



# The Guiding Light

CANADIAN SOCIETY OF GASTROENTEROLOGY NURSES & ASSOCIATES

JULY 2007 VOL. 17 #61

## Esophageal Cancer is My Disease, Not My life

### *One Patient's Story*

"I have a good life. I laugh with my family and I love my morning coffee with the paper. I am happy. I also have esophageal cancer.

In December 2005, I went to my family doctor because of some heart trouble I was having. My wife and I were getting ready to leave when she mentioned I had had some trouble swallowing over the past week. It had been infrequent and I had forgotten all about it, so therein started the tests. The first was a barium swallow in January 2006 that showed a narrowing in my esophagus. I then saw a specialist who performed my first gastroscopy and took some biopsies. I did not learn much from that test except that I was sent to a surgeon for further investigations.

One interesting point here- you don't get to choose your doctors. They are assigned to you. But I am fortunate; I have a really good surgeon. This doctor performs another gastroscopy and more biopsies and I get the diagnosis of esophageal cancer. It is bad. Neither chemotherapy nor radiation is a treatment options at this time. My tumor is low, right at the point where my esophagus joins my stomach, so surgery is the only choice. To this point I have not been surprised, shocked or devastated by any of the news; I think I was prepared for this diagnosis. The surgery however scares me. It sounds horrible to me, but it is the only way. I am given my first choice in this whole process. I can have my surgery here in Lethbridge or I can go to Calgary or Edmonton. I like my doctor, I choose to stay here.

My surgery is completed in April 2006. I am amazed at how quickly things have moved since December. They

took 40% of my stomach along with part of my esophagus in the procedure and I am left feeling tired and helpless and with more trouble swallowing than before. Since then, I have had numerous gastroscopies and dilatations to stretch my esophagus so that I can actually eat more than liquids.

The most devastating news was when I found out that the cancer had come back. The news came in late fall, 2006. That is when you know that there is not much more they can do for you, but radiation is now an option and is helping quite a bit. Right now, I feel pretty good.

I have found that I don't want to dwell on my disease. I don't send emails anymore, just so that I don't have to write about how I feel or how I am doing. The biggest change in my life has been with my friends. Some didn't know how to talk to me and just stopped talking. Other couldn't cope with how I chose to cope with my disease, so I stopped talking to them. But there are still some who just kept treating me like my old self, and that is the best way.

My advice to anyone with this disease is don't think about the darned thing. Make it a point to enjoy every day. I know I am."

This story was written by Barb Harhers RN, at the Day Procedures Unit at Chinook Regional Hospital Lethbridge, Alberta. Barb wrote this story based on the information given by this patient during an interview. Her goal was to find his perspective on the disease in order to share with others.

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# President's Message

Enthusiastically, I submit this report halfway through my term as President. In May, I had the privilege of being one of your executive representing CSGNA at the Society of Gastroenterology Nurses and Associates (SGNA) annual meeting in Baltimore. From that attendance I reflected on ways your Society can better support members in achieving their educational goals in their personal gastroenterology nursing practice. For those who have had the opportunity to attend this excellent conference, you have realized the increased opportunities for learning when such a large association is involved. With a membership of over 8000, SGNA is able to present specific courses on endoscope cleaning, moderate sedation, ERCP, electrosurgery and others over and above the core content which runs from Sunday noon to Wednesday noon. These courses are from 3-8 hours in length, are offered to nurses in a variety of practice settings and for practitioners from beginners to advanced. They are provided at an additional cost. As our membership grows we will also be able to offer other learning opportunities, and possibly, a more varied annual program than that which is currently possible with our present member base.

CSGNA endeavors to provide an annual program that will appeal to the broad spectrum of our membership. We choose topics and speakers we feel will be of interest to the majority. We choose cities in which an active chapter is willing to take the lead on the planning of the program and to which we feel our members will wish to travel. We offer the course at a reasonable cost and choose practical accommodation. From past years' evaluations, I know we are meeting general educational needs. However, I recognize that the specialized procedures and interventional practices which are more commonly being performed are not always addressed at our annual meetings. In September, when the Board meets face to face in Halifax, I am going to propose that we provide scholarships to other educational offerings in Canada and beyond and not simply funds to support attendance at our CSGNA annual meeting which is the current structure. I feel we need to support our members with assistance in learning skills and attending educational events that will enable them to provide the best patient care possible in their own practice setting.

It is a privilege to serve on the Board and act as your President. I welcome any suggestions you might have that would facilitate awarding of scholarships to attend courses outside of the traditional CSGNA structure. Possible avenues to explore are:

- Matching an amount provided by your employer to a maximum of \$1000
- Providing an annual amount to chapters that would be earmarked for attending other than the CSGNA annual conference
- Providing support to attend another Chapter's educational day such as the recent one held on ERCP in Kamloops, BC
- Providing scholarship funds to attend any GI-related event to a member who has recruited 10 new members
- Providing scholarships to members who write an evidence-based, literature supported article for the Guiding Light

The more knowledgeable we are as GI nurses, the better patient care we will provide. The best way your national executive can exercise CSGNA's mandate to provide education to members is to address the increasingly complex learning needs and to provide tangible means to do that. CSGNA needs to think more globally as to how this can best be accomplished. We need to engage other organizations such as SGNA, and special programs in Canada such as the St. Michael's Therapeutic Endoscopy Course and utilize programs in place. All members need to encourage others to join CSGNA. Certified members need to encourage and support their colleagues in achieving certification.

Some members may feel that offering financial support to other than the annual meeting will decrease attendance and interest at the Canadian level. I believe that anything learned in ANY venue and shared with colleagues to enhance care is worth support from your national Association. I look forward to hearing from any member on either side of the fence. Only with your input will CSGNA become stronger, more accountable and more in touch with the needs of our members.

The board would like to gratefully acknowledge all the members for their enthusiastic thanks in person and in writing for the extra funding given to each chapter to help attend the Annual Conference in Halifax this September. This acknowledgement means we are making a difference in meeting our members' needs.

**Respectfully submitted,**  
**Debra Taggart RN,BN,CGRN, CGN(C)**  
**CSGNA President 2006-2008**

# Respecting Patient Trust

Elaine Burgis RN, CGN(C) • CSGNA President-elect

There is not one of us who has not experienced the trust that patients and their families develop when they hear any of us say “My name is [Elaine] and I am a nurse here in Endoscopy”. We usually have never met this person or their family before. That doesn’t seem to matter. Unlike a personal friendship where trust grows over time and experience, patients immediately place their trust in a nurse.

A 2004 research summary conducted by Public Safety and Emergency Preparedness Canada proves this: “The highest ranked professionals were nurses (89% of respondents expressed high levels of trust in nurses). Doctors were ranked second (79%) followed by teachers (74%) and then police (72%)”. And, if any of you have been in the same position as I have been, to contact someone over the phone who I’ve never spoken to before, you can appreciate the power of identifying yourself as a nurse. People will tell you anything and everything.

Why is it that people trust nurses so unreservedly? Why will they tell a nurse, who they are seeing for a brief time before their procedure or treatment, more than asked?

Perhaps they see a nurse as someone who wants to take care of people. After all, nurses have never been known to be “well paid” for their labours so they’re not in the job for the money. They are someone who chose to spend their professional career taking care of people. There is no added financial or other gain to be caring. It’s what nurses do. People find nurses approachable; they will ask questions of nurses where they feel too embarrassed to speak with their doctor. Nurses are perceived as non-judgmental - we listen to patients, we hear their problems, we support their decisions. One of our greatest strengths is to reassure our patients - that their doctor is the best, that this procedure won’t be intolerable and that they will be OK.

Are we aware of how our statements, sometimes said in routine sentences, are absorbed by our patients? How their families hold onto the words “He’ll be fine.” as we walk them down the hall to the procedure room?

We, as nurses, hold the power of hope and trust for the families and patients we take care of. They have confidence in our professionalism and everything that defines us as nurses.

Every day in our practice, we need to remember that we have been given this unrestricted trust. It is our professional responsibility to reinforce and nurture this nurse-patient relationship.

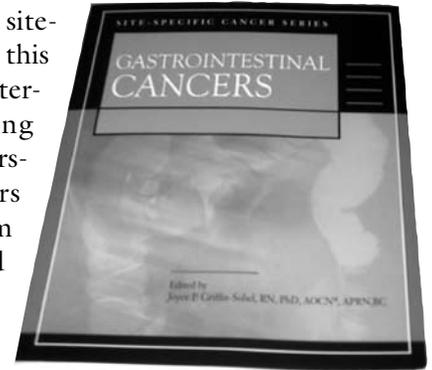
Robert.J.V. Public confidence in criminal justice: A review of recent trends.[User Report 2004-05]. Ottawa : Public Safety and Emergency Preparedness Canada.

# Book Review

## *Gastrointestinal Cancers*

Editor Joyce P. Griffin-Sobel 2007,  
95 pages soft cover  
Publisher Oncology Nursing Society  
Pittsburgh, Pennsylvania

The latest in the site-specific cancer series, this book would be of interest to anyone working in the field of G.I. nursing. It covers cancers of the digestive system including signs and symptoms, diagnosis, treatment and complications with emphasis on nursing care. Illustrations provided clarify progression from polyp to cancer, and surgical procedures for esophageal and colon cancer.



Tables are included to show how cancers are staged. Information about specific therapeutic agents is presented in detail.

The philosophy of the Oncology Nursing Society is detailed in The Position Statement of the ONS on Prevention and Early Detection of Cancer in the United States.

I found the endoscopy information weak, but otherwise this book was valuable in teaching many aspects of cancer and will improve the care I give my patients.

To order: [www.ons.org/publications](http://www.ons.org/publications) \$49.00 U.S.

