

## *The Importance of Patient Positioning with General Anesthesia during Therapeutic Endoscopy Procedures*

**W**ith increased patient acuity, general anesthesia has become the safest method for airway management during difficult therapeutic endoscopic procedures. Patient positioning combined with anesthesia and its physiologic effects can yield undesirable changes if safety factors are not considered. Patient assessment pre procedure should include the following, the patient's age, height and weight, skin condition, nutritional status, and any pre-existing conditions (vascular, respiratory, circulatory, neurological and immunocompromised) and their mobility status. Intra-procedure risk factors that should be taken into account are the type of anesthesia administered, the length of the procedure and the surgical position required.

Nursing responsibilities related to patient positioning during anesthesia are outlined under the safety/risk management section of the 2009 ORNAC Standards, Guidelines and Positioning statements for Perioperative Registered Nursing Practice. The

ORNAC standards 2.7.10-2.7.13 apply to positioning patients in the supine, prone and left lateral positions and are applicable for use with patients requiring general anesthesia for therapeutic endoscopy procedures.

Understanding the effects of general anesthesia on the different systems of the body ensures that the endoscopy nurse will deliver safe and uncompromised patient care. Sedated patients cannot tell you if they are uncomfortable which would indicate a potential for skin or nerve damage. The goals of positioning during general anesthesia include maintaining proper body alignment, ensuring body weight is distributed evenly, supporting the circulatory and respiratory function and protecting neuromuscular and skin integrity while allowing access to intravenous sites and anesthesia support devices.

The integumentary system or skin can be injured by physical forces while establishing and maintaining a position. Skin injury can occur as a result of unrelieved or intense

pressure on the skin during long procedures and from shear and friction injuries when transferring the patient from one surface to another. When pharmacologic agents such as anesthetics and muscle relaxants depress the normal pain and pressure receptors and muscle tone, the normal defense mechanisms cannot guard against joint damage and muscle stretch and strain. Skin assessments should be performed immediately after positioning the patient and throughout the procedure to identify potential trouble spots.

Pressure on superficial nerves can cause temporary or permanent nerve damage resulting in impaired sensory or motor function. Nerve and muscle trauma can result from stretching or compression caused by the abduction of the upper extremities more than 90 degrees to the body, the excessive external rotation of the hips and/or when the neck is hyper-flexed or hyper-extended.

General anesthesia causes peripheral vessels to dilate resulting

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in hypotension and pooling of blood in dependent areas of the body. Any compression to the peripheral vessels can lead to thrombosis. Improper positioning can also reduce the expansion of the chest wall which reduces the volume of air exchanged and increasing the airway pressures required for adequate ventilation of the patient.

Endoscopy procedures require patients to be positioned in either the supine, left lateral or the prone position. Each of these positions present with vulnerable pressure areas that need to be considered especially with the use of general anesthesia. The use of positioning devices such as gel pads and wraps, gel table underlay and pillows will limit the risk of injury. Patients must also be secured to the surgical surface with safety straps to prevent them from moving during the procedure especially on narrow fluoroscopy tables.

**SUPINE POSITION:** The Supine position is the most natural position of the body at rest and is the position in which the patient is anesthetized. Vulnerable pressure areas in the supine position are the occiput, scapula, elbow, thoracic vertebrae, sacrum, coccyx and calcaneus.

Positioning devices used for the supine position include a gel donut for head support, gel table underlay, ulnar wraps to protect the forearms and elbows and a dome positioner under the knees to lift legs and maintain body alignment.

**LEFT LATERAL POSITION:** After induction of anesthesia with the patient in supine position, the patient is turned onto their left side for the left lateral position. A four person team is required using a lift sheet that is under the patient to facilitate a safe, smooth, gentle turn. The vulnerable pressure areas for a patient positioned in the left lateral position is the ear, acromion process, ribs, iliac crest, greater trochanter, medial and

lateral condyles and the malleolus. Positioning devices used for the left lateral position includes the gel table underlay, a horseshoe donut for head support, a pillow for the knees, gel pads for axilla rolls and ankle support and a contoured arm board to support the lower arm.

**PRONE POSITION:** Anesthesia is induced with the patient in the supine position usually on the transport stretcher. Again a four person team is required to facilitate a safe, smooth, gentle turn. The patient is then turned into the prone position using the "log roll technique" with the anesthetist supporting the head and protecting the endotracheal tube. Vulnerable pressure areas in the prone position are the patient's cheek and ear, breasts (females), genitalia (males), iliac crest, patella and toes. Positioning devices used for the prone position include a horse shoe donut for head support, the gel table underlay, ulnar wraps, a contoured chest roll to allow for chest expansion and maintain body alignment and pillows or dome positioner to protect the toes and support the feet.

Implementing measures to reduce the risk of injury to both the patient and healthcare team is extremely important when positioning morbidly obese patients. Confirm that the positioning devices as well as the OR tables/stretchers are designed to be used with morbidly obese patients. A thicker mattress may be required for comfort and support and the OR tables/stretchers should be labeled with the maximum weight restrictions. Ensure that there is sufficient staff to safely position and move the patient.

Evaluation of the patient's body alignment and tissue integrity after positioning is crucial and should be done in collaboration with the anesthesiologist and endoscopist/surgeon. This evaluation should include respiratory, circulatory, neurological, musculoskeletal and integumentary systems. After repositioning or moving of the patient, OR bed or devices the

patient should be reassessed for body alignment and pressure points and any problem corrected immediately.

Documentation is extremely important during endoscopic procedures and especially for patients receiving a general anesthesia. This should include pre procedure assessment, surgical position the patient has been placed in and any changes made to that position, the types of positioning devices used and location of devices. A post procedure assessment and the names of the health care members involved in positioning the patient should also be included. Any skin injury should be documented and reported to the team and orders written for wound care.

At St. Michael's Hospital in Toronto, our therapeutic endoscopy unit has incorporated the use of general anesthesia twice a month for difficult procedures and for patients that require heavier sedation for procedures and require airway management. Our endoscopy nurses have been educated on the importance of patient positioning and the use of positioning devices, and as a result now apply these standards to all of our patients.

Positioning of the patient during sedation for procedure whether it is general anesthesia or conscious sedation is vital to ensure an uncompromised and physiologically safe recovery post procedure.

