measured us for uniform tops. We on the other hand, saw this as a wonderful opportunity to add to our wardrobe under the guise of needing a complete uniform.

The program outlined for us was as follows:

- Khon Kaen Drug Dependence Treatment Centre
- Psychiatric and Mental Health Department of Srinagarind Hospital, Khon Kaen University
- Khon Kaen Rajanagarind Psychiatric Hospital
- Kalasin Community Hospital
- Traditional Medicine Department in the Cheang Yuen Community Hospital
- Community Home Visits
- Lopburi Hospital in Lopburi Province
- Thammarak Nivej Two (children who have been impacted by HIV/AIDS)

The majority of areas we visited would begin with a formal presentation in a board room where we would be introduced to the Director of the facility and the Nursing Supervisors. From there, we would be given a presentation by staff from the various programs. The presentations would give a description of the program and discuss any new research underway or completed, as well as any other new initiatives being considered. We would be served coffee and water along with some food (sweet and or fruit). We would then be called upon to provide information about similar type of services in Canada. Although in experience years we are well over a half century, we had to test our memory banks in responding to level of interest shown and asked about this topic. What became clear
very quickly is this experience was going to be very unique. At the end of most of the experiences, we would again meet in a board room to share with the Centre’s staff what our impressions were and if we could offer any further suggestions for improving their service.

Our first experience was at the Khon Kaen Drug Dependence Treatment Centre. We met with the Director, Doctors, and Nursing Supervisors, clinicians, pharmacist, psychologist and social worker. We observed and participated in group psychotherapy. Although not understanding the language, we were able to identify and observe group dynamics and the exceptional skill level of the group leader. The staff gave comprehensive descriptions of their programs and identified the strengths and vulnerabilities in treating this population. They shared with us that the King had declared a “war on drugs.” That edict significantly reduced methamphetamine addiction in the country. The Centre uses a 12 Step Program that has been modified to use a Buddhist approach for alcohol addiction.

Our second experience was at the Srinagarind Hospital. This hospital is a teaching hospital on the grounds of the university and is named after the King’s mother. We toured and had a presentation about the Inpatient Department and the population treated. Schizophrenia is the number one diagnosis for admission, some with alcohol dependence issues. This is followed by depression and bipolar disorders. The program runs sixteen groups per week from Monday to Friday. As this is a teaching hospital, their goal is to accept primarily unique and challenging cases.

As we are shown through the Outpatient Department, it becomes evident very quickly this is a new way of providing collective services. It is situated on the main floor of the hospital and has many departments. Hospital centered OPD (psychiatry) sees an average of 70 - 100 patients per day. The most prevalent diagnosis is schizophrenia, followed by depression and then dysthymia. The Emergency Department on the other hand is located on the fourth floor of the hospital and has a very narrow scope of responsibility when compared to the Canadian practice.

Our third experience was at the Rajanagarind Psychiatric Hospital which is the mental institution. It was divided into four service groups. There was an acute ward, a sub acute ward, the one step service ward, and the rehabilitation program. All these programs are considered as part of the Inpatient Department. If all programs are filled to capacity the population would be 372 patients but they are operating at about 50% capacity. They too struggle with trying to reduce length of stay of patients. Only the most acute get admitted. In order of admissions, the diagnoses were: schizophrenia, mood disorders, psychosis and substance abuse (primarily alcohol). There is a four month program called the Matrix Program whose cliental had co-morbidity diagnoses. It was offered as a Monday to Friday program and referrals were accepted from the IPD and OPD. There is also an Occupational Therapy Program, an After Hours Service and an Outpatient Department.

Kalasin Community Hospital is a 500 bed community hospital that employs 300 nurses. The city and surrounding area has about a 975,000 population base. Community visits are made from the OPD which is hospital based along with the other departments. The service also included an Inpatient Unit.

The Traditional Medicine Department in the Cheang Yuen Hospital was the next site. We were given opportunities to see and experience some traditional healing through use of herbs, plants, teas and Thai massage. We partook in eating a delicious snack of lemon grass sautéed crickets. They were consumed like popcorn and were considered a treat.

We were granted an opportunity to go on two home visits where we were welcomed into the homes and families of the clients. This gave us an insight into their homes, families and individuals impacted by a mental illness and a better understanding of the gaps within the community system. We really felt honored by their acceptance.

The final leg of our travels found us as a collective of ten RN students, three instructors, two drivers and us. We traveled with all our possessions in one van and us in the other. It was a bit of a dog and pony show as the luggage was frequently being unloaded and reloaded and was always a very tight fit.

We arrived in Lop Buri. There we visited and toured the general hospital which has a large HIV/AIDS ward and supporting programs. This hospital has been collecting data and heavily involved in the education of HIV/AIDS. They have been fairly successful in (if involved early enough) to provide safer birthing for infants that are delivered from a mother who has HIV/AIDS.

Phabat Numpoo Lopburi Temple is a hospice and care centre for people with HIV/AIDS. This was one of the most unique experiences we were offered. This facility has a comprehensive support system for those requiring refuge and care that brings them to the end of their life from the disease. The work being done here is inspirational.

The last area we toured was a facility and hospice for children who have AIDS/HIV. This center was funded through a non-profit society from Germany who recently received an award for the work they have done here. There are seventy children ranging from the ages of one and a half to fifteen years of age. All the children reside collectively within seven dorm like homes. We end our tour with playing, entertaining and being entertained by the children.

