

**THINK TANK Verbatim Proceedings from participants**  
**Exploring the Direction for the Future of the Psychiatric Nursing Profession**

December 5, 2007

**Discussion on CLINICAL PRACTICE**

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- 1) Communicate education, competencies and experiences of RPNs to other professions.
- 2) Broaden outlooks beyond the medical models approach.
- 3) Avoid competition with other specialty disciplines:
  - RPNs must respect themselves and their value to the health system.
- 4) Look at how mental health impacts all aspects of the person:
  - a holistic, approach is needed
  - integrated services with recognition that mental health is key to overall health (look beyond the health system).
- 5) Define specialty skills of RPNs that other disciplines can't address, e.g. in community vs. hospital settings.
- 6) Take responsibility to move RPNs into administrative roles in order to populate health care system with RPNs in key clinical roles.
- 7) Educate employers as to the skill set/expertise of RPNs.
- 8) Establish front-line RPN working groups to address and plan for mental health services to address emerging trends e.g. addictions, technology, terrorism, etc.
- 9) Expand role repertoire of RPNs - consultant roles psychiatric nurse practitioners; in schools and workplaces.
- 10) Avoid becoming "illness-specific" avoid treating behaviorism in silos, vs. the broad spectrum of principle related to mental illness.
- 11) Mentor/nurture new grads and or potential RPNs - provide the opportunity and encourage new leaders and practitioners.
- 12) Cultivate administrative support for mentorship, recruitment and retention activities.
- 13) Develop achievable succession planning processes.
- 14) Ensure primary nursing services in accurate care settings are provided by RPNs,
  - Battle the impression that RPNs cannot perform certain "medical" procedures.
- 15) Avoid becoming "victims of employment" vs. keen, effective RPN practitioners, (strong leadership in the profession and administratively is required).
- 16) Develop mechanisms to influence public policy.
- 17) Focus on reducing stigma of Mental Illness, and develop more effective strategies to promote recovery.
- 18) Increase research activities related to psychiatric nursing to demonstrate effectiveness of the profession (undergrad programs will help).
- 19) Address issues of cultural competency, and increase participation of non-caucasian cultures in the profession.

## CLINICAL PRACTICE Continued

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- 20) Be open to the influences of other cultures on the practice of psychiatric nursing.
- 21) Explore potential of psychiatric nursing to influence human resources practice to create healthier workplaces.
- 22) Focus RPN practice in Canada to embrace international practice in an increasingly global environment.
- 23) Retain nurses in "hard to fill" positions, e.g. in northern communities.
- 24) Enhance RPN practice to better address needs of Aboriginal peoples.
- 25) Address current issues that designate the practice if RPHNS, e.g., punitive, security issues, etc.
- 26) Continuum of service prevention, community based services, acute care, tertiary
  - children, youth, adults
  - forensic and civil service
- 27) Services to growing populations e.g. oncology and gerontology.
- 28) Primary care focus.
- 29) "Market" value of RPNs in acute care settings etc. To address co-morbidities, etc.
- 30) RPNS must define how we practice – not leave it to others.
- 31) Educate and collaborate with general practioners to embed RPN practice and awareness of mental health issues in primary care, and role of RPNs in prevention/promotion. We need to "blow" our own horn!
- 32) Need to educate the public on roles and expertise of RPNs to increase MH literacy of Canadians.
- 33) Encourage RPN students to pursue practice in "new" settings, e.g. medical/surgical settings.
- 34) All RPNs need to advocate at every opportunity for the profession and promote accomplishments.
- 35) Work with unions to educate them on abilities of RPNs to fill many roles (decrease barriers to employment).
- 36) Promote the role of RPNs to assist immigrants and other minority groups to and to adjust to new/changing circumstances, life coaches, etc.
- 37) Explore roles in "electronic" age – technology issues, gambling addictions, etc.
- 38) Expand roles of RPNs in university settings – create ethnic review bodies to promote research and evidence based practice.
- 39) Create a media presence for the RPN profession.
- 40) Leverage the volume of RPHN registration/regulation and the effect of graduate education and PhD – prepared leaders while continuing to advocate for more effort in these areas.
- 41) Expand the role of RPNs in public health, emergency room psychiatric nursing, and crisis response.