Joanne Glen R.N. CGN(C)

### 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 15th of the month preceding each issue i.e.: Feb 15th for March issues, June 15th for July issues and Oct 15th for November issues.
- Include all references or have them available upon request.

## CANADA EAST DIRECTOR REPORT

It is starting to get warmer here on the East Coast. We have lots of icebergs and hiking trails to experience.

The past term as Canada Eastern Director has been a fulfilling experience on a personal and professional level.

I had the opportunity to attend the CDDW and CASL winter meeting in Banff. What an experience!

The Eastern Chapters are quite busy.

### Newfoundland:

An evening dinner presentation was sponsored by AstraZeneca.

The presentation and discussion by Dr., David Noseworthy on "Taking a PASS on PPI's" was well attended.

### Nova Scotia:

Report submitted by Evelyn.

### New Brunswick / PEI:

Report submitted by Tracey.

### MARKET PLACE:

Shopping has started for new market place items.

Looking forward to seeing you at the upcoming conferences

**Submitted by,  
Mabel Chaytor, RN CGN (C)  
Canada East Director**

## Director of Practice Report

Thank you for all the emails, questions and requests.

Continue to attend your chapter educational sessions, get involved with organizing meetings and encourage new membership. The rewards are too numerous to list!

Enjoy the summer and I hope to see a lot of you in Halifax in September!

**Branka Stefanac RN, BScN,  
CPN(C), CGN(C)  
stefanac@rogers.com**

## New Brunswick/Prince Edward Island Chapter Annual Education Day CSGNA

The NB/PEI Chapter held their 20th year acknowledging those nurses who formed the chapter. The President was Bonnie Greydanus, Fredericton; Vice-President Carlene Pelletier, Edmundston; and Secretary-Treasurer Carolyn Lewis, Moncton. They had 8 attend their meeting which had been held at the Dr. Everett Chalmers Hospital. In 1999, Prince Edward Island joined the New Brunswick Chapter.

A new executive for the NB/PEI Chapter include Tracey Pyne as President and Heather Sutherland as Secretary and Gale Mitchell as Treasurer. We are pleased to be part of CSGNA executive and are learning as we go.

The evening before our education day began with a meet and greet in the evening which was attended well and enjoyed by all. Our annual CSGNA education day was May 26th at the Dr. Everett Chalmers Regional Hospital with an attendance of 35 (15 members and 20 non-members).

Our guest speakers included three of Fredericton's gastroenterologists, our very own clinical dietician and a representative from Axcan Pharma. The speakers were very informative and all attendees had a great time and learning experience. Our topics included: Inflammatory Bowel Disease, Primary Sclerosing Cholangitis, Potential for Prevention of Gastric Cancer, Eradication of Helicobacter Pylori, Understanding Prebiotics and Probiotics and last but not least Healthy Living.

Our education day was sponsored by AMT Electrosurgery, Axcan Pharma, Boston Scientific, Cook Canada, FiberTech, Johnson & Johnson, Olympus and Pentax. Such sponsorship made this day a huge success.

**Respectfully submitted  
Tracey Pyne  
President  
NB/PEI Chapter CSGNA**



*Left to Right: Tracey Walsh RN, Mabel Chaytor RN CGN(C), June Peckham RN and Linda Feltham RN*

*Poster Display (by Dave and Linda Leonard RN)*

*A variety of information pamphlets on GI Disorders and procedures were available to the public and nursing staff in celebration of GI Nurses day, Friday May 11, 2007.*

## Canada Centre Director Report

Another year has gone by and the Chapters have evolved to a higher level in providing education as well as more current and up to date news.

I would like to take this opportunity to congratulate all the endoscopy nurses who have just recently obtained their certification of the Canadian Gastroenterology Exam.

The Montreal Chapter had a successful day conference on Feb. 3, 2007. At least 30 attendees and 6 companies – Boston Scientific, Cook, Bard, Astra Zeneca, Altana & SciCan demonstrated their products. The conference was offered in both French and English to accommodate all its members. The Chapter is also looking for a new treasurer.

The Ottawa Chapter hosted a day conference on May 5, 2007. The event was a success.

A variety of educational topics from an overview of the new Colorectal Screening Centre, Certification and Recertification, Sleep Apnea, Pleuroscopy, "What Bugs You" (Infection Control) and Living with

Celiac Disease were covered. The 45 attendees had the opportunity to examine as well as discuss and do “hands on” with some of the products that 17 companies – Altana, A.M.T.,

Boston Scientific, Cook, FiberTech, Olympus, Scherring, SciCan, Abbott, Bard, Carsen, C.N.A., ConMed, J & J, Primed, Axcan Pharma & JanssenOrtho had available for them.



*picture of display at St Mary's*



*Branka and Joan at display St. Mary's*

*At St. Mary's General Hospital, Kitchener Ontario, we had this colorectal awareness display by our Tim Horton's coffee shop. We had pictures of polyp's, preps, signs and symptoms and even pictures of equipment in the display showcase for one week. Staff, patient, physicians and visitors had an opportunity to see and ask questions on colorectal screening to prevent colorectal cancer. Submitted by: Branka Stefanac*

The Chapter also kept their members updated by sending them two newsletters throughout the year. A Chapter scholarship for the Halifax conference was also offered to its members. The Greater Toronto Chapter had a successful educational day on April 28, 2007. Interesting subjects such as “Cereal Killers” – “The New Face of Crohn's Treatment” and “Principles of Electrocautery” were presented to the participants.

A big thanks goes to the support received from the sponsors – A.M.T., Boston Scientific, Carsen, Cook, Scherring, FiberTech & Olympus. The Chapter will be offering a Scholarship for the National Conference in Halifax 2007.

The Golden Horseshoe Chapter organized an educational evening session attended by 75 registrants. The evening started with a dinner followed by presentations from Gastroenterologist, Dr. Menon and Surgeon, Dr. Kim. The evening ended with a business meeting. The event was sponsored by Boston Scientific and Olympus. A new Chapter executive will be elected to start in September. In April the Chapter's president sent a newsletter to its members with the Chapter's activities.

On May 26, 2007 the Central Ontario Chapter hosted a four hour educational event with three interesting subjects: “Metal Stenting” – “Benign Esophageal Disease” and “Principles of Electrocautery”. The participants had the opportunity to visit the vendors' exhibits and tour the ambulatory day care endoscopy unit at the Southlake Health Center.

Thanks to the sponsors for their support: A.M.T., Cook, Boston Scientific, Olympus, and Pentax.

The Southwestern Ontario Chapter recently had an evening dinner meeting as well as a guest speaker. They are planning another educational session on June 21, 2007 at the Windsor Regional. The event will be sponsored by Olympus. A new Chapter President Victoria Lypps was elected.

The London and Area Chapter hosted an evening educational session on "35 Experiences Abroad". The event was well attended and sponsored by Pentax. The Chapter is planning a day conference for possibly October.

That's it for now. Hope everyone has a great summer and we will see you in September.

**Respectfully submitted,  
Monique Travers RN, CGN(C)**

## **CANADA WEST DIRECTOR REPORT**

### ***Okanagan Chapter***

Bethany Rodes, President, reports that the Okanagan Chapter has 2 newly certified G.I. nurses and 1 re-certified G.I. nurse (U.S. to Canadian). The members were fortunate to be able to attend the Kelowna Digestive Diseases Weekend (KDDW) conference held in Kelowna at the end of April. There was lots of great information and wonderful presenters. Two nurses attended the Kamloops Chapter's ERCP for Endoscopy Nurses conference and their own experienced ERCP nurse, Chris Schultz presented. Two members plan to attend the Fall CSGNA conference in Halifax.

### ***Edmonton Chapter***

President Yvonne Verklan announces the most recent CGN(C) chapter members are Dana Letto, Lauren Park and Judith Spencer. The chapter is very proud of them and offer heartiest congratulations!!

It was a unanimous decision to nominate Judy Langner for the SciCan Educational Scholarship. She is very worthy of this award with all that she has done for GI in Edmonton.

The "April Showers" conference was attended by nurses from across Alberta. An official Edmonton Chapter Seal was designed by member Diane Arneil which was used on the certificates given in recognition of support and this will be used again for future events.

Anna Stephenson facilitated their second Journal Review on "Poster Presentations". They also held Chapter Executive Elections. Dianne Fuson, Education Chair, will be stepping down after many years of involvement. She was a contributing leader in the re-building of the executive and the chapter since 2005.

The year will end with a much appreciated sponsored event by Angie Tymko of AstraZeneca. Dr. C. Switzer (Gastroenterologist, GNH) will give a presentation on "Is Your PPI Working for You?" to chapter members, and a dinner will follow.

### ***Regina***

Connie Bender, President, states the Regina Chapter had a very successful GI nurses "come and go" tea on May 11 with 55 people from within the hospital touring the unit at the General Hospital. The attendance was lower at the Pasqua but with specific areas being on strict isolation it limited nurses being able to leave their units. Three baskets were raffled off.

A dinner meeting was held on May 30th with an awesome attendance. They talked about goals for the coming year, the fall G.I. educational day and of course discussion about who would be attending the national conference in Halifax.

### ***Manitoba***

As an attendee, I can attest to the fact that the day conference put on by Manitoba Chapter was exceptional. The topics were pertinent and well presented and there was a good turnout of vendors. Two doctors spoke on colon cancer screening and gave good information for pro and con. It was thought-provoking!

President Sue Drysdale communicates that they will have a final meeting of the executive this month to plan next year's activities including tentative dates. They will also start planning next year's annual conference much earlier this year. Experience is a great teacher!

As a leader, she would like to try to instill in the members the need to uphold the standards and follow the guidelines outlined by the CSGNA.

