



The Guiding Light

CANADIAN SOCIETY OF GASTROENTEROLOGY NURSES & ASSOCIATES

MARCH 1998 VOL. 8, #33

CSGNA Bylaws

REVISED SEPTEMBER 1997

As CSGNA grows, the functioning of the National Executive and its Chapters change. These changes are reflected in the Bylaws of the Society. In the following pages you will find the Bylaws, revised as of September 1997. Further revisions will be sent to each member in the Annual Report in June 1998 and will be voted on by all members in good standing. Please keep the Bylaws printed in this issue as a reference for voting on revisions slated for 1998.

Respectfully submitted
Cindy Hamilton RN CGRN
President-Elect

CANADIAN SOCIETY OF GASTROENTEROLOGY NURSES AND ASSOCIATES CSGNA BYLAWS: SEPTEMBER 1997

- 1.1 NAME
The name of the organization shall be the "Canadian Society of Gastroenterology Nurses and Associates (CSGNA). Hereinafter the word "Society" shall refer to "Canadian Society of Gastroenterology Nurses and Associates".
- 2.1 PURPOSE
The purpose shall be to unite into an organization, persons engaged in any capacity in the field of Gastroenterology Nursing in Canada (i.e. in any of the ten provinces and two territories).
- 3.1 GOALS
The goals of the Society shall be to promote education and quality of patient care by:
 - 3.1.2 Setting standards of practice.
 - 3.1.3 Developing educational programs
 - 3.1.4 Encouraging study, discussion, exchange of information related to experience and practice.
 - 3.1.5 Promoting continually through the examination of principles and development of protocols.
 - 3.1.6 Encouraging understanding of the advancements in related technology and sciences.
- 4.1.1 HEAD OFFICE
The head office shall be located at the address designated by the Executive for that fiscal year.
- 4.1.2 The Corporate Seal of the Society shall be held in safekeeping by the officer designated by the Executive for fiscal year.
- 5.1 MEMBERS
There shall be four classes of members consisting of active, affiliate, lifetime, and inactive.
- 5.2 Active – shall be comprised of licensed Registered Nurses and associates engaged in gastroenterology nursing or endoscopic procedures. They are eligible to vote and hold office.
- 5.3 Affiliate – shall be comprised of persons interested in the field of gastroenterology nursing. They will not be eligible to vote or hold office.
- 5.4 Lifetime – an individual deemed to have contributed substantial time and effort towards the advancement of the CSGNA may be nominated for a lifetime membership. Nominations may be submitted by the general membership and/or Executive. Lifetime awards are to be voted on by the general membership in attendance at the annual business meeting. Lifetime membership will include voting privileges.
- 5.5 Inactive – shall be a member who is not currently engaged in gastroenterology nursing or endoscopic procedures. They are not eligible to vote or hold office. The period of time can be indefinite providing fees are kept current.
- 5.6 Membership is not transferable. All members shall receive all publications from the Association.
- 5.7 The term "Associates", in the title of the Society, refers to those persons working in a non-nursing capacity but under the supervision of the Registered Nurse or Nurse-manager.
- 6.1.1 FEES
A membership fee will be required from the active and affiliate members each year on or within thirty days of their anniversary date, and will become delinquent after that time.
- 6.1.2 Membership shall lapse automatically as of one month after the anniversary date if dues have not been received by the Treasurer by that time.
- 6.1.3 The Executive shall determine annual dues payable and shall give appropriate notice to members.
- 6.1.4 Members will be notified of any changes in membership requirement, as accepted by vote at the annual meeting, by Regional Directors and in "The Guiding Light" publication.
- 6.1.5 Members of the Executive do not pay any dues while in office.
- 6.1.6 No membership fee is required from a lifetime member.
- 6.2 All dues are payable in Canadian funds to the "Canadian Society of Gastroenterology Nurses and Associates".
- 7.1.1 MEETINGS
The annual business meeting shall be held in conjuncture with the annual conference.
- 7.1.2 At the annual business meeting the results of voting for Executive officers open for election will be announced.
- 7.1.3 Reports from the Executive officers will be presented as well as bylaw amendments, and any other significant business will be transacted as may be deemed of national concern.

- 7.2 Written notice of the annual business meeting shall be included in the information about the annual conference and shall be mailed at least thirty (30) days prior to that date.
- 7.3.1 Each Chapter shall plan a minimum of four (4) education hours per year for the membership in its area.
- 7.3.2 Notification of these are to be sent to the respective members a minimum of fourteen (14) days prior to the event.
- 8.1 **QUORUM**
The quorum shall consist of the majority of members present.
- 9.1.1 **ELECTION OF OFFICE**
All members eligible to vote will be informed of the Executive positions available and the deadline for nominations via the first "Guiding Light" publication after the annual business meeting.
- 9.1.2 A slate of candidates for officers open in that fiscal year shall be mailed to the Active membership one hundred and twenty (120) days before the annual meeting.
- 9.1.3 Ballots are to be returned to the Chair of the Nominating Committee ninety (90) days before the annual meeting.
- 9.1.4 Each member has one vote per office.
- 9.2.1 Votes will be tabulated and recorded in the minutes of the Executive.
- 9.2.2 The successful candidates will be announced to the membership at the annual business meeting.
- 9.2.3 If there is no contested office, the officer is elected acclamation.
- 9.2.4 Successful candidates will be notified as soon as possible after counting of the ballots in order that they may make the necessary arrangements to attend the annual conference.
- 9.3.1 As the first meeting of the new Executive is extremely important and sets the tone for the whole year, this meeting should be scheduled to take place in conjunction with the annual conference and meeting.
- 9.3.2 Hand over of duties from retiring Executives to newly elected Executives shall take place at the time of the annual CSGNA conference.
- 9.4.1 Ballots will be kept by the Chair of the Nominations committee.
- 9.4.2 A motion to destroy the ballots will be made by said chairperson during the annual business meeting.
- 9.4.3 The ballots will be destroyed only after the motion is carried by a show of hands from the members present.
- 9.4.4 If a motion for a recount of any office is made and carried tellers will be chosen from the members present prior to the end of the annual conference and the results announced to the membership.
- 10.1 **EXECUTIVE**
The Executive of the Association shall include: President, President-Elect, Secretary, Treasurer, Education Chair, Newsletter Editor, and the Board of Directors.
- 10.2 Included ex-officio officers on the Executive is the Board of Medical Advisors.
- 10.3 The Executive offices are open to all active members of the Association.
- 10.4 The Executive officers shall have the powers and authority as described to perform their expected offices.
- 11.1 **TERMS OF OFFICE**
- 11.1.1 The President shall serve for two (2) years.
- 11.1.2 The President-Elect will automatically accede to the presidency when the President's term ends.
- 11.1.3 He/she shall become acting President and assume the duties of the office in the event of the President's absence.
- 11.2 The President-Elect must have served the Association in some capacity prior to being elected to this office.
- 11.3.1 Persons elected Secretary, Treasurer, Education chair, Director, and Newsletter Editor, shall hold office for two years or until their successors are elected.
- 11.3.2 No person can be elected to consecutive terms as President or President-Elect.
- 11.3.3 No officer of the Executive can hold more than one office at a time.
- 11.3.4 There shall be no restriction upon the number of terms which other officers may be elected to succeed themselves.
- 11.4.1 Elections to fill the offices of Secretary, Education chair, and one Director from each of Canada East, Centre and West shall be held in odd numbered years.
- 11.4.2 Elections to fill the offices of Treasurer, Newsletter Editor, and one Director from each of Canada East, Centre and West will be held in even numbered years.
- 11.4.3 Upon retiring from office, all officers shall deliver all records, correspondence or other property of the Association to their successor within thirty (30) days.
- 11.4.4 **VACANCIES**
- A: Whenever the office of President becomes vacant, the President-Elect shall succeed to the Presidency for the completion of the unexpired term and continue in office for another full term. If the office of President becomes vacant while there is a vacancy in the office of President-Elect officers shall appoint an acting President from the present Board members who shall serve until the end of that term. A special election shall be held to fill the office of President-Elect.
- B: If another executive position shall become vacant, the officers shall elect an acting replacement from the voting members of the Association.
- 12.1.1 **DUTIES OF THE OFFICERS: THE PRESIDENT.**
- 12.1.2 Represents the Association.
- 12.1.3 Presides at all meetings of the Association.
- 12.1.4 Represents the Association at the annual SGNA conference and other conferences as deemed necessary by the Executive.
- 12.1.5 Compiles Annual report and submits to the National Secretary for printing and circulation to the general membership.
- 12.1.6 Conducts correspondence pertaining to the Association.
- 12.1.7 Be an ex-officio on all standing committees.
- 12.1.8 Contribute an article or editorial to each issue of "The Guiding Light".
- 12.1.9 Serve as the Chair of the Nominating Committee.
- 12.2.1 **PRESIDENT-ELECT**
- 12.2.2 Automatically accede to the Presidency when the President's term ends.
- 12.2.3 Becomes acting President and assume the duties of the office in the event of the President's absence, disability or resignation.
- 12.2.4 Serve as an advisory member without voice on standing and special committees.