We hope we left you with a flavour of...
Directions For the Future of Psychiatric Nursing in Canada

On December 5, 2006 the Registered Psychiatric Nurses of Canada hosted a “Think Tank” in New Westminster, British Columbia to explore directions for the future of the psychiatric nursing profession in Canada.

In attendance at the meeting were 45 invited representatives from the national association, the RPN regulatory bodies of the four western provinces and RPN practitioners from Manitoba, Saskatchewan, Alberta and British Columbia, whose work collectively spanned all domains of registered psychiatric nursing practice: clinical care, education, research and administration. Over the course of the day, participants were asked to reflect on both necessary and desirable changes to the profession of psychiatric nursing across its four practice domains over the coming years, and to brainstorm actions to proactively move the agenda forward.

In total, 122 actionable suggestions were identified, clustering around 5 central themes:

• Effective internal and external communications and marketing to stakeholders
• Targeted advocacy to achieve important, high priority goals
• Continuous advancement of RPN practice in each domain
• Strategic human resources and workforce development initiatives
• Inter-professional collaboration and development of strategic partnerships.

In addition, the critical issue of full labour mobility for registered psychiatric nurses in Canada was addressed as a distinct area of concern, and a number of over-arching ideas were identified that may serve to guide the RPNC as it works to bring life to the suggestions for action developed during Think Tank discussions.

NEXT STEPS
During the Think Tank, participants were also asked to identify “critical next steps.” High priority action items (a number of which have already been implemented) included:

1. Categorize information/key messages generated at the Think Tank within the four domains of registered psychiatric nursing to inform action items.
2. Develop a set of priorities from raw data.
3. Publish a synopsis of Think Tank proceedings in newsletters.
4. Develop a strategic plan using Think Tank information as a basis to inform the plan.
5. Develop a mission, goals or a motion for Annual General Meetings to give substance to priority action items.
6. Strike working groups within the four domains of psychiatric nursing to move action items in each area forward.
7. Look to a secondment of an RPN to RPNC to support implementation activities.
8. Advocate for legislation to support the development of RPN Nurse Practitioners.

A framework for strategic planning has now been developed, and over the coming months, the RPNC Executive will move ahead with more detailed implementation plans to address issues identified as a result of the Think Tank process.

Much work remains to be done, but the Think Tank has laid a solid foundation for future efforts to advance the profession of psychiatric nursing on provincial, national and international fronts...

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Much work remains to be done, but the Think Tank has laid a solid foundation for future efforts to advance the profession of psychiatric nursing on provincial, national and international fronts over the coming years. Continued dedicated efforts from RPN leaders, as well as contributions from front-line registered psychiatric nurses across Canada will now be needed to move the agenda forward. Stay tuned for more information as it becomes available! For a full copy of the Think Tank proceedings, visit our website at: www.rpnc.ca
A Big Bit of the Heart: The Therapeutic Relationship in Psychiatric Nursing Practice

In a previous paper, I talked about the primacy of “Caring” for the practice of psychiatric nursing. As skilled psychiatric nursing practitioners, we implement this caring by establishing goal-directed relationships with other human beings who are in need of care. These relationships have been given different labels, e.g. the nurse-patient relationship, the therapeutic relationship, the one-to-one relationship. Regardless of name or label, these relationships are a key ingredient in the process of caring for others. The nursing literature over the years has provided a variety of ways of defining and describing these relationships. My intent in this article is to revisit and reinforce the importance of the goal-directed relationship as a primary psychiatric nursing function with specific characteristics that can be learned practiced and evaluated.

Core Concepts and Characteristics
Nursing theorists and other nursing authors have described concepts and factors comprising a goal-directed relationship in a variety of forms, languages, theories and models. In reviewing these offerings, I have identified a number of specific characteristics that I believe are both central to and requirements of a therapeutic goal-directed relationship. I have chosen to use the term “goal-directed” to avoid attachment to any specific theory or model. While acknowledging the importance of theories and models for the development of nursing as a professional discipline, I believe that the goal-directed relationship cuts across (or should cut across) all theories and models. In keeping with the thinking of some theorists of language and communication, I also believe it is critical to be aware of the meaning and potential impact of the words we use to describe the phenomena we work with in our practice. For example, I have used the term “the other” purposely to describe the recipient of care in the goal-directed relationship. I use this term in the sense of the “I/Thou” relationship as explicated by Martin Buber. This awareness of the meaning and context of the language we use is critical to a clear understanding of how we approach interactions with others in need of care. I have selected the following factors or characteristics as essential to the development of an effective goal-directed relationship.

1. Unconditional regard for the other. This entails acknowledgement of the dignity and value of the other as a unique human being. This characteristic focuses on the human being as a whole and not on specific behaviours.

2. Validation of the experience of the other. This involves acknowledgement of the reality for that person of whatever is happening in or with them. This focus avoids any judgement about the experience of the other.

Continued on page 10
Continued from page 9

3. Conscious use of clear, understandable language. Communication with the other can only be effective if the other person clearly understands the language being used by the nurse. This demands the avoidance of jargon.

4. Conscious use of candour. This entails the consistent use of truthfulness and openness in providing new information and in responding to enquiries.