### ***Calgary***

An evening educational session, sponsored by Medtronic of Canada Ltd., was held on Thursday, April 12 at the Chameleon Restaurant & Bar. Dr. Chris Andrews presented "Enterra Therapy".(gastric pacemaker)

An evening educational session, sponsored by Cook Canada, was held on Wednesday, May 30 at The King & I Thai Restaurant. Dr. Christian Turbide presented "Common Bile Duct Stones: Best Options for Diagnosis & Treatment". It was the best attended educational session to date- 30 people in total. CSGNA members from all 4 sites in the Calgary Health Region and 2 G.I. fellows were present. It was a very enjoyable evening-good food, drinks, company and of course presentation!!

Five nurses were orientated to G.I. the end of May and 4 became members at that time. There will be more nurses orienting in the next few months and President Evelyn Matthews is confident they will also become members.

### ***Vancouver***

The Vancouver Chapter has huge goals and a lot of work to be done for the Vancouver 2008 Conference. Presently they are working on the educational program and requesting various speakers. President Judy Deslippe would like to have this accomplished by September. This summer she will be working on a presentation for promoting Vancouver 2008.

The chapter has had very successful education evenings with a wide range of topics with amazing turnouts of approximately 40 nurses per session. The feedback has been very positive from the nurses who have attended.

An education evening May 9 on the Nutritional Requirements of the GI Compromised Patient was

presented by Tori Lane, a registered dietitian and sponsored by Nestle. It was a fun evening with great food, and everyone received a “goodie bag” with Nestle products. Congratulations to Judy Robinson from the St. Paul’s G.I. Clinic who passed her G.I. certification exam in May.

### *Central Alberta*

The Central Alberta Chapter is planning an educational day in November. This is a big project for a young chapter, but the members are all enthusiastically assisting in the preparations. Regular business meetings have been held every 2 months at the end of the working day and include a potluck supper provided by a rotating schedule of members.

An ERCP workshop was held on May 26 and it was a great success.

### *Vancouver Island*

This year the chapter focused on new memberships, education support through inservices, workshops and study groups. Dr. A. Singh hosted an inservice day in the VGH Endoscopy Unit April 20. Procedures included: Endoscopic Ultrasound with drainage of a pancreatic cyst with stenting by Dr. A. Singh, Glueing gastric varices by Dr. J. Papp, Polypectomy with looping by Dr. D. Petrunia and 2 ERCP’s done by Dr. A. Singh.

The procedures were televised to the lecture hall, and viewed by physicians, nurses, and health care workers from the Mainland, Duncan, Nanaimo, Campbell River, Royal Jubilee Hospital and Victoria General Hospital. President Charlene McCabe thanks Irene Ohly and Laurie Kerr for providing information regarding CSGNA registration and upcoming events to the guests. The annual all day education day was held on May 5th at Dunsmuir Lodge. DR. J. Papp spoke on “Liver Lovers’ Lament”, Dr. D. Petrunia on “New Biologic Therapies for Crohn’s Disease”, Dr. I. Weir on “Interventional Radiology

and The GI Tract”, Dr.D. Biberdorf on “Pancreaticoduodenectomy: To Whipple or not to Whipple?”. Forty health care workers including CSGNA President Deb Taggart attended the workshop. Deb spoke to the guests and presented Gastroenterology Nursing A Core Curriculum 3rd edition as a door prize from the national board. A big thank you to the thirteen sponsors that participated and made the day a huge success. They were; Altana Pharma – Kevin Little, AMT Electrosurgery – Ken Sasaki, AstraZeneca – James Austin, Axcan Pharma – Murray Church, Boston Scientific – Scott MacNair, Carsen – Jeff Grech, Ferring – Ken Kaminski, JanssenOrtho – Jim Hawthorne, Olympus – John Plouffe, Pentax – Brad Klyn, Procter & Gamble – Cinthis Pires, Steris – Stu MacDonald, Tyco – Marie Bradbury.

The VGH and RJH celebrated GI Nurses Day May 11th. Lunch for both GI units was supplied by the GI doctors. Large display boards at both sites presented basic information about procedures performed in the endoscopy units, photos showing equipment and staff at work and information about the CSGNA. One nurse successfully wrote the CNA certification exam in April, Andrea White who works casual at VGH Endoscopy. Congratulations from the Vancouver Island Chapter!

### *Kamloops*

President Maryanne Dorais reports that the chapter had a great ERCP conference!! It was very well attended with participants from Vancouver and the lower mainland to Alberta. The experienced ERCP Nurses from Western Canada participating with the program and workshop stations were Nala Murray(St. Paul’s), Chris Schultz(Kelowna General), Dan Marlow(UofA), Evelyn Mathews(Peter Lougheed), and Marlene Scrivens(Regina). These specialized nurses shared their knowledge and expertise. An informative day had by all and great support from the vendors.

Three nurses wrote their GI Certification this year!! Super Job!

Three nurses plan to attend the national conference in Halifax.

They hope to have 2 more members write their certification next year.

Some members have retired and there are 4 new members; all keen and enjoying this GI Specialty.

**Submitted by,  
Joanne Glen R.N. CGN(C)**

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### *SGNA Annual Course*

The 34th Annual SGNA Course in Baltimore “Charting a Course for Professional Growth” was an incredible experience for me. Starting with registering in advance, there were so many choices that I needed help to get through the possibilities and decide what to attend. For five and a half days I went to a variety of seminars on every conceivable topic. There was something there for everyone: management, endoscopy, pediatrics, infection control, writing for publication, relationships at work and many more topics were presented by nurses who are experts in their field.

I particularly enjoyed a two day course on ERCP. It solidified my current knowledge and gave me more confidence to share it and also there was so much more to learn. The hands on sessions were filled with tips to use in my practice every day. This wasn’t just academic in nature, it was so practical.

Another event that was very interesting was Regional Night. Each chapter had a display and it was so interesting to see them highlight their activities. So many opportunities to network and compare work environments with people literally from all over the continent.

Over 100 exhibitors in the vendor hall made an entertaining and informative change of pace. Some booths had a carnival atmosphere with games and giveaways.

I certainly gained knowledge and I know it will cause professional growth in me as I share this with my co-workers.

I hope that more Canadian gastroenterology nurses will consider attending the next course "The Power to Make a Difference" in Salt Lake City, Utah from May 16 to 21, 2008. It is a most worthwhile pursuit.

**Submitted by,  
Joanne Glen R.N. CGN(C)**

### **EDUCATION DIRECTOR REPORT**

As my term ends I want to tell you that I was honored to serve CSGNA members and to have the confidence of the Board to help me serve you better. The year, yet again, has gone by rapidly bringing us as always new challenges.

Certification this year brought 42 new people to write the exam and I want to congratulate everyone that has decided to embark on this road. I also want to congratulate three of my employees Denise Chiasson, Sylvie Lepine and Sandra Stewart who became certified this year. These ladies worked hard all year attending our study group and this paid off as you can see. I am very proud of them.

I would also like to draw your attention to our redesigned website. In particular in the section under publication there is all the information needed for purchasing our teaching manuals. These have been developed to provide tools for training and studying. You will find under upcoming events the information about our National conference this year in Halifax and about the scholarship offered by Olympus which is \$1,000.00 for 15 participants. It is a draw for any member of CSGNA and we are accepting entries until August 1st so do not miss this opportunity. There is no form needed. Just send me your name and a copy of your CSGNA membership card.

If you can extend your stay in Halifax we are offering a course on Fundamentals in Gastroenterology on Thursday September 20, 2007 from 11:00 to 15:00. There is no cost for registration and lunch will be provided. So include this in your busy schedule. Details of this program are on our website and in the Guiding Light

#### **Scholarships:**

The list of CSGNA Scholarship recipients can be found on page 26. This CAG scholarships recipients this year are Elaine Burgis for Research Nurse and Mabel Chaytor Endoscopy Nurse.

This year we received a lot of



*Mabel Chaytor, CAG Scholarship*



*Elaine Burgis, CAG Scholarship*

requests for the CSGNA scholarships so the selection process was a bit longer.

I would like to thank the ones who submitted abstracts for this year and to encourage others to do the same next year. It is so important to share all our knowledge.

In closing I am looking forward to seeing you in beautiful Halifax in

September and I wish you all a wonderful summer and nice holidays

**Respectfully submitted  
Michèle Paquette RN, CGN[C]**

### **NEWSLETTER EDITOR REPORT**

Once again we are coming upon our annual conference. It's a great chance to learn and interact with other members, share ideas and expand our horizons.

Thanks to all the members who so gratefully submit articles, pictures and other items of interest to each and every newsletter. I must say a few chapter stick out in my mind for frequently submitting such as the Kamloops, Edmonton and Golden Horseshoe Chapters. I must also express my thanks to my fellow board member who are always there to support the newsletter.

As many of you may have already heard I will be stepping down as newsletter editor after the Halifax conference. I can only say it has been a great privilege to have been a part of this dynamic and supportive organization The CSGNA!

Please continue to support the incoming newsletter editor as you have supported me.

Thank you all again I will always treasure my time on the board.

**Sincerely,  
Leslie Bearss RN CGN[C]**

*"If you really want to do something, you'll find a way.  
If you don't you will find an excuse."*

*– Anonymous*



# SYNOPSIS OF CSGNA BOARD OF DIRECTORS

TORONTO MARCH 24, 2007



## 1. REVIEW/ADDITIONS/ADOPT THE AGENDA:

A motion was passed to adopt the agenda by Elaine and Leslie.

## 2. APPROVAL FOR THE NOVEMBER E-mail MEETING:

Motion was passed to accept minutes of the e-mail meeting by Cindy and Monique.