- 12.2.5 Chair the bylaws committee for annual review.
- 12.2.6 Communicates regularly with the provincial nurse's organizations and CNA about activities of the Association.
- 12.2.7 Perform such duties as may be delegated by the President.
- 12.2.8 Shall liaise with SIGNEA.
- 12.3.1 SECRETARY The Secretary shall:
- 12.3.2 Record the minutes for all meetings of the Association and Executive.
- 12.3.3 Forward minutes of meetings to all Executive and Medical Advisors.
- 12.3.4 Be responsible for the reading of the minutes of the previous years business meeting at the annual meeting.
- 12-3.5 Possesses a current list of names of members received from the Treasurer.
- 12.3.6 Issue notices of meetings, activities, and conferences to all members.
- 12.3.7 Conduct all correspondence for the Association as directed by the Executive.
- 12.3.8 Have responsibility of the Annual Report to the general membership, one hundred and twenty (120) days prior to the annual business meeting.
- 12.3.9 Maintain an inventory of educational resources available to the membership.
- 12.4.1 TREASURER The treasurer shall:
- 12.4.2 Be responsible for collecting of fees from the members and deposit their fees in a chartered bank or trust company.
- 12.4.3 Maintain a bank account for the Society with a minimum of three signing officers appointed and two signatures required for any transaction.
- 12.4.4 Make such payments as are authorized by the Association.
- 12.4.5 Maintain records of expenditures of the Association.
- 12.4.6 Submit to the Executive, sixty (60) days prior to the annual meeting, a Treasurer's report for publication in the annual report.
- 12.4.7 Maintain records of chapter educational sessions and annual reports. Copies of educational reports should be forwarded to the National Secretary.
- 12.4.8 Automatically becomes a member of the Education Committee and Annual Conference Planning Committee.
- 12.4.9 Issue membership cards and receipts to membership. Collect and maintain records of membership.
- 12.4.10 Forward to the Secretary and President every February a current list of all members of the Association and update as necessary.
- 12.4.11 Prepare a membership list for publication and distribution to the members upon request.
- 12.5.1 EDUCATION CHAIR The Education Chair shall:
- 12.5.2 The Education Committee shall consist of the Education Chair, one Director, the National Secretary, and four members at large.
- 12.5.3 Monitor CSGNA Education Fund.
- 12.5.4 Establish criteria for use of the fund and review annually.
- 12.5.5 Recommend fund-raising activities.
- 12.5.6 Plan the course content for the annual CSGNA conference.
- 12.5.7 Provide direction to the Conference Planning Committee regarding educational content.
- 12.5.8 Review, provide recommendations, and approve content for proposed CSGNA educational events.
- 12.5.9 Ensure that all CSGNA events remit appropriate reports, financial statements and reimbursements.
- 12.6.1 BOARD OF DIRECTORS The Board of Directors shall:
- 12.6.2 Encourage and assist the formation of chapters in their area.
- 12.6.3 Act as a monitor and resource for the issues of concern in their region.
- 12.6.4 Consult with the executives of the Chapters and with individual members in their region about the work of the Association.
- 12.6.5 Report to the National Executive at regular intervals as deemed necessary by the Executive.
- 12.6.6 Attend a minimum of two meetings of the Executive in consultation with the Board.
- 12.6.7 Receive the minutes and agenda of executive meetings with sufficient time to respond to issues for those meetings which they will not be expected to attend.
- 12.6.8 Submit a report of activities and future plans to the Executive for the Annual Report, sixty days prior to the Annual Business Meeting.
- 12.6.9 Submit reports about their region's activities to the Newsletter.
- 12.6.10 There shall be two Directors elected from each of Canada East, Centre and West. One regional Director will be elected yearly in each designated region.
- 12.6.11 Canada East: consisting of: Prince Edward Island, Newfoundland, Nova Scotia, New Brunswick.
- 12.6.12 Canada Centre: consisting of: Ontario, Quebec.
- 12.6.13 Canada West: consisting of: Manitoba, Saskatchewan, Alberta, British Columbia, North West Territories, and the Yukon.
- 12.7.1 NEWSLETTER EDITOR The Newsletter Editor shall:
- 12.7.2 Compile and edit submitted material for publication of the newsletter three times annually.
- 12.7.3 Approve the final version of the edited newsletter prior to printing.
- 12.7.4 Provide updated membership list to newsletter distributor and ensure mail out of the newsletter to all membership in good standing.
- 13.1.1 Compensation:
All members of the Executive should attempt to receive funding from their usual sources (hospital nursing funds, research funds, incentive programs).
- 13.1.2 Any expenses not covered in this way will be paid by CSGNA.
- 13.2.1 All CSGNA financial requests over \$200.00 must be approved by two Executive, one of which shall be the Treasurer.
- 13.2.2 Verification of the appropriate receipts and the appropriate use of CSGNA funds must be present before reimbursement.
- 13.2.3 No reimbursement shall be made without appropriate receipts.
- 13-3.1 The expenses of the outgoing executive will include those incurred at the Annual Conference at which their term of office is complete
- 13.3.2 The expenses of the incoming Executive will be paid by CSGNA.
- 14 DISCIPLINARY ACTION:
- 14.1.1 Members shall be subject to reprimand, censor, suspension or expulsion by a two-thirds vote of the active members for violation of the Constitution and Bylaws or the Charter.
- 14.2 No such action shall be taken against a member until specific charges have been filed.

- 14.3 Members reprimanded, censored, suspended or expelled under the provisions as stated may within thirty days after notification of such action, request the Executive of the CSGNA to review any questions of law or procedure involved therein.
- 14.4 Executive members of chapters are subject to the same rules of compensation, discipline and removal as the National Executive.
- 14.5.1 A "conflict of interest" shall be defined as any situation or potential situation where an individual may gain or is to be perceived to gain, directly or indirectly from discussion on voting on said matters.
- 14.5.2 Any CSGNA member on a committee or in an Executive position, finding themselves in a conflict of interest, will remove themselves from voting on said matter.
- 14.5.3 Any CSGNA member who does not identify a conflict of interest, remains as a part of the discussion and/or voting process, may be asked to resign from the said committee and/or Executive position following a review by the National Executive.
- 15.1 REMOVAL:
- 15.1.1 Officers elected by the membership may be removed by two-thirds vote of the active members present at the Annual Meeting.
- 15.1.2 The successor will be the runner up in the previous election and remains in office until the end of the stated term.
- 16 BOARD OF MEDICAL ADVISORS.
- 16.1.1 The Board of medical Advisors shall consist of four physicians active in the field of gastroenterology.
- 16.1.2 The Executive shall consult with the Board of Medical Advisors in regard to all matters of medical policy and any other matter they request.
- 16.1.3 Members of the Board of Medical Advisors may attend all membership meetings, conferences and seminars.
- 16.1.4 They have full privileges of voice but no vote.
- 16.2.1 The Board of medical Advisors shall consist of:
- 16.2.2 The physician mentor for the President of the Association, preferably a member of the CAG.
- 16.2.3 The term of said advisor will be automatic and self limiting to the office.
- 16.2.4 One advisor from each of Canada's three designated regions recommended by the Board of Directors and agreed in majority vote by the Executive.
- 16.2.5 Each will be for a two year term, voted in alternate years.
- 16.2.6 May serve consecutive terms if so agreed by the Directors of that region.
- 17 PUBLICATION:
- 17.1.1 The association shall publish three newsletters annually entitled "The Guiding Light".
- 17.1.2 It shall be sent to all members Winter, Spring, and Fall.
- 17.1.3 The Editor is responsible for compiling a comprehensive pertinent communique and distributing it free to all members by the dates so stated.
- 18.1 EDUCATIONAL EVENTS
- 18.1.1 All CSGNA educational programs must complete an "Educational Pre-Program Proposal" form and submit it along with their budget to a regional Director six (6) weeks prior to the event.
- 18.1.2 The proposal will be approved by a Director and the Education Committee Chair one (1) month prior to the event.
- 18.1.3 If the program is being presented by a director approval by another Director and the National Treasurer must be obtained.
- 18.1.4 Chapters will have their educational program and budget approved by the Chapter Treasurer, a Director of their region and the Education Chair one (1) month prior to the event.
- 18.1.5 If the program and /or budget is not approved by either the Director or the Education Chair, it must be brought to the immediate attention of the President or in his/her absence the President-Elect.
- 18.1.6 The above will result in a discussion with the individual presenting the program and acceptance or rejection of the proposed program and/or budget.
- 18.2.1 Upon completion of any CSGNA educational program (including chapters), a final report on the "Education Post-Program Report" form must be submitted to the National Treasurer within one (1) month of the event.
- 18.2.2 The Treasurer will review the report and forward a copy to the Education Chair for retention in the CSGNA records.
- 18.3.1 All CSGNA events, sponsored or held by chapters or individual members, shall remit twenty-five (25%) of all profits generated, to the National Society to support programs for the general membership. (i.e. guidelines for practice, certification process etc.)
- 18.3.2 Any CSGNA member hosting/conducting an educational or fund raising event utilizing the CSGNA title shall have a bank account requiring two (2) signing officers, both members of the CSGNA.
- 18.3.3 All CSGNA chapters shall remit twenty-five percent (25%) of all profits at year end December 31, with their financial report for that said year.
- 18.3.4 An extenuating circumstance needing an extension must be obtained from the National Treasurer and President.
- 18.3.5 The remainder of profits raised by chapters at CSGNA designated events are to be used for needs as determined by it's membership.
- 18.3.6 The remainder of profits raised by CSGNA members shall be placed in a bank to organize future CSGNA educational meetings, supporting chapter formation costs, and to pay for bank account expenses. (i.e. service charges).
- 18.3.7 The national CSGNA shall remit ten (10%) of the profits from the annual conference, meeting to the CSGNA chapter hosting the event. This reimbursement shall be an exception to bylaw 18.3.1 but should be acknowledged in bylaw 18.3.9.
- 18.3.8 All CSGNA chapters will submit an annual financial report to the National Treasurer at fiscal year end December 31.
- 18.3.9 All chapters should be available for audits at the request of the National Treasurer.
- 18.4 BYLAWS COMMITTEE
- 18.4.1 Shall consist of the President-Elect, President, Secretary, and three members at large. The members at large will be one from East, Centre and West.
- 18.4.2 It shall be chaired by the President-Elect.
- 18.4.3 Duties: Review annually and make amendments as necessary.