5. Consistent setting of boundaries. The other individual needs the security of being aware of the extent and limits of the relationship. Ensuring consistency and providing a sense of structure assists in developing feelings of safety and security.

6. Purposeful self-disclosure. This involves a conscious decision to share specific information about the self of the nurse to promote the growth and development of the goal-directed relationship. These decisions are made utilizing the psychiatric nurse’s knowledge, experience and awareness of self.

7. Focused active listening. Basic communication skills are essential to the effectiveness of the relationship. This includes attention to and interpretation of both the verbal and non-verbal communication of the other.

8. Clarification and feedback: Asking direct questions to clarify the meaning of what the nurse has heard is integral to a successful interaction/relationship. Clear and supportive feedback builds trust and promotes therapeutic disclosure in the other.

This paper represents a beginning exploration and critical revisiting on my part of the goal-directed relationship in psychiatric nursing practice. It is an expression of my belief that we, as professional nursing practitioners must continuously examine our beliefs about and approaches to the practice of psychiatric nursing. This process will be enhanced, of course, if this paper generates discussion and an exchange of ideas about the issues explored.

Resources

Chomsky, Noam (1985) The Logical Structure of Linguistic Theory: Chicago, University of Chicago


Wilson, Holly and Carol Kneisl (1996) Psychiatric Nursing: Menlo Park, California, Addison Wesley

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Stephen D. Hart
J. Kevin Cameron
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The RPN as a Clinical Research Scientist in International Clinical Drug Trials

“How does a drug evolve from being a chemical compound to being a safe prescribed medication for consumers?” This is a question that puzzled me from my early days as a student nurse over 35 years ago. I asked doctors and pharmacists this question and was always given the same vague answers without any details - “A lot of research and testing after initial testing on animals.” As nurses, I am sure that many of you have also wondered how that tablet/liquid/injection you are giving patients qualified as a safe drug!

After 25 years in Psychiatry, working in many different roles, I finally got the opportunity to work in the research field and what an enlightening experience it has been. The Clinical Research field is truly an exciting, educational, responsible and knowledge based industry.

This brief overview is focused on clinical drug trials in Psychiatry and will give you some insight into the very complex and exciting world of Clinical Drug Trials. I have had 5 years experience as a Clinical Research Study Coordinator in this field.

What is a Clinical Drug Trial?
This is one of the final stages of a long and careful research process to test a brand new drug for its effectiveness (efficacy) and safety (adverse events/side effects) for a specific disorder e.g. Depression, Generalized Anxiety Disorder. This process may also be used to test and evaluate an already approved drug for one disorder e.g. Epilepsy, and its efficacy for another disorder e.g. Generalized Anxiety Disorder. Our focus is on Phase 11 and Phase111 clinical trials.

Phase 11 trials: A phase 11 trial tests the safety of a drug and its efficacy for the specific disorder e.g. Depression on a small target group at about 10 sites - 200-300 subjects.

Phase 111 trials: A phase 111 trial continues to test the efficacy and safety of the drug on a larger targeted population on an international basis at 40-60 sites - 800 to 1500 subjects.

Phase 11 occurs if there is good efficacy in phase 11, if there is poor efficacy in phase 11 the trial could be terminated. There are six key players in the participation of a Clinical Drug Trial. The sponsor (the drug company), regulator bodies (Health Canada, Food and Drug Administration etc), Institutional Review Boards/Independent Ethics Committee (ethics committee at each site), research site (hospital, university conducting study), research staff (Psychiatrists, Clinical research coordinators, research nurses), the monitors (research associates who monitors data and documentation at each site) the volunteers (subjects participating in study).

The terminology of Clinical Trial is often unfamiliar, here is a sample:

• Principal investigators - are psychiatrists, doctors in charge of study.
• Co-investigators - are other psychiatrists, doctors assisting in the study but not in charge.
• Clinical Research Study Coordinators - RPNs, RNs, pharmacists, psychologists, science graduate etc.
• Medication - investigational new drug.

The Process
The sponsoring drug company creates and mandates the protocol for the drug trial. There are several components to the protocol but limited space here will only allow me to list some of the key

Rawle Carter, RN(E), RPN, CertED, Cert.Ob. N, CCRP
items: Informed consent, study design, inclusion and exclusion criteria, study procedures, subject confidentiality, drug dispensing and accountability, ethical and regulator standards, study objectives, reporting of adverse events and serious adverse events, concomitant medication and efficacy assessment evaluations. All aspects of the trials must be conducted under the guidelines of good clinical practice (GCP), which details the quality processes required in the conduct of Clinical Trials, as mandated by the World Health Organization International Conference, on Harmonization. This is an international, ethical and scientific quality standard for designing, conducting, recording and reporting trials that involve human subjects.

The Start up Seminar
This is a very important part of the Clinical Trial. Personnel from all the sites selected by the sponsor for the study must attend this seminar. The sponsor selects the location which could be any where in the world, held at a first class hotel, 2-3 days duration; sponsor pays all expenses for the seminar. This start up seminar is key to the success of the trial. All research personnel involved in the study hears exactly the same things at the same time, what the expectations are processes, procedures, interacts with the sponsoring personnel and collectively clarifies any uncertainties about the study before the trial starts. From start up seminar to start of trial could be 3-6 months. There must be absolute, collective uniformity at all sites without any variations. The ECG Company and the laboratory company analyzing the blood and urine samples also attend this seminar. They will answer any questions on the ECG procedures and laboratory procedures. The monitors who audit the trial also attend this seminar. For the research staff this is one of the nice fringe benefits of being involved in international Clinical Drug Trials.