#### References:

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2. **Brazen, L. , Mickos, S.**, OR RNs Lead the Way in Managing Surgical patient Skin integrity, *MD Publishing*, 2009
3. **Overman, S.**, 6 Patient Positioning Principles, *Outpatient Surgery Magazine*, June 2013, Vol XIV, No6: 34-43

Submitted by  
Linda Pinches RN CGN(C),  
CSGNA Newsletter Editor/  
Website Director ♦

# In the Spotlight

## *Southlake Regional Health Centre Ambulatory Procedures Unit*

**T**he ambulatory procedure unit at Southlake Regional Health Centre in Newmarket, Ontario is comprised of two separate units; one housed in the main hospital and the second one as an outpatient endoscopy suite. We have a staff of 22 RNs, 17 RPNs and 5 scope reproprocessors. All our staff rotates between both areas. The off-site outpatient unit runs 5 days a week and the on-site inpatient unit is open 6 days a week in the main hospital. We also provide 8 hours of on-call on Sundays and all statutory holidays as well as any other closure days we have.

The main building site has two endoscopy rooms, one which is used for bronchoscopies because of its negative air capabilities. Both rooms are used mainly for all inpatient procedures although there are out patient bronchoscopies done by the respirologists on staff. We also have a urology room where cystoscopies, urodynamics and trans rectal ultrasound guided prostate biopsies are done. We can do up to 4 ERCP's per

day. As well there is a minor procedure room where we do, local excision of numerous lesions as well as vasectomies. In the recovery room we also have an area for IV infusions such as IVIG and blood transfusions. There are also bladder installations and paracentesis and thoracentesis done.

In the Medical Arts Building located across the street we perform up to 70 procedures a day comprising of colonoscopies, gastroscopies and bronchoscopies.

Southlake is also one of 9 hospitals in the province of Ontario that can offer Registered nurse performed flexible Sigmoidoscopy for colon cancer screening; two of our staff have been trained to perform flexible sigmoidoscopies.

Submitted by  
Donna Bremaud RN CGN(C)  
CSGNA Awards & Research Director ♦



# Synopsis CSGNA Board of Directors Meeting Toronto, ON – February 23, 2013

**ATTENDANCE:** All Board members participated.

**REVIEW AND ADOPTION OF AGENDA AND MINUTES:** A motion was passed to adopt agenda and minutes, as circulated prior to meeting.

**REGIONAL DIRECTORS REPORTS:** Submitted by Canada West Director Connie Wescott, Canada Centre Director Joan Mckechnie and Canada East Director Sandra Marshall. Reports were circulated and reviewed prior to the meeting. In the West, chapters are meeting their educational requirements and maintaining their chapters, with the exception of Kamloops which has a minimal membership and may need to amalgamate with the Kelowna chapter. According to the bylaws we need a minimum of ten members to maintain a chapter, Kamloops has three. Connie will also be the board liaison for the Banff conference planning committee.

In Central Canada, Joan has maintained contact with the chapters and all have been active and flourishing, with education days being provided by the chapter executive and new members coming on board.

The Eastern region had nothing new to report, chapters continue to steadily provide education to its members through planned education days.

**EDUCATION DIRECTOR'S REPORT:** Company's in the GI industry have approached the education director Cathy, proposing educational opportunities that could be provided online for members.

Since CSGNA is in the final process of establishing our endorsement policy we will consider an equal opportunity for all associates that apply, to provide education for our members. **Certification:** Members are requiring assistance from CSGNA for preparing for certification. There is a webinar that CNA has that outlines what is required to prepare for certification. We will also try to have Core curriculum text books from SGNA available for the members at the conference. The need will be identified when conference registrants register. There will also be a session at the conference available for members certifying, both in English and French.

**PUBLIC RELATIONS DIRECTOR'S REPORT:** Dana has been putting the final touches of our endorsement policy, and has also been approached by GI organizations wanting to provide educational material for our group. She has been communicating with these organizations about how this information could be disseminated to our members.

**PRACTICE DIRECTOR'S REPORT:** Sandy continues to fine tune our bronchoscopy guidelines and expects to have them out soon.

**2013 BANFF CONFERENCE PLANNING UPDATE:** Conference planner Heather gave us an update on the progress of the planning of the Banff conference in September 2013. The program is about to be finalized. There will be more plenary sessions than concurrent/breakout sessions planned. Information about the GI journey activity, planned for the attendees was

given. The amount of education hours provided at the conference was discussed. The program has a variety of speakers from western Canada. There is a plan for French translation and President-elect Lisa will apply for a grant which should cover some of that need, which is expected to be costly. It is hoped that this need can be met annually. We would like to be inclusive of our French speaking nurses. There is a move toward digital posters as opposed to hard copy posters. This is a cost effective and efficient means of displaying posters and should provide a good response, as the process is very simple, easy and inexpensive. The deadline will be August 1st 2013. There was also information given about the CDHF/RISE program activity being provide in conjunction with the conference.

**AWARD'S AND RESEARCH DIRECTOR'S REPORT:** All the available scholarships have been updated for 2013 by the director of awards, Donna. It was decided that the scholarship deadline would be July 1st, keeping in mind the early bird registration for the conference.

**CSGNA'S STRATEGIC PLAN:** The consultant for our strategic / business plan teleconferenced with the Board, from Alberta, to provide us with an understanding of the formalization of the process, for building our strategic and business plan. She reminded us that since we are a federally regulated not-for-profit organization we need a plan in place for legal protection and for tax purposes. It is also within our governance document to share our mission, vision and value statement and to help us be sustainable, with an accountability framework.

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# President's Message

In nursing, passion builds strength and also makes a difference in other's lives. CSGNA takes pride in "living up" to standards of excellence. The CSGNA Board encourages all our members to take the time to share ideas and opportunities with colleagues. Join us – it will be an incredible experience. CSGNA needs your support and commitment to excellence.

Welcome others to be connected, optimistic and motivated into our incredible gastroenterology nursing specialty. **What we do matters!!** The most passionate of nurses share with others to assist them with their

professional development. Please promote CSGNA at your workplace; we welcome new members any time.

Again, I want to thank-you for renewing your membership. It is well worth it.