- 18.5 NOMINATING COMMITTEE:
- 18.5.1 Shall consist of the President and three members at large.
- 18.5.2 It shall be chaired by the President.
- 18.5.3 Duties: recommend candidate(s) for each office. Each nominee must be a member in good standing and must signify his/her consent to stand for office.
- 18.5.4 Mail ballots to the membership.
- 18.5.5 Count the ballots and announce successful candidates to the membership at the annual business meeting.
- 18.5.6 Report tabulations to the Executive for recording in the minutes.
- 18.5.7 If an elected member resigns or can no longer fulfil, his/her duties before the term of office is completed, the Executive shall appoint an interim replacement until the annual meeting when this situation can duly be resolved.
- 18.5.8 The person appointed should be the first runner up from the election, when possible.

- 18.6 SPECIAL COMMITTEES
- 18.6.1 The Executive, at a general meeting, may appoint a special committee and give it the power as necessary to discharge it's duties.
- 18.6.2 A written report shall be submitted to the Executive upon completion of the special committee's duties.19.6.1 Chapter President will report any such problems to the Regional Director.
- 19.6.2 The Regional Director will make arrangements for the Chapter and its Executive to meet with the CSGNA President or a member of the CSGNA National Executive for the purpose of evaluating the problems.
- 19.6.3 The results of this meeting will be presented to the National Executive at the next regularly scheduled executive meeting.
- 19.7.0 The CSGNA National Executive will determine the outcome for the Chapter.
- 19.8.0 A probationary period of twelve months may be granted to comply with the charter requirements.
- 19.9 The chapter may be revoked
- 19.10 DISSOLUTION
In event of the dissolution, the chapter executive, after payment of or making provisions for the payment of all liabilities, shall dispose of the assets of the chapter by forwarding the assets to the CSGNA National Executive.
- 19.11 A chapter may also belong to it's Provincial Nurses Association provided there is no conflict of interest with the CSGNA.

THANK YOU STERIS!

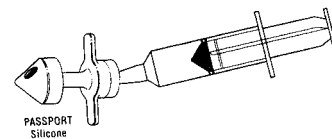
The CSGNA wishes to thank Steris for their sponsorship of 'The Guiding Light' for the past two years. Their support of the CSGNA in the past has been gratefully appreciated. We look forward to continuing a successful relationship in the future. Once again thank you for helping us make 'The Guiding Light' a success.



WELCOME ABOARD!

The CSGNA would like to welcome Cook Canada as our new sponsor for The Guiding Light. We look forward to our continued success in bringing you The Guiding Light.

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A DAY WITH THE ENEMA QUEEN

With the controversy surrounding hospital systems everywhere, one approaches the Day Ward at the Misericordia Hospital with some misgivings. How hostile will the staff be? Is it safe? Will I be treated shabbily?

Au contraire! I was approached by a nurse wearing a stylish purple summer pant suit and flowered jacket. Apart from the address on the band on my wrist, "my room" could have been any curtained cubicle in any doctor's office. "Hi, I'm Jo - not Mary Jo, just Jo" came from a small, attractive, middle aged (I'm getting old - middle aged is anyone over 21 and under 50!) lady who sat down in the chair by my bed with a relieved sigh. I was the second person to occupy that bed today, and the same was true of all of the other beds in the unit. But you wouldn't know it from her attitude towards me. I occupied that bed for four hours and watched Jo and her partner in crime, Doris, treat each person who appeared as though his/her problems were the most important in the world. They were quick to assess the patients, quip with some, reassure others and generally make everyone who was being subjected to the anticipated torture, relax and prepare for each procedure scheduled.

We talked. Or rather, I talked and Jo listened. She laughed at my pitiful attempts at humour and volunteered some of her own, eliciting all the information required without appearing invasive. Sensing my mood, she announced that they were going to put a garden hose up my butt and have a look around. She even appeared excited to be able to show me an actual picture of a colon like mine, scurrying off to detach it from its place of honour on the wall. (Personally, I can think of a number of things I'd rather hang on the wall - but this isn't about interior decorating!) I heard her explaining the same procedure to an older gentleman in the bed opposite. She used words

like "Mechanism with a light on the end to see if they could find the problem." How come I got a garden hose and he got a mechanism?

Is this a two-tiered health system?

The doctor was called away to the emergency room, but Jo and Doris carried on - checking on each patient, inserting I.V.s, and generally making everyone comfortable. At one point, Doris called for the "Enema Queen". Jo confided in me that she was really the "Endorphin Queen" because she has the energy to swim every morning, but, through a division of labour decided on some higher plain, she gave the enemas that day and Doris did the poking for intravenouses. That way, each could indulge her sadistic tendencies without getting carried away.

The procedure was exactly as described, except I can't remember much of it. I knew they were hurting me, but I didn't care. They are sneaky in Day Ward; they give you a needle in your I.V. that makes you forget all but the good stuff. I certainly remember the good stuff and must compliment them on their expertise in this regard. I wonder if it comes flavoured to be administered to kids. This could revolutionize parenting!

A gentle awakening under a pre-warmed, cozy blanket, a nice cup of tea, a note telling me the diagnosis (because, of course, I might forget that too), finding my husband, and I was on my way home.

No, I was not treated shabbily. Working under great pressure and with apprehensive patients, the staff in the Endoscopy Unit of the Misericordia Hospital have accomplished something I wouldn't have dreamed possible - making a colonoscopy almost pleasant. The key word here is "almost".

Thank you!
April 13, 1996
(SUZIE)

April 14, 1996

Dear Jo,

With the enthusiasm and encouragement you provided, I decided that the first thing I must do is write a wee piece about my thrilling experience under your tender care.

Herewith (see I know the legal jargon) I enclose that piece, with a copy that you may feel free to provide to the Caritas Health Group. After my last colonoscopy I sulked. After this one, I am ready to charge into the world. Thanks.

Suzie

THANK YOU!

EDUCATION COMMITTEE MEMBERS:

This extra special thank you to tell you all, how much my appreciation of the CSGNA \$700.00 scholarship helped me enjoy the Halifax Conference.

The CSGNA does make dreams come true.

Thanks for everything.

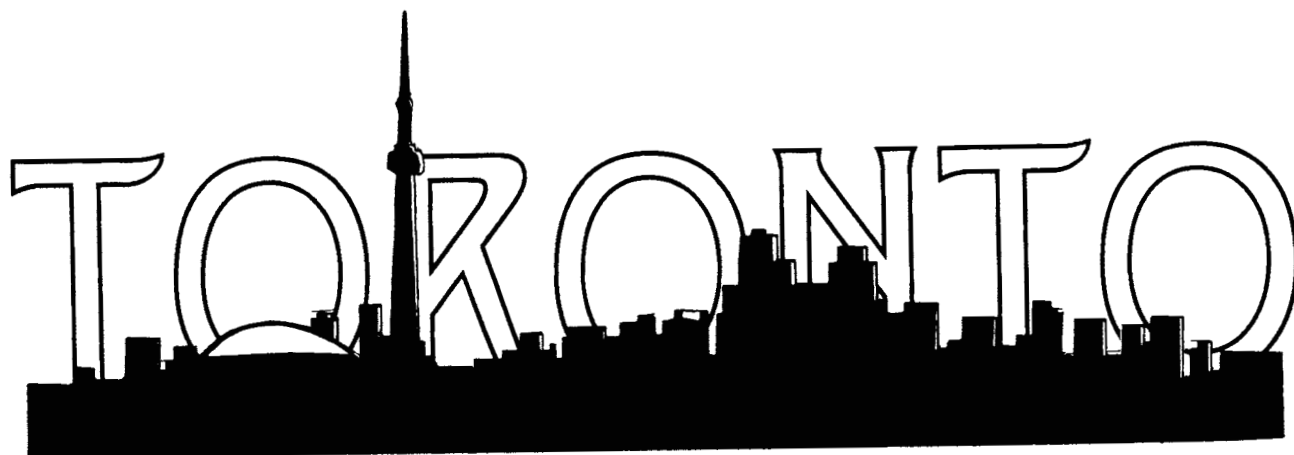
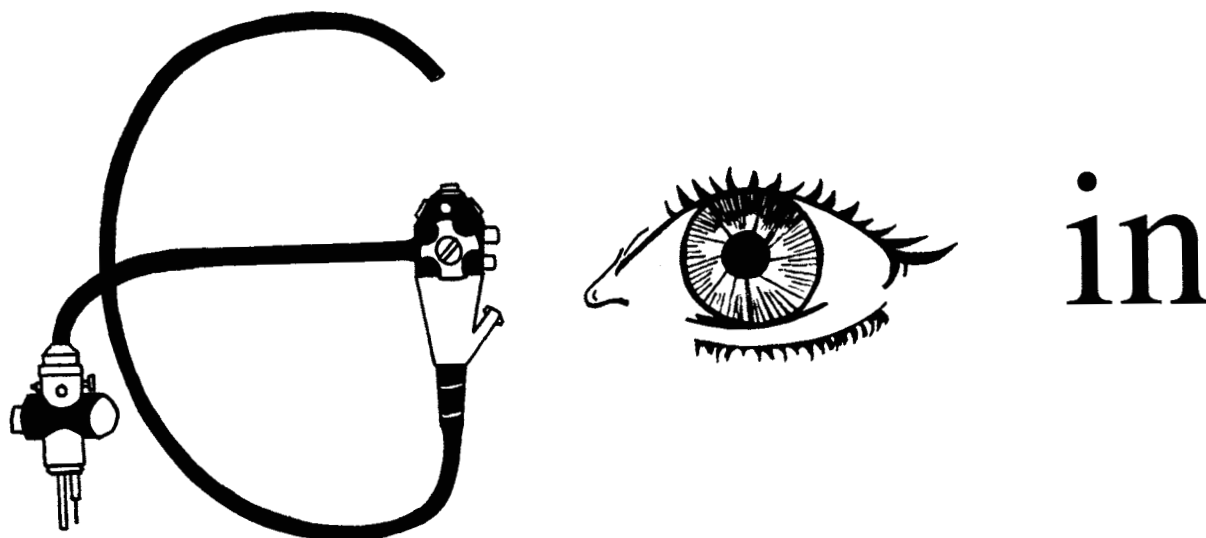
Sincerely,
Helen Parmiter
Vancouver, British Columbia

EDUCATION DAY

Ottawa Chapter CSGNA is hosting a day conference on Saturday, May 2nd, 1998 at the University of Ottawa. Registration is \$50 for members, \$60 for non-members, and \$10 extra after April 8th, 1998. Contact Nicole Millaire, President Ottawa Chapter, at 1-613-737-8383 or fax her at 1-613-737-8470.