Informed Consent
The process of correct informed consent is pivotal to a clinical drug trial; consent by a subject to participate in a clinical trial must be absolutely voluntarily without any type of coercion. Any subject who meets the criteria for inclusion into a study must come to the study site, be given the informed consent document to read, given an opportunity to ask any questions and have them answered, there must be full disclosure. The volunteers must be given the document to take home, discuss it with anyone they choose to discuss it with, and at least 24 hours must elapse before they make a decision to participate in the study, no exceptions. There is so much information concerning the process of informed consent but limited space will only allow me to state a few of the key components. It must state - the study involves research, voluntary participation, the purpose of the trial, the subject’s responsibilities, those aspects of the trial that are experimental, the reasonably foreseeable risks or inconveniences to the subject, the reasonably expected benefits or there may be no benefits at all, if a placebo is involved, who has access to subject’s information, the subject’s right to withdraw from the trial at any time without penalty or loss of benefits to which the subject is otherwise entitled. A subject in a clinical drug trial must never be put in any unnecessary risk - “In research on man the interest of science and society should never take precedence over considerations related to the well-being of the subject” (Declaration of Helsinki, 1964). The consent must be signed by a subject before the commencement of any procedures.

Institutional Review Boards (IRB)/Independent Ethics Committees (IEC)
The main responsibilities of the ethics committee are to safeguard rights, safety and well being of all trial subjects, to pay special attention to trials that may include vulnerable subjects and to ensure that the privacy of subjects and confidentiality of data are maintained. IRB/IEC wields a lot of power, nothing happens without their approval. The IRB/IEC at each site must approve the protocol before the study starts, any additional amendments to the study must also have their approval. Any unexpected side effects must be reported to this body; any protocol violations/deviations must also be reported. If there are safety issues concerning a trial not satisfactorily resolved by the sponsor, IRB/IEC has the power and authority to terminate the trial at their individual site.

Study Design
This is the heart and core of a clinical trial, the format how the investigational new product is tested. There are many formats; I will state a few examples here.

1. A double-blind, placebo controlled study, evaluating the efficacy, safety, tolerability of a fixed dose of ABC drug in outpatients with major depression disorders.

2. A double-blind, placebo controlled study, with a comparator drug (e.g. Paxil 20mg) evaluating the efficacy, safety, tolerability of a fixed dose of DEF drug in outpatients with Panic disorder- this is a 3 arm study.

Continued on page 21
Room to GROW
in British Columbia

Psychiatric Nursing Careers with Impact
It’s more than just a career, it’s your profession. It’s what you do. It’s who you are. And now you’ve finally determined what you have been looking for, personally and professionally - room to grow.

Interior Health is a large publicly-funded organization that provides a diverse array of services including Acute Care, Home & Community Care, Residential Care, Public Health and Mental Health.

An annual budget of over $1 billion allows us to manage 34 hospitals and health centres, more than 85 residential care facilities and public health, mental health and community-based health care programs. There are over 19,000 employees and 1,200 physicians on our team that serve a population of approximately 700,000 in both rural and urban settings.

Our regions are situated in a breathtaking “four seasons” playground which have a wide range of activities and attractions to enjoy – from arts and culture events to perhaps the most sought after recreational opportunities in Canada.

Interior Health is committed to becoming an Organization of Choice. During your career with us, you will experience enlightened leadership, meaningful work, opportunities for growth and development, and competitive compensation and benefits.

Our focus is on giving people room to grow, room to contribute, room to impact, room to make a significant, personal contribution, and room to make a difference in the lives of others.

For a challenging, growth-oriented career in beautiful natural settings where balanced lifestyle choices abound, come to Interior Health and help us in our quest to set new standards of excellence in the delivery of health services in the Province of British Columbia.

For general inquiries about Interior Health, please e-mail external.recruitment@interiorhealth.ca or call 1-866-972-9299.

Explore what your career has been missing, apply online today to www.roomtogrowbc.ca

www.roomtogrowbc.ca
Position Paper, Psychiatric Nursing: A Distinct Profession

Since 1932, psychiatric nurses have been an indispensable part of British Columbia’s health care system.

Registered Psychiatric Nurses are on the front lines, practicing collaboratively as key members within interdisciplinary teams of health care professionals. They provide care and treatment in hospitals, facilities and communities, working in full partnerships with psychologists, psychiatrists, registered nurses, social workers, law enforcement professionals and families. Registered Psychiatric Nurses represent the single largest group of health care professionals in B.C.’s mental health field.

Many of B.C.’s most experienced Registered Psychiatric Nurses are actively involved in leadership roles in the province’s mental health system helping to sustain and improve mental health services to individuals, families, groups and communities.

Registered Psychiatric Nurses are educated at the diploma and baccalaureate levels. The curricula within these education programs prepare Registered Psychiatric Nurses to provide holistic care for individuals experiencing emotional, family or social problems and mental illness to regain health and assist them in regaining full citizenship, something that is often lost when an individual is diagnosed with a mental illness.

