

GI Nurse Professional Award

This year's GI professional nurse embodies the attributes that we most admire in our colleagues. Making a difference in people's lives is her creed. I first met her through email reports of her chapter's activities and soon became aware that she was a person with vision, drive and courage.

Leader, advocate, activist and crusader are some descriptive words that come to mind. She does not back down from a challenge and tenaciously fights for what she believes is right when others would shrink from the task.

Her local chapter has benefited from her involvement in many ways: in the roles of secretary and then president, and as the founder of the journal club. She encourages others to participate in the chapter and to write the certification exam. She holds a BA, CGRN and CGN(C) and continues to take university courses. She has been an active member of CSGNA for many years and attends our annual conferences and the SGNA conferences at her own expense.

Several years ago she spent time at the Mayo clinic to learn the Rapid Exchange system to get it started in Manitoba. She loved endoscopy for the nine years she worked there and now works as a GI specialist. In 2006, her poster on Upper Extremity Injuries was presented at the SGNA conference in San Antonio and the following year her research article was published in the Gastroenterology Nursing Journal – very prestigious!

Last year, she led the challenge to stop the hospital from sending single use devices to be resterilized by a third party and the story was featured on CBC and in the newspaper. The issue was raised with the Health Minister of Manitoba, and was settled satisfactorily.

She willingly gives her time, for example representing CSGNA at

the Student Nurses' Conference in Winnipeg in January 2008 and now she has agreed to fill the role of Canada West Director. She is a role model and mentor even to those of us who live provinces away .

She has been called the "Erin Brockovich of Endoscopy" and we are fortunate to have her in our midst. Congratulations to Susan Drysdale, the deserving recipient of the 2008 GI Professional Award.

Respectfully submitted by,
Joanne Glen,
President Elect 2008 - 2010 ✨

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Joanne Glen & Sue Drysdale

President's Message

It is with great honour that I assume the role of President for CSGNA for the next two years. CSGNA has flourished under Debra Taggart's leadership, and I hope to continue along this path of growth and development. It cannot go unsaid that CSGNA's continued advances could not have happened without the dedication of all our Board members, including the members who have completed their terms. Debra Taggart as President, Branka Stefanac as Practice Director, Monique Travers as Canada Centre Director and Jean Macnab as Public Relations Director provided CSGNA with dedication, direction and determination to see our association grow. On behalf of the entire membership, I thank all of you.

This September, at our Annual Conference, we welcomed five new board members. This is the biggest change we have ever seen at the board level. Our new board represents many areas of GI nursing, including endoscopy, paediatrics, research, and policy. We are a dynamic group!

One of our first goals is the development of a new website. A task force has been established to compile the results of the website survey and research website providers. With their feedback at our teleconference in November, we will move forward to make the new website a reality.

We have established a new Practice Committee to assist our Practice Director with the development and revision of our Guidelines and Position Statements. This committee includes members at large who would like to become involved with CSGNA at an advanced level. The development and revising of our documents is a demanding task, but one of utmost importance as current evidence based practice has become the standard for all of us. If you are interested in participating, please contact our National office for more information.

The planning committee for CSGNA's Annual Conference in 2009 is in full swing. This conference will be jointly hosted by the Greater Toronto and Golden Horseshoe

Chapters. Since this will be CSGNA's 25th Anniversary, there will be lots of celebrating. An outstanding educational program has been created and social events have been planned to entertain everyone. Our conference planner, Heather Reid, is again co-ordinating our conference. We had very positive feedback from the attendees and vendors in Vancouver regarding our decision to contract a conference planner.

As the field of gastroenterology continues to grow, our goal is to keep CSGNA in the forefront, ensuring we are considered the leader in supporting GI nurses across Canada. Our members are key in shaping this development and we want to hear ideas and comments from you. The National office has a toll free number so that members can contact us easily. Consider helping us promote CSGNA by contacting us.

Respectfully submitted,
Elaine Burgis, RN, CGN(C)
CSGNA President 2008 - 2010 ♦

Future CSGNA[♦] Conferences
TORONTO, ONTARIO
OCTOBER 1 – 3, 2009
EDMONTON, ALBERTA
2010

In the Spotlight

St. Michael's Hospital, Toronto, Ontario – The Urban Angel

St. Michael's therapeutic endoscopy unit is one of Canada's largest endoscopy teaching and research centers, averaging over 14,000 cases per year. The unit has recently been designated as an "Endoscopy Centre of Excellence" by The World Organization of Digestive Endoscopy, the only unit in North America to receive such designation.

The physical lay out of the unit allows an efficient and safe patient flow. The admission and recovery rooms are separate. A thorough nursing assessment is done before each procedure and specific guidelines are in place to ensure safe discharge of the endoscopy patients. There are eight state-of-the-art procedure rooms. Three of these rooms are lead-lined; with one being dedicated to endoscopic retrograde cholangiopancreatograms (ERCP) and

one having negative air exchanges where bronchoscopes are performed. Scope reprocessing rooms are on site where six certified technicians clean up to 100 scopes per day. The endoscopy unit at St Michael's Hospital prides itself on paying strict attention to the latest infection control guidelines as well as refining its current scope tracking system.

The therapeutic endoscopy nurses at St Michael's hospital assist with many complicated and unique endoscopic procedures. They are on the cutting edge of endoscopy technology. St. Michael's was the first hospital in Ontario to offer double balloon procedures. These nurses are experts in ERCP, argon plasma coagulation (APC), endoscopic ultrasound (EUS) and esophageal mucosa resections (EMR). Patients are referred from all over Ontario and Canada for these procedures.

Nurses at St. Michael's participate in the globally renowned "International Course on Therapeutic Endoscopy" now celebrating its "twenty first year". The course features the St. Michael's therapeutic physicians and guest faculty from all over the world. These visiting professors demonstrate and teach groundbreaking endoscopic techniques to practicing physicians and nurses.

The therapeutic endoscopy nurses at St Michael's Hospital are leaders in promoting excellence in endoscopy nursing practices and patient care. They are committed to advancing and broadening the scope of endoscopy nursing practice; "To be the best they can be." ♣



ERCP Room



Recovery Room



Prep Area



Procedure Room



St. Michael's Hospital Staff



St. Michael's Hospital Staff

Accepting the G.I. Professional Nursing Award – The Experience

In September 2008, at the Vancouver CSGNA National Annual Conference, I was surprised and amazed to hear my name called as the nurse who had been given this award. Almost three weeks have past since Joanne Glen honored me with her kind words, announced to the delegates at the conference that I had earned the award, and gave me a warm hug.

I had no idea that anyone was even considering me for this honour, so when my name was called I went up on stage and blurted out a nervous, but heartfelt thank-you and toddled back to my seat. Now that almost three weeks have passed, I have had time to think about what those few moments in the sun means to me.

Being a person who never expects to be recognized, my first thought was “why me?” How did I get to stand in the footsteps of previous winners such as Lorie McGeough and Georgiana Walters? After asking those questions, I started to reflect on my life, my personality and my experiences and I arrived at a conclusion.

I have my roots in Northern Saskatchewan. I was born in Humboldt to a mother who was described as the “most likely to succeed” by her graduating class for whom she was valedictorian. She was also the student who had the highest marks in her graduating year. She was beautiful, talented, a musician, an artist and the owner of a body that would in not too many years grow polyps in her bowel that would go undetected until cancer ravaged her body, stole her dignity and scarred all of her eleven children. She had those eleven children in fourteen years and had

a heart attack after the last one was born. Eight years later she returned to her parents’ care and died in Humboldt where she had been “the most likely to succeed”. She is buried under a favorite tree where she studied as a young girl. My roots remain with her under that tree. I was her “problem child”. I was born with dyslexia and gave my mother a merry chase. I did not understand boundaries, because I couldn’t see them.