Canadian Society of Gastroenterology Nurses and Associates

14th Annual Conference
September 25, 26, 27, 1998



MESSAGE FROM THE PRESIDENT

Just a few notes to let you know that I survived the noxious flu that has hit Canadians this winter. Unfortunately, it knocked me down for 2½ weeks and I'm a bit behind in my correspondence. However, we have managed to get our website started so here's our address for all you computer hackers out there.

www.webray.com/csgna

There will be updates on educational days and if you wish to advertise/share your upcoming events just call me at 1-905-668-4982 or fax me at 1-905-666-4766. By the way, my E-mail address is wrong on the back of the last newsletter. The correct address is: ledress@istar.ca

The CNA has accepted our proposal for Specialty Status for study even though their format has recently changed. However, the date they review and vote on this as a Committee has changed from March to June. Therefore, we must play the waiting game just a little longer.

Although we have received some nominations for National Executive office, we still welcome other nominations for these positions. The more we have the keener the competition and choice is what makes elections.

I have put the following on the net but I will repeat it here for those who are not web surfers. Please read it carefully because it contains information regarding future test sites and dates for the SGNA Certification Exam, in Canada.

Ciao for now and keep your heads treading above water. We all sink or swim together.

Terry

WHY CERTIFY?

All indications are that health care reform and cost containment will mandate more direct patient care by nurse specialists. In the near future, nurse specialists may qualify to perform diagnostic procedures, practice independently and manage and follow-up on patients. Hospitals and clinics will

seek out nurse specialists. How will nurse specialists be identified? They will be certified nurses.

- Certification validates your qualifications and your advanced competence.
- Certification demonstrates your professional aspirations and your desire to improve the quality of patient care and delivery of services.
- Certification rewards your continuing efforts to improve your knowledge and skills in your profession.
- Certification reflects your commitment in time, effort and expense to Gastroenterology nursing.
- Certification assures professional recognition from your peers and colleagues.

Certification will help you gain recognition for both your competence and your professionalism. Don't get left behind. GET CERTIFIED!!

To receive an application for certification contact:

CBGNA
3525 Ellicott Mills Drive, Suite N.
Ellicott City, MD 21043-4547 U.S.A.
Phone 1-410-418-4808 or
Fax 1-410-418-4805

OR

fill out the enclosed request form and mail. Either way, there is a Handbook Fee of \$5.00 US to be sent to the above address.

Sources of information for review and study purposes include:

"Gastroenterology Nursing: A Core Curriculum" – available through Mosby Year Book publishers at a cost of \$92.75 Canadian or \$50 US.

FYI, a new addition will be coming out in June 1998.

"Manual of Gastrointestinal Procedures" – available by and through the SGNA at 1-312-321-5165.

Educational slides:

Set: \$85 US for SGNA members

Set: \$120 US for non-members

Telephone: 1-800-245-7462

RN & Associate Study Guides are available: included is an Order form on this website.

Certification Fee:

\$215 US for SGNA members

\$300 US for non-members

Special Test Sites will be set up in Canada for the examination test date of Sunday October 18, 1998. This date is not negotiable.

Application deadline for candidates applying to sit at Special Test Sites for October is August 31, 1998.

WATCH THIS WEBSITE FOR
TEST SITE LOCATIONS FOR
OCTOBER 18, 1998.

MESSAGE FROM THE EDITOR

This edition of 'The Guiding Light' features the CSGNA Bylaws. Please keep these in a safe place, as you may wish to refer to them at later dates.

We are still looking for nominations for the executive positions that are finished this year. Surely someone wants to expand their horizons and be an Editor!

Thank you to the people that have contributed to this newsletter, and thank you to the people who have responded to our request for authors. We are looking forward to receiving articles and information from across the country.

Sincerely,
Lorie

WELCOME NEW MEMBERS!

Barrington, Rosemary

St. John's, Newfoundland

Manley, Nora

London, Ontario

Welch, Ena

Sarnia, Ontario

Kovacs, Koralee

Regina, Saskatchewan

Crockett, Janis

Calgary, Alberta

Yafee, Cliff, Dr.

Winnipeg, Manitoba

Mork, Patricia

Winnipeg, Manitoba

Tourangeau, Angela

Cornwall, Ontario

Leder, Lisa

Hamilton, Ontario

CANADA EAST REPORT

In February the Newfoundland Chapter met to discuss the upcoming 1998 Eastern CSGNA conference in Corner Brook. Presented was a list of guest speakers that will be attending as part of the Atlantic CAG. I have spoken with a colleague from there and they are looking forward to the meeting. We will be mailing out a preliminary to promote this meeting and the CSGNA. Also we are opened to suggestions on topics to be presented. Our chapter is planning to meet again in March and hopefully have some feedback.

Linda Feltham

CANADA EAST REPORT

THE NOVA SCOTIA/P.E.I. CHAPTER OF CSGNA

The Nova Scotia/P.E.I. Chapter of CSGNA will hold their next meeting on April 17, 1998.

Anna Freeman, MN, CNS Respiriology, will present on "Asthma and Reflux". This will be a repeat of the excellent presentation she gave at the CSGNA Annual Conference in Halifax.

The Chapter will also be holding an Election of Officers at this meeting.

THE NEW BRUNSWICK CHAPTER OF CSGNA

The New Brunswick Chapter of CSGNA held their Annual Education Day in Fredericton in November. Thirteen members were present.

A very informative day was held with Gastroenterologists, Dr. H.M. Macsween and Dr. O. Koller, presenting on "Upper GI Bleeds", "H. Pylori and Dyspepsia". Katherine Kowalski, Registered Respiratory Technologists, presenting on "Pulsimetry Use in the GI Lab" and Heather Bursey, RN, BN, presenting on "Risk management". Information sessions were also held on "Latex Allergies" and "Procedure and Discharge Instructions".

Following the information sessions a General Meeting and Election of Officers was held. The new president is

Carolyn Lewis, from Moncton and the new Secretary-Treasurer is Mary Ann Jones from Moncton also. Congratulations and thanks to both for accepting these offices.

Lorraine Miller Hamlyn

CANADA CENTRE REPORT

First I would like to take this opportunity to wish everyone all the best for 1998.

The Greater Toronto Chapter presented a half day conference on January 24 which was sponsored by Fibertech. Seventy five participants and myself came away from this session with a better understanding of the ins and outs of the endoscope. The organizers should be congratulated for a job well done. A new executive was also elected:

President: Sheila Yearwood

Treasurer: Kay Rhodes

Secretary: Jean Hoover

The Golden Horseshoe Chapter also had a very successful half day conference on October 24, 1997 which was attended by 90 participants and 15 companies. Judy Searay was elected as their new President. The chapter will hold an evening session Thursday, April 30, 1998 at the auditorium of the Credit Valley Hospital. Dr. Roger Hollingworth will be presenting on "Primary Biliary Sclerosis and Sclerosing Cholangitis". This event will be sponsored by Sterris.

The Southwestern Chapter is in the process of organizing an evening seminar sometime this spring, even though they have been pre-occupied with the turmoil caused by hospital amalgamations.

Greater Toronto Chapter

Pres. Sheila Yearwood –
(410) 43108178

Golden Horseshoe Chapter

Pres. Judy Searay –
(905) 521-2100 ext. 6094

Southwestern Ontario Chapter

Pres. Deb S. Louis –
(519) 254-1661 ext. 2359

I had the privilege of attending the Golden Horseshoe Day Conference on October 24, 1997. I presented my paper on The Guidelines For RPN's In Gastroenterology And/Or Endoscopy to an interested audience who generated an excellent question period. I would like to thank Cooke for sponsoring my travelling expenses.

I also sent my completed paper on RPN's in G.I. to the provincial associations as well as the Canadian Nurses Association for peer feedback. To date the CNA is the only correspondence returned.

The Ottawa Chapter are hosting a Day Conference on May 2nd, 1998 at the University of Ottawa. They are excited about their new venue this year. They have decided to open the conference at noon to allow travelling time for out-of-towners and have included a dinner to wrap up the day. Everyone is welcome. Any questions may be directed to me.

The Ottawa Chapter submitted a "Wish List" to the Education Committee. Included on this list are: To establish an educational resource centre with easy access; to publish all conference contents and sites; to establish training centres for ERCP's i.e. training seminars or to establish a new unit; to continue to develop and present Position Statements and Guidelines.

I would like to encourage everyone to participate in writing the G.I. certification exam being brought to Canada for the first time ever this year. Your participation will ensure the success of the exam sites being held in Canada.

Wishing you all the best in 1998!

Nancy Campbell

Director of Canada Centre

1-613-837-4743 (h)

1-746-4621 ext. 2704 (w)

1-613-748-4914 (fax)

MANITOBA CHAPTER REPORT

The Manitoba Chapter of the CSGNA held an educational workshop at the Norwood Hotel in Winnipeg on Saturday, November 18th, 1997.

Topics included staffing an endoscopy unit, hepatitis A, B and C and their treatment and resistant organisms.

The workshop was well attended. A luncheon followed and we were very fortunate to have six exhibitors in attendance. The sessions were very informative and positive feedback was received from those in attendance.