Psychiatric Nursing is a self-regulated profession in Canada and complies with provincial legislated mandates to protect and serve the public interest. Separate provincial regulatory bodies for Registered Psychiatric Nurses ensure registrants provide safe, competent and ethical psychiatric nursing practice/care. Complaints and disciplinary procedures are mandated and regulated by the regulatory body. In British Columbia, the CRPNBC, under the authority of the Health Professions Act, has the following responsibilities:

- To ensure all Registered Psychiatric Nurses practice safely and competently in diverse practice settings
- To superintend the practice of the profession
- Establish, monitor and enforce standards of education and qualifications for registration of registrants
- To assess the education and credentials of Canadian and internationally educated psychiatric nurses
- To establish, monitor and enforce standards of practice to enhance the quality of practice and reduce incompetent, impaired or unethical practice among registrants
- To establish and maintain a continuing competency program to promote high practice standards among registrants
- To establish a patient relations program to prevent professional misconduct

On several occasions, the organizations have considered merger of the governing bodies of the Registered Psychiatric Nurses of B.C. and the Registered Nurses of B.C. Each time, the decision has been made to retain separate governing bodies. That decision was based on the premise that Psychiatric Nursing is a distinct and separate profession with a specific body of knowledge, distinct education programs, experience and expertise. It is recognized as a separate profession by the governments of British Columbia, Alberta, Saskatchewan, Manitoba and Canada. Registered Psychiatric Nurses practice their profession in over 20 countries around the world.

Merging the regulatory bodies of two separate professional groups would result in the loss of professional focus, identity and more importantly the loss of expertise.

Registered Psychiatric Nurses provide services to individuals of all ages, families, groups and communities. Their clients are often the most vulnerable and underserved members of society with complex needs. These nurses work in challenging clinical and treatment environments including emergency mental health, jails, forensic services, substance abuse programs and child and youth psychiatric programs. Their prime objective is to provide quality mental health services to members of the public.

Mental illness, addiction, concurrent disorders and emotional disturbances are having an enormous impact on the lives of individual Canadians and on the health care system. Mental health clients have a right to services delivered by well educated mental health professionals.

Clients, employers and other health care professions and the public recognize and value the professional expertise Registered Psychiatric Nurses contribute to the health care system.

This expertise must be preserved and expanded to meet the changing needs of the individuals we serve.
VCH Mental Health and Addictions Services include Primary Psychiatric Care, Community Mental Health and Addictions Services (including North America’s only Safe Injection Site). We focus on prevention, harm reduction, counselling and therapy.

As one of Canada’s largest health care providers, VCH offers you excellent career opportunities. With more than 100 facilities, we serve over a million people in Vancouver, Richmond, North Vancouver, Powell River, Sea to Sky (Whistler), Sechelt, Bella Bella and Bella Coola.

We’re Hiring!

Interested? Apply now at www.vch.ca and click on careers.

VCH Recruitment
604.875.5152 • 1.800.565.1727

New Grads are welcome to apply!
Ask about our new Community Mental Health New Grad Program!

www.vch.ca

Acute • Community • Residential • Urban • Rural

Looking for a career at the leading edge of Psychiatric Nursing?

DEGREE AND DIPLOMA PROGRAMS IN PSYCHIATRIC NURSING

Building on over 30 years of Psychiatric Nursing education, Douglas College now offers a four-year Bachelor of Science in Psychiatric Nursing.

In addition, we offer a three-year Diploma in Psychiatric Nursing and an online, distance learning degree-completion program (based on seat availability) for Registered Psychiatric Nurses and Registered Nurses.

Learn in the classroom and lab and gain hands-on experience in a variety of health-care settings. Work in many different areas of health care including: long-term psychiatric facilities, acute care hospitals, intermediate care facilities, child and adolescent programs, corrections, forensics, addiction services, and community mental health.

The graduates of our programs are highly employable and Registered Psychiatric Nurses receive the same wage and benefits package as Registered Nurses.

For more information, call the Student Co-ordinator at 604-527-5025 or visit our website.

douglascollege.ca/programs/psychiatric-nursing
Reporting to the Director of Patient and Client Services, this exciting opportunity is a perfect fit for a self-directed and highly motivated leader looking to become an integral member of our management team. This role will see you responsible for ensuring the quality management of care delivery to patients and families, including managing and directing staff, overseeing the service delivery budget and implementation of operational plans. Under the direction of the Director of Patient and Client Services, you will be accountable for the efficient and effective day to day delivery of services across the operating unit. Your key contributions will include the successful fiscal management of cost centres while working independently and creatively to lead and direct assigned nursing staff. You will be the professional relied upon to handle multiple issues with confidentiality, discretion and sensitivity.

As our ideal candidate, you possess a relevant degree from an accredited University in a related health profession and current practicing registration with a relevant professional association. A minimum of five years of recent related clinical experience including two years working in a managerial/leadership capacity in a clinical setting is required. An equivalent combination of education and experience may be considered. Rounding out your portfolio are strong operations management skills, an ability to lead teams and to promote and foster teamwork. Your demonstrated written and oral communication skills will come into play as you effectively deal with patients/families and staff. Your impressive problem resolution and critical thinking skills, advanced time-management and organization abilities round out your qualifications.