Being unable to see the boundaries and limitations in life, became an asset as I grew into a woman. Having that horrid responsibility of having to tell my siblings that our mother had died, left me a changed person and took me away from my dream of being an English teacher and pointed me toward a life in a helping profession. I do not regret even a second the experiences that I have had along the way. Although many of them have been negative, we are the sum total of our life experiences, and I see all the moments of my life as learning opportunities.

I saw my first bowel cancer patient die when I was twenty-three years old while I was working on a surgical ward in Winnipeg. I tried to do my best to make his life easier as he left it.

Over the years, Gastroenterology has never been too far from where I chose to work. I had my first colonoscopy in Northern B. C. when I worked there as a young nurse. After returning to work in Winnipeg, I often had to assist with gastroscopies during the wee small hours of the morning when the “grandfather of endoscopy in Winnipeg” chose to investigate a patient’s unexplained

melena. In 1999 I became a full-time endoscopy nurse. I felt overwhelmed by the amount that I did not know about the field. In order to be confident to work without anxiety, I started to look for educational tools. I stumbled upon the Core Curriculum that was written in the states by our SGNA colleagues and I studied that and everything else that was G.I. related. In 2000 I traveled to Anaheim, California, and although I was a bundle of nerves, I wrote and passed the American certification exam and earned the CGRN credential. Because of the difficulty for foreigners to recertify by points, I again wrote the certification exam in Minneapolis in 2005 in order to maintain my CGRN status. Not to be biased, I decided to write the first Canadian certification exam in 2004 and I became the only Manitoban to write that exam in its first year. This year I will recertify as a CGN(C). I am proud to hold that credential and I am so pleased to see that we have grown into our own recognized Canadian specialty.

With education comes responsibility. As I learned more about what was the right thing to do for my patients, I became aware of the number of issues that were related to either ignorance of the right thing or ignoring the right thing in the interest of financial considerations. The whole ethics issue became a problem for me. I came from a Roman Catholic background so guilt is always in the back of my mind. Not only do we promise to be ethical but we live by the fruits of our labors based on keeping that promise. After consultation with a County court judge, whose presentation I had the pleasure to attend at a conference in the U.S., I became

increasingly anxious about the ethical dilemmas that we, as nurses, are forced to experience in our practice on a regular basis. The judge told me that I had a responsibility to talk and I decided to talk. I am not a public speaker. I am not an aggressive person. I am a reluctant social activist. I feel the need to speak up when I see that patients and nurses are being put at risk. I won't stop until I am heard. The sound of a tiny squeak of truth is sometimes deafeningly loud amidst the silence caused by fear of reprisal. There are no boundaries when it comes to doing the right thing. My conscience will not allow me to turn a blind eye.

I wanted those who see me as the GI Professional Nurse to know to whom they have awarded this honor. I am one of you. I am small in the vast and challenging world. I also know how to squeak! It can be deafening.

Respectfully submitted by
Susan Drysdale RN, BA (English and Psychology), CGRN, CGN(C)
President CSGNA Manitoba Chapter
CSGNA Canada West Director ♦

What Does VAP Have To Do With Me?

During a recent case done in ICU, where we were inserting a nasojejunal feeding tube, we were asked by the nursing staff to leave the tube extending from the mouth rather than converting it to nasal placement. I was informed that this was to decrease the risk of ventilator associated pneumonia (VAP). It took some time to find the documentation, so I am providing the results of my search for others. According to the Safer Healthcare Now Initiative, there are 4 components for decreasing the incidence of VAP.

1. Elevate the head of the bed.
2. Daily "sedation vacation" and assessment of readiness to extubate.

3. Use oral vs. nasal tubes to access the trachea or stomach.
4. Use EVAC tubes to drain subglottic secretions.

The rationale for using oral vs. nasal tubes is that there is less risk of nosocomial sinusitis and it has been suggested that this would also decrease nosocomial pneumonia in the vented patient.

To view this information, visit www.saferhelathcarenow.ca. Check targeted interventions/VAP/Getting started kit/bibliography. There is also a VAP One Pager that summarizes the information.
Joanne Glen, RN, CGN(C) ♦

Are You Applying for the CAG Nurse Scholarship?

The Canadian Association of Gastroenterology (CAG) is offering TWO scholarships to assist CSGNA members attend the Canadian Digestive Diseases Week (CDDW). One award is available to a nurse working in research and the second to a nurse who works in a clinical setting. Why attend CDDW?

♦ The CAG Scholarship awards each recipient \$750.00 to assist with the cost of travel and accommodations for the 2009 conference.

- ♦ The CAG Scholarship entitles the winner to a one-year membership with CAG, which includes the conference registration for this year's conference in Banff, Alberta.
- ♦ CDDW offers an excellent educational program.
- ♦ CDDW offers learning in small group settings with leaders in Canadian GI.
- ♦ CDDW offers an opportunity to network with physicians, nurses and industry representatives with a focus on GI.

♦ CDDW offers the opportunity to network with members of the Canadian Association of Hepatology Nurses, whose conference is held concurrently during conference.

♦ Posters! Posters! Posters! An educational event on its own!

If any or all of these benefits excite you, then send your application to CSGNA by the December 1st deadline. ♦

CSGNA Chapter Executive List 2008/2009

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Treasurer: Marilyn Doehnel

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Treasurer: June Peckham

BOARD POSITIONS AVAILABLE

The following Board positions are up for re-election next September:

Treasurer
Education Director
Canada East Director
Canada West Director
Secretary

These are two-year positions. Please submit your nomination to the current CSGNA President via mail or email 150 day before the next National Conference.

Please consider stepping out of the box and submitting your nomination.

You will grow as a person; not to mention the wonderful experiences and friendships you will gain.



Including the 5th Annual CASL Winter Meeting

Fairmont Banff Springs, Banff, Alberta

February 27th - March 2nd

**Meeting registration, accommodation & preliminary program at:
<http://www.cag-acg.org/cddw/program-and-registration.aspx>**

Brought to you by

Canadian Association
of Gastroenterology



L'Association Canadienne
de Gastroentérologie



Canadian Association for the Study of the Liver (CASL)

REPORTS

EDUCATION CHAIR REPORT

While attending the Vancouver National Conference, "Expanding Your Scope", I met many members from across Canada. On September 11, we added optional education sessions, a day long ERCP Workshop with lead ERCP nurses and a physician, who all worked very hard to make this program successful. They include Judy Robinson from Vancouver, Nala Murray from Vancouver, Arlene Schroeder from Kelowna, Wendy Westcott from Calgary, Evelyn Mathews from Calgary, Marlene Scrivens from Regina, Maryanne Dorais from Kamloops and Dr. C. Stabler from Kamloops. This program gave credit for 6.5 GI specific hours. Three sessions were provided for The Abdominal Pressure Program, by Dorie Werner, to earn a credit of 2 GI specific hours. I want to thank all of the wonderful speakers who participated, prepared and presented these optional programs.

The Vancouver planning committee did an outstanding job with the CSGNA National Conference with a wonderful and enjoyable program. This program included a variety of motivational speakers, panels of experts discussing pediatric patients and organ transplantation to chronic cough and reflux and new technologies. Each day ended with a wonderful social event – the Vancouver Harbor Cruise and the Vancouver Aquarium. It was a great event done by the Vancouver planning committee and Vancouver President, Judy Deslippe.

There were 3 **FABULOUS** poster abstracts. These individuals put a lot of time, effort and financial resources into these posters. Wonderful to review!! Each submission was **GREAT!** A learning opportunity for all who attended the conference!! Poster abstracts are another form of education.