Congratulations to those who attained Certification/Recertification celebrate it signals a commitment to nursing excellence and continuing competence.

Please check out the scholarships information and application forms are posted on the website at [www.csgna.com](http://www.csgna.com)

Come to Banff Sept 26-28, 2013 for our Annual CSGNA conference and experience an exciting opportunity to come together, be inspired, enjoy and learn. I am looking forward to seeing record numbers of members attending. The Planning Committee has done a great job and the program looks terrific.

Thank you for your support and commitment to excellence.

Looking forward to see many in Banff in September.

Submitted by  
Mabel Chaytor RN CGN(C)  
CSGNA President 2012-2014 ♦

Please contact me about any comments you may have about this newsletter or any ideas for future issues.

**Linda Pinches, Newsletter Editor**

Email: [newslettereditorwebsitedirector@csgna.com](mailto:newslettereditorwebsitedirector@csgna.com)

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**TREASURER'S REPORT:** Jacqui went over the state of all the CSGNA accounts, which appear to be in good shape. There will be clear guidelines in our business plan, when it is developed, allocating all expenditures for CSGNA and the board. Our bylaws once they are revised will also reflect what can or cannot be done with our revenues.

#### **NEWSLETTER & WEBSITE**

**DIRECTOR:** Members have been kept up to date through the E newsletter and the Guiding Light. The website has been updated weekly or monthly by Linda. We hope to have some bilingual information on the website

depending on our access to translation. A French committee from our members at large might be able to assist us in this area.

#### **BYLAWS & NOT FOR PROFIT:**

Lisa reminded the board that a lawyer has been retained to assist us with the process of adopting and approving the articles of continuance and the new bylaws to meet the criteria for the revised not for profit (NFP) Act that is being conducted by Industry Canada. Members will be voting on these changes at the Annual General Meeting during the conference in Banff.

**MEMBERSHIP CHALLENGE:** Lisa has updated the new member package which will be sent by Palma to new members.

**NEXT MEETING:** Pre conference meeting in Banff Sept 25, 2013.

Submitted by  
Lorraine Majcen RN BScN CGN(C)  
CSGNA Secretary ♦

**Just a reminder that we need donations for door prizes and the silent auction for the National Conference in Banff.**

# REPORTS

## PRESIDENT ELECT REPORT

### *CSGNA and the Canadian Not-for-Profit Act*

The main focus of my attention over the last several months is the compliance to the Canadian Not-for-profit Corporations Act. This Act determines the rules that govern the Federally Incorporated Not-for-Profit (NFPs) organizations in Canada, of which CSGNA is one. The new Act is replacing the original Act that governed NFPs over the last century. The changes are intended to be more modern, flexible and more suited to the needs of the NFP organizations.

To transition to the new act, the bylaws committee has been busy reviewing our letters patent (originating documents) and bylaws, while creating new bylaws that comply with the rules of the Act. We are expected to comply with the new rules by October 17, 2014. Although that may seem like a long time in the future, we actually only have one opportunity to vote on changes to the bylaws and that will be at the AGM in Banff during CSGNA 2013.

In order to comply, there are two main provisions in the bylaws that require mandatory review, as well as default rules. The mandatory requirements are (1) the conditions for membership, and (2) notice of meetings to members entitled to vote at the meeting. In order to achieve approval of the bylaw changes, we require two-thirds of the votes cast by members who are entitled to vote in favor of the changes. To accomplish this, we will be communicating frequently through the e-newsletter and encourage all voting members to attend the AGM to vote at CSGNA 2013.

Aside from this major project, I have been working on securing funding for translation of national

conference presentations (slides) into French. This aspect of our National Conference is intended to improve support and educational opportunities for our Francophone colleagues.

My next activity as President Elect is to roll out the first phase of "Communities of Practice" within CSGNA. Stay tuned for exciting opportunities to become more involved in guiding practice within your area of GI practice or expertise.

Submitted by  
Lisa Westin, RN, MN, CGN(C)  
President Elect CSGNA

## CANADA EAST DIRECTOR'S REPORT

Once again, all three chapters have fulfilled their education requirements and are now gearing down to enjoy the lazy, hazy days of summer! This being my last report as Canada East Director, I would like to express how much I have enjoyed my time on the Board. I made many new friends and have learned a lot about CSGNA. I encourage everyone to become actively involved with their chapters either provincially or on the national level; you will not regret getting involved.

**NFLD. Chapter:** On April 27th, the Executive held their Education Day with forty attendees as well as four tables of vendors. All present found the day very educational and earned 5.5 hours of education time. On June 5th, they held their last meeting before summer to finalize fall activities and decide who would be attending the National conference in Banff. They had 3 members write the Certification exam and report one new member!

**NB/PEI. Chapter:** Education Day was held in Moncton on May 25th with 39 RN's and 3 LPN's in attendance. Ten lucky people had their names drawn for a

paid CSGNA membership for the upcoming year. There has been a change in the Chapter Executive and the new executive is Cathy Arnold Wormier, Lana Ivan, and Gail Mason.

**NS. Chapter:** On June 1st, the executive presented a very informative day of diverse topics to approx. 44 people. A new President was named and I must apologize to Marlene as I can't remember her last name. Thank-you for volunteering you time to CSGNA.

Submitted by  
Sandra Marshall RN CGN(C)  
CSGNA Canada East Director

## CANADA CENTRE DIRECTOR REPORT

The London & Area Chapter have had an active spring with lunch and learn events. Some topics included Hemospray and DIGITS (Diffuse Irritable Gastrointestinal Tract Syndrome). They also had a successful educational dinner and are planning an educational day in the future. The Chapter Executive has recruited nine new members and is looking for a new Chapter Secretary. Trish Jackson has completed her term as Chapter Secretary. Thank you Trish for your commitment to CSGNA. Some of the new members are interested in attending the CSGNA National Conference in Banff, AB in September.

The Golden Horseshoe Chapter is happy to welcome a new Chapter Executive this year. Betty Kennah has replaced Michelle Jerome-Hastings as the Chapter Treasurer. Betty is new to the Chapter Executive but not new to CSGNA. Congratulations and best wishes to Michelle in her new role in GI nursing.