If you are looking to impact our organization through your operations management, and human and fiscal management expertise, we invite you to apply for this unique and rewarding opportunity. Please submit your résumé, in confidence, quoting Competition # MHS-2006-1010 to:

PHSA Specialty Recruitment, Suite 800-1441 Creekside Drive, Vancouver, BC, V6J 4S7. E-mail: careers@phsa.ca or Fax: 604-875-7253.

Applications will be accepted until the positions is filled.

As part of the provincial mental health services continuum, BC Mental Health & Addiction Services provides a diverse range of specialized, "one-of-a-kind" tertiary level mental health services to residents across all geographic areas in BC. These include Adult/Geriatric and Neuropsychiatry Services located at Riverview Hospital, Adult Forensic Psychiatric Services located at the Forensic Psychiatric Hospital plus six regional clinics, and Child and Youth Mental Health Services located at BC Children’s Hospital. In addition to direct services, BC Mental Health & Addiction Services acts as a support and resource to service providers across the province, and contributes to research and education.

BC Mental Health & Addiction Services is an agency of the Provincial Health Services Authority (PHSA), which plans, manages and evaluates selected specialty and province-wide health care services across BC. The Provincial Health Services Authority (PHSA) embodies values that reflect a commitment to excellence. These include: Patients first • Best value • Results matter Improvements through knowledge • Open to possibilities.

Clinical Services Manager — Forensic Psychiatric Services
Excluded, Non-contract Position

Reporting to the Director of Patient and Client Services, this exciting opportunity is a perfect fit for a self-directed and highly motivated leader looking to become an integral member of our management team. This role will see you responsible for ensuring the quality management of care delivery to patients and families, including managing and directing staff, overseeing the service delivery budget and implementation of operational plans. Under the direction of the Director of Patient and Client Services, you will be accountable for the efficient and effective day to day delivery of services across the operating unit. Your key contributions will include the successful fiscal management of cost centres while working independently and creatively to lead and direct assigned nursing staff. You will be the professional relied upon to handle multiple issues with confidentiality, discretion and sensitivity.

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Registered Psychiatric Nurses Annual Education Day

Valuing the Profession of Psychiatric Nursing – The First 75 years.

This event is cosponsored by the College of Registered Psychiatric Nurses and the Union of Psychiatric Nurses.

Friday, May 11, 2007
8 am to 3 pm
Executive Plaza Hotel,
405 North Road, Coquitlam
Cost: $50.00
(includes lunch and educational material)

TO REGISTER CONTACT:
The College of Registered Psychiatric Nurses of BC Suite 307, 2502 St. Johns Street, Port Moody, BC V3H2B4 Phone 604 931 5200 or 1 800 565 2505.

The Union of Psychiatric Nurses is co-sponsoring this event and will pay the fees for RPNs who are UPN members in good standing.
The day will include clinical topics and a celebration of the 75th anniversary of the profession of Psychiatric Nursing in British Columbia. Program details will be posted at www.crpnbc.ca and will be mailed to registrants.

THE COLLEGE OF REGISTERED PSYCHIATRIC NURSES OF BRITISH COLUMBIA AND THE UNION OF PSYCHIATRIC NURSES

imagine
THE POSSIBILITIES!

- Mental Health & Addictions

The time has never been better to join Fraser Health! As we continue to grow and expand Mental Health & Addiction Services at Fraser Health, we are looking for experts and leaders in the field who share our values and commitment of RESPECT, COMPASSION, INTEGRITY and ACCOUNTABILITY.

Our services are founded on the principle of “Partnering in Recovery.”

Consider partnering with us to provide Mental Health & Addiction Services that are...

- CLIENT-CENTERED
- INTERDISCIPLINARY
- EVIDENCE-BASED
- COLLABORATIVE
- RECOVERY-BASED

Fraser Health is pleased to present our new Practice Start Program for Undergraduate Nurses and New Graduate RPN’s. The vision of the Practice Start Program is to have the RPN student seamlessly transition through to become an expert competent nurse. You will be warmly welcomed and supported in establishing your new career in Psychiatric Nursing.

To find out more about this Program, CLICK on www.fraserhealth.ca and apply online today!

Do you want to work in an exciting, state-of-the-art environment, in a health care facility purpose-built from the ground up? Here’s your chance! The new Abbotsford Regional Hospital and Cancer Centre opens in 2008. Join Fraser Health now and be part of the innovative team that helps shape the future of health care delivery here!

Building for today and tomorrow! The Surrey Health Services Capacity Initiative is exploring cutting edge models of health care delivery to meet current as well as projected future needs. Join us and be part of the revolution in how we view and deliver patient-centered care!

The greater the challenges, the greater the rewards. We offer plenty of both, and an integrated team of professionals to share them with you.

Imagine the possibilities…
then live them!

fraserhealth
www.fraserhealth.ca
Opportunities in Mental Health and Addiction Services

Whether you are in the first phase of your career or looking for a gentler, more balanced lifestyle with more time to enjoy some of the amenities of life, it has never been a better time to consider living and working in Northern British Columbia. The region is experiencing a significant economic boom, which means enhanced employment, recreation and education opportunities for all ages. The North offers smaller, close-knit cities and towns where neighbors are friends and community is important... rich cultural traditions and thriving arts... awe-inspiring wildlife and scenery including magnificent mountains and glaciers, clear lakes, pristine parks and ocean vistas. All of this and you will also find the housing prices are among the most affordable in the province!