There was so much to learn from each and every submission. The poster awarded first place was '**Implementation of an Interdisciplinary Approach to Care and Replacement of Percutaneous Endoscopic Gastrostomy (PEG) Feeding Tubes**'. I expect to see many more posters next year in Toronto as it will be the CSGNA's 25th Anniversary. The deadline date for submission is March 13, 2009.

All submissions need to be mailed to:

**Maria Cirocco, RN, BScN, MA, CGN(C)
St. Michael's Hospital,
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Ontario, M5B 1 W 8
Ph. 416-864-6060 x 2965
Fax. 416-864-5451
Email: ciroccom@smh.toronto.on.ca**

October 1-3, 2009, CSGNA will be celebrating our **25th ANNIVERSARY!** Toronto will host this conference with the theme '**Celebrating Our Past – Inspiring Our Future**' at the Metro Toronto Convention Centre. We are very excited about this event. Please watch the website for more information on topics and time.

I have really enjoyed conversing and working with many of you this past year! I have received many emails containing a lot of questions and have done my best to direct them to the best resource for the best answers. At the Vancouver conference a questionnaire was available for you to complete regarding your educational needs. That will be reviewed in great detail as we plan the year ahead.

Promotion of certification has been a focus of mine and I will continue with that focus. We now have **235** certified Gastroenterology Nurses!!! **HURRAY!** An amazing **30** individuals received their certification this

year! Kudos to all of you!!! This acknowledges your specialty!! Ultimately it will help your patients. In 2009, **87** certified nurses come up for renewal. The Canadian Nurses Association (CNA) sends updates on the renewal process to candidates on a regular basis, and this information is also posted on the CNA web-site (www.cna-aiic.ca). The deadline for application for certification is **November 7, 2008** with an **exam date of April 4, 2009**.

The CNA certification credential is valid for a 5-year term. You have the option of renewing the credential through the accumulation of 100 hours of continuous learning (CL) activities earned during your five-year term, or you can choose to write the exam again. The guidelines for CL are quite straight forward. The CL hours must be related to your nursing specialty. **Remember** all of the details are on the CNA web-site.

Renewal candidates need to be aware that CNA is asking nurses to align their GL activities with the competencies that are unique to Gastroenterology Nursing. These competencies are also on the CNA web-site. Your choice of CL activities should improve your knowledge and skills in your nursing specialty of Gastroenterology. Please note that the CNA Certification Program allows a great deal of flexibility with regards to CL activities that you undertake. There are many wonderful educational opportunities that are exciting, enjoyable, motivating and promote enthusiasm in this field of Gastroenterology. You may choose inservices, conferences, certificate courses, seminars, preceptorship, mentoring, giving a presentation or leading a study group and even spending an hour viewing posters. All of these enhance your experience, education and learning.

CNA recertification process is relatively easy for candidates to complete. Six to eight months before your credential expires, you will receive a call or email from CNA certification staff reminding you about your renewal. For the certification term ending in April 2009, members are asked to send their certification renewal applications to CNA by **November 21, 2008, postmarked on or before. You have worked very hard to receive your CNA Certification gold pin and your CGN (C) credential in this nursing specialty. Your certification validates the GI nurse with acquired knowledge and skills in many practice settings. YOU WANT TO KEEP IT!**

As we have grown and have increased the number of scholarships, we have developed a new position – **Awards and Research**. This will be Donna Bremaud's new position. Please send all your future award and scholarship applications to CSGNA, Attn. Donna Bremaud, #201-2902 South Sheridan Way, Oakville, Ont., L6J 7L6. Donna's email address is bremaud1@sympatico.ca if you have any questions.

Respectfully submitted by,
Maryanne Dorais, RN, CGN(C)
CSGNA Education Chair

DIRECTOR OF CANADA CENTRE REPORT

I would like to thank the Vancouver Chapter and the Planning Committee for a great conference. The topics were very educational and the speakers were quite motivating.

The Montreal Chapter is organizing an autumn day conference. The Chapter Executive attended the Vancouver conference. The Ottawa

Chapter is having a chapter meeting with elections for president and secretary. Chapter Executive also attended the Vancouver conference. The Greater Toronto Chapter is planning an educational session in March 2009. Please keep those dates available. They are also planning the 25th CSGNA Annual Conference with the Golden Horseshoe Chapter. The Golden Horseshoe Chapter is planning a day conference in autumn. The Central Ontario Chapter will elect a new Chapter President.

The London and Area Chapter will also elect a new Chapter President this year. The Southwestern Chapter Executive was also present at the Vancouver conference.

I have completed a total of six years as CSGNA Director of Canada Centre. This has been an unforgettable and gratifying experience. My goal was to provide assistance to the Canada Centre chapters with their educational hours, recruiting, organization of study groups in preparation of the certification exam and most of all, watching the chapters expand. We have both enhanced each other's growth, and it gave me the opportunity to meet many remarkable people. I will always remain devoted to CSGNA and will be forever grateful for the privilege I had in serving you.

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

CANADA EAST REPORT

"Expanding Our Scope" Vancouver Conference certainly succeeded in providing an enjoyable professional experience from start to finish. The great ERCP and Abdominal Pressure Workshops had extraordinary nurses working together to share their expertise.

We are all interested in learning more and care deeply about GI Nursing. The keynote speakers, Dr. Patricia Raymond and Charmaine Crooks, provided laughter and inspirational sessions. The Harbour Cruise was magnificent (no rough wind or waves). The scenery was beautiful. The waterfront and mountains were breathtaking.

Again, thank you to the chapter executives for all their hard work organizing the sessions and promoting CSGNA. Laughing, sharing and working with the CSGNA Board Members over the past two terms has been an amazing experience. They are truly awesome, dedicated colleagues and friends.

I would like to encourage you to take on the role of Canada East Director. The Canada East Director position is open for nominations 2009. The form is on page 17 of the July issue of *The Guiding Light*. Call if you would like to share in this rewarding opportunity. It will be an experience that you will never forget, nor regret.

Respectfully submitted by,
Mabel Chaytor RN, CGN(C)
Canada East Director

Newfoundland Chapter Report

The chapter would like to acknowledge Sandy Stone who succeeded in passing her GI certification exam. Three delegates from the chapter were able to attend the Vancouver conference in September. We not only met with other delegates from other provinces, but with others from our own province. We are planning to send representatives to Toronto in 2009 and yes, we are discussing developing an educational poster.

Congratulations to Mabel Chaytor on obtaining the CSGNA Chapter Executive Professional Development Award. She attended a day course pertaining to leadership role. Also, belated congratulations to the three LPNs who successfully completed the Olympus course in reprocessing endoscopes: Patsy Gosse, Madonna Power and Rosetta Thomas.

A discussion at our last meeting was on future education sessions. Peg tubes and Remicade were two topics of interest. The Atlantic GI meeting is planned for the weekend of June 19, 2009 in Corner Brook. We are hoping to have some nursing education sessions as part of the program. The chapter is planning one more meeting for 2008 in December. It will be a meet and dine session for the pre XMAS celebration.

Respectfully submitted by,
Linda Feltham
President, Newfoundland Chapter

Nova Scotia Chapter Report

Thank you to the Vancouver Regional Chapter for hosting a wonderful National Conference. It certainly "Expanded Our Scope" and we all had an enjoyable learning experience.

The Nova Scotia Chapter is ready with our annual education day, Focus on Stenting, which is being held on November 15, 2008. Elections will be held at that time for new chapter executives.

This will be my last report to *The Guiding Light* as I am retiring from nursing, and retiring as an active member of CSGNA. Each person I have met throughout the years while I've been active within the CSGNA has enhanced my life and I thank you all. With so many dedicated members, I know the CSGNA will continue to maintain

and inspire its high quality of leadership for GI nurses.