Wanda Sawa,
Secretary
CSGNA – MB Chapter

WESTERN DIRECTOR REPORT

CHAPTER NEWS:

OKANAGAN CHAPTER:

Please note change of Executive
President: Linda Frandsen
Secretary: Arlene Schroeder
Treasurer: Debb Levine

Planning is underway to hold a Chapter meeting combined with an Educational session on Hepatitis C in April. There are four members of this Chapter that hold CGRN certification. Congratulations!!! Members of this group are looking forward to attending the Annual CSGNA conference being held in Toronto. They are keen to be preceptor's for the Gastro 99 scholarship program.

VANCOUVER REGIONAL CHAPTER:

Irene Ohly, Chapter President is busy networking with nurses from around Vancouver Island to recruit new members and assess what their needs are for future Education sessions of the Chapter. There will be a Chapter meeting / education session

on "Motility" to include a tour of the Motility clinic being held in February. Irene plans to attend DDW in Banff this year as well as the CSGNA conference in Toronto.

SASKATCHEWAN CHAPTER:

Bingo continues to be a successful fund-raiser for the Saskatchewan Chapter. A craft sale held in conjunction with the Saskatchewan Liver Foundation may also take place in the future as an additional fund-raiser. The annual "G.I. Day" is being planned for the Fall. Members are keen to attend the Annual CSGNA conference and will be working on a Poster to present.

Respectfully submitted

**Cheryl McDonald, Director West
January, 1998**

February 7, 1998

CANADIAN SOCIETY OF GASTROENTEROLOGY NURSES AND ASSOCIATES CHAPTER EXECUTIVE LIST

VANCOUVER REGIONAL CHAPTER

PRESIDENT Gail Whitley
5520 Lackner Cres, Richmond, BC V7E 6A3
Fax (work) 875-5031, fax (home) 274-7140,
Phone (H) 274-7190
SECRETARY: Judy Deslippe
TREASURER: Nala Murray

OKANAGAN CHAPTER

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3320 Jackson Court, Kelowna, BC V1W 2T6
(604) 864-4000 ext 4427
SECRETARY: Arlene Schroeder
TREASURER: Debb Devine

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PRESIDENT Deb Erickson
Box 1379, Cochrane, AB T0L 0W0
(403) 670-4711
SECRETARY: Debbie Taggart
TREASURER: Marjorie Owens

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41 Kirklees Rd., Sherwood Park, AB T8A 5H7
(403) 492-6741
SECRETARY: Jo Grassick
TREASURER: Sharon McDonald

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PRESIDENT Elaine Fehr
838 Lansdowne Dr. N, Regina, SK S4X 2L3
SECRETARY: Shannon Cote
TREASURER: Dianne Ryan

MANITOBA CHAPTER

PRESIDENT Marg Percival
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TREASURER: Joanne Wiedenbacher

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55 Wellington St. S. #3, Hamilton, ON L8N 2P9
(905) 521-2100 ext 6094
SECRETARY/TREASURER:
Sharon Thomas

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TREASURER: Marbeth McLean
VICE PRESIDENT: Diane Gray

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SECRETARY: Kay Rhodes
TREASURER: Jean Hoover

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PRESIDENT Ellen Coady
19 Forde Dr., St. John's, NFLD A1A 4Y1
(709) 737-6431
SECRETARY: June Peckham
TREASURER: Mabel Chaytor

NEW BRUNSWICK CHAPTER

PRESIDENT Carolyn Lewis
RR #1, Box 10, Moncton, NB E1C 8J5
(506) 857-5270
SECRETARY/TREASURER:
Mary Anne Jones

NOVA SCOTIA/PEI CHAPTER

PRESIDENT Theresa Mckinnon
8 Inverness Ave., Halifax, NS B3P 1X5
(902) 496-3649
SECRETARY: Annette Muise
TREASURER: Edna Lang

VANCOUVER ISLAND CHAPTER

PRESIDENT Irene Ohly
642 Cairndale Rd., Victoria, BC V9C 3L3
(250) 727-4234
SECRETARY: Brenda Stevens
TREASURER: Wendy Heater

*There is an island of
opportunity in the middle
of every difficulty.*

Poster Presentation Synopsis

WHAT IS INFLAMMATORY BOWEL DISEASE?

by Olivene Jessop, RN and
Wanda Gembarsky, RN

Inflammatory Bowel Disease is a term used to describe two similar, yet distinct conditions. Crohn's disease and ulcerative colitis. These diseases affect the digestive system and cause the intestines to become inflamed, form sores, bleed easily, scar and lose the normal smoothness of their inner lining. Symptoms of IBD include abdominal pain, cramping, fatigue and diarrhea.

Crohn's disease can affect any part of the gastrointestinal tract, from the mouth to the anus. Patches of inflammation occur, with healthy tissue between diseased areas. The inflammation can extend through every layer of affected bowel tissue.

Ulcerative colitis affects only the colon (large bowel) and only a single layer of bowel tissue, the inner lining. The disease starts in the portion of the colon called the rectum, and may extend as a continuous inflammation from there into the rest of the colon. Usually, ulcerative colitis can be controlled with medication, whereas Crohn's cannot be cured with drugs or surgery.

Both Crohn's and ulcerative colitis can be controlled or eliminated by surgically removing the colon, but afterwards, waste material (stool) may have to be expelled through an external appliance, eg. colostomy, ileostomy.

Crohn's can affect any part of the G.I. tract, therefore can exhibit diverse symptoms. The disease usually involves the ileum or the colon. Symptoms usually include cramping in the abdomen, diarrhea and weight loss. Nausea, vomiting or bloating are other symptoms.

Bloody diarrhea is common in people with ulcerative colitis. They may have abdominal pain and occasionally mild fever.

No one knows exactly what causes inflammatory bowel disease, or why some people have it and others do not. Anyone can develop IBD, regardless of gender, race or age.

Malnutrition and malabsorption are potential complications of IBD. Malnutrition is the lack of nutrients provided to the body, and is often simply the result of poor appetite caused by associating food with pain. Malabsorption is the inability of the body to completely absorb certain nutrients.

Treatments include diet, medication and surgery. For people with IBD, it is particularly important to get a full range of nutrients, because of malabsorption. Their digestive tracts are under stress when inflamed and does not fully absorb all the nutrients in food.

Some medications for IBD may also cause nutrients to be malabsorbed. As a result, the body does not digest certain essential vitamins, minerals and elements. People with IBD are also at risk of being underweight. Food may be associated with pain and lead to not eating.

Surgery to remove an obstruction or blockage of the intestine affects people with Crohn's disease. Surgery is less common in ulcerative colitis, although surgery completely eliminates ulcerative colitis. An ileostomy would then have to be performed, or an alternative would be a pelvic pouch. This pouch is fashioned from existing tissue and inserted into the abdomen to collect waste inside the body. The end of the ileum is attached to the anus allowing normal bowel movements.

The prevalence of inflammatory bowel disease (IBD) in Canada is increasing, therefore, individuals must learn to manage crises and incorporate symptom control into their lifestyle.

RESEARCH – DYNAMIC GRACILOPLASTY

by Gail McDermott, RN,
Research Co-ordinator,
St. Michael's Hospital,
Toronto, Ont.

REASON FOR SURGERY

• Fecal Incontinence

Fecal incontinence can be defined as involuntary excretion of stool at an inappropriate time or in an inappropriate place more than twice a month. It is an unpleasant and debilitating problem that can profoundly affect someone's personal and social life.

SURGICAL PROCEDURE

First Stage

- two incisions are made on the medial aspect of the thigh
- the gracilis muscle is mobilized and detached at the knee, then pulled through the proximal incision
- two small incisions are made on either side of the anus and a tunnel is created around the anus
- another tunnel is created from the anal incision to the proximal leg incision
- the muscle is pulled from the leg incision to wrap around the anal canal and fastened to the ischial spine

Second Stage

- six weeks later, a neurostimulator is implanted in the abdomen
- two leads are tunneled from the stimulator down to the proximal leg incision and implanted in the base of the gracilis muscle

GRACILIS MUSCLE TRAINING

Every two weeks the patient returns to have the neurostimulator adjusted to gradually retrain the muscle to accommodate a continuous contracted state. After approximately 8 weeks, the training period is complete.

OUTCOME

• Fecal Continence

The patient will use an external magnet, pressed on the abdomen over the neurostimulator, to turn the stimulator off to allow defecation. The stimulator is then turned back on, with the use of the magnet pressed on the abdomen over the neurostimulator, to contract the gracilis muscle. This allows the patient the freedom to carry on with a normal life without fear of accidents or the use of pads or diapers.

LATEX SUMMARY

Latex proteins from surgical gloves have been shown to be potent allergens that elicit an IgE-immune response in certain individuals. The routes of exposure to latex proteins are thought to include absorption through the skin or mucous membranes and inhalation of airborne particles. It is argued that proteins are liberated from latex by body sweat during prolonged wearing of surgical gloves and that the protein allergens then are absorbed by the skin. The mechanisms of sensitization are not known.

In latex-sensitive individuals, immediate-type hypersensitivity reactions occur within 15 to 30 minutes after contact with latex. This rapid reaction suggests the protein allergens must be released upon contact and may not require body sweat or prolonged exposure to liberate the latex protein from surgical gloves.

The fingerprint assay presented in this article visually demonstrates the potential of transferring allergenic proteins from latex gloves to the skin of the glove wearer. Our study examined several factors affecting the transfer of latex allergens (ie. the presence of glove powder, the effect of glove washing, the relationship of protective hand cream to latex protein transfer).

Surgical gloves are known to differ in their soluble protein content. It was no surprise, therefore, that different brands of gloves varied in the amount

of protein transferred upon contact. It was surprising, however, to observe that the proteins are transferred from latex surfaces immediately upon contact with the moist skin membrane. The fingerprint technique demonstrates that considerable proteins exist on the surface of the gloves and that body sweat is not necessary to liberate them.