Northern Health has over 7,000 employees, serving a regional population of 300,000 residents. Our territory stretches from the Alberta border to the Queen Charlotte Islands, from the Yukon border in the north to the city of Quesnel in the south. We offer state-of-the-art working environments, excellent training and in addition to exceptional full time prospects for career advancement, a variety of interesting and flexible part time and casual positions.

Visit our website and explore opportunities in the following areas:

- Mental Health & Addictions Clinicians
- Acute Services
- Adult Withdrawal Management
- Community Response Nursing
- Community Nursing
- Recovery and Residential Care

For more information regarding opportunities with Mental Health and Addiction Services and all opportunities with Northern Health, please visit our website: www.northernhealth.ca

For more information contact:
Stacey Gibbs, Recruitment Consultant
Mental Health & Addictions
600-299 Victoria Street
Prince George, BC V2L 5B8
Apply Online: www.northernhealth.ca
Email: Stacey.Gibbs@northernhealth.ca
Toll Free: 1-877-905-1155

www.northernhealth.ca
Continued from page 7

the richness of experiences we were offered. It was exhilarating and exhausting. The people of Thailand were gracious, warm and wonderful. Never have we felt so welcomed and accepted as strangers. The food was utterly amazing and plays a large part in Thai culture. The accommodations were good and centrally located. City transportation systems were easily assessable. We visited Temples, we saw a dinosaur dig, ventured into a famous bat cave, toured and visited the City of Monkeys and also toured the Palace and ruins of Ayutthaya. We found Thailand to be a diverse and breathtaking country and are looking forward to our next trip. This experience would not have been possible without the support of Kwantlen University and the University of Maha Sarakham in securing an international agreement to provide these experiences. We would like to express our deepest gratitude to those who made this experience really memorable.

Dean, Dr. Darunee Rujkorakam
Associate Dean, Dr. Amorn Suwanimitr
And especially the Lecturer team who worked endlessly to show us their mental health system and remarkable country.

Lecturer Choochart Deeromram
Lecturer Suwadee Jandeekrayom
Lecturer Chanokporn

We remain deeply honored.

Join us. Make a difference.

Providence Health Care in Vancouver, British Columbia

Providence Health Care (PHC) is a faith-based care provider and a leading teaching and research organization. We value excellence and leadership in an environment that respects diversity.

PHC’s Mental Health Program provides a range of coordinated inpatient, ambulatory and provincial services for people with serious mental illness. We provide comprehensive assessment, treatment, education and research across our services. We specialize in acute psychiatry, outpatient psychiatry, psychiatry consults, neuro-psychology consults, reproductive mental health, and geriatric psychiatry. We are home to BC’s provincial Eating Disorders Program and Chronic Pain Management Program.

PHC is currently looking for Registered Psychiatric Nurses and Registered Nurses. If you are interested, please send your resumé and cover letter to: careers@providencehealth.bc.ca.

Please indicate in the subject line which position you are interested in being considered for. New graduates are welcome to apply!

Make PHC your “Employer of Choice”.

For more information about PHC and our career opportunities in Mental Health please visit: www.providencehealthcare.org
3. Open label study of fixed dose of XYZ drug (part A). Subjects who show good efficacy will be randomized to double-blind, placebo control (part B) evaluating the efficacy, safety, tolerability of a fixed dose of XYZ drug in outpatients with Social Phobia.

4. A double-blind, parallel study, drug A 20mg injectable versus drug X 40mg injectable, evaluating the efficacy, safety, tolerability for outpatients with schizophrenia.

The duration of a study can vary from as short as 10 weeks for mood disorders to as long as 3 years for schizophrenia.

ECG and Laboratory Evaluations
All laboratory samples from all research sites are sent to one centralized laboratory for analysis as designated by the sponsor. This ensures uniformity in results and avoids the possibility of variables due to any variation in calibration in equipment at individual labs. All ECGs are sent to a centralized lab. for evaluation by the same team of cardiologists, ECG lab. is also designated by sponsor. Today with the amazing technology that is available, ECGs can be transmitted by telephone or computer.

Role of Clinical Research Study Coordinator
The CRSC is pivotal to the success of the study. The sponsors, the PI, the monitor, the IRE/IEC, FDA all have high expectations of you and depend on you. That based on your clinical skills, knowledge, training and expertise, that you will manage the study competently from the beginning to the end. This will be achieved by recruiting quality subjects, adherence to protocol, accurate collection, reporting and documentation of data.

The responsibilities in this role requires true multi-tasking: including performing Egg's and phlebotomies, psychological rating assessments, accurate dispensing and accountability of study drug, good planning and organizational skills, adherence to scientific methodologies and excellent communication skills to liaise effectively with all of the key stakeholders, just as a few examples.

Apart from psychiatrists, RPNs are the next best skilled, qualified, experienced personnel to work in this field. Unfortunately (to the best of my knowledge) only in Alberta are RPNs involved in this type of research, lots of RNs are involved at all sites elsewhere. RPNs this is your area of clinical expertise and you should find out how to get involved.