Respectfully submitted by,
Evelyn McMullen

New Brunswick/ PEI Chapter Report

Congratulations to Cathy Arnold for taking on the Chapter President position.

Plans are in the works for a winter meeting and will be updated at a later date.

CANADA WEST DIRECTOR REPORT

Vancouver Island Chapter

Chapter President, Corrie Osborne, reports that the chapter has two main goals for the year. The first goal is to assist members in more remote areas in accessing educational events and the second goal is to encourage certification. In the coming year, two members will be writing the exam and one will be recertifying. Positive feedback was received in regards to the Chapter's educational day in April and the members are now planning the agenda for the spring 2009 conference. Fourteen members attended the National Conference in Vancouver. They enjoyed it and offer congratulations to the Planning Committee for a job well done. The membership described the experience as "truly wonderful". Those members who attended the Abdominal Pressure Session will be offering an educational presentation on the topic to other members who could not attend.

Vancouver Regional Chapter

Chapter President, Judy Deslippe, reports that the conference planning committee is taking some well deserved R & R after all the hard work they did in order to help

present us with such an awesome conference. The members hope that everyone enjoyed the conference and took the opportunity to network with colleagues. It is hoped that the new information offered at the conference will help the attendees to expand their knowledge in order to improve their practice and ultimately to "expand their scope".

Kamloops Regional Chapter

Chapter President, Maryanne Dorais, reports that all 6 staff members went to the Vancouver conference and that they were truly inspired by the experience. Maryanne stated that the chapter members are all motivated and excited about gastroenterology and all members have their certification. She further reported that even the "new kid on the block" is going for certification this year. Now that is inspiring! Maryanne said that the nurses regularly hold study sessions when they are preparing for the certification exam. Sometimes they hold daily review sessions prior to the exam.

The chapter met September 30 and had an educational session on the gluing procedure.

Their President, Maryanne Dorais, will be attending the Edmonton educational day in October and she is excited to be a part of that experience. The chapter is planning a spring conference in either April or May. The educational sessions are usually well attended and there is a lot of educational support supplied by the endoscopists in Kamloops.

The chapter members will be attending an all day educational session offered by nurse educator, Barbara Crawford. The topic will be the GI tract. The chapter is encouraging members from Vernon to be more involved in the educational sessions but

geographical distance is an issue. Maryanne voiced the need for support of the members in their educational pursuits. The Kamloops Chapter may be small but they are a force to be reckoned with. They are cohesive and committed and, in that, they are an example to the rest of us. Keep up the great work Kamloops!

Okanagan Chapter

Chapter President, Bethany Rode, reports that this year the chapter hopes to hold a large educational event. She also reports that one main goal for the chapter this year is to try to form a more cohesive group with all of its regional members. The nurses who are working at the Kelowna General Hospital are actively involved in the planning process for a new endoscopy wing, which will include a x-ray facility. They are anxiously awaiting the opening of their new department, which promises to be more conducive to the needs of such an active endoscopy centre.

Calgary Chapter

Connie Wescott, the Calgary Chapter President, reports that the chapter delegates who attended the Vancouver conference found it to be enjoyable. They took advantage of the opportunity to network with other delegates as well.

In terms of educational sessions, the chapter is planning a Dine and Learn evening in November. The planned presenter will be Dr. P. Krongold speaking on pancreatitis. An educational day is being planned for the spring and topics are being requested from chapter members.

The next chapter meeting will be held on October 10 and one of the topics for discussion will be chapter executive elections. The chapter looks forward to increased educational sessions in the future

and they are looking for innovative ways in which to attract more participation and sponsorship.

Central Alberta Chapter

Joanne Glen, from the Central Alberta Chapter, reports that after only two years as a chapter the Central Alberta Chapter is thriving and boasts a core group of dedicated members who faithfully attend meetings and volunteer their time to do committee work. Their attendance at educational sessions has far exceeded their expectations. The main goal for the chapter this year is to increase membership to include non-endoscopy GI nurses. Topics for discussion for the planning of the year's agenda are short educational sessions for evenings and teleconferencing with rural areas.

The day conference for the spring will take place on April 25, 2009 and planning is in full swing.

Executive has been rearranged with Audrey Pennycook as president, Lisa Westin remains as secretary and Judy Klaus is treasurer.

Edmonton Chapter

Yvonne Verklan, the President of the Edmonton Chapter, sends warm words of appreciation and thanks to the Vancouver Chapter and to Judy Deslippe in particular for the wonderful experience that they offered to the members who attended the National Conference in Vancouver in September. Not only was the experience informative, but it was very enjoyable.

The Edmonton Chapter is involved in a whirlwind of activity this year. While most of us were resting over the summer months, their members continued to attend educational sessions and in August they attended an evening educational session on Pediatric

Chronic Constipation. They hope to increase their pediatric content in their curriculum this year. The Chapter is encouraging those who have voiced an interest in taking the certification exam and they plan to offer educational support in the form of an organized study group for that purpose. The members wish to show their gratitude to both Joanne Glen and Maryanne Dorais for their ongoing support of nurses undertaking this professional endeavor.

Planning for the fall conference is in full swing and the "G.I. Nurses Update", which is to be held on Saturday October 25th, promises to offer a new and interesting format.

The Chapter's first edition of this year's e-newsletter has been circulated. The editor, Judy Spencer, is to be congratulated for her excellent work. The new section in the letter, called "Photo-Scopy", will display pictures of chapter events and G.I. related interests. Those wishing to be included in the "End to End" email list should contact csgna.edmonton@gmail.com.

Regina Chapter

Eight nurses from the Regina Chapter were fortunate to attend the National Conference in Vancouver. The Vancouver Chapter did an excellent job and thank you for ordering the sunshine so we could enjoy your city. We would like to thank the CSGNA and Olympus for providing educational scholarships to some of our members. Our Regina Chapter held our fall dinner meeting in September to finalize our educational day program for October 24. Our day is packed with educational sessions including topics in gallbladder disease, endoscopic ultrasound, small bowel enteroscopy and capsule endoscopy to name a few. As well as educational sessions, there will

be some fun topics, door prizes and lots of good food.

The goals for this next year include continuing our informal educational evenings as well as including some journal discussions.

We welcome Susan Drysdale as our Canada West Director and look forward to working with her.

Manitoba Chapter

The Manitoba Chapter will hold its first meeting for this season on October 9, 2008. The guest speaker will be Gale Schultz who is the Winnipeg Regional Health Authority's Director of Medical Device Reprocessing. Gale will speak on the new WRHA policy on Flexible Endoscope Reprocessing. We hope to attract endoscopy nurses from all the provincial facilities where endoscopy is performed in order to try to get everyone on the same page in terms of this extremely important issue.

A number of Manitoba Members were delegates at the Vancouver Annual Conference and found the city welcoming, the conference enlightening and the atmosphere positive. The Manitoba members would like to recognize the work done by Vancouver Chapter President, Judy Deslippe and the planning committee in order to present us with such a diverse and professional educational package.

Sue Drysdale, President of the Manitoba Chapter, had the honor of spending a few hours with the SGNA President, Lisa Heard, BSN, RN, CGRN, who works at Children's Hospital in Boston, while at the conference. The association that we have with SGNA has deep roots and is very rewarding. The current president proved to be entertaining, engaging, intelligent and professional. It also sounds like

she is a great mom. She is extremely approachable and the SGNA is lucky to have her as their leader.

The Manitoba Chapter has a full year of educational events planned. The journal club will hold its first meeting on Wednesday October 8th and the topic for discussion is "Chronic Intestinal Pseudo-obstruction". Subsequent evening meetings with educational sessions will be held on December 11, January 29, March 26 and June 25. Journal club sessions are scheduled for December 10, January 28, March 25 and June 24. The full day educational event for this year is tentatively planned for May 2nd and we hope to have a change of venue this year. As usual we hope to offer something in the way of interest and entertainment for all GI nurses.