## 3. WELCOME BY THE PRESIDENT:

Deb welcomed and thanked everyone for attending the meeting. She emphasized that the timelines are tight for today's meeting and we need to follow the scheduled timelines as outlined in the agenda. Some of the highlights of the meeting were discussed as follows:

- ❖ In order to accomplish everything we need to change the format of how we conduct our face to face meeting to cover what really needs to be discussed as a group. We need to utilize the national committees e.g. education committee to deal with the other national education issues. Alternatively maybe we need to have a teleconference amongst committee members to deal with specific concerns and then table the concern at next the face to face meeting. This will allow us to work efficiently when we meet at the face to face meeting. Another option is to have a structured half hour allotted at each face to face meeting where the committees can meet and discuss any pertinent issues.
- ❖ Directors' reports: - all the reports were sent to Karen prior to the meeting and the reports were circulated to

the board members in adequate time for the meeting. The intent of today's meeting is just to discuss any pertinent issues with the board members and not reviewing each report.

## 4. CANADA WEST CENTER AND EAST:

Reports were previously sent to each committee member and reviewed prior to the meeting. However, there were some issues raised.

- ❖ As our organization grows we are getting a number of requests from various organizations who would like to be represented at the annual conference. At the present time we do not have formal criteria set up which outlines how CSGNA and the various organizations can benefit from each others partnership. This is something that we have to look at in the future.
- ❖ CSGNA information in English and French was sent to the Quebec group. The Quebec GI association as a whole has dissolved. We need to attract the Quebec GI nurses to be affiliated CSGNA. At the national level we need to make the decision to have bilingual French and English chapter package, guidelines and maybe The Guiding Light in order to attract and support the French speaking nurses. The National executives will determine which documents need to be formally translated in French.

## 5. MEMBERSHIP:

Meredith has resigned from her position as the Membership Director. She is no longer working in GI nursing. Therefore the membership position is currently available. The position will remain vacant for one year, duties and timelines for membership will need to be redistributed. Karen has assumed a large proportion of the membership role, however we do not want to eliminate the board position but the duties will need to be reassigned to incorporate the role of one of the other board members.

## 6. NEWSLETTER:

Would like to thank everyone who contributed an article for the newsletter.

- ❖ We require a volunteer for proof reading the articles that are in newsletter. One of the suggestions was to have the person submitting the article should get the proof reading done prior to submission.
- ❖ The financial contract for the newsletter is up for renewal this year. E-mails have been received from 5-6

sponsors who would like to sponsor the newsletter. An e-mail will be sent to all the sponsors who have expressed an interest in supporting the newsletter and the one who responds first will be accepted as the sponsor for The Guiding Light.

- ❖ The Guiding light is printed in multiple of 4 pages; we need to make sure we have sufficient content to cover these pages. We often require fillers to fill in the blank space and one of the ways we can use this space is by advertising the educational events. If an educational event is known in advance we can advertise it in newsletters.
- ❖ The GI logo for this year is from the Edmonton chapter and this will be displayed in the March edition of the Guiding light.

## 7. EDUCATION:

- ❖ **Standard of Practice:** We need to have a link on the website for our members to purchase the standards of practice. Our current standards of practice are from 2001 and we need to update these standards and have them available in French for our French speaking nurses.
- ❖ **CNA** spoke with Lesley Ann Patry and CNA has possession of the CSGNA bylaws and standard of practice. They may be able to set up a link from the CNA website to have these available to members.
- ❖ **Foundations:** Suggestions were made to change the format of Foundations. Some of the suggestions were to have topics such as infection control, documentation guidelines, competency tool for orientation, topic on anatomy, physiology, mock exam. Alternatively, a change in the format with a broader view of GI topics would be of interest. This year we are not going to charge for the foundation. We need some volunteers to promote the program.
- ❖ **Scholarships:** From Olympus they have not decided on the amount or the number of scholarships. They will set their own criteria and have a draw. Currently, no requests for scholarships have been received.
- ❖ **Manuals:** We are looking at having pictures to promote the manuals on the website. The format will include an order form. Currently there is a demand for study guides, ERCP manuals and orientation manuals.

## 8. PRACTICE DIRECTOR:

- ❖ **Guidelines:** We now have 5 guidelines completed: four of them will be presented at the Halifax conference- PPE, moderate sedation, hand hygiene nails and jewellery and infection control.
- ❖ The ASA classification has been added to the moderate sedation guidelines please review this and provide your feedback. We still need to add what medications we give for moderate sedations
- ❖ **Future guidelines and statements:** We need to

consider revisiting the policy on the reuse of single use items. We are aware the reuse of single use items is the practice in some institutions with 3rd party re-processors providing the reprocessing services. What stance does CSGNA take on this practice? Position statements need to be revised.

- ❖ **Push enteroscopy:** Some institutions use a paediatric colonoscope for push endoscopy. What stance does the CSGNA take on this practice?
- ❖ **PEG insertions:** questions have been asked about the nurse making the incision. The role of the Registered Nurse in PEG placement should be determined by the institutional policy. CSGNA is in possession of documentation from The College of Nurses of Ontario supporting the RN making the incision. We will support the current practice across Canada.

## 9. TREASURER

- ❖ Since starting as treasurer, 30 additional cheques have been written. This has increased from previous years. Currently one hour of accounting help is utilized to make sure that accounting is done correctly.
- ❖ We need to set some timelines and cluster all the expense reconciliations with an event or meeting. If the expenses can be sent to treasurer within 30 days of an event it would help out with the accounting.
- ❖ **Chapter year end activity report:** We need to simplify this for the chapter so it is done accurately and is not a burden for the chapter; the treasurer cannot check up on the chapter activity. The directors will be responsible for tracking the chapter educational hours as well as all the financial reports. Bylaws will be changed to state that all the financial reports be sent to the directors.
- ❖ **Treasurer's term:** there is a huge learning curve for the new members in treasurer's position; we need to consider extending the treasurer's term to 3 years to have some continuity. Motion was passed to state that Treasurer's term would be 2 years, with an option to continue for an additional 2 years without election.

**10. SPECIALIST NURSE AND SCOPE ADVANCEMENT.** RNAO is fully aware of this practice, in some areas it is an institution driven practice, however there needs to be medical directives. Currently, CAG is working on a position statement that only physicians can advance the scope. There is no formal training in scope advancement and this practice has legal implications. There needs to be more discussion surrounding this issue. We need to form a committee of 3-4 people to discuss this at a later date.

## 11. PUBLIC RELATIONS:

- ❖ Some of the changes required to the website are to have the guidelines and standards put on the websites; however the problem at the present time is the limitation of space currently available on the website.

- ❖ We need to update the guidelines for our members and maybe look at a member only site.
- ❖ **Weblink for credit cards:** information for this will be sent to Karen.

**12. MARKETPLACE:** For this year it was decided that we will go with luggage tags, screen cleaner and the remainder of the vests as our fund raising items for the annual conference. Mabel will look into some other items for fundraising for the next year.

**13. PRESIDENT ELECT:**

- ❖ **CNA annual updates:** all the paperwork has been sent off to the CNA.
- ❖ **Bylaws:** Bylaws changes regarding the chapter financial report to go to the regional board member by December 31st, then will be sent to the treasurer have been made. Currently the position of the education director and the practice director is coming up for renewal at the same time. We need to make changes to offset the dates of the education and practice director position by one year. Education director's position will be finished in 2007 and the present practice director will remain in position for another year. Bylaw committee will discuss the new bylaw and report back their decision.
- ❖ **Canadian Colorectal round table meeting:** Will be heading off to Montreal on March 28-30 colorectal screening meeting. CNA asked for representation from CSGNA. CNA was represented by 2 nurses - CSGNA and CANO (Canadian Association of Nurses in Oncology)
- ❖ **Chapter of the year award:** Chapter of the year award is revised in the word document so that it is easy complete.
- ❖ Received an e-mail from Pauline Porter from St Michael's and Brenda Hillier from Hamilton who wants to help out with CSGNA. We can use them on the members at large committee.
- ❖ **Monetary support for the chapters.** As a national organization can we support 2 chapter executives to attend the annual conference? We would pay for 2 chapters executive to attend the annual conference, this way we will be helping the members financially. A **Motion was passed** stating CSGNA will "Support 2 chapter executives or designate members to attend the annual conference for up to \$1500.00 per chapter and CSGNA will provide 2 free early bird registrations for 2007 and 2008. The money will be sent out to the chapter.

**14. HALIFAX CONFERENCE UPDATE:** Everything is on track with the conference. The conference content is basic. Local experts have been engaged to present. There is no ERCP, but there are pediatric topics. The board has purchased Sou'wester hat for all the members.

- ❖ Cost for the conference is \$300 +\$50.00 for membership and early registration \$200.00 if registered by July 31
- ❖ For one day registration the cost will be \$200.00.
- ❖ Saturday night Lobster dinner cost is \$75.00 but we will charge \$60.00 and the national board will cover the remainder of the cost.
- ❖ **Vendors:** Something that was raised about closing the exhibit hall during the sessions. We cannot do this but we can request to close the exhibit hall during the business meeting. Vendor recognition will be done on Friday night.
- ❖ **Dinner tickets:** We are requesting advance cash payment for the Saturday night dinner tickets. Have someone at the local chapter level to take care of selling the dinner tickets.