We examined the practice of glove washing to remove lubricant powders and found that washing did not reduce the amount of protein that was transferred to the membrane. While glove powders do carry the latex protein allergens, surface proteins can be transferred directly by contact with the latex alone. The wiping procedure, therefore, is inadequate to remove glove powder and latex proteins.

We also examined the transfer of latex proteins to the skin of the glove wearer. Significant amounts of latex protein coated the skin simply by donning the glove. Furthermore, applying protective hand creams before donning gloves appeared to increase the amount of latex protein on the skin. Although the use of hand creams helps maintain a healthy integument, these creams should be used judiciously, because oil-based creams can deteriorate latex, thus causing a change in the physical characteristics of latex gloves.

RECOMMENDATIONS FOR PRACTICE

In conclusion, we recommend that hand creams be used only when gloves are not worn. Hands should be washed immediately after removing gloves to eliminate latex proteins from the skin and prevent latex protein transfer to mucous membranes of the eyes, nose, or mouth. Hand washing after glove removal also prevents transfer of latex proteins to other surfaces (eg, door knobs, telephones, instruments) where they may be contacted by latex-sensitive individuals.

The demonstration of latex protein transfer with the fingerprint assay is an important reminder of the need to understand that allergens are in or on gloves and how they are absorbed

by the wearer or transferred to the patient. Transfer of allergenic proteins from the gloves to the tissues during surgery can serve as a primary source of sensitization of the patient. We recommend that every effort be made by manufacturers to produce low-protein, powder-free gloves to minimize exposure to latex protein allergens.

SELECTION CRITERIA FOR SURGICAL GLOVES

Selecting the right surgical glove is increasingly important in today's clinical environment. Ensuring appropriate protection for healthcare workers and their patients means looking beyond just comfort and price.

- Truly powder free** Reduces glove powder-related complications; eliminates a carrier for airborne latex products.
- Hypoallergenic** Minimizes skin irritations.
- Manufactured without harmful thiurams or MBT** These allergens have been shown to cause 75% of all glove-related allergies.
- Extractable latex proteins – virtually undetectable** Reduces the potential for sensitization.
- Pyrogen/endotoxin-free** (USP LAL Test No. ?) Reduces the risk of post-operative fever.
- Derma-compatible polymer coating** Easy to don with wet or dry hands. Eliminates the need for donning lubricants.
- Low In-use failure rate** (Clinically confirmed <3%) Better protection; greater cost-effectiveness.
- 100% Inspected** (Both physically inspected and air-inflation tested) Provides a high quality glove for improved barrier protection.
- Tape does not stick to the glove** Maximum convenience for various clinical procedures.
- Micro-roughened surface** Assures positive grip and enhanced tactile sensitivity.
- Selection of styles and sizes** (curved or straight finger styles) Yields maximum comfort, feel, and fit.

- **Beaded cuff** Helps prevent roll-down.

SUGGESTIONS FOR TREATING PATIENTS WITH LATEX ALLERGY IN G.I. LAB

PURPOSE:

To decrease risk for anaphylactic reaction secondary to exposure and sensitization to latex.

Signs and symptoms of latex allergy:

Hives, wheals, pruritus, swelling soft tissue including hands, face, lips, tongue.

Severe symptoms:

Bronchoconstriction, asthmatic breathing, hypotension and syncope.

Have latex allergy kit containing:

- Unsterile vinyl gloves and non-latex sterile gloves (without powder)
- Glass syringes
- Plastic ambu bag and mask
- Dermicel tape, Opsite dressing
- Sign indicating 'LATEX ALLERGY PATIENT'
- Webril
- Yankauer suction (oral suction)
- Three-way stop cocks

SUGGESTIONS:

1. If patient has a severe latex allergy, a private room is recommended.
2. Keep allergy kit with patient.
3. Post sign on bed.
4. Ensure patient has a red allergy armband on.
5. Ensure chart reflects latex sensitivity as well as making sure that all staff caring for patient is aware of allergy.
6. Take patient's blood pressure using Webril beneath the BP cuff.
7. Use non latex tourniquet or Webril under latex tourniquet
8. Wear non-latex gloves
9. Use Dermicel to tape I.V.
10. Use Opsite for dressings.
11. Use glass syringes.
12. Remove vial stoppers before drawing up medications.

13. Use 3 way stopcock on plastic tubing (e.g. I.V. bags, tubing, etc.). To withdraw or inject medication or fluids from or into stopcock instead of latex injection port. To prevent use of injection from cover with non latex tape.
14. Monitor patient for signs and symptoms of reaction.
15. Document any allergic reactions.

ACUTE PANCREATITIS

by Judy Searay, President Golden Horseshoe Chapter

The golden Horseshoe Chapter displayed a poster on the topic of "Acute Pancreatitis". The poster illustrated the anatomy and physiology of the pancreas including the cells of the pancreas. There was a list of the most frequent causes of acute pancreatitis of which the most common are biliary disease and alcoholism. There was a summary of major pathologic events that occur and how the enzymes destroy pancreatic tissue and cause pain, diagnostic tests and treatment. A nursing care plan was attached in a booklet to the poster. Many thanks to Sharon Thomas and Judy Searay for doing the poster.

NEW YORK STYLE CHEESECAKE



CRUST:

- 5 Weetabix, crushed 5
- 1/3 c sugar 75 mL
- 1/3 c butter or margarine, melted 75 mL

FILLING:

- 3 pkg (250 g each) Beatrice Cream Cheese, Regular or Light, softened 3
- 1 c sugar 250 mL
- 3 eggs 3
- 1 1/2 c fresh or canned fruit 375 mL

For crust combine all ingredients. Press onto base and about 1"/2.5 cm up sides of 9"/23 cm springform pan. Refrigerate.

For filling, in large mixer bowl beat cream cheese and sugar until smooth. Add eggs, one at a time, beating after each addition. Pour into crust.

Bake at 350°F (180°C) for 40 to 45 minutes or until just set.

Remove from oven and run a knife around the edge of cheesecake to loosen. Allow to cool at room temperature.

When cold, remove sides from pan and refrigerate for 4 hours or overnight.

Just before serving, top with fruit.

Makes 12 servings.
Per serving: 403 calories; 7.2 g protein; 28.4 g fat 31.7 g carbohydrate.

KEEP THINGS IN FOCUS

Remember, we cannot be all things to all people.

SET PRIORITIES

Do what you can – ask for help as required – let some things wait.

LEARN TO RELAX

Take a few seconds/minutes throughout the day to deep breath and relax.

It will help to clear your mind so you can refocus on the tasks at hand.

LEARN A NEW ACTIVITY – COMMUNICATE

Talk to friends, family, or even your pets of how you are feeling.

Forgive your own mistakes.

DO NOT IGNORE SIGNS OF STRESS

Stress is one of the biggest causes of illness and one of the biggest roadblocks of wellness.

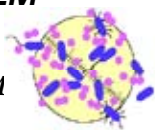


A GET WELL POEM

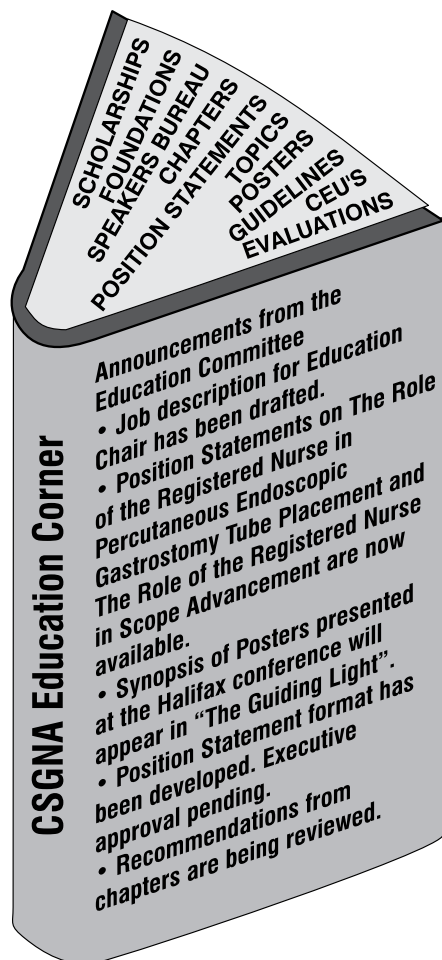
by Johnny Hart

ODE TO A GERM

*A germ exists,
Without no fists,
Or teeth or claws to fight with,
No little brats,
To soil his spats,
No wife to snore at night with,
He has no home,
No hair to comb,
No conscience to regret with,
No knobby knees,
No way to sneeze,
No pores to even sweat with,
He surely lacks
An awful lot,
I'd really hate to be him,
With all those things that he ain't got,
No wonder we can't see him.*

**MINI-QUIZ****VANCOMYCIN-RESISTANT ENTEROCOCCUS (VRE):
WHAT DO YOU KNOW ABOUT IT?**

- Enterococcus* is:
 - Part of the normal intestinal flora
 - Found only in non-human primates
 - Found only in tertiary care hospitals in Canada
 - A common cause of sore throat
- Resistance in *Enterococci*:
 - Is increasing
 - Is not important
 - Should only be of concern to visitors
 - Rapidly spreads to other microorganisms
- Patients at highest risk to infection by *enterococci* include:
 - Smokers and alcoholics
 - Those who have seldom taken antibiotics
 - Those in critical care, dialysis, transplant and haematology oncology units
 - Those who have recently had out-patient surgery
- Enterococci* are transmitted by:
 - Food
 - Hands of hospital and contaminated environmental surfaces and patient care equipment
 - The airborne route
 - All of the above
- The Microbiology Laboratory:
 - Screens only enterococcal isolates on patients from outside of Canada
 - Notifies Infection Control only upon confirming that an enterococcus is Vancomycin-resistant
 - Screens all high risk patients for VRE prior to admission if possible
 - None of the above
- Patients with VRE:
 - Must be nursed with the door closed
 - Must be nursed with full barrier precautions all the time (i.e. gloves, gown and mask)
 - Must have separate eating utensils
 - Are washed daily with a neutral detergent
- VRE cases:
 - Should always be treated with antibiotics
 - Should be discharged as soon as possible
 - Pose a great risk to healthy visitors and staff
 - Should be isolated for five days

**JOIN THE CSGNA EXECUTIVE!**

The following positions will be up for re-election in 1998:

Treasurer

Newsletter Editor

Director Canada East

Director Canada Centre

Director Canada West

President-Elect.