- 42) Advocate for legislation in Canada to support psychiatric nurse practitioners in Canada.
- 43) Explore roles in occupational health.
- 44) Expand roles in criminal justice settings.
- 45) Psychologies of illness roles present opportunities – careers palliative care, etc.
- 46) Think big; promote collaboration across the profession, provincially, inter-provincially, nationally and internationally.
- 47) Increase ranks of RPN administrators, educators, union leaders and politicians to influence practice and policy.
- 48) Rank and file RPNs need to support RPN leaders who leave the clinical care role.
- 49) How to maintain the critical mass of RPNs?
  - ladder education for nurse assistants toward BPN/BScN,
  - invigilate practice and offer credit,
  - exploit tele-health.
- 50) Balance technological demand of the workplace with “hands-on” demands of the RPN profession; continue to develop skills in both areas.

## DISCUSSION ON EDUCATION

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- 1) Increase ranks of RPNs in education roles and assist people to acquire senior-level RPN credentials to teach.
- 2) Address “political” issues related to priority-setting to support RPN education.
- 3) Don’t let employers recruit other disciplines to vacant RPN positions – advocate for the unique role of RPNs.
- 4) “Convert” LPNs/RNs and/or other professions to RPNs through appropriate education.
- 5) Give ourselves permission to call ourselves “experts” in mental health.
- 6) Encourage more RPNs to get involved in furthering the profession – colleges need to “organize” to recruit and support leaders, researchers, administrators, educators, etc.
- 7) Establish research teams including mentors for lesser-credentialed participants to encourage scholarship.
- 8) Create bridge-employment opportunities, e.g. under-graduate nurse roles, summer/part time placements; co-op placements, etc.
- 9) Appeal to younger students to enter profession.
- 10) Explore RPN opportunities prior to Bachelors degree to address shortages
  - will continuation of diploma graduates be a backward move?
  - is there another way?
- 11) Expand availability of quality clinical placements; engage in discussions with employers to develop solutions.
- 12) Develop psych nurse practitioners curricula and roles in the system.
- 13) Exploit preceptor ship opportunities in new/innovative settings.
- 14) Develop retention strategies to retain existing clinical placements
  - be present, be supportive, bring expertise to the setting
- 15) Invest in our own RPNs to help them take Masters or PhD degrees – “grow our own” in colleges and universities.
- 16) Focus on clinical, administrative and education-related research and scholarship, as well as practice- settings in these areas.
- 17) Develop bursaries and scholarships to encourage masters and PhDs degree completion.
- 18) Create a foundation to support RPN education.
- 19) Advocate for government support (money, moral) to support RPN education and development.
- 20) Promote the concept of higher education to create “standards” of the profession; and engage in research around why people pursue higher education in their discipline, in order to create enablers.
- 21) Promote mobility/flexibility of the profession and leverage of education to realize life goals.
- 22) Maintain a short-term focus on moving the Masters degree forward.
- 23) Focus education on producing true critical thinkers that will enable graduates to move and develop within the board parameters of the profession (avoid churning out new grads from the old mould).

## **EDUCATION Continued**

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- 24) Challenge the notion that a psychiatric nurse practitioner must be masters-prepared.
  - create our own path as RPNs to credential/register psychiatric nurse practitioners
  - level the playing field (in BC), across the disciplines of nursing.
  - clearly define requirements of RPN practitioner and develop curricula accordingly.
- 25) Find more creative ways to help diploma RPNs to ladder education to BPN, advanced diploma and higher levels
  - need to address stress, workload, family and personal health issues.
- 26) Work with government and employers to address entry-level practice requirements in order to garner appropriate levels of funding to support RPN education.
- 27) Move to a 1:6 educator/student ratio to ensure quality of RPN education.
- 28) Prepare for increased e-learning strategies – international in scope.
- 29) Focus on “global-village” community-based RPN education.
- 30) Challenge notion that “X” years of clinical experience is required prior to becoming an RPN educator.
- 31) Develop Chairs in psychiatric nursing in universities, funded by RPN philanthropists and other sources.
- 32) Ensure that RPNs are skilled in emerging technologies (both in clinical and support to practice).
- 33) Develop new/creative ways to stress the importance of life long learning and application of research best practices, etc.