The Golden Horseshoe Chapter held their annual educational day in Guelph on June 1st. Topics included Celiac Disease, Colon Cancer Update, Gastric Bypass Surgery, New Therapies for GI Bleeds and a rousing and entertaining presentation on Constipation. Many thanks to Carmen Vidican and the staff at the Guelph General Hospital Endoscopy Unit for a very good day. Excellent speakers and good food made a gloomy spring day much brighter.

The Greater Toronto Chapter had an excellent education day on April 13th. It was very well attended. The North York General Hospital was the host site and the venue was very comfortable and conducive for learning. Three gastroenterologists from North York General Hospital presented a variety of interesting GI topics. Tony Ranucci from Cook Medical spoke about Hemospray. Two speakers from North York General Hospital covered Risk Management.

The Central Ontario Chapter welcomed a new Chapter Treasurer, Liz Robbins from Huntsville. Farewell to Heidi Furman, who has been the Chapter Treasurer since its inception. Thank you for your many years of dedication to CSGNA. The spring educational event was held in Newmarket on May 30. During the business meeting, nominations for Chapter President and Secretary were requested. Donna Bremaud stepped forward to assume the role as President and the chapter is actively seeking a new Secretary. Following the business meeting, we enjoyed an interesting presentation on Risk Management. The speakers were Registered Nurses from North York General Hospital in Toronto, Helen Kelly, Clinical Nurse Educator Emergency Services and Paula Tohm, Patient Experience Specialist.

The second presentation was by Andre Amirault from Cook Medical who demonstrated a new modality called Hemospray for active GI bleeding. He provided some hands on experience of the product.

The Ottawa Chapter held their spring conference in May and enjoyed a talk called "Diversity and Cultural Competence" by Salma Debs-Ival. Dr. Phil Hassard presented an excellent talk on "Fecal Transplants" with a humoristic twist.

We have three of our chapter nurses who were certified as RNFS (Registered Nurse Flexible Sigmoidoscopist). They are Joanne Bertrand, Chantal Richard and Rachel Thibeault-Walsh.

The Montreal Chapter had a great turnout at the spring conference in April. The Chapter Executive is now focusing on getting colleagues and associates to the CSGNA National Conference in Banff, AB. If anyone is having difficulties, please contact us. Come get motivated, refreshed and moved. It's a great opportunity to learn and network. On a local note, we are hoping to host a conference in Quebec City in the near future. If anyone wants to be a part of the experience, please let us know. We aim to share our knowledge and build a team for the future.

Congratulations to all our members who obtained their GI certification or re certification this spring. It's definitely worth the effort. Join us in beautiful Banff, AB for the 29th CSGNA National Conference.

Submitted by  
Joan McKechnie RN CGN(C)  
CSGNA Canada Centre Director

## CANADA WEST DIRECTOR REPORT

### *Vancouver Island Chapter:*

In April we hosted our annual education day with a great turnout and loads of great speakers... we learned about Celiac disease, diabetes, methemoglobinemia, blood thinners, C-diff and more!! Our annual AGM took place after the education day with no elections as it has been only one year since our last executives were chosen. We increased our membership with a few fresh faces and had one member write the certification exam. We are looking forward to a great summer, and will begin to plan our evening education night for the fall.

### *Okanagan Chapter*

In April we had two of our Members write the Certification Exam, Tammy Oleksyn and Virginia Van Gemst. They haven't gotten results yet but we're sure they did great - way to go Ladies! This Fall we are projected to have 5 Members attend the Conference in Banff and we are all very excited with it being so close to home. For June we have organized an in-house education event, graciously sponsored by ConMed around reprocessing and scope management. It should be a good evening of food, fun and information.

### *Alberta Southwest & Central Alberta Chapters*

are busy planning the Banff CSGNA 2013 conference. Good things are coming.....when we reach the summit!

### **Central Alberta Chapter report from March**

(missed from the March GL Newsletter – so sorry!)

We as a Chapter have had two meetings since our Kick off Meeting in September. 2012. We continue to have a great turn out at our meetings....perhaps because we always include food? At our November meeting we had the pleasure of having Joanne Glen; past CSGNA President present "COMPETENCY IN ENDOSCOPY". As many of us were unable to hear her present at National we were spoiled by having her agree to give us a rerun of the highlights of her presentation.

Our next meeting was held in Feb. when we once again enjoyed an element of education. Dr. Isaac Soo, a GI Doc that does locums for us agreed to present 6 different and interesting case studies. He was enjoyed by all present. We are all getting excited to help host the 2013 National Conference in Sept. in Banff. We are having a blast getting to know the Lethbridge girls and trying to plan new and exciting things. We will be having an evening Education Meeting in April that will be open to anyone interested. Topics are not decided yet, but as usual I believe it will be a great time of learning.

### **Calgary Chapter**

Calgary had an interesting education day in May. The day was a mix of upper GI sessions, IBD, Double balloon and nutrition all rolled into one. Our members are excited to have the national conference so near and many are planning to attend. We are having an evening meeting on the best way to navigate the boulders and streams on the trail in order to reach the summit (tips to get the best out of the conference).

### **Edmonton Chapter**

We are closing our membership year with forward momentum in growth, networking and education. There were 119 delegates at our one day conference on Saturday, April 27 on "GI NURSES UPDATE on GI CANCERS". We were very pleased with this turnout, which was more than we anticipated. The support we received from our companies was very much appreciated. Having a Vendor Hall provided valuable networking opportunities with our industry and other delegates.

Our faculty of Gastroenterologists, Surgical Oncologists and a Radiation Oncology Nurse Practitioner spoke on "Rare and Unusual GI Cancers", "Gastric Cancer", "Facilitating Esophageal Cancer Diagnosis, Staging and Triage", "Hepato-Biliary Tract Malignancies – Diagnosis and Management" and "Heated Intra-operative Intra-peritoneal Chemotherapy for Metastatic Colon Cancer".

The delegates gave good reviews of our program in their evaluations. We are taking these and their suggestions for topics and ideas for future conferences forward to next year. I would like to again thank our chapter members who made this conference a wonderful and successful event with all of the planning, organizing and teamwork!

The last of our three evening supper / presentation sessions was hosted by our Sturgeon Hospital chapter members. Twenty four delegates attended to hear Dr. Naseem Hoque, a new Gastroenterologist to that site and to our city. He spoke on "Proton Pump Inhibitors (PPI's) – why when, how and when not".