(President-Elect position - must have served the CSGNA in some capacity over the past 2 years)

Take action and join us on the executive! Send nominations to CSGNA President Terry LeDressay prior to April 1st, 1998.

WORD SEARCH

Dianne Ryan

ULTRALENTE
 DIABETES MELLITUS
 INSULIN
 HYPOGLYCEMIA
 NPH
 LENTE
 PREMIS
 GLUCOSE
 SUGAR
 HUMULIN
 HUMALOG
 PUMP
 PANCREAS
 DOSAGE
 HYPERGLYCEMIA
 KETOACIDOSIS
 DIET
 RETINOPATHY
 GASTROPARESIS
 DIABETA
 GLUCOPHAGE
 DEXTROSE
 ORINASE
 GLUCAGON
 CARBOHYDRATES
 ISLET CELLS
 GLUCOMETER



LABILE
 BRITTLE
 SYRINGE

COMA
 THIRST
 WEAK

HUNGER
 DIET
 HEADACHE

SWEATING
 ULCERS
 NOVOLIN

CHANGE OF NAME ADDRESS/NAME

Name: _____

New Address: _____

City: _____ Province: _____

Postal Code: _____

Phone: _____ Fax: _____

E-Mail: _____



MOVING?
LET US KNOW!
 Remember to send in your
 change of address!



SGNA Membership Application

CONTACT INFORMATION (Please print or type.)

First MI Last

Nickname

Hospital/Office/Company Name

Social Security Number Date of Birth

Please provide both addresses and check your preferred mailing address:

Work

Street Address

City

State/Province Zip

Country

Phone

Fax

Home

Street Address

City

State/Province Zip

Country

Phone

Internet/E-Mail Address

REFERRED BY

(If applicable)

PAYMENT INFORMATION • dues subject to change

A. Membership (SGNA membership runs on a calendar year and is renewable by January 1 of the following year.)

Check the category of membership for which you are applying:

Voting Status	Type	Definition	Annual Dues	Prorated Dues (If joining after July 1)
<input type="checkbox"/> Voting	Licensed Nurse	Limited to Registered Nurses and Licensed Vocational/ Practical Nurses involved in, or associated with, gastroenterology and/or endoscopy nursing practice	\$105.00	\$60.00
<input type="checkbox"/> Voting	Associate	Limited to Assistive Personnel - technicians, technologists, assistants involved in, or associated with, gastroenterology and/or endoscopy nursing practice	\$105.00	\$60.00
<input type="checkbox"/> Non-Voting	Affiliate	Includes, but is not limited to, physicians, consultants, industry representatives, educators involved in, or associated with, gastroenterology and/or endoscopy nursing practice	\$90.00	\$45.00

B. Regional Societies

All voting members (licensed nurses and associates) residing in the U.S. are required to affiliate with an SGNA regional society.

Regional Society preference (Indicate two-digit code of preferred region from the table listed on opposite page.):

Regional Society Dues:

Voting Licensed Nurses and Associates

No additional payment needed
Included in Annual Dues Amount

Non-Voting Affiliate

Optional payment, if interested
please indicate preferred region above
and remit an additional \$15.00
(If after July 1, remit \$75.00)

SUBTOTAL B (If applicable):

Credentials

Nursing: RN LPN LVN

Education: PhD MSN MS
 BSN BS ADN
 DiPL

Certification: CGRN CGN CGA
 CGT CGC
 Other

Certification Date:

Other Training: Technician
 Nursing Assistant

PROFESSIONAL PROFILE

1.) Professional Setting (Check one.)

- Free Standing/ Ambulatory
- Equipment Sales
- GI Clinic
- GI Nursing Floor
- Inpatient Only
- Outpatient Only
- Inpatient/Outpatient Combination
- Manufacturer
- Physicians Office
- Other

2.) Position (Check one.)

- Administrative/ Director
- Clinical Specialist
- Consultant
- Educator
- Head Nurse
- Researcher
- Staff Nurse
- Nurse Practitioner
- Supervisor/ Coordinator
- Sales
- Technician (patient care)
- Technician (machine)
- Other

3.) Memberships in Other Nursing Organizations (Check all that apply.)

- ANA/SNA
- AACN
- ENA
- ASPAN
- AORN
- Sigma Theta Tau
- Other

SUBTOTAL A

SIGNEA MEMBERSHIP MEMBERSHIP APPLICATION

SOCIETY OF INTERNATIONAL GASTROENTEROLOGICAL NURSES AND ENDOSCOPY ASSOCIATES

Individual Membership

Individual Memberships for Gastroenterological Nurses and Endoscopy Associates are available for \$10.00 annually (\$US).

Affiliate Membership

Individuals interested in joining SIGNEA, such as physicians, other medical professionals, and non G.E. nurses, pay affiliate membership fees of \$50 annually (\$US).

National G.E. Nursing Organization Membership

Membership in SIGNEA is available to national nursing organizations. Membership inquiries may be sent to the SIGNEA Secretariat. National G.E. Nursing organization dues are dependent upon the number of national members in each organization. Membership applications should be accompanied by payment and the name of the organization's official contact person.

Corporate Membership

SIGNEA welcomes corporate memberships by companies which supply G.E. products, drugs, general medical equipment and any service that would be utilized by G.E. nurses. Detailed corporate membership information may be obtained from: Pat Pethigal, Chair, fax: 206.223.6379, phone: 206.223.6965 or the SIGNEA Secretariat.

Check Membership Level/Payment		1 year	2 year	3 year
Individual Membership		\$10 <input type="checkbox"/>	\$20 <input type="checkbox"/>	\$30 <input type="checkbox"/>
Affiliate Membership		\$50 <input type="checkbox"/>	\$100 <input type="checkbox"/>	\$150 <input type="checkbox"/>
National G.E. Nursing Membership	up to 100	\$50 <input type="checkbox"/>	\$100 <input type="checkbox"/>	\$150 <input type="checkbox"/>
	101 - 400	\$200 <input type="checkbox"/>	\$400 <input type="checkbox"/>	\$600 <input type="checkbox"/>
	401 - 1,000	\$400 <input type="checkbox"/>	\$800 <input type="checkbox"/>	\$1,200 <input type="checkbox"/>
	Over 1,000	\$750 <input type="checkbox"/>	\$1,500 <input type="checkbox"/>	\$2,250 <input type="checkbox"/>
Corporate Membership		\$1,000 <input type="checkbox"/>	\$2,000 <input type="checkbox"/>	\$3,000 <input type="checkbox"/>

WORKPLACE

- Endoscopy Unit/Hospital
 Endoscopy Unit/Clinic
 Inpatient/Outpatient

POSITION

- Administrative/Director
 Consultant Nurse
 Head Nurse
 Staff Nurse
 Supervisor/Coordinator
 Technician (Patient Care)
 Clinical Specialist
 Educator
 Researcher
 Technician (machine)
 Nurse Practitioner
 Manufacturer Representative
 Corporate nurse Consultant
 Other _____

Please add an additional \$15 for those checks that are drawn off Non-US banks. \$ _____ Total Pymnt.

First Name (Given Name) _____

Last Name (Family Name) _____

Years Education/Training

- _____ 1 Year
 _____ 2 Year
 _____ 3 Year
 _____ 4 Year
 _____ 5 Year

Address for Mail _____

City _____

State/Province _____

Country _____

Postal Code _____

Telephone _____

Fax _____

Email address _____

Employing Organization _____

Title _____

Send completed form to:

Kimberly Svevo, SIGNEA

401 N. Michigan Ave., Suite 2200 Chicago, IL 60611 USA

Phone: 312.644.6610 Fax: 312.321.6869 E-mail: kimsvevo@sba.com



Canadian Society of Gastroenterology Nurses & Associates

NOMINATION FORM

Please complete this form and submit to the Chair of the Nominations Committee (currently the President of the CSGNA) 150 days before the Annual Meeting for national office. Ballots will be sent to the active members 120 days before the Annual meeting and must be returned within 90 days.

Candidates must be active CSGNA members in good standing.

Name of nominee: _____

Address: _____

_____ Postal Code _____

Phone (home) _____ (work) _____

Employer: _____

Title: _____

Education: _____

CSGNA member since: _____

Offices held: _____

Committees: _____

Other related activities: _____

Explain what has led you to chose to run for national office? _____

I hereby accept this nomination for the position of _____

dated this _____ day of _____ 19____. Signed _____

Nominated by _____ & _____



Canadian Society of Gastroenterology Nurses & Associates

APPLICATION FORM FOR CSGNA REGIONAL SCHOLARSHIP AWARD

The Regional Conference award of \$400.00 is to be used for travel and accommodation to a Regional Conference in Canada. Three scholarships each will be awarded at the Spring and Fall deadlines.

EXEMPTIONS:

1. Applicant cannot have received **THIS** award in the previous two years.
2. Current members of the Executive and Conference Planning Committee are not eligible for this award.
3. Scholarships are available only to active members.