**15. EXECUTIVE ASSISTANT:**

- ❖ **Website:** Suggestion regarding website what can we do to meet with a potential vendor and get their proposal. Start-up cost can be approximately \$50,000. Some companies will be able to set up the website and may be able to add and track the number of hits. The cost for maintenance of the website can be minimal. First we should look into Webray before looking at new vendors. We really need to meet the needs of our members. If Webray are not able to do what we need at this time then we need to look at alternatives. We also need the member's only site.
- ❖ **Directors' roles:** The roles and responsibilities of the education director is very time consuming with a lot of duties. Suggestion was made to have a new "Awards' Director Role" for the scholarships or awards. The main responsibility for this director will be to follow up with the directors to see if the chapter educational requirement is met.
- ❖ **Reports:** reports from each director were sent out by e-mail prior to the meeting we will maintain this format for the future meeting.

**16. Timelines for submissions**

- CSGNA scholarships due May 31
- Chapter of the year May 31
- Financial report due Dec 31
- Education report June 30
- GI Nurse Professional of the Year award May 31

**17. COLORECTAL CANCER SCREENING PROGRAM:**

Dr. Mary Anne Cooper from Sunnybrook Hospital in Toronto along with Dr. Rabenick, are developing a colorectal cancer screening program with the ultimate goal of detecting colon cancer in its early stages. They conducted a pilot project involving various nurses and physicians in performing sigmoidoscopies as a modality for colorectal cancer screening. The pilot project was approved by the local regulatory boards, in-

volved one day per week of classroom lectures, in depth pathophysiology and practical experience on a simulator prior to conducting actual hands on practice. However, there were a number of obstacles experienced during this pilot project, which included not having enough patients available to develop and maintain competencies.

The Ministry of Health will be assisting in rolling out the program in Ontario. The revised program will include a new curriculum and nurses with previous endoscopy experience will be granted admission into the program. One of the limitations identified of the new program is the number of nurses working as the endoscopy nurse could not devote this time to the program. Other additional aspects to be considered are professional practice issues, length of observation period and providing a diagnosis.

Training will be centrally located in Toronto and the practical experience at the base site. The educational institution selected to deliver this program is the Michener Institute who will collaborate with the Wilson Centre in Toronto to look at formal evaluation of the program.

**18. EXECUTIVE ASSISTANT:** Decision was made to keep the position of the executive assistant for CSGNA past the trial period and review annually after the September annual meeting. **Motion was called by Joanne and seconded by Mabel.**

**19. 2008 VANCOUVER CONFERENCE.** Vancouver is planning for the 2008 conference. The logo has been created and the board approved the colors of green and black.

**20. 2009- 25TH ANNUAL CONFERENCE IN TORONTO:** it will be co-hosted with Golden Horseshoe Chapter. One suggestion made was to include live endoscopy at the same time. It will be very expensive but it will attract the members. The board was all in favour of having this at the 25th anniversary conference.

**21. DATE FOR THE NEXT MEETING:** Pre conference meeting will be on Wednesday September 18 all day and Thursday September 19th in the morning only. Thursday morning the committees will also meet. The post conference meeting will be Sunday September 22nd in the morning only.

Submitted by Usha Chauhan

**CSGNA MEMBERSHIP FEES  
ARE NOW \$50.00 PAYABLE  
BY JUNE 1st.**

# MEMBERSHIP BLITZ A SUCCESS

By Yvonne Verklan, Edmonton Chapter

The Edmonton Chapter has an ongoing goal to increase its membership. This year, we hosted a Membership Blitz evening event to do just that, and to increase awareness of CSGNA to our invited guests. With the start of the next membership year in June, we chose our date in May. This was an invitational event in the way that chapter members were encouraged to bring one prospective member or more, and participate in the evening with them.

The event was casual and allowed for all present to meet and mingle. An assortment of snacks and beverages were prepared and served. Various posters were displayed including information about CSGNA and about chapter activities. Two entertaining Endoscopy related video clips added to the enjoyment of the evening. An informal presentation was given about the history of CSGNA and the benefits of becoming a member. An excellent discussion ensued including the GI Certification Exam and all of our past and planned chapter and national annual events.

Application forms were available for new and re-new members. These were collected and all were sent in by our Treasurer. A draw was made from the new members and Linda Broenik from the University Hospital GI Motility Clinic won a complimentary membership for the upcoming year.

In addition to more Endoscopy nurses, our new members come from various GI Nursing Units, both surgical and medical, and various GI related Clinics. With their backgrounds and fields of expertise, we look forward to future chapter networking and team work.

At this event alone, we are happy to report that we signed up 14 new members!

## C.S.G.N.A. 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/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.



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# Our “COLORED” TEAM BUILDING EXPERIENCE

As CSGNA members, we all share a common interest: Gastroenterology.

Our diverse and still growing Local Edmonton Chapter decided it would be fun to look at not just this common interest, but also at the Individuality of our members.

We asked ourselves: How do we as Individuals come together beyond our interest? How best overall can we relate to each other? How can we bring out the talent that lies in *each and every* Member? And better yet, how to maximize these talents!

We found our answer in a Workshop called: Personality Dimensions, an Awareness Session, presented by Sandy Loy BscN, MS for Caritas Health.

15 of our Members were able to attend Sandy’s 3 1/2 hour Workshop which helped us to see our own Individuality in terms of Color. The Colors represent Behaviors and Personality Traits which are broken down into the Colors of Blue, Gold, Green and Orange.

At times we all are a combination of each color, in other words, “Plaid”, but our predominate Color Choices reflect the attributes most like us. These are the ones that come most naturally to us, the ones we are most comfortable with. Each of us again can have our “Colors” shine brightly: Extroverted or our “Colors” shine inwardly: Introverted.

Simplified each Color and its *Core Values* are represented by:

“Authentic” Blue: Relationships and Self expression.

“Organized” Gold: Belonging through Duty and Responsibility.

“Inquiring” Green: Knowledge and Competence.

“Resourceful” Orange: Freedom, Activity and Variety.

Once we, as individuals, were able to recognize our own True “Color”, Sandy had us break into our “Color” Groups. We were then given the task of working together with in our Group, to show the other “Colors” what we were about, how we naturally responded to certain tasks. Not only was this fun, but this helped all of us to better recognize and understand more about the other “Colors”. Right away, we could see the differences and similarities in communication styles, behaviors and preferences of each of us.

Our goal now was to be able to use this information to solve any conflicts, increase respect of each other and bring out the talents within our Chapter.

Our Spring Conference “April Showers” definitely gave us the opportunity to test our new Color knowledge!

So out went our Registration pamphlets, which netted us a total of 13 confirmed Registrants for our Conference. We were left wondering if we were going to have a Conference or not...

Well to make a long story short, our Orange President went to work, with action and resourcefulness as her core values (cheered on by her other enthusiastic Orange colleagues) and hustled us up a total of 54 Registrants! We now had a Conference!

Blues, with their personal touch, naturally worked on getting Door Prizes and coordinated Vendor sponsorship.

Our Gold’s, in their organized style, looked after Speakers, publishing the Syllabus, and of course Catering to name a few.

Our Greens, in their knowledgeable and competent ways, worked out things like our Audio/ visual requirements, creating post Conference Evaluation Forms and ensuring Vendor set up needs were met.

Even organizing members, who hadn’t attended the Workshop, naturally seemed to find their group and shine with in it.

At times we all wore our “Plaid “, to be sure everything just plain got done and ensured our Conference was the success it was!!

We highly recommend other Chapters consider this entertaining, educational Event – you’ll be glad you did!

**Submitted by**

**Jan MacNeil, R.N.**

**(The “Orange” Treasurer!)**

**CSGNA Member Edmonton Chapter**

## **REFERENCES:**

1. Sandy Loy, BscN, MS for Caritas Health
2. Showing Our True Colors: A Fun, Easy Guide for Understanding and Appreciating Yourself and Others, by Mary Miscisin
3. Living Your Colors: Practical Wisdom for Life, Love, Work and Play, by Tom Maddron

**Just a reminder that we need donations  
for door prizes and the silent auction  
for the National Conference in Halifax  
September 2007!**

# Eosinophilic Esophagitis: An Emerging Entity

D. Abbruzzese RN CGN(C), CPN(C) • J. Young-Laurin RN CGN(C), CPN(C)

Today's endoscopy suites face a myriad of changes. With the advancement of technology comes increasing diagnostic awareness. Let us examine carefully those clients that we see for upper G.I. endoscopy. In particular, those with vague complaints of dysphasia, GERD, food impaction and retrosternal discomfort, all with little or no response to acid suppression therapy.

With the primary indications for gastroscopy in mind, let us look at eosinophilic esophagitis. (From here forward known as EE)

EE is an independent entity that is also referred to as allergic esophagitis. Although EE is not a new disease, it appears it is becoming prevalent with an increased recognition of the diagnosis.

At this point you may be asking, so what is EE? EE is described as a chronic inflammatory disease that is defined histologically by the presence of Eosinophils within the esophageal squamous epithelium. It is clinically defined by the dominant symptom of acute and recurrent dysphasia for solids with severe diffuse inflammatory esophageal lesions. Affects of this disease are generally seen in children with a history of allergies and asthma, although it does occur in young adults. It is rarely seen in infants. EE appears to be more widespread in males than in females but the reason for gender predisposition is unknown. It is very important to establish a correct diagnosis and differentiate between EE and those clients that suffer from chronic heartburn and GERD. Some of the cardinal signs of EE can found in the following list.

## *Cardinal signs of EE are:*

- Loss of vascular pattern is the most frequently noted symptom at the time of endoscopy
- Exudates (dense accumulation of eosinophils whites exudates, scale like, nodules plaques) are the 2nd most noted sign during endoscopy.
- Obstruction (short segment stricture, long segment stricture, solitary ring, corrugated rings)
- Lesions or erosions
- Circular folds or granularity
- Serpiginous erythema
- Friable mucosa
- Mucosal furrows
- Longitudinal tears post dilatation due to sub epithelial fibrosis

The etiology of EE is at present unknown. Although the cause is unknown, emphasis is on the role of food allergens vs. autoimmune disorders. The diagnosis of EE is made initially by the endoscopic appearance of esophageal ring formations; however biopsy is the most important test. A biopsy must be taken from at least two portions of the esophagus both distal and proximal sites. The density of the eosinophils in these tissue biopsies confirms the diagnosis. The Eosinophil concentration must be >20/hpf.