## DISCUSSION ON ADMINISTRATION

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- 1) Lots of burnout, stress management.
- 2) Lack of interest in administrative roles,
  - stress, workload, hours and pay is not attractive (present state).
- 3) Identify talent and mentor them (formally or informally), offer developmental opportunities and challenges.
- 4) Anticipate the politics of administration
  - be able to multi-task
  - be able to identify priorities
- 5) Look for and “sell” the positive aspect of administration.
- 6) Support the people who pursue administration.
- 7) Support and offer training related to relationship building and managing relationship – this is a key function in this role.
- 8) Offer administrative internships and champion the learning that takes place in these settings.
- 9) Focus on leadership skills as well as the business side of health care. Leadership and vision and the ability to move the vision forward is critical.
- 10) Development of partnerships and building alliances is a critical skill, and has been neglected in practice.
- 11) Explore creative ways to engage students and practicing RPNs with administrators.
- 12) Maintain a focus on the values of the RPN profession as well as the skills/knowledge they possess, no matter what role they move to over time
- 13) Champion the value of leadership within all roles of RPNs, including administrative.
- 14) Stress the interpersonal/human skills and attitudes vs. just the business aspects of administration.
- 15) Ensure that RPNs have opportunities to acquire real business skills that will help them be successful as administrators – e.g. strategic planning, financial management, human resources skills, etc.
- 16) Explore “business” skills required of front-line RPNs, administrators, educators, researchers (without losing interpersonal skills) as part of core training and advanced training needs of RPN.
- 17) Promote administration as a domain of RPN.
- 18) Work to empower RPNs to debunk myths that RPN’s are “2<sup>nd</sup> class” citizens.

## **DISCUSSION ON RESEARCH**

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- 1) Collaborate with practitioners to encourage practice-based research to develop research skills of front-line RPNs, and to demonstrate the efficacy of RPN practice.
- 2) Look at research related to better practices and promising practices vs. "best practices" only (limiting concept).
- 3) Promote partnerships across the RPN practice continuum to facilitate research activity.
- 4) Embed research in the day-to-day practice of RPNs.
- 5) Promote/create forums for RPNs to share the work they are doing (formal research and informal practice).
- 6) Embrace team-based and varied methodologies and approaches to research. Embrace inter-disciplinary research and eschew a "unique" knowledge base in R.P.N.
- 7) RPNs will routinely publish.
- 8) Collate and promote the specialized body of knowledge relevant to psychiatric nursing, to encourage application of research in the workplace.
- 9) Ensure all RPNs have basic training related to research skills and methods, as well as how to critically appraise research.
- 10) Open debate about the RPN profession to spur innovation (avoid personal issues) and how it relates to other professions (medicine, psychology, etc.)

**DISCUSSION ON GROWTH OF THE PROFESSION  
LABOUR MOBILITY FOR REGISTERED PSYCHIATRIC NURSES  
IN CANADA AND  
HUMAN RESOURCES PLANNING**

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- 1) Labour mobility (Ontario especially) is key.
- 2) Where can RPNs work?
- 3) Existing roles are limiting – what new roles could be created?
- 4) How to deal with Canadian Nursing Association mental health interest group to reduce barriers to practice of Psychiatric Nursing in other provinces? (This isn't a barrier, we should just move!!)
- 5) Work with Ontario government to help them understand the value of the RPN role to facilitate legislation to regulate the profession.
- 6) Ontario RNs are taking advanced diploma – leverage this?
- 7) Work with Office of Nursing Policy to advocate for licensure in other provinces.
- 8) Here are the numbers for the various provinces:
  - British Columbia – 2,450 (combined practicing and non practicing)
  - Alberta 1,300, lowest number practicing and non practicing
  - Saskatchewan just below 900 – highest
  - Manitoba 935 practicing only.
  - Intake: Manitoba 75, Saskatchewan 40, Alberta 75, BC 157.
- 9) Increase in RPN training seats have increased in western Canada, how to increase/create seats in the rest of Canada?
- 10) Marketing, students/employers, increasing seats is not practical until labour mobility and regulation in all provinces is secured.
- 11) Current lobbying efforts to establish regulation in all provinces must be followed through to conclusion!
- 12) Maintaining and enhancing collaboration between existing colleges, provincial and federal governments must continue.
- 13) Explore degree completion options and creation of transfer options into R.P.N. programs from other college/university programs.
- 14) Consider a coordinated letter-writing campaign to advocate for labour mobility across Canada.
- 15) Track RPN graduate and existing college members who express interest in practicing in other provinces.
- 16) Lobby MPs to raise awareness and gain support.
- 17) Be cautious about expanding RPN training seats in western provinces as resentment may develop viz. retention issues, and related to clinical placements faculty and classroom space.
- 18) Explore clinical placement opportunities in rural/remote areas; consider program delivery in the areas.
- 19) Address geographic restrictions to delivery of RPN training in BC with ministry of advanced education (like Alberta/Saskatchewan models).
- 20) Develop sponsored or low cost housing options for students training in rural/remote areas.