In total, the Chapter's educational component planned for the coming year should total 16 hours.

The research project, which is being performed on upper extremity injuries in endoscopy nurses in Canada, is nearing completion. The statistical analysis has been completed and checked and approved by our statistician. The next step will involve writing about the project and publication of the results. All participants will receive a mailed copy of the findings of the study once they are compiled. Susan Drysdale, the principle investigator, would like to thank Olympus Canada for an unrestricted research grant in order to help fund the project.

The Manitoba Chapter website is being updated regularly and it has been made interactive now. Members can access the chat-room and discuss issues and concerns. We hope that this resource will serve as another method for networking between colleagues.

We would like to recognize Sara Drysdale, who is our webmaster, for her dependable, creative and technical expertise in the creation and updating of the site. Sara is working to create an interactive CSGNA Canada West Website so that the Western Chapter members will be able to chat about important issues and just generally network with other colleagues. The Canada West Director will personally fund the site and upkeep of the site.

At our October meeting, we will welcome our new executive members, Christine Wanlin, treasurer and Barb DenBoer, secretary. Both of our new executives bring with them many years of nursing experience. They will both prove to be a great asset to the chapter. As the new executive arrives, we would like to thank the outgoing executive members for all the work and dedication that they offered to the chapter. Jennette McCalla, Laurie Heide and Cathy Sveinson all deserve our gratitude for a job well done.

Two of our members will be writing the certification exam this year and one member will be recertifying. We hope to increase our numbers steadily in the coming years.

Last year we stated that one of our goals was to uphold the standards and guidelines of the CSGNA. On the surface, that looked pretty easy. In reality, that goal was very difficult to attain. Through perseverance, commitment and speaking out, our chapter was able to meet our goal when we felt that practice issues needed attention and by ultimately bringing about change in proposed practice in order to safe-guard the health and safety of our patients.

Report respectfully submitted by Susan Drysdale, RN, BA, CGRN, CGN(C) CSGNA Canada West Director

PRACTICE DIRECTOR REPORT

The start of this year continues to bring questions. As the new director, I am excited and eager to aid in the development of guidelines and standards.

Respectfully submitted by,
Pauline Porter, RN, BScN, CGN(C)
Practice Director 2008-2010

PUBLIC RELATIONS DIRECTOR'S REPORT

We started in 1984 as the Ontario Society of Gastrointestinal Assistants and grew to become the CSGNA in 1989. Next year, we celebrate our 25th Anniversary!

We are looking for an individual or a chapter, to come up with a

GI Nurses' Day Theme or Logo for the upcoming year. It would be great to have one entry from each chapter! Entries can be sent to our Executive Assistant, Palma Colacino, up until December 31, 2008. Please see the CSGNA website for information. There will be a prize of one complimentary (2009 – 2010) CSGNA membership. The March edition of *The Guiding Light* will announce the winner.

I look forward to serving you in my new role as the Public Relations Director. There has been a new look given to this role. My focus will be on connecting with other nursing, community and medical groups as a CSGNA representative. I also hope to promote CSGNA within our membership to increase awareness,

interest and networking. Please contact me with any suggestions or requests that you might have.

Respectfully submitted by,
Yvonne Verklan, RN, CGN(C)
Public Relations Director ✦



Canadian Society of Gastroenterology Nurses & Associates

Société canadienne des infirmières et infirmiers en gastroentérologie et travailleurs associés

MEMBERS! CHAPTERS!

CSGNA NEEDS YOUR SUGGESTION



Please submit your concept for GI Nurses' Day theme/logo to:
CSGNA Executive Assistant Palma Colacino
#201-2902 South Sheridan Way, Oakville ON L6J 7L6
Winner will be announced in March issue of the *Guiding Light*.
Prize will be a one-year CSGNA membership for 2009-2010

Expanding Our Scope and Realizing our Vision – Vancouver Did It!

After two years of planning, then by putting those plans into action, the Vancouver Regional Chapter successfully presented CSGNA's 24th Annual Conference. In one of Canada's most beautiful cities, our membership was brought together to learn, network and enjoy Vancouver as presented by those who know it best. And, we did!

Our optional educational programs were huge successes. The program spaces were filled very early and many were disappointed that they could not participate. We recognize that this is an area that our membership wants, and will build future conferences around our membership's needs. Thank you to our Education Director, Marianne Dorais, for developing our workshops.

The "Opening Reception amongst Exhibits" was a huge favourite with the attendees and vendors alike. It provided a relaxed atmosphere for us all to mingle and chat. What a way to start the conference.

Dr Patricia Raymond opened our conference with her presentation "Rx for Sanity" where she had us all laugh, think and reflect on what is important to us all. In addition, after lunch she kept us amused as

we learned about intestinal gas. Thank you Dr. Raymond. None of us will hear "Wind Beneath our Wings" again without thinking of "Bitt Meddler" and her version.

The conference was filled with interesting topics that covered the range of gastroenterology nursing practice. There was something for everyone and we all learned more to enrich our nursing practice and personal life.

As our conference drew to an end, Charmaine Crooks inspired us to set our priorities and find our balance in life. A special treat for everyone was Charmaine sharing her Olympic torch and allowing us to all hold and pass the torch on to one another. What a treat.

Everyone enjoyed the social evenings. The Friday night harbour cruise was the most perfect evening to see the beauty of Vancouver from the water. The Vancouver Aquarium was all ours to roam around and experience on Saturday night. Great events in a great city.

We welcomed international guests to our conference. Lisa Heard, President of SGNA, enjoyed our conference and

social events. Richard Forbes-Young, chairman of the Gastroenterology Chapter of the Royal College of Nursing in the UK, attended on Friday. We were very honoured to have these amazing nurses at our conference.

Thank you to Judy Deslippe, conference chairperson, and the entire Vancouver planning committee for a conference that enlightened and enriched all of us. We're not sure how they did it, but the Vancouver group managed to plan our annual conference during the most perfect weather Vancouver could possibly have. The Toronto committee would welcome a little of that insight!

Respectfully submitted,
Elaine Burgis, RN, CGN(C)
CSGNA President 2008-2010 ♣



Sheraton Vancouver Wall Centre



Harbour Cruise



Board Members with Charmaine Crooks



Vancouver Planning Committee



Elaine Burgis with SGNA President Lisa Heard



Harbour Cruise

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

Helga Sisson, Newsletter Editor.

Email hsisson99@rogers.com

The Ottawa Chapter – Chapter of the Year 2008

The dedicated members of the CSGNA Ottawa Chapter have done it again!! Chapter of the Year for the second time! This chapter has had a very busy year. They held an exciting Educational Day, April 26th, filled with a wide variety of topics including Leadership, Colorectal Assessment, Pancreatic Cyst, Eosinophilic Esophagitis, Endomucosal Resection and an African Experience. They are looking at hosting their day conference or organizing speakers in another city in order to share new procedures and accomplishments. They have held evening meetings to network and share information in "The Current Trends in GI".

The Ottawa Chapter made efforts to draw members from outlying areas by sending out a newsletter to all GI Units. They retain their membership. This chapter also offered membership fees for two delegates as a door prize. They also developed a new proposal for a scoring system for Chapter Scholarships.

Many members of this chapter have participated on the National CSGNA Board at many levels. Many members have been recognized for their accomplishments. They have also participated in the National Conference and return ballots for voted CSGNA by-laws.

GI Certification has been obtained, valued and encouraged by many of these members. They are a great resource.

This Chapter is an inspiration and I hope will encourage other chapters as an example. Their leadership shines through.