It is important to initiate treatment once a diagnosis has been confirmed. At present this treatment consists of total suppression of allergens from the client's diet. This therapy is usually the first line of defense for infants and children. Management also consists of oral corticoids/inhalation corticoids for a minimum of one month. If the adult client suffers from strictures, these are managed with dilatation at the time of endoscopy. After treatment is completed, relapses of symptoms are common and repeat courses of therapy are often necessary.

In conclusion when a client presents with a history of heartburn and dysphagia which is not responding to acid reflux therapy, a flag should be raised and a diagnostic gastroscopy should be considered. If the gross appearance of the mucosa is insignificant, the importance of biopsy should not be underestimated. Remember, when there is an issue, get some tissue.

## REFERENCES

1. Journal of Pediatric Gastroenterology and Nutrition, vol. 37, supp. 1 S23-S27 Eosinophilic Esophagitis in children and adults, November/December 2003 Chris A. Liacouras
2. Gastrointestinal Endoscopy, volume 58, No. 4, 2003, pages. 516-521 Clinical and endoscopic features of eosinophilic esophagitis in adults, John Croese,FRACP,MD,Steven K. Fairley, FRACP
3. Gastrointestinal Endoscopy, volume 59, NO. 3, 2004, Pges. 357-361 Eosinophilic Esophagitis in adults, J Potter, K Saecian, D Staff,et al,
4. Eosinophilic Esophagitis: Red on Microscopy, White on Endoscopy Digestion published online: Sept. 17, 2004 Alex Straumann, Hans-Peter Spichtin, Kathleen Bucher

*Janet and Daniela work at the Royal Victoria Hospital Endoscopy Unit in Barrie Ont.*



# Canadian Society of Gastroenterology Nurses & Associates

## GUIDELINES FOR THE CARE OF THE PATIENT RECEIVING MODERATE SEDATION

### Disclaimer

The Society of Gastroenterology Nurse and Associates presents this guideline for use in developing institutional policies, procedures, and/or protocols. Information contained in this guideline is based on published data and current practice.

The Society of Gastroenterology Nurses and Associates assumes no responsibility for the practices or recommendations of any member or other practitioner, or for the policies and practices of any practice setting. The nurse and associate function within the limits of provincial licensure, regulated health profession act and institutional policy.

### Purpose

CSGNA concurs with the position statement of the SGNA regarding the role of the nurse in the use of moderate sedation.

The purpose of this guideline is to provide direction for individual endoscopy units in establishing consistent policies and protocols for the safe administration of moderate sedation.

### Background

The safety and efficacy of IV – moderate sedation for GI procedures requires cooperation between the endoscopist and the GI registered nurse assistants. Both the physician and registered nurse have clearly defined roles and responsibilities for the safe administration of sedatives, patient monitoring during sedation, and management of sedation-related complications. Moderate Sedation is produced by the administration of pharmacologic agents. A patient under moderate sedation has a depressed level of consciousness but retains the ability to independently and continuously maintain a patent airway and respond appropriately to physical stimulation and or verbal command.

In all cases, care must be provided in adherence to institution defined and provincially mandated nursing scope of practice. Specific guidelines on the use of moderate and deep sedation can be accessed from published articles.

### Recommended Practice

Moderate sedation is produced by the administration of pharmacologic agents. It creates a depressed level of consciousness in the patient while yet allowing the patient to retain the ability to independently and continuously

maintain a patent airway and respond appropriately to physical stimulation and/or verbal command.

### Pre Procedure

All patients undergoing endoscopic procedures require pre-procedural evaluation to assess risk and to help manage potential problems related to pre-existing medical conditions.

The assessment includes history and a focused physical examination, review of current medications and drug allergies, cardiopulmonary status, and airway, particularly if deep sedation will be used. The GI nurse may assist in this assessment; however, it is the responsibility of the physician to determine the suitability of the patient for sedation.

### The RN will:

1. Inform the patient of restrictions related to driving or use of equipment requiring clear judgment or quick physical responses. It is advised not to drive for 24 hours.
2. Advise patients against ingesting alcohol for 24 hours post sedation.
3. Assure the patient has made discharge transportation arrangements according to hospital policy.
4. Document and inform physician of significant findings.

Once the suitability of the patient for sedation has been determined, particularly prior response to: IV Sedation (Valium, Demerol, Fentanyl, Versed, etc.), use of narcotics, benzodiazepines or other analgesic sedative or “social” drugs – a sedation plan is formulated. This plan determines the medications to be given and the intended level of sedation. The medication must be prepared and administered by the same individual. The medication may be administered to the patient by either the physician or the RN.

### Intra Procedure

During the procedure, it is the responsibility of the nurse to monitor and record the patient’s vital signs. The nurse observes the patient’s clinical status ability to tolerate the procedure. The nurse records these data prior to, at intervals during, and following the procedure. The purpose of patient monitoring is to detect potential intra-procedure complications, especially those due to sedation. During endoscopy under moderate sedation the nurse may perform interruptible tasks such as assisting with biopsy or polypectomy. For deep sedation, the registered nurse performing

the patient monitoring should have no other responsibilities. Effective communication is of vital importance to ensure a safe and comfortable procedure.

Complications due to sedatives, although not frequent, are the most common type of complication seen during endoscopic procedures. Sedatives may cause cardiopulmonary compromise and other complications such as allergic reactions, interactions with other drugs, and idiosyncratic or dose-related adverse side effects. As soon as complications are recognized the physician must be promptly informed. Management of any complication that may occur is the priority and may range from administration of medications to the patient (e.g., oxygen, sedative-reversal agents) to opening the airway and providing assisted ventilation (e.g., bag-mask ventilation, endotracheal intubation).

### The RN will

1. Document medications received by the patient.
2. Provide and document minimal monitoring of all patients including: BP, heart rate, oxygen saturation, respiration, level of consciousness, temperature, dryness of skin and pain tolerance at the initiation, during and at the completion of procedure.
3. Ensure the immediate availability of Emergency Equipment, e.g. Oxygen, oral airway, BMV (bag, mask, valve), medication to reverse the effects of narcotics and sedatives.

### Post Procedure

Post-procedural care should be delivered according to established protocols or written physician orders regarding the level of monitoring and discharge criteria.

### The RN will ...

1. Assess BP, heart rate, respiratory rate depth and effort and level of consciousness on admission to recovery area, after 15 minutes, until stable and at discharge. Post procedure pulse oximetry must be performed until the patients' respiratory status is stable or returned to pre-procedure state.
2. Assess and document unexpected events and post procedure complications as related to sedation and make interventions as required.
3. Assist and accompany patient to the bathroom, assess presence of orthostatic hypotension.
4. Assess gait prior to discharge.
5. Remove IV access prior to discharge, assess site and document.
6. Reinforce pre procedure teaching regarding driving, equipment operation and making decisions requiring judgment. The teaching provided should be in written form and a copy given to the patient prior to discharge.

## Conclusion

Each endoscopy unit must have policies regarding the use of sedation. These policies specify the responsibilities of each member of the sedation team. Adequate training must be undertaken prior to use of sedation for GI procedures. The training includes pre-procedural assessment, levels of sedation, pharmacology of sedative and reversal agents, basic life support, establishing and maintaining an adequate airway, recording vital signs and medications used, patient monitoring, and the recognition of complications. For deep sedation, additional training with emphasis on advanced airway management and treatment of cardiovascular complications, particularly hypotension, may be required.

The endoscopy unit must also provide continuing education with ongoing competencies for administering and monitoring all levels of sedation, and have a functioning quality improvement assurance program.

The Registered Nurse functions within the limitations of the provincial licensing body and Institutional policies.

## Definitions of Sedation according to ASA (American Society of Anaesthesia)

### “Minimal Sedation (Anxiolysis)

- A drug-induced state during which patients respond normally to verbal commands.
- Cognitive function and coordination may be impaired.
- Ventilatory and cardiovascular functions are unaffected.

### Moderate Sedation/ Analgesia (“Conscious Sedation”)

- A drug-induced depression of consciousness during which
  - ▶ patients respond purposefully to verbal commands either alone or accompanied by light tactile stimulation
  - ▶ reflex withdrawal from a painful stimulus is NOT considered a purposeful response
- No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate.
- Cardiovascular function is usually maintained.

### Deep Sedation/ Analgesia

- A drug-induced depression of consciousness during which patients cannot be easily aroused, but
  - ▶ respond purposefully following repeated or painful stimulation.
  - ▶ reflex withdrawal from a pain-ful stimulus is NOT considered a purposeful response
- The ability to independently maintain ventilatory function may be impaired.
  - ▶ Patients may require assistance in maintaining a patent airway.

- ▶ Spontaneous ventilation may be inadequate.
- Cardiovascular function is usually maintained.

### ASA Definitions

<u>Score</u>	<u>Risk Level</u>
ASA 1	Healthy
ASA 2	Mild systemic disease not affecting activities of daily living (e.g., mild essential hypertension).
ASA 3	Systemic disease affecting activities of daily living (e.g., rheumatoid arthritis, class 11 angina, diabetes)
ASA 4	Severe systemic disease is in constant threat of life (e.g., unstable angina, uncontrolled hypertension)
ASA 5	Unexpected to survive with or without treatment (e.g., ruptured abdominal aortic aneurysm, septic).