Our appreciation goes to chapter member Judy Spencer for all the work she did as this site's program leader and event chair. Special thanks go to our company

sponsors: John Holmes from APTALIS and Ted Tamura from TAKEDA.

We've had our year end meeting with a review of our year of accomplishments. We celebrated the growth of our chapter, welcoming members in throughout the year at our education sessions. We are looking forward to having a repeat this year's curriculum format in the upcoming year. Our first meeting in the fall will be on September 10 to begin planning the 2014 spring conference. Our first evening education session will be in October.

Chapter Executive elections were held for treasurer and secretary. There were no new nominations or volunteers for these positions. Kim Bernard (Treasurer) and Kathy Korner (Secretary) allowed their names to stand for another term. They were accepted back in to their positions with open arms and our appreciation of their dedication and work over the past year. The president's term ends next year.

There will be many Edmonton Chapter members attending the 2013 CSGNA Summit of Inspiration in Banff, AB this fall. Congratulations to the Alberta Southwest and Central Alberta Chapters for the excellent program they have planned!

### **The Regina Chapter report:**

A presentation was held on "The Generational Gap" at the Regina General Hospital for the Endoscopy staff. Lots of discussion was held regarding the four different generations present in the workplace. A Journal Club was held on "Lab Values". This was pertinent information and of interest to many members.

A CSGNA dinner meeting was held in April. This was a great turnout! The Regina Chapter is busy planning

our GI Education Day coming this fall on October 25th, 2013.

Jennifer McIntyre, a CSGNA member working in Endoscopy at the Regina General Hospital is the event speaker for the upcoming "Crohns and Colitis Foundation Walk" being held in early June. Thank-you for volunteering for this local, active group

*No reports submitted from the Vancouver Chapter, Kamloops Chapter or the Manitoba Chapter.*

### PUBLIC RELATIONS REPORT

I attended the Edmonton Chapter CSGNA one day conference April 27th. The conference was well attended by health care professionals from many different fields in healthcare. Congratulations to the Edmonton chapter for hosting another fantastic education day!

I attended a 3 day Nurse Practitioner conference May 31-June 2, 2013 in Edmonton. I had the opportunity to be present at the AGM. The NPAA is also busy ensuring their association is in regulation with the Not for Profit Act and are just beginning to explore the development of a Conflict of Interest policy and Endorsement policy. For our association, we are almost nearing completion of our policies regarding these aspects and the final draft is soon to be sent to Legal Council for review.

I met with CARNA (College and Association of Registered Nurses of Alberta) in regards to the Scope of Practice for Registered Nurses and Restricted Activities related to the role of the RN in Percutaneous Gastrostomy Tube Placement. I received great feedback and will take time over the summer to revise the PEG position statement. It is so important to advocate and

encourage each other to write the CNA specialty certification for Gastroenterology CGN(c) especially if we are looking to move nursing practice forward.

I wish you all a relaxing and safe summer!

Best Regards,  
Dana Letto BN RN CGN(C)  
CSGNA Public Relations Director

### PRACTICE DIRECTOR REPORT

At present the final review of the guidelines for both Bronchoscopy and Radiation Safety are on the way and will be posted on the CSGNA website in the early fall of 2013. The focus now is establishing guidelines with regard to Infection control in the endoscopy setting. This is a critically important area for nursing in the GI field. As well the position statements for the RN's role in Performing Flexible Sigmoidoscopy, PEG Tube Insertion and Conscious Sedation are under review and necessary revisions being made.

Hope everyone has a great summer and I look forward to seeing many of you in Banff in September.

Respectfully Submitted  
Sandy Stone RN CGN(C)  
CSGNA Practice Director

### DIRECTOR OF AWARDS AND RESEARCH REPORT

This year has been very challenging with all the changes that have taken place with all our vendors who support the conference with their scholarship monies.

SciCan's application process was very easy. Olympus has been a little more challenging." They have had to implement a "grants portal" process where all applications for such requests like educational grants, training support, use of equipment and donations all must

be submitted via a website and reviewed by our American legal department.

This has been developed in order to comply with their corporate anti corporation policies."

Because of these changes, all applications are reviewed on a monthly basis with all submissions required to have a complete brochure and proposed budget.

Because of these new requirements we do not have any idea if they will approve our request for funding for this year. We will be posting the Olympus application on the website but not the qualifications for the memorial scholarship as I do not have the criteria as of yet. I would encourage everyone to continue to submit their applications for Olympus scholarships so if we are granted funding we will be able to offer financial support to our membership. I realize that this will in all likelihood not happen until our scholarship deadline but we will accept all applications for Olympus scholarships until the end of August. This also means that it will only be a last minute notification if you have been awarded a scholarship.

I apologize for any inconvenience this may cause and hopefully with the newly acquired knowledge regarding grant applications we can get back to our previous way of awarding scholarships.

Submitted by  
Donna Bremaud RN CGN(C)  
CSGNA Awards & Research Director

### NEWSLETTER EDITOR AND WEBSITE DIRECTOR REPORT

Thanks again to Olympus Canada for their ongoing support in sponsoring the CSGNA Guiding Light newsletter for 2013.

I encourage members to submit articles for the Guiding Light newsletter; please send any articles or ideas for upcoming articles, events and pictures by email to newslettereditorwebsitedirector@CSGNA.com. We can all learn from each other and through the sharing of knowledge, we can strengthen our organization and enhance our patient care.

The e-newsletter is being sent out monthly to all members and highlights Chapter events, CSGNA contests, webinars, CSGNA annual conference, call for digital posters, certification and membership information. If your chapter has

an educational event that you would like highlighted please forward the information by email to newslettereditorwebsitedirector@CSGNA.com and it will be added to the next e-newsletter and CSGNA website. If you have not been receiving the e-newsletter please contact Palma Colacino at adminassistant@csgna.com to be added to the list.

Please check the CSGNA website for information on the upcoming conference in Banff and register easily online. Check out the call for digital posters on the website also under the Banff conference and select one of the two templates

for slides. The digital poster has eliminated the printing cost that prevented members from presenting posters in the past. Take the challenge and present an interesting idea, new technique or something related to your nursing practice and share your knowledge with others.