Congratulations to the CSGNA Ottawa Chapter for being enthusiastic, motivated and innovative in this specialty.

Maryanne Dorais, RN, CGN (C)
CSGNA Education Chair ✦

Dieulafoy's Lesion: An Uncommon Cause of Gastrointestinal Bleeding

Submitted by Helga Sisson, RN, CGN(C), The Scarborough Hospital, General Campus, St. Michael's Hospital, Toronto

Dieulafoy's lesion is an uncommon cause of potentially life threatening bleeding. It was first reported in 1884 by Gallard and was later named after a French surgeon, George Dieulafoy, whose work described and fully characterized this lesion in 1897. (6) He called this lesion "Exulceratio Simplex". (6) This lesion has also been called caliber persistent artery, gastric arteriosclerosis, cirsoid aneurysm and submucosal arterial malformation.

The most common location of this lesion is in the stomach, but it can occur anywhere in the gastrointestinal tract. Therapeutic endoscopy is presently the treatment of choice.

Dieulafoy's lesions account for approximately 1% of cases of upper gastrointestinal bleeding. (5) They are predominately found in the proximal stomach along the lesser curvature within 6 cm of the gastroesophageal junction. (1) They have also been described in the esophagus, duodenum, small bowel, colon, rectum and anal canal. (3) The pathogenesis of Dieulafoy's lesion is not clearly understood, however, it is generally accepted that it is caused by an abnormally large caliber, tortuous submucosal artery associated with aging. (1,4,5) This artery is 1 – 3

cm in diameter, which is ten times the diameter of normal submucosal capillaries. (5) The artery protrudes through a tiny mucosal defect. It has been suggested that the thin mucosa overlying a pulsating artery is eroded progressively by the mechanical pressure from the abnormal vessel. (1) Histologically, there is no evidence of inflammatory cell infiltration unlike an ordinary peptic ulcer.

Clinically, patients present with recurrent, acute haematemesis, melena and hematochezia, usually with no symptoms of dyspepsia, anorexia or abdominal pain. Before the advent of endoscopy, surgery was the only treatment available. Today, therapeutic endoscopy has been used successfully to diagnose and treat Dieulafoy's lesions. Diagnosis can also be made with angiography or ultrasound.

Endoscopic methods used to treat these ulcers include injection therapy, thermal therapy and mechanical therapies. Injection of epinephrine, used in combination with other modalities, has been used to slow or stop bleeding. Thermal methods include bipolar and monopolar electrocoagulation, heater probe and laser photocoagulation. Mechanical methods include hemoclip and endoscopic band ligation.

In summary, Dieulafoy's lesion is a rare, but potentially fatal cause of acute upper gastrointestinal bleeding. It can be difficult to recognize this pinpoint, non-ulcerated arterial lesion, usually found on the lesser curvature of the stomach. Therapeutic endoscopic treatment of Dieulafoy's lesion is a safe and effective way to manage this uncommon cause of acute gastrointestinal bleeding.

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REMINDER

As per Bylaw 22.12 all CSGNA Chapters shall submit to their Regional Director by December the 31st the Chapter's financial report.

Synopsis of 2008 CSGNA Annual Meeting in Vancouver

SEPTEMBER 10th -14th 2008

1. REVIEW AND ADOPTION OF

AGENDA: A motion was passed to adopt the agenda after being reviewed.

2. REPORTS: Reports from each board member were circulated prior to the face to face meeting. These were reviewed by each board member. In the West, overall, chapters are doing well. There is a concern about one chapter not organizing their own education events. Betty Kennah will be assuming the duties of Canada Centre Director. Betty has worked in Endoscopy for 5 years and is enrolled in the Nurse Flexible Sigmoidoscopy Program in Ontario since fall 2007. Her experience also includes pediatric nursing. Chapters in Eastern Canada are fulfilling their education requirements, however, they are not charging for the educational events. We need to start charging for our educational events. This will be discussed with the local chapter executives. The new chapter package is now complete and has addressed everything required for chapter activities.

3. TREASURER: Printed material from Canada Trust was handed out. All copies of the financial statement were handed back at the end of the meeting.

- **Operating budget:** There are not enough funds in our operating budget. This year, at our annual conference, we will not be making a profit to contribute to the operating budget. We need to calculate the cost to run the organization per year so we can get the funding and try to follow along with how CAG operates their organization.
- **Scholarship:** The local education money has not been submitted by all the

chapters. Some of the chapters are getting their education events funded and, therefore, are not charging the members for attending these local events. This then leads to lack of income to support our education fund. We need to suggest that the chapters charge a fee for each local education event. This will constitute a change to the bylaws. We need to have some guideline in the bylaws to stipulate a nominal charge so that both the Chapters and National can benefit.

- **Ways to conserve our funds:** We need to look at what events each director attends. Food is very expensive and we can look at how much food we order at the meetings. Having Heather Reid involved from the beginning will help with contract negotiation. We appreciate all the work she has done for this meeting and the upcoming Toronto meeting. As board members, we are volunteers, and there is a limitation to how much we are able to do. Heather has already kept track of all the expenses for the Vancouver conference.

4. BYLAWS: This year we sent out 539 ballots and 31 were returned. This is slightly less than last year. All the amended bylaws were passed. A motion to destroy the ballots was made by Yvonne Verklan and seconded by Edna Lang.

5. HEATHER REID: CSGNA's conference planner has worked with the Vancouver Planning Committee and will be working closely with the Planning Committee for the 2009 Toronto conference. A spotlight in the November *Guiding Light* will introduce her and her role with CSGNA.

6. NEWSLETTER: Regarding the *Guiding Light* submission date, presently, the deadline for the submission is the 15th of the month. We need to change the date to the 1st of the month, to allow us to get the *Guiding Light* out in time. Spotlight in the November *Guiding Light* regarding Heather Reid and her role with CSGNA. Part of Heather's job is doing the advertising and write-up for upcoming conferences. A good time to do a general introduction would be after the Vancouver conference.

7. EDUCATION:

- **Scholarships:** Regarding CSGNA scholarships: only a few people from BC applied. 22 applications for 15 scholarships were received. At the end of the conference, we need to look at the expenses before a commitment is made for next year. We need to think about what we are giving to the chapters. An announcement will be made at the annual meeting. At the present time, the National is giving money to each chapter, with no return from the local chapters.
- **Manuals:** Thank-you Lorie for attending the meeting and for your involvement. There is lot of work needed to update reprocessing, certification and ERCP manuals. In addition, we have researched all the copyright regulation and our current manuals do infringe these regulations. Some gaps are identified in our current resources. We need to look at what is the intent for developing these manuals and the numbers of people are we trying to serve. Do we want to spend time developing these manuals when there is an excellent resource available

from SGNA? A number of suggestions were made, including developing a manual that looked at the differences in the practices between USA and Canada. There are a number of resource materials available. There are numerous challenges in developing resource manuals, even amongst the experts within the field. In the meantime, we can refer all the members to the SGNA website; they have a library with videos of procedures. In addition, we can talk to SGNA and come up with a joint agreement to have resources available to the CSGNA members at a reduced cost.

- For the certification prep manual, an informal survey was conducted and what the members are looking for is specific case-based questions. Laurie is on the exam committee. Much of our exam is based on case studies, and we need to have this in our manual. We need to go through the basic nursing process, which asks about history, assessment, diagnosis and intervention. The study guide is not helpful since it does not contain the case-based questionnaire. One suggestion was to ask CNA for old questions. CNA will give you tips on how to write exams. We are not experts in providing the information about the preparation for the exam. This will be looked into further.
- As a group, we need to determine what our members need at this time. There is a lot of information on the Internet, which our members can access. Have pamphlets or a survey with four to six questions drawn up to hand out at the Vancouver conference. This way we can get an idea of what members are looking for before we revamp the current manual.