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Original Document September, 2002  
Updated May, 2007

Companion Resources:  
CSGNA Members

Acknowledgements  
Beth Fachnic

## ENDOPRO/DOCUSCRIBE REPORTING SYSTEM

Approximately two years ago, Hamilton Health Sciences implemented a new procedure reporting system called the Endopro/DocuScribe. It is a software management system which features a patient scheduling option, image capturing and reporting option, and the ability to accumulate data for statistical purposes. This reporting system assists endoscopic units to schedule patient procedures and combines templates for computer generated procedure notes with printable, annotated, images to accompany patient reports.

The patient scheduling feature allows for editing of daily schedules and modification or review of the status of each appointment. The template grid is color coded providing "at a glance" patient tracking. These grids can be individualized according to the user and customized according to procedure rooms to follow patients, appointment data, time increments and scheduling hours.

Images can be captured during the procedure and can later be selected, reviewed and inserted into the report. It is an electronic based reporting system so the procedure report is done on the computer and immediately sent into the patient's hospital file and also e-faxed to the referring physician immediately. The family or referring physician benefits from this method of rapid reporting as there is no waiting on postal service or dictations to be typed and verified. Remote workstations are located where the procedures can be viewed by residents, nurses and other physicians and therefore can be used as an educational tool while providing the patient with more privacy requiring fewer learners in the procedure room.

While the system can be tailored for use at multiple sites, it provides individual users and workstations with appropriate security. Networking possibilities include being able to interface with other hospital information systems and integrate local and area networks. This system has had very little impact on nursing workload as most of the work is done electronically by the physician.

**Submitted by**  
**Betty Kennah RN**  
**Cindy James RN BScN**  
**Hamilton Health Sciences,**  
**McMaster**

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

**Leslie Bearss, Newsletter Editor.**  
**Email [lesliejoy@sasktel.net](mailto:lesliejoy@sasktel.net)**

# CSGNA CHAPTER EXECUTIVE LIST 2006/2007

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 Treasurer: June Peckham

## Brochure for CSGNA National Conference September 21-22 2007, Halifax, Nova Scotia

### REGISTRATION

**CSGNA 23rd Annual Conference**

September 21-22, 2007  
Prince George Hotel  
Halifax, Nova Scotia

**Please Print:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Hospital/Agency: \_\_\_\_\_

Please indicate your credentials: RN, BN, CGRN, CGN(C), LPN, Other \_\_\_\_\_

**Please make cheque payable to CSGNA and mail to:**

CSGNAConference Registration  
c/o Karen Moricz  
CAG National Office  
2902 South Sheridan Way, #201  
Oakville, ON L6J 7L6

**Please note: You will not be considered registered until you have recieved confirmation either by fax or email.**

**Please circle your choices:**

Fees	A Member	B Non member	C "Come Taste the Sea" Sat, Sept 22
Received before July 31, 2007	\$200	\$250	\$60
Received after July 31, 2007	\$300	\$350	\$60
One day fee Friday Sept 21	\$200	\$250	\$60
One day fee Saturday Sept 22	\$200	\$250	\$60

Non member fee includes 1 year membership

Saturday Sept 22  
Come Taste the Sea!!!  
Extra Tickets (# of tickets) \_\_\_\_\_ X \$60

**Do you wish to have the lobster entree? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Dietary Restrictions/Allergies:** \_\_\_\_\_

Subtotal: \_\_\_\_\_

Total: (A+ C) \_\_\_\_\_ (B+C) \_\_\_\_\_

Make cheque payable to CSGNA. Receipts will be given at Registration Desk

**Will you be attending "Come Visit Your Roots Friday evening? Yes \_\_\_\_\_ No \_\_\_\_\_**

Extra Guest Tickets (# of tickets) \_\_\_\_\_ X \$60

**Certification Course –Thursday, Sept. 20 –Will you be attending? Yes \_\_\_\_\_ No \_\_\_\_\_**

### ACCOMMODATIONS

Participants are responsible for their own accommodations.

A block of rooms have been reserved until August 13th, 2007 at the Prince George Hotel.

Rates are \$195.00 per night

For reservations call 1-800-565-1567 and refer to the name of the conference.

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

Phone: 1-902-425-1986

Fax: 1-902-429-6048

Address:

Prince George Hotel  
1725 Market Street  
Halifax, Nova Scotia  
B3J 3N9

**Official Airline**

Contact WestJet

Tel. @ 1-800-538-5696

Fax @ 1-800-582-7072 or

Email: [conventions@westjet.com](mailto:conventions@westjet.com)

Please quote CSGNA-Nursing

Conference #QC4137

**Refund Policy:**

No refunds will be issued after September 8, 2007.

**A \$25.00 administrative fee will be enforced for cancellation.**

**Our conference is fragrance free**

**Business Casual Attire Requested**



# Brochure for CSGNA National Conference

## September 21-22 2007, Halifax, Nova Scotia

### FACULTY

Anthony R. Otley, MD, MSc, FRCPC  
Associate Professor  
Department of Pediatrics  
Division of Gastroenterology  
IWK Health Centre  
Halifax, Nova Scotia, Canada

Brenda Sabo, PhD(C), RN, BA, MA  
Team Leader, Professional Practice  
Queen Elizabeth II Health Sciences Centre  
Halifax, Nova Scotia, Canada

Joan Versnel, PhD, MSc., BSc.  
Assistant Professor  
School of Occupational Therapy  
Dalhousie University  
Halifax, Nova Scotia, Canada

Branka Stefanac, RN, BScN, CGN(C)  
GI Resource Nurse  
St. Mary's General Hospital  
Kitchener, Ontario, Canada  
CNA Representative

Shelley McNeil, MD, FRCPC  
Associate Professor of Internal Medicine  
Division of Infectious Diseases  
Dalhousie University  
Halifax, Nova Scotia, Canada

Douglas A. Bungay, RN, BScN, MN(C)  
Nurse Manager  
General Surgery/GI Medicine  
GI Clinic & Capital District Endoscopy Services  
Capital District Health Authority  
Halifax, Nova Scotia, Canada

Mary Anne Cooper, MD, MSc, Med, FRCPC  
Associate Professor of Medicine  
Department of Medicine  
Sunnybrook Health Sciences Centre  
Toronto, Ontario, Canada

Nancy Morrison, MD, FRCPC  
Respirologist  
Division of Respirology  
Queen Elizabeth II Health Sciences Centre  
Halifax, Nova Scotia, Canada  
Alexander Matz, MD, FRCPC  
Western Regional Health Centre  
Yarmouth, Nova Scotia, Canada

Tannis Macaulay Jurgens, PhD, MSc, BSc  
Associate Professor  
Natural Products Chemistry/  
Medicinal Chemistry  
College of Pharmacy  
Dalhousie University  
Halifax, Nova Scotia, Canada

Geoffrey Turnbull, MD, FRCPC  
Professor of Medicine  
Dalhousie University  
Halifax, Nova Scotia, Canada

Bill Carr  
Limelight Communications Group Inc.  
Bedford, Nova Scotia, Canada

### OBJECTIVES

- To encourage camaraderie and networking on a global basis.
- To provide current information in the specialty of Gastroenterology.
- To encourage the exchange of clinical and research information.
- To provide nurses with the opportunity to experience what is new and upcoming in both medical devices and pharmacology.
- To promote membership in the CSGNA.
- To participate in the planning and future direction of the CSGNA.

### EDUCATION PROGRAM

#### *Thursday, September 20, 2007*

- 1100-1500** Certification Course  
Weather Watch Room  
Dickson Building, VG Building  
Queen Elizabeth II Health Sciences Centre  
Dickson Building, Weather Watch Room Halifax, Nova Scotia (lunch included)  
**Guided Tour of Endoscopy Unit after Certification Course**
- 1500-1800** Registration  
The Prince George Hotel

#### *Friday September 21, 2007*

- 0730-0815** Registration & Continental Breakfast
- 0815-0830** Opening Ceremonies
- 0830-0930** Pediatric Gastroenterology: They Are Not Just Little Adults  
**Anthony Otley, MD, MSc, FRCPC(C)**
- 0930-1030** Exhibit Viewing and Nutrition Break
- 1030-1100** Annual Business Meeting
- 1100-1130** Research for Beginners: Step by Step  
**Brenda Sabo, PhD(C), RN, BA, MA**
- 1130-1300** Exhibit Viewing and Lunch

- 1300-1515** Breakout Sessions  
1. Ergonomics: There is More to Your Body Than the GI Tract  
**Joan Versnel, PhD, MSc., Bsc.**  
2. CSGNA Positions & Guidelines  
**Branka Stefanac, RN, BScN, CGN(C)**  
3. Certification and Recertification  
**CNA representative**
- 1515-1545** Exhibit Viewing and Nutrition Break
- 1545-1630** International Travel: Let's Not Ruin Our Vacation  
**Shelley McNeil, MD, FRCPC**
- 1800** Dinner and Entertainment at Pier 21 "Come Visit your Roots" (Transportation will be provided)

#### *Saturday September 22, 2007*

- 0730-0800** Exhibit Viewing and Breakfast
- 0800-0845** Nursing Practice  
**Doug Bungay, RN MN(C)**
- 0845-0945** Ontario Nurse Performed Flexible Sigmoidoscopy by Nurses  
**Mary Anne Cooper, MD, MSc, MEd, FRCPC**
- 0945-1045** Exhibit Viewing and Nutrition Break
- 1045-1130** Cystic Fibrosis & Is There a Role for Bronchoscopy?  
**Nancy Morrison, MD, FRCPC**
- 1130-1230** Laparoscopic Mucosal Resection  
**Alex Matz, MD, FRCPC**
- 1230-1330** Exhibit Viewing and Lunch
- 1330-1430** Holistic Medicine: What Do We Really Know?  
**Tannis Macaulay Jurgens, PhD, BSc, MSc**
- 1430-1530** G.I. Bleeds: Treatment Through the Century  
**Geoff Turnbull, MD, FRCPC**
- 1530-1630** Don't Worry, Be Happy!!  
**Bill Carr**
- 1630-1645** Closing Ceremonies
- 1800** Dinner and Entertainment – Come Taste the Sea!!!