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION:

1. A written summary of how this scholarship and attendance at the proposed meeting would benefit you in your work.
2. A current Curriculum Vitae.
3. Please specify your past involvement in the CSGNA: e.g., acted as speaker at a meeting, actively recruited new members for CSGNA, aided in the formation of a local Chapter, served on an Ad Hoc Committee and any Newsletter articles submitted. Describe your current involvement with your Chapter: e.g., fundraising or planning Chapter conferences.
4. Outline projected financial needs to attend this meeting.
5. Geographical location and related travel expenses will be taken into consideration by the Education Committee when scoring applications.

APPLICATION FORM AND SUBMISSIONS MUST BE RECEIVED BY THE EDUCATION CHAIR BY MARCH 7, OR SEPTEMBER 7, 1998 TO THE ABOVE ADDRESS.

NAME: _____

CIRCLE ALL THAT APPLY: RN BSN BAN MSN OTHER _____

HOME ADDRESS: _____

CITY: _____ PROV: _____

POSTAL CODE: _____ HOME TELEPHONE: () _____

FAX: () _____

NAME OF THE MEETING YOU WISH TO ATTEND: _____

DATE OF THE MEETING : _____

CITY WHERE PROPOSED MEETING WILL BE HELD: _____

JOINED THE CSGNA IN 19 _____

SIGNATURE _____

DATE _____



Canadian Society of Gastroenterology Nurses & Associates

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 \$500.00 each, to be used for travel to an appropriate endoscopic gastroenterology or research meeting. The CAG nurse scholarship prize is sponsored by an Educational Grant from the Canadian Association of Gastroenterology.

ELIGIBILITY:

1. You are and have been for two years or more, an active member of the CSGNA.
2. You actively support CSGNA goals and objectives.

PRIZE APPLYING FOR: (please circle one) RESEARCH NURSE ENDOSCOPY NURSE

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.

APPLICATION FORM AND SUBMISSIONS MUST BE RECEIVED BY THE EDUCATION CHAIR BY FEBRUARY 15, 1998 TO THE ABOVE ADDRESS. THEY WILL BE FORWARDED TO THE SECRETARY OF THE CAG FOR SELECTION.

NAME: _____

CIRCLE ALL THAT APPLY: RN BSN BAN MSN OTHER _____

HOME ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

HOME TELEPHONE: () _____ FAX: () _____

HOSPITAL / EMPLOYER: _____

WORK ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

NAME OF DIRECTOR OF UNIT: _____

NAME OF THE MEETING YOU WISH TO ATTEND: _____

DATE OF THE MEETING: _____ CITY WHERE MEETING WILL BE HELD: _____

JOINED THE CSGNA IN 19____

SIGNATURE: _____ DATE: _____



Canadian Society of Gastroenterology Nurses & Associates

APPLICATION FORM FOR CSGNA ANNUAL SCHOLARSHIP AWARD

The Annual National Conference award of \$700.00 is to be used for travel and accommodation to the Annual National Conference in Canada.

EXEMPTIONS:

1. Applicant cannot have received **THIS** award in the previous two years.
2. Current members of the Executive and Conference Planning Committee are not eligible for this award.
3. Scholarships are available only to active members.

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION:

1. A written summary of how this scholarship and attendance at the proposed meeting would benefit you in your work.
2. A current Curriculum vitae.
3. Please specify your past involvement in the CSGNA: e.g., acted as speaker at a meeting, actively recruited new members for CSGNA, aided in the formation of a local Chapter, served on an Ad Hoc Committee and any Newsletter articles submitted. Describe your current involvement with your Chapter: e.g., fundraising or planning Chapter conferences.
4. Outline projected financial needs to attend this meeting.
5. Geographical location and related travel expenses will be taken into consideration by the Education Committee when scoring applications.

APPLICATION FORM AND SUBMISSIONS MUST BE RECEIVED BY THE EDUCATION CHAIR BY JUNE 1, 1998 TO THE ABOVE ADDRESS.

NAME: _____

CIRCLE ALL THAT APPLY: RN BSN BAN MSN OTHER _____

HOME ADDRESS: _____

CITY: _____ PROV: _____

POSTAL CODE: _____ HOME TELEPHONE: () _____

FAX: () _____

HOSPITAL / EMPLOYER: _____

WORK ADDRESS: _____

CITY: _____ PROV: _____

POSTAL CODE: _____ JOINED THE CSGNA IN 19____

SIGNATURE: _____ DATE: _____

NURSES ... BETWEEN THE LINES

by Andrea Lee Beliveau, Langley, B.C.

COMMUNICATION

Never underestimate the power of your experience and communication. Last week a nurse who transferred a patient to daycare for a gastroscopy came seeking me, as the endoscopy nurse, to give me an update. She said, "During the past thirty minutes Mrs. David became diaphoretic and her blood pressure dropped to 80/60. Now she is stable and comfortable and asking questions about the test."

I considered this personalized report from a seasoned nurse, on the changes in patient status to be important. I tucked the information neatly in my mind and reported it to the gastroenterologist as we began the test.

Mrs. David complained of chest pain, which improved with oxygen so we continued with the gastroscopy. We were unable to see the source of the bleeding, and landmarks were unclear. A copious amount of maroon stool was passing through her bowel. Facts were multiplying but they didn't all add up. We reviewed them aloud as we worked. The doctor questioned, "Could that be peritoneum?"

Her blood pressure dropped again, however she remained alert. Her heart rate was unchanged, we said that out loud at the same time. Yes, but was that a good sign?

We were gravely concerned. Added to the previous nurse's report a repeat drop of pressure was evidence of a drastic bleed.

A surgeon was consulted urgently.

Within the hour Mrs. David was repaired. The anatomy we had viewed through the gastroscope was the outside of the common bile duct, and an artery had been spurting.

Thanks to a flow of communication from beginning to end, this was a positive learning experience.

GUIDELINES FOR SUBMISSION to "THE GUIDING LIGHT"

- white paper with dimensions of 8 1/2 x 11 inches
- double space
- typewritten
- margin of 1 inch
- submission must be in the possession of the newsletter editor 6 weeks prior to the next issue
- keep a copy of submission for your record
- All submissions to the newsletter "The Guiding Light" will not be returned.

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.

HELP WANTED STAT!!!

NEEDED IMMEDIATELY:

- Articles/clippings/artwork/stories/testimonies/ideas •

FOR:

- The Guiding Light •

EXPERIENCE:

- No experience required •
- Work may be a co-operative or singular effort •
- No submission turned away. (within reason) •

SUBJECTS REQUIRED:

- Pediatric conscious sedation •
- Management of Pediatric gastroenterology •
- Personal short story experiences. e.g., favorite patients, etc. •
 - Dealing with transition/downsizing •
 - Reuse of single use items •
 - Hepatitis C •
 - TPN •
 - Short gut syndrome •
 - Smoking and the GI tract •
- Cancer of the Common Bile Duct •
 - Cancer of the Pancreas •
 - Gastroparesis •
 - Whipple's Disease •
 - Zollinger-Ellison Syndrome •
 - Wilson's Disease •
 - Patient Education •
 - Barrett's Esophagus •

MINI QUIZ ANSWERS

1. (a) 2. (a) 3. (c) 4. (b)
5. (c) 6. (a) 7. (b)



Canadian Society of Gastroenterology Nurses & Associates

27 Nicholson Dr., Lakeside, Nova Scotia B3T 1B3

MEMBERSHIP APPLICATION

(CHECK ONE)

ACTIVE
\$40.00

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
\$40.00

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

FORMULE D'APPLICATION

(COCHEZ UN)

ACTIVE
40,00 \$

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
40,00 \$

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

APPLICANT INFORMATION / INFORMATION DU MEMBRE

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

SURNAME / NOM DE FAMILLE _____ PRÉNOM / FIRST NAME _____
 MR / M MRS / MME MISS / MLLE MS / MS

HOME ADDRESS / ADRESSE MAISON _____

CITY / VILLE _____ PROV. / PROV. _____ POSTAL CODE / CODE POSTAL _____ HOME PHONE / TÉLÉPHONE () _____

HOSPITAL/OFFICE/COMPANY NAME / NOM DE HÔPITAL/BUREAU/COMPAGNIE _____

TITLE / POSITION _____

BUSINESS ADDRESS / ADRESSE TRAVAIL _____

CITY / VILLE _____ PROV. / PROV. _____ POSTAL CODE / CODE POSTAL _____

BUSINESS PHONE / TÉLÉPHONE TRAVAIL () _____ EXT. LOCAL _____ FAX / TÉLÉCOP. () _____

CHAPTER NAME / NOM DU CHAPITRE _____ TITLE / POSITION _____

SEND MAIL TO (CHECK ONE) HOME BUSINESS ENVOYEZ COURRIER À (COCHEZ UNE) MAISON TRAVAIL

EDUCATION (CHECK ONE) RN RNA TECH OTHER (EXPLAIN)
ÉDUCATION (COCHEZ UN) IN I AUX TECH AUTRE (SPÉCIFIEZ) _____

MEMBERSHIP (CHECK ONE) RENEWAL NEW ABONNEMENT (COCHEZ UN) RÉNOUVELLEMENT NOUVEAU

WOULD YOU BE INTERESTED IN HELPING ON ANY OF THE FOLLOWING COMMITTEES?

- BY-LAW
- STANDARDS OF PRACTICE
- EDUCATION
- MEMBERSHIP
- CONFERENCE PLANNING
- NEWSLETTER

I have enclosed my cheque payable to CSGNA. (Mail with this completed application to the above address.)

SERIEZ-VOUS INTÉRESSÉS À AIDER EN FAISANT PARTIE DE CERTAINS COMITÉS?

- BY-LAWS
- STANDARD DE PRATIQUE
- ÉDUCATION
- ABONNEMENT
- PLANIFICATION CONFÉRENCE
- JOURNAL

J'ai inclus mon chèque payable à CSGNA. (Envoyez avec cette formule d'application dûment remplie à l'adresse ci-haut mentionnée.)

CSGNA 1996-1997 Executive

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