An announcement will be made during the opening remarks requesting feedback from the attendees.

- **Continuous education hours for recertification:** Many of our members are not able to get to the National Conference and they require the educational hours to maintain their certification. As an organization, we need to direct our members either through a link on the website or to continuous education programs. CNA is very liberal with their allowance. Articles that have post tests attached will count towards continuous education hours for recertification.
8. **CHAPTER OF THE YEAR AWARD:** This year there were two chapters that applied for this award. The recipient of this award was the Ottawa Chapter.
 9. **WEBSITE:** An email link for the president at CSGNA.com is working well. We need to find out how much it costs. This may be something we can do for all the board members. The web survey, conducted earlier this year, has demonstrated what our members want; the education component is lacking. A chat room is something that we have to think about carefully because it is an access for non-members as well. We need to have timely access to events such as the Annual Conference agenda. In addition, annual posters and information about scholarships with application should be on the website. There have been positive comments about having conference registration payment on line this year. As we move forward, we need to figure out what we want to spend on the website. In order to move forward with the website, we need to develop a website committee. The committee can come back with focused questions and develop guidelines for the website.

10. 2008 CONFERENCE – VANCOUVER: Overall, everyone was pleased with the venue and the program. There were 301 attendees, 3 of which did not show up, one for health reasons and 2 we did not hear from. All but 60 registered Thursday evening. There were 105 exhibitor representatives from 24 companies. 363 delegates attended the harbour cruise and 232 reservations were made for the Vancouver Aquarium. The Abdominal Pressure workshops were full and went very smoothly. The ERCP workshop was full and again this went smoothly. Having the Planning Committee dressed in green was most effective.

11. CHAPTER DINNER MEETING SEPTEMBER 20TH, 2007:

Each chapter executive who attended the chapter dinner received a one gig USB key. Thanks to Olympus for their donation. This year's meeting was a very informal meeting. Attendees were strategically seated to provide networking opportunities.

12. EXECUTIVE POSITIONS FOR RENEWAL NEXT YEAR include Canada East Director, Secretary, Education Director and Treasurer.

13. TORONTO CONFERENCE

2008: The Conference dates are October 1-3, 2009. The program will be finalized in the next few weeks. The three-day conference includes live video endoscopy from St. Michael's Hospital. We hope you can join us for this conference.

14. UPCOMING CSGNA MEETING:

Our next teleconference meeting was set for November 12, 2008. Our one-day spring face to face meeting will be held in Toronto on February 21, 2009.

Respectfully submitted,
Usha Chauhan
CSGNA Secretary ✦

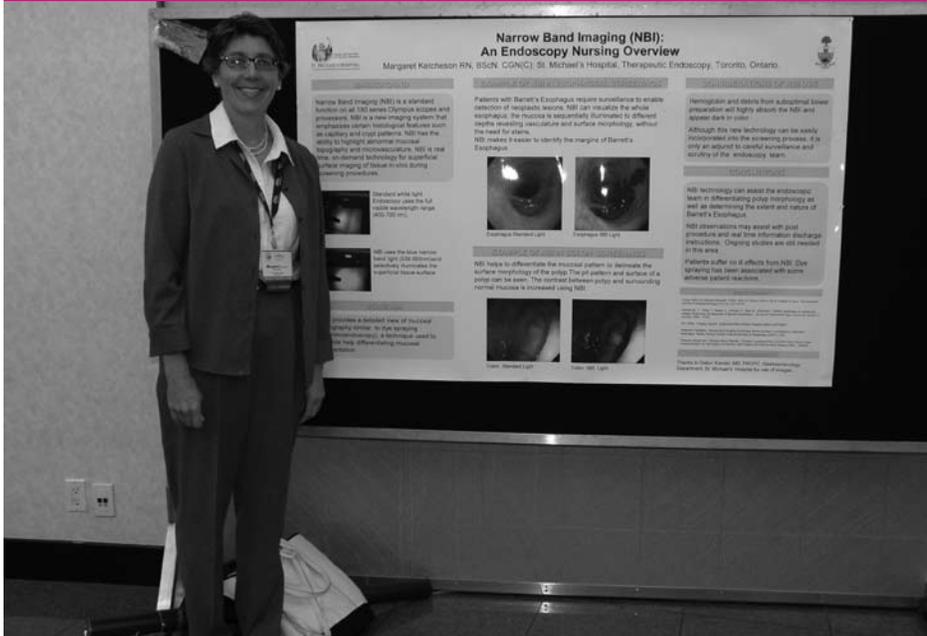
Abstract

Narrow Band Imaging (NBI) – An Endoscopy Nursing Overview

Author: Margaret Ketcheson, RN, BScN, CGN(C)

Therapeutic Endoscopy Unit, Specialized Complex Care, Saint Michael's Hospital, Toronto

Tel. 416-864-5536 • Email: ketchesonm@smh.toronto.on.ca • Fax 416-864-5449



Margaret Ketcheson with poster

Background

Recently, our Therapeutic Endoscopy Unit upgraded to the Olympus 180 Processor and Scope series. Narrow Band Imaging (NBI) is a standard function on all these next generation scopes. The NBI function projects

a different wavelength of light to endoscopically view mucosal patterns on surface layers. This blue-tinged light modality is presented as an enhanced imaging capability for use in emphasizing certain histologic features such as capillary and crypt pattern.

Objective

The aim of this poster is to present a basic overview, for the endoscopy nurse, of Narrow Band Imaging (NBI) and to highlight examples of current usage in patient care delivery.

Description

A literature review with summation of current findings on NBI will be highlighted. Current case examples and demonstration of how this technological advancement can be applied will be provided. Discussion, related to nursing patient delivery and impact of this visual tool, will be included.

Conclusion

Narrow Band Imaging is an emerging technology that offers an alternative to dye spraying for more precise visualization of epithelium. Its particular usefulness and applicability for patient care delivery is now an area to explore. ✦

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.

Guidelines for Submissions to "The Guiding Light"

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

Abstract

Implementation of an Interdisciplinary Approach to Care and Replacement of Percutaneous Endoscopic Gastrostomy (PEG) Feeding Tubes

Presented by Lisa Westin, RN, BSN, CGN(C), Joanne Glen, RN, CGN(C), Audrey Boyce – Senior Surgical Processor
Red Deer Regional Hospital Centre, Red Deer, Alberta (Central Alberta Chapter of CSGNA)

Contact Information: Lisa Westin, Case Manager, GI

Phone: 403-358-4372 • lwestin@dthr.ab.ca • Fax: 403-358-4342

Joy Mekechuk, BScN, MN: University of Alberta Hospital, Edmonton, AB

Objectives

1. Development of a consistent approach to education regarding PEG tubes for clients and interdisciplinary caregivers resulting in increased client satisfaction and quality of life.
2. Development of evidence-based practice guidelines for PEG care and replacement resulting in avoidance of complications and consistent application of standard of care.
3. Development of a regional standardized inventory of feeding tubes and replacement parts resulting in cost-effective utilization of resources.
4. Provision of opportunities for formal training in routine PEG replacement to maintain competency and consistency of standard of practice.

Significance

A consistent and coordinated approach to patient education along with the implementation of evidence based practice guidelines with a focus on “prevention” will result in minimization of potential avoidable complications and improve the health outcomes of the clients living with long-term gastrostomy tubes. The development of a regional inventory of gastrostomy tubes and parts and formal training for routine PEG replacement will result in quality care and cost-effective utilization of resources.