I look forward to seeing you at the conference in Banff in September. Your suggestions and comments are always welcomed.

Submitted by  
Linda Pinches RN CGN(C)  
CSGNA Newsletter Editor  
& Website Director ✦

## GI Certification 2014

Apply now online at [can-aicc.ca](http://can-aicc.ca).

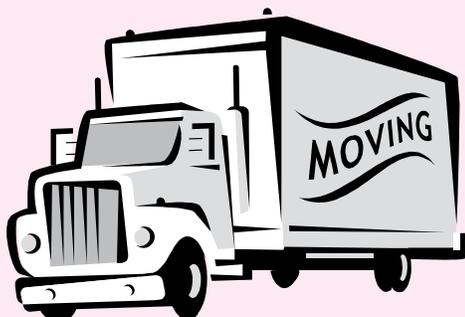
It's one of the best career moves you will make. The exam date is April 5, 2014.

The certification application deadline is November 6, 2013 and certification renewal due date is December 2, 2013.

Don't forget to apply for the CSGNA Michele Paquette Certification/Recertification Scholarship.

**MEMBERSHIP  
RUNS FROM  
JUNE 1ST  
TO MAY 31ST  
ANNUALLY**

## CHANGE OF NAME/ADDRESS



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CITY: \_\_\_\_\_ PROV.: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

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(Send change of name/address to the CSGNA Executive Assistant)

# Strategic Plan 2013

## Key Message

CSGNA is a National Leader in GI Nursing contributing to, and providing access to, evidence-based standards, guidelines, position statements, expert opinions, publications and education.

CSGNA collaborates and partners with organizations and health care groups to provide advocacy, contributions to research, statistics and a diverse network of GI Nursing professionals and associates.

## Key Focus

Members are CSGNA's greatest resource.

Membership offers an efficient, economical opportunity for all GI nurses and associates to contribute to the development and dissemination of Knowledge while ensuring the continued growth and evolution of GI health professionals in Canada.

Everyone has something to offer!

## Mission

*"We support knowledgeable, engaged, professional members"*

## Vision

*"We aim for excellence in comprehensive Gastroenterology nursing care by collaborating extensively across the Canadian Healthcare continuum and partnering with professional organizations and industry"*

## Value Proposition

***CSGNA supports and encourages the professional development of GI Nurses.***

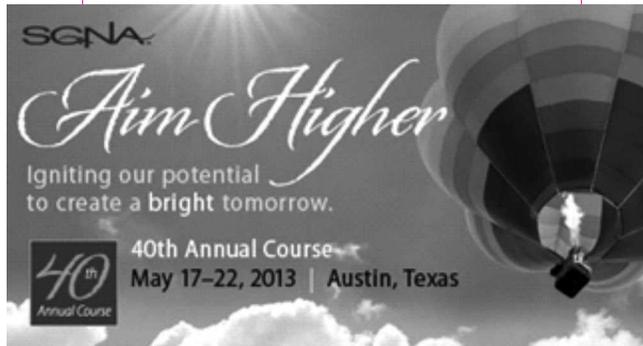
### Values

- **Education**
  - o CNA certification
  - o Annual National Conference
  - o Chapter and Regional Conferences
  - o Scholarships
- **Practice**
  - o Evidence-based guidelines
  - o Position statements
- **Networking**
  - o Conference events
  - o Industry partnerships
  - o Inter-organizational collaboration
- **Research**
  - o Poster presentations
  - o Research Scholarship
  - o Member presentations
  - o Board representation  
(Canadian Nurses Association, Gastroenterology Nursing Journal, Canadian Standards Association)
- **Quality and Safety**
  - o Endorsement of patient care, patient education, and quality improvement tools

# SGNA 40th Annual Course

The 40th Annual SGNA course in Austin, Texas provided an amazing learning opportunity. The program provided education sessions that certainly met the needs of the new eager to learn and the experienced lifelong learner in the Gastroenterology /Endoscopy field. Keeping on track with the six days of course sessions and locations were made so much easier with the SGNA pocket program.

The high quality sessions covered current technologies, a wide range of clinical research and professional topics to help improve our nursing practice and provide continuing education. A few of these sessions that showed impressive excellent format were the Sunrise sessions, Hands on ERCP, Conscious sedation



safety, Case studies and the Poster center.

Products were showcased in the Exhibit Hall with the knowledgeable representatives demonstrating the products and cutting edge technologies to each and every one visiting their booth. We truly appreciated the hands-on demonstrations, troubleshooting tips and answers to our many questions from the leading

authorities on the devices and accessories we use every day. Their valued expertise is priceless.

A welcomed chance to connect and communicate with passionate nurses from other countries was provided at the International Attendee meeting and SGNA President, Phyllis Malpas shared and spoke to each of the attendees. I would really like to encourage more CSGNA members to attend.

Save the Date for 2014! SGNA's 41st Annual Course on May 2-6, 2014 in Nashville, Tennessee. Hope to see you there!

Submitted by  
Mabel Chaytor RN CGN(C)  
CSGNA President 2012-2014 ❖



*SGNA International Group*

## Photos of SGNA Annual Course



*SGNA International Nurses*



*Phyllis Malpas (SGNA President) & Mabel Chaytor (CSGNA President)*



*Summit flags in Austin*



*To all of our CSGNA members from the Calgary region: CSGNA members from across Canada want to remind you that our thoughts are with you at this time and to borrow a saying; **"You're stronger than the storm"**. We wish you well and hope to see you in Banff this September.*

### Guidelines for Submissions to "The Guiding Light"

- Submit all materials by email to the newsletter editor in word format.
- Submissions must be received by the first of the month preceding each issue i.e.: Feb 1st for March issues, June 1st for July issues and Oct 1st for November issues.
- Include all references using APA referencing.

### CSGNA DISCLAIMER

The Canadian Society of Gastroenterology Nurses and Associates is proud to present The Guiding Light newsletter as an educational tool for use in developing and promoting your own policies and procedures and protocols.

The Canadian Society of Gastroenterology Nurses and Associates does not assume any responsibility for the practices or recommendations of any individual, or for the practices and policies of any gastroenterology unit or endoscopy unit.