**GROWTH OF THE PROFESSION  
LABOUR MOBILITY FOR REGISTERED PSYCHIATRIC NURSES  
IN CANADA AND  
HUMAN RESOURCES PLANNING**

**Continued**

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- 21) Promote the development of social networks in rural/remote areas to help in recruiting/retaining RPNs.
- 22) Capitalize on e-learning or distance strategies to expand access to RPN training – resourcing of educator positions is a barrier, collective agreements may also create barriers and “innovative” staffing solutions.
- 23) Need to be aware of all political actors and their issues when advocating for mobility, and eliminating barriers.
- 24) Enhanced communications and a formal communications plan will help move the agenda forward.
- 25) Focus on federally employed RPN roles – National Defense, 1<sup>st</sup> Nations, Veterans Affairs, etc. as a lever to expedite labour mobility.
- 26) Collect individual stories of people (RPNs) who have wanted to work in non-regulated provinces, but could not – and use these to influence mobility issues.
- 27) Develop a “Post Card” campaign among all RPNs in Canada to lobby for mobility.

## **DISCUSSION ON LINKAGES AND PARTNERSHIPS**

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- 1) Employers who need skilled RPN staff.
- 2) Partnership of post-secondary institutions across Canada to promote RPN training.
- 3) Linkages with federal government employers (Corrections, DND, HRDC, Aboriginal Affairs).
- 4) Federal and provincial labour mobility representatives.
- 5) 1<sup>st</sup> Nations advocacy and service groups (recognizing their desire to develop their own programs and services).
- 6) Unions
- 7) Office of Nursing Policy (appoint RPN to this office).
- 8) MPs and MLAs; local government representatives.
- 9) Involve more existing RPNs to augment resources available to assist with these issues (ramp up communications internally) – consider secondment of a few people to assist with these projects, student projects? Approach office of nursing policy?
- 10) Identify and recruit decision-makers who have a personal stake in mental health to lobby on behalf of the RPN profession.

## **AD HOC IDEAS**

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1. Look to the past for ideas for the future – e.g. establish psychiatric nursing residences in remote areas, take training to the community.
2. Exploit technology, e.g. psychiatric nursing help lines
3. Use existing avenues to challenge the status quo, e.g. tactical grievances denying RPNs nursing jobs.
4. Pursue all options to obtain funding to support RPN education and issues.
5. Collaborate more with international peers to learn from their experiences and successes.
6. Canadian RPNs need to “get out more” and present at conferences, publish, etc.
7. Establish standards for RPN recruitment to mental health jobs that call for RPNs first, and RNs with additional preparation in mental health as a fall-back option.
8. Be very careful about language; refer proudly to registered “psychiatric” nurses, not “nurses” in a generic sense.
9. Don’t forget about the fundamentals of R.P.N. – dignity and respect for the clients we serve.
10. We must address barriers to international R.P.N. recruits who are currently licensed and otherwise meet current Canadian regulatory standards – strong assessment process is required.
11. Become more systematic viz. political action and lobbying efforts – focus on pro-activity vs. reaction to issues/problems, anticipate opposition to psychiatric nursing as a profession. Strategize about who should take on this role – it cannot be the provincial regulatory bodies due to conflict with their formal roles.
12. Be more vocal and present as a profession, e.g. media liaison, world congress of psychiatric nursing, advocacy issues, etc. We must develop “hooks” that will interest the media.
13. Host a world congress in a non-regulated province (e.g. Ontario) to showcase RPN as a profession of international stature.
14. Create a national association and resource it, to promote the profession, separate from the regulatory bodies (RPN version of CNA).
15. Develop the infrastructure of RPNC to take it to the next level?
16. Consider a secondment to develop a plan to expand role of RPNC. Funding mechanisms need to be considered. Use liability insurance as key to draw membership to an association of RPNs. Continuing education role as a draw?

## **SUGGESTED NEXT STEPS**

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1. Legislation to support RPN Nurse Practitioner.
2. Synopsis of proceedings in newsletters.
3. Mission/goals or motion for Annual General Meetings to give substance to priority action items.
4. Develop a set of priorities from raw data.
5. Categorize information/key messages within 4 RPN domains to inform action items.
6. Look to a secondment to RPNC to support implementation activities.
7. Develop a strategic plan using today's information as a basis to inform the plan.
8. Strike working groups within the 4 domains to move action items in each area forward.