Conclusion: It takes about 6 months on the job training to become competent in clinical research. Learning is an ongoing process, as each new study will always have new components to learn. Once you have the experience of working in clinical research, nothing else can give you the same level of satisfaction. To understand that you are part of an international team that will bring new medication benefits and hope to the 6 billion people in the world, is truly a feeling of great professional pride, as a service you are giving to humanity and mankind. Today not only do I know the answer to my puzzling question but I am part of the process that makes it happen.

Rawle carter works in clinical research in Edmonton, Alberta and holds the Universal, International Designation of Certified Clinical Research Professional.

CRPNBC GUIDELINES FOR RESOLVING PROFESSIONAL PRACTICE CONCERNS

Registered Psychiatric Nurses who are working in isolation may have difficulty resolving professional practice concerns. We encourage all RPNs to contact the College to discuss any professional practice concerns with Donna Higenbottam or Mary MacInnes. This is a confidential service that is utilized by a number of registrants.

The contact information is as follows:

Donna Higenbottam:
donna_higenbottam@crpnbc.ca

Mary MacInnes:
mary_macinnes@crpnbc.ca

Phone:
604 931 5200
1 800 565 2505.

The Guidelines for Resolving Professional Practice Concerns are posted on the website www.crpnbc.ca. Each Registered Psychiatric Nurse is responsible for the provision of safe, competent care and treatment to individuals. A variety of circumstances may potentially interfere with the RPNs ability to provide appropriate care.

We encourage RPNs to ask for assistance from their colleagues, managers, unions and the College of Registered Psychiatric Nurses of BC. It is much easier to resolve problems and issues when you enlist the support and expertise from other health care professionals.
RPN Nominations Invited - BOARD MEMBERS

Nominations are invited for the position of Director, Board of Directors, College of Registered Psychiatric Nurses of B.C.

In July 2007, the terms of office for three board members will expire and an election will be held to elect three Registered Psychiatric Nurses.

Please submit your nominations by May 31, 2007 to the CRPNBC office.

NOMINATION FORM

I, ____________________ RPN#_______ nominate _____________________ RPN for the position of board member for the College of Registered Psychiatric Nurses of B.C.

I, _____________ RPN # _______ accept the nomination for a two year term of office and agree to observe the provisions of the Health Professions Act and the bylaws and rules of the College related to the election and the conduct of the election.

Please attach a brief resume for each registrant who is nominated. This nomination form must be returned to the College of Registered Psychiatric Nurses of B.C. by mail or fax by May 31, 2007.

Thank You
Nomination Invited for
AWARDS OF EXCELLENCE IN PSYCHIATRIC NURSING

CRPNBC Award of Excellence in Psychiatric Nursing
This award is granted annually to a maximum of five Registered Psychiatric Nurses who have made outstanding contributions to the profession of psychiatric nursing and/or who have demonstrated excellence in improving mental health services in British Columbia.

Categories
Nominations for the award of excellence may be made in the following categories:
1) Patient/client advocacy
2) Clinical practice
3) Leadership in psychiatric nursing including administration
4) Psychiatric nursing education
5) Research in psychiatric nursing
6) Community service

Eligibility and nomination process
The nominee must be a member in good standing with the College of Registered Psychiatric Nurses of B.C.

The nominator must have a professional working relationship of at least five years with the nominee. The nominator is expected to present the award at the awards ceremony.

Award Criteria
Registered Psychiatric Nurses who have made outstanding contributions to the profession of psychiatric nursing and/or who have demonstrated excellence in improving mental health services in British Columbia in one or more of the following ways:
1) Frequently surpasses the standards of practice for Registered Psychiatric Nurses
2) Demonstrates expertise and resourcefulness beyond the expected level, in psychiatric nursing.
3) Demonstrates leadership in fostering the growth of the practice of psychiatric nursing and for development of the profession.
4) Demonstrates an exemplary role model and mentor to peers.

Selection process
The selection of the award recipients shall be made by a committee appointed by the Board of Directors.

Nominations must be received at the College office by March 10, 2007.

Presentation
The Awards will be presented at the Annual General Meeting, May 10, 2007 at the Executive Plaza Hotel and Conference Centre, 405 North Road, Coquitlam.

NOMINATION
I, _______________________________ nominate ____________________________ for the Award of Excellence in the following category:

- Patient/Client Advocacy
- Clinical Practice
- Leadership in Psychiatric Nursing including Administration
- Psychiatric Nursing Education
- Research in Psychiatric Nursing
- Community Service

Signature of Nominator ____________________________ Signature of Seconder ____________________________

Supporting Documentation: This nomination form must be accompanied by supporting documentation that demonstrates the nominee meets the criteria in the nomination category.

Please fax or mail the nomination to: College of Registered Psychiatric Nurses of British Columbia Suite 307-2502 St. Johns St., Port Moody, B.C., V3H 2B4 FAX: 604-931-5277
CRPNBC staff:

Donna Higenbottam, RPN  
Executive Director / Registrar  
donna_higenbottam@crpnbc.ca

Charmaine Murray  
Bookkeeper  
charmaine_murray@crpnbc.ca

Terry Roach  
Receptionist / Secretary  
terry_roach@crpnbc.ca

Mary MacInnes, RPN  
Deputy Registrar &  
Practice Consultant  
mary_macinnes@crpnbc.ca

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