# GI Nurses Day Contest Winners 2013

The CSGNA Executive wants to congratulate both winners and thank them for their inspiring comments on what engages them in their GI nursing career. Both have won a complimentary 1 yr membership to CSGNA. Our two winners are Kristins Northcott RN BN from NL chapter of the CSGNA and Crystal Star RN from Vancouver Island Chapter.



*Kristins*

## **As a New Endoscopy Nurse:**

“Waking up at the crack of dawn” has an all new meaning since I’ve started work in Endoscopy! While it may not be the most glamorous position to be in (literally), I love my new job in the endoscopy unit for many reasons!

Where I work our environment is welcoming, supportive and fast paced! I love that we not only deal with illness management but also with disease prevention and wellness promotion. I love that as a young nurse in Endoscopy I care

for patients pre, intra, and post procedure. Here I can maintain and refine my communication skills, IV skills, assessment skills, teaching skills, my gastroenterological knowledge and more! I enjoy that there is a vast body of knowledge specific to GI that I can build upon continuously. I like that I get to spend every day with doctors, senior nurses and LPNS who can teach me more about the mouth, lungs, gut, and butt than any one person may care to know! But I do want to know, and I do want to keep doing what I’m doing.

It makes me feel good that we get to help many people identify disease, treat bleeds, monitor treatment, prevent cancer and ease worried minds every single day. Though not every patient leaves with good news, it is an amazingly rewarding place to work. I love the people I work with and respect the care they provide. We have people



*Kristin and team member*

who leave our care after feeling starved, drugged and gassy during their stay with us, and yet they smile on the way out the door! I start the day at the “crack” of dawn and end it with a bang (or a fart!) and I can’t wait to go back tomorrow!

Submitted by  
Kristins Northcott RN BN  
St. Clares Endoscopy  
St. John’s, NL  
NL Chapter CSGNA



*Crystal's team members*

## **Why I Like Endoscopy Nursing:**

My name is Crystal, I am a 44 year old wife, and mother of two who has been working as a Registered

Nurse for 10 years. What brought me to Gastroenterology nursing was originally the advice of one person. I have a CNL “Clinical Nurse Leader”, Corrie Osborne, who really should be the poster child for CSGNA. She is my hero. She is committed, kind, helpful, and knowledgeable as well as the best example of a Gastroenterology Nurse that one could ever find. She is also very humble and would never write anything like this about herself.

At the time, before I became an “ENDO Nurse”, I was inspired by her because I saw that, through her example, she was very dedicated. I knew that in her position as CNL she was burdened and

overwhelmed with the vast duties she is expected to perform on a daily basis. But there was something different about her than all the other nurses I have encountered in my 10 years of nursing. There was a special moment, when I was explaining to her, “now that my baby was a bit older, I really wanted to “learn Endoscopy” “. Although she appeared subtle in her surprise, it was like a cog clicking into place and despite my original dream of ending up in the much coveted Medical Ambulatory unit; I found my extra shifts instantly moving into “Endo”.

My first few months of Endoscopy were a Love affair for me, the

patients were so appreciative and it was such an interesting new field of knowledge. I would wake up in the morning so happy to enter a new day of discovery. I was fascinated by what happened behind the closed doors of the procedure room and secretly wanted to find out. There was an RN who went on Maternity leave in Endoscopy and I decided to apply for her temporary Maternity leave job.

I had the best experience with my orientation because my CNL was wise enough to choose the perfect mentor for me and she knew that our learning/teaching styles would fit. My mentor to this day is one of my closest friends and confidantes. Endoscopy has been so much more than I ever could have imagined, it takes all parts of my nursing knowledge and experience as a human being in this world and asks me to be alert, present, caring and excellent to the best of my abilities at all times. I had always wondered about my career as a Nurse because although I had been a certified Burn Nurse, worked many Medical / Surgical floors as well as Emergency, General Surgery and GI, I hadn't quite found that one spot that said "HOME". Up until that point I had always felt like an outsider.

What I really enjoy about Endoscopy is that there is a huge

psycho-social element to nursing someone through what is an invasive procedure, but also a highly specialized technical aspect of what we do in the procedure room. Two completely different facets of life converge during procedures in many different ways and in many variant forms. Whether you are soothing a 19 year old young man during a difficult first scope to diagnose Crohn's or working with your partner Nurse and Doctor on a severe bleed.

Well, the rest is history; **I fell in love with Endoscopy Nursing.** I love the vast body of knowledge that it takes to do the job well. The subtle aspects of administering and monitoring conscious sedation, the way we bond with our clients and establish trust, the time it takes to get good at simple things and getting to know each Physician and how to work best with each one. I grew up in a large family, so I love the teamwork aspect, where each RN is tuned in to the other... yes, we have our differences but we help each other out and are very supportive. I Love the closeness of our multidisciplinary team. I call it my "work family".

We have recently gone through some major changes in the unit. Some of our knowledgeable long term staff has moved on or retired,



Corrie Osborne

we had an unexpected loss of a new manager we were just getting to know, and we have made history as the first Endoscopy Unit in Canada to go online with computer charting. There have been so many struggles, challenges and periods of huge growth. Every day I am grateful to have found this aspect of nursing that I enjoy so much. I feel that I have grown in ways I never could have imagined. In November, I hope to have enough hours to qualify for the CAN certification exam. Life is good, and every day I am thanked by our patients who benefit from my love and dedication to this very unique specialization of Nursing.

Submitted by  
Crystal Star RN  
Royal Jubilee Hospital  
Vancouver Island Health Authority  
Vancouver, BC  
Vancouver Island Chapter 🍀

## GI Nurses Day – May 10, 2013 in St. John's NFLD



cs&na

SUMMIT *of*  
INSPIRATION

September 26-28, 2013 ▲ The Banff Centre ▲ Banff, Alberta

[www.csgna.com](http://www.csgna.com)



Canadian Society of Gastroenterology Nurses & Associates

Société canadienne des infirmières et infirmiers en gastroentérologie et travailleurs associés

Please make Cheque Payable to CSGNA and mail with completed application to:

Prière de libeller le chèque à CSGNA et envoyez avec d'application remplie à :

#224 – 1540 Cornwall Road, Oakville, ON L6J 7W5 Canada

CSGNA Membership ends May 31 each year

MEMBERSHIP APPLICATION (Check one)

FORMULE D'APPLICATION (Cochez Un)

Table with 2 columns: MEMBERSHIP APPLICATION (Check one) and FORMULE D'APPLICATION (Cochez Un). Rows include Active \$100.00, Affiliate \$100.00, Retired \$50.00, Lifetime Membership and their French equivalents.