# Canadian Society of Gastroenterology Nurses & Associates

C/O EDUCATION CHAIR: MICHELE PAQUETTE, 501 SMYTH ROAD, OTTAWA, ON. K1H 8L6

## APPLICATION FORM FOR **CAG** NURSE SCHOLARSHIP PRIZES

The Canadian Association of Gastroenterologists (CAG) scholarship prizes are available to one research nurse and one endoscopy nurse in the amount of \$500 each, to be used for travel to the Annual CDDW meeting.

### ELIGIBILITY:

1. Current active member of CSGNA for at least two years.
2. Active supporter of CSGNA and objectives.

### PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION:

1. A two page summary of how this scholarship and attendance at the proposed meeting would benefit you in your research/endo-clinical role in gastroenterology, and what self initiated research projects you are involved in.
2. A current Curriculum Vitae.
3. A letter of reference from your Unit Director.
4. Two letters of reference from CAG members.
5. Copy of CSGNA Membership Card.

**APPLICATION FORM AND SUBMISSIONS MUST BE RECEIVED BY THE EDUCATION CHAIR AT THE ABOVE ADDRESS BY **DEC 1** OF THE CURRENT YEAR.**

NAME: \_\_\_\_\_

CIRCLE ALL THAT APPLY: RN BScN BAN MSN CGN(C) OTHER \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ HOME TELEPHONE: ( ) \_\_\_\_\_

FAX: ( ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

HOSPITAL/EMPLOYER: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ JOINED THE CSGNA IN \_\_\_\_\_ (year).

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



# Canadian Society of Gastroenterology Nurses & Associates

**CSGNA Membership ends May 31st each year**

Karen Moricz c/o CAG National Office, 2902 South Sheridan Way, Oakville, ON L6J 7L6

## MEMBERSHIP APPLICATION

(CHECK ONE)

ACTIVE \$50.00

Open to nurses or other health care professionals engaged in full- or part-time gastroenterology and endoscopy procedure in supervisory, teaching, research, clinical or administrative capacities.

AFFILIATE \$50.00

Open to physicians active in gastroenterology/endoscopy, or persons engaged in any activities relevant to gastroenterology/endoscopy (includes commercial representatives on an **individual** basis).

RETIRED \$25.00

Open to members not actively engaged in gastroenterology nursing practice.

LIFETIME MEMBERSHIP

Appointed by CSGNA Executive.

## FORMULE D'APPLICATION

(COCHEZ UN)

ACTIVE 50,00\$

Ouvert aux infirmières et autres membres de la santé engagés à plein ou demi-temps en gastroentérologie ou procédure endoscopique en temps que superviseurs, enseignants, recherches application clinique ou administrative.

AFFILIÉE 50,00\$

Ouvert aux médecins, actifs en gastroentérologie endoscopique ou personnes engagés en activités en gastroentérologie/endoscopiques incluant représentants de compagnies sur une base individuelle.

RETRAITÉ 25,00\$

Ouvert aux membres non engagés activement dans la pratique infirmière en gastroentérologie.

MEMBRE À VIE

Nomme par l'exécutif.

## APPLICANT INFORMATION / INFORMATION DU MEMBRE

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

SURNAME

NOM DE FAMILLE \_\_\_\_\_

FIRST NAME

PRÉNOM \_\_\_\_\_

MAILING ADDRESS

ADDRESS DE RETOUR \_\_\_\_\_

CITY

VILLE \_\_\_\_\_

PROV.

PROV. \_\_\_\_\_

POSTAL CODE

CODE POSTAL \_\_\_\_\_

HOME PHONE

TELEPHONE ( ) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

HOSPITAL/OFFICE/COMPANY NAME

NOM DE HÔPITAL/BUREAU/COMPAGNIE \_\_\_\_\_

BUSINESS PHONE

TELEPHONE TRAVAIL ( ) \_\_\_\_\_

EXT.

LOCAL \_\_\_\_\_

TITLE/POSITION \_\_\_\_\_

CHAPTER NAME

NOM DU CHAPITRE \_\_\_\_\_

EDUCATION (CHECK ONE)

ÉDUCATION (COCHEZ UN)

RN

IA

RPN/LPN

I AUX

TECH

TECH

OTHER ((EXPLAIN)

AUTRE (SPÉCIFIEZ) \_\_\_\_\_

CNA MEMBER YES/NO

MEMBRE AIC OUI/NON

CNA CERTIFICATION IN GASTROENTEROLOGY

CERTIFICATION EN GASTROENTÉROLOGIE DE L'AIC

MEMBERSHIP (CHECK ONE)

ABONNEMENT (COCHEZ UN)

RENEWAL

RÉNOUVELLEMENT

NEW

NOUVEAU

Please make cheque payable to CSGNA  
(Mail with this completed application to the above address)

Prrière de libeller le chèque à CSGNA  
(Envoyez avec cette formule d'application dûment remplie à l'adresse ci-haut mentionnée.)



# Canadian Society of Gastroenterology Nurses & Associates

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## Fundamentals in Gastroenterology Halifax, Nova Scotia

- Date:** Thursday September 20, 2007
- Location:** Weather Watch Room  
Dickson Building, VG Building
- Registration and lunch:** Free  
Must register at the Prince George Hotel  
Registration Desk will be opened most of the day Thursday
- Time:** 11:00–15:00
- Program:**
- 11:00–11:30 Infection Control update
  - 11:30–12:00 Documentation guidelines
  - 12:00–12:45 Lunch
  - 12:45–13:15 Competency Tool for orientation
  - 13:15–13:45 A &P of Biliary and Pancreatic system
  - 13:45–15:00 Mock certification exam with correction

### CHANGE OF NAME/ADDRESS



**NAME:** \_\_\_\_\_

**NEW ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **PROVINCE:** \_\_\_\_\_

**POSTAL CODE:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**[Send change of name/address to the Membership Director and to the CSGNA executive assistant]**

# Scarborough Hospital

## —GENERAL DIVISION 100% CNA CERTIFIED IN GASTROENTEROLOGY

With the recent results of the CNA Certification examination in Gastroenterology, The Scarborough Hospital – General Division is now 100% CNA certified!

Since the first exam writing, each year one or more members of the staff have written the Gastroenterology exam. During this past April's examination session, the last of the RNs in Endoscopy qualified to write and received her certification.

The staffs are now in the process of ensuring that they maintain their certification and plan to re-certify by continuing education hours.

Congratulations to The Scarborough Hospital – General Division, demonstrating their dedication to providing excellent care to their Gastroenterology patients.

Submitted by:  
Elaine Burgis RN CGN(C)  
CSGNA President Elect

## “I’m all pinkies!”

May 26 saw Red Deer endoscopy nurses learning how to use their pinkie fingers to better handle those pesky ERCP wires, so we will no longer be complaining that

we are “all thumbs!” Evelyn Matthews, ERCP Nurse Extraordinaire from Calgary, gave a wonderful presentation and hands-on demonstration of many products. From experienced nurses to those just starting, we all learned a lot that will make our procedures go more smoothly. Thanks to Flo Scherpenisse of Cook Canada for sponsoring this event.

Submitted by:  
Joanne Glen R.N. CGN(C)  
Director Canada West

---

## CSGNA SCHOLARSHIP RECIPIENTS 2007

Nancy Campbell, Ontario  
Ellen Coady, Newfoundland  
Joan Rumsey, Newfoundland  
Daniella Abbruzzese, Ontario  
Elaine Binger, Ontario  
Beth Fachnie, Ontario  
Heidi Furman, Ontario  
Jean Hoover, Ontario  
Judy Deslippe, British Columbia  
Linda Feltham, Newfoundland  
Rachel Thibault-Walsh, Ontario  
Evelyn Matthews, Alberta

---

## NEW MEMBERS SCHOLARSHIP RECIPIENT

Judith Spencer, Alberta

---

## CAG SCHOLARSHIP RECIPIENTS 2007

Elaine Burgis Research Nurse, Ontario  
Mabel Chaytor Endoscopy Nurse, Newfoundland



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



**CSGNA  
National  
Conference  
September 21-22 2007  
Halifax , Nova Scotia**

**“Come See the Sea”**

**FUTURE  
CSGNA  
CONFERENCES**

**HALIFAX  
2007**

**VANCOUVER  
2008**

**TORONTO  
2009**

# CSGNA 2006-2007 Executives

**PRESIDENT** \_\_\_\_\_

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**NEWSLETTER EDITOR** \_\_\_\_\_

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**PRESIDENT ELECT** \_\_\_\_\_

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**SECRETARY** \_\_\_\_\_

**USHA CHAUHAN**  
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**CANADA EAST DIRECTOR** \_\_\_\_\_

**MABEL CHAYTOR**  
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**MEMBERSHIP DIRECTOR** \_\_\_\_\_

Send any inquiries regarding membership to the CSGNA executive assistant Karen Moricz. Her address and other contact information are listed at the bottom of this page.

**TREASURER** \_\_\_\_\_

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**BRANKA STEFANAC**  
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**CANADA WEST DIRECTOR** \_\_\_\_\_

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**PUBLIC RELATIONS** \_\_\_\_\_

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**CSGNA EXECUTIVE ASSISTANT** \_\_\_\_\_

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