APPLICANT INFORMATION/INFORMATION DU MEMBRE

Please print or type the following information/ S.V.P. Imprimez ou dactylographier l'information

Form fields for Surname, First Name, Mailing Address, City/Ville, Prov./Prov., Postal Code/Code Postal, Home Phone/Telephone (Maison), Hospital/Office/Company Name, Business Phone/Telephone (Travail), Title/Postion, Email.

EDUCATION/ÉDUCATION (CHECK ONE/COCHEZ UN) with options for RN/IA, RPN/LPN / I AUX, TECH/TECH, OTHER/AUTRE, and CNA CERTIFICATION IN GASTROENTEROLOGY/CERTIFICATION EN GASTROENTÉROLOGIE DE L'AIC.

MEMBERSHIP/ABONNEMENT (CHECK ONE/COCHEZ UN) with options for RENEWAL/RÉNOUVELLEMENT and NEW/NOUVEAU.

CNA MEMBER/ MEMBRE AIC with options for YES/OUI and NO/NON.

CHAPTER NAME/NOM DU CHAPITRE

LANGUAGE/LANGAGE with options for ENGLISH/ANGLAIS, FRENCH/FRANCAIS, BILINGUAL/BILLINGUE.

PRIMARY PRACTICE AREA/SECTEUR PRIMAIRE DE PRATIQUE

Options for Endoscopy/Endoscopie, Medicine/Surgery/Médecine/Chirurgie, Inflammatory Bowel Disease/Maladies inflammatoires de l'intestin, Pediatrics/Pédiatrie, Advanced Practice/Pratique avancée, and Other/Autre.

I AM INTERESTED IN/ JE SUIS INTÉRESSÉ A

Options for SITTING ON AD HOC COMMITTEES AS A MEMBER AT LARGE/ SIÉGER À DES COMITÉS AD HOC EN TANT QUE MEMBRE DANS SON ENSEMBLE, REVIEWING NEW CSGNA PRACTICE DOCUMENTS/ EXAMINER LES NOUVEAUX DOCUMENTS DE PRATIQUE CSGNA, and ASSISTING WITH FRENCH TRANSLATION OF PRACTICE DOCUMENTS AND WEBSITE INFORMATION/AIDER AVEC LA TRADUCTION EN FRANÇAIS DES DOCUMENTS DE PRATIQUES ET D'INFORMATIONS DU SITE WEB.

## Deadline for Scholarships

### July 1, 2013

CSGNA Research Scholarship  
CSGNA Annual Scholarship  
CSGNA Chapter of the Year Award  
GI Professional Nurse Award  
Nomination  
Michelle Paquette Certification/  
Recertification Scholarship  
CSGNA New Member Scholarship  
Award  
CSGNA Annual RPN/LPN/Technician  
Scholarship Award

### July 1, 2013 (When authorized)

SciCan Education Scholarship  
Nomination (each chapter is  
invited to nominate a member)  
Olympus Patricia Coghlin  
\$1500 Scholarship  
Olympus \$500 Scholarships

### 45 Days prior to Event

CSGNA Professional Development  
Scholarship Award  
CSGNA Chapter Executive  
Professional Development Award

### December 1, 2013

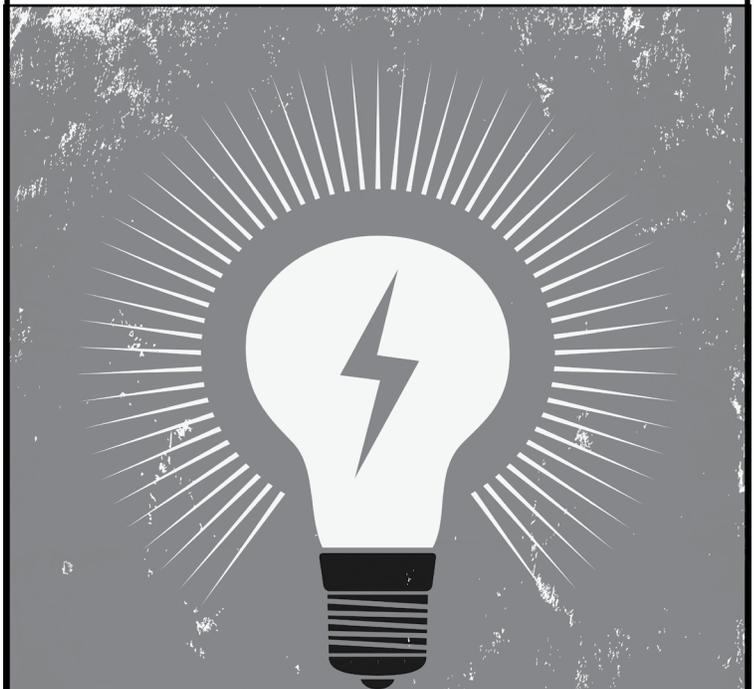
CAG Scholarship Award

Information and application forms are  
posted on the website at [www.csgna.com](http://www.csgna.com)

## REMINDER

As per Bylaw 22.12 all  
CSGNA Chapters shall  
submit to their  
Regional Director by  
November 30th the  
Chapter's financial report.

cs<sup>g</sup>na\*  
**SUMMIT**  
of  
**INSPIRATION**  
September 26-28, 2013 ▲ The Banff Centre ▲ Banff, Alberta



## Call For Digital Posters

The CSGNA 2013 Planning Committee is excited to announce that a new digital platform will be used for POSTER PRESENTATIONS for the 2013 Conference!

The digital poster format provides an excellent opportunity for presenters to use visual displays to share their research, and have the advantage of no hard copy print expenses.

Digital posters will be displayed on 42" High Definition LCD screens in the Exhibit Hall area. The posters will also be accessible on [www.csgna.com](http://www.csgna.com) after the conference.

The submission deadline is **THURSDAY, AUGUST 1, 2013** and submissions are made to:

SHARON LAPOINTE at [sharonl@innovcc.ca](mailto:sharonl@innovcc.ca)



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