Lisa Westin, Joanne Glen & Audrey Boyce with poster

Background and Planning

A number of clients with permanent Percutaneous Endoscopic Gastrostomy (PEG) feeding tubes were being sent from their place of residence to emergency, or to the endoscopy unit, for routine gastrostomy tube replacement or re-insertion. The endoscopy unit at Red Deer Regional Hospital Centre (RDRHC) inserts approximately 60 PEGs per year and some residents have PEGs inserted in facilities outside of the region. The GI Case Manager began to investigate whether nurses in the community or on the nursing units could be taught how to reinsert the PEGs if they were inadvertently dislodged. The investigation led to the discovery of a wide range of issues related to the insertion of, post-procedure care of and maintenance of PEG feeding tubes across all sectors in the David Thompson Health Region.

Purpose

To develop a comprehensive, regional practice package that will enhance the client satisfaction and outcomes, while expanding the role of trained care providers to competently care for clients with permanent PEGs.

Methodology

- Literature review of PEG tube research and evidence-based or anecdotal practice guidelines for PEG care.
- Distribution of a data collection tool identifying current practices, number of clients and resources to continuing, acute and community care facilities.
- Development of a regional interdisciplinary working group to review the data and set priorities for education, practice documents, product standardization and training for replacement of feeding tubes.

Implementation

The working group developed a list of priorities:

- Development of client education tools – “PEG Feeding Tube Insertion” and “Care and Replacement of Feeding Tubes.”
- Development of a PEG Tube Insertion standing order sheet outlining pre, immediate and ongoing post-procedure care for nursing staff.
- Development of an on-line regional policy/procedure for client caregivers.

- Development of a standardized inventory of feeding tubes and replacement parts with a central location within the region.
- Development of educational opportunities with hands on training and competency building in replacement of feeding tubes.

Evaluation

All of the priorities have been addressed. Educational opportunities have been provided to individual acute care nursing units and continuing care facilities.

Conclusion

A formal evaluation of the improvements in utilization of resources, caregiver confidence and competence in caring for feeding tubes and client outcomes is needed. Informal feedback suggests that the project has resulted in fewer complications and fewer visits to hospital emergency rooms for replacement of dislodged tubes. To further evaluate the success of the project, process and outcome indicators are needed to assess adherence to the standard of care and health-related outcomes for the clients with gastrostomy tubes. ✦

Poster Abstract

Difficulty Swallowing? A Closer Look with High Resolution Manometry

Presenter: Linda Broenink on behalf of the Edmonton Chapter CSGNA

Authors: Linda Broenink, RN; University of Alberta Hospital, Edmonton, AB

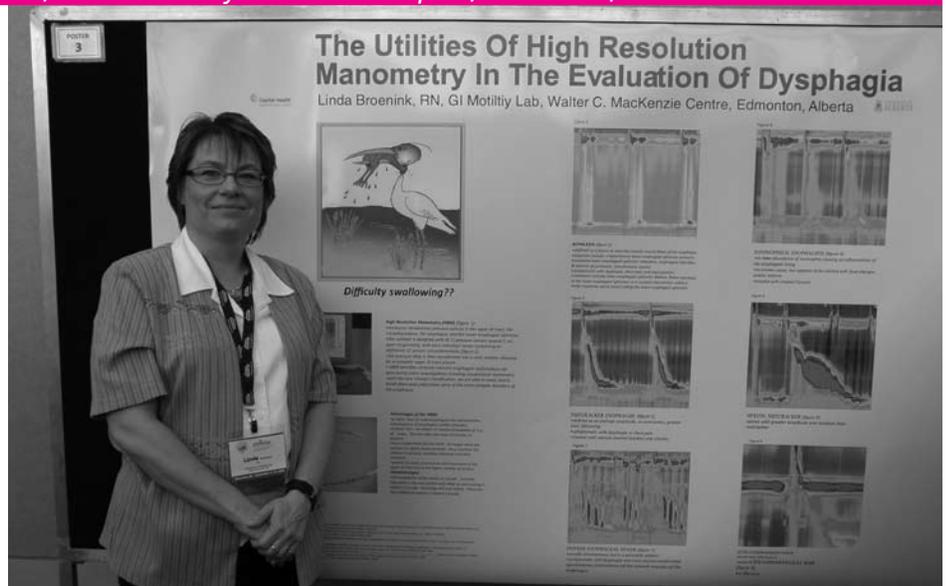
Anna Stephenson, RN, BScN; Stollery Children's Hospital, Edmonton AB

Leanne Ellis, RN, BA; University of Alberta Hospital, Edmonton, AB

Joy Mekechuk, BScN, MN; University of Alberta Hospital, Edmonton, AB

High Resolution Manometry (HRM) is a new diagnostic system used to evaluate conditions associated with abnormal esophageal motility. In November 2006, Edmonton was the first center in Canada with this system. As of January 2008, four other centers in Canada have obtained this system: Halifax, Toronto and two centers in Hamilton. Edmonton remains the only center in Western Canada with the capability to perform this test.

High Resolution Manometry measures intraluminal pressure activity in the upper GI tract (the cricopharyngeus, the esophagus and the lower esophageal sphincter) using a series of closely spaced pressure sensors. HRM identifies clinically relevant esophageal dysfunction not



Linda Broenink with poster

detected by other investigations including conventional manometry. This poster aims to illustrate the procedure and show how HRM better identifies conditions

of non-cardiac chest pain and dysphagia including Achalasia, Nutcracker Esophagus, Eosinophilic Esophagitis, Diffuse Esophageal Spasm and Cricopharyngeal Bar. ✦

BYLAWS

CANADIAN SOCIETY OF GASTROENTEROLOGY NURSES AND ASSOCIATES

Bylaw amendments were presented in the Annual Report mailed out to our membership in June. There were 539 ballots sent to members, with 31 ballots returned by the closing date. All proposed amendments were ratified. The current bylaws are presented in this newsletter.

REVISED September 2008

Canadian Society of Gastroenterology Nurses and Associates

CSGNA MISSION STATEMENT

The Canadian Society of Gastroenterology Nurses and Associates is committed to excellence of client care while enhancing the educational and professional growth of the membership within the resources available.

CSGNA PURPOSE STATEMENT

The CSGNA carries out its mission by providing opportunities for networking, education and communication for its members.

CSGNA GOALS

Nursing Practice:

The CSGNA is committed to encouraging members to achieve high standards of care in daily practice by establishing standards of practice.

Networking:

The CSGNA encourages discussion and exchange of experience between nurses through the formation of Chapters, newsletter publication, an annual conference and website.

Education:

The CSGNA keeps its members abreast of current developments in the field of gastroenterology through seminars and an annual education conference. Members are encouraged to write the Canadian Nurses Association (CNA) Gastroenterology Nursing Certification exam.

Research:

The CSGNA encourages initiatives and studies in advancement of gastroenterology and endoscopy nursing practice.

Organization:

The CSGNA is a dynamic, financially stable, well organized Society responsive to members' needs.

1.0 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." The words Officer(s), Board and Executive are used interchangeably.

2.0 PURPOSE

The purpose shall be to unite into an organization, persons engaged in any capacity in the field of Gastroenterology Nursing in any of the ten provinces and three territories of Canada.

3.0 GOALS

The goals of the Society shall be to promote education and quality patient care by:

- 3.1 Setting standards of practice by developing guidelines and position statements.
- 3.2 Developing educational programs.
- 3.3 Encouraging study, discussion, exchange of information related experience and practice.

4.0 HEAD OFFICE

The Office of the Society shall be the location of the Executive Assistant; presently 2902 South Sheridan Way, Oakville ON L6J 7L6.

- 4.1 The Corporate Seal of the Society shall be held in safekeeping by the Officer designated by the Executive for the fiscal year.

5.0 MEMBERS

There shall be four classes of individual members consisting of active, affiliate, lifetime and retired.

- 5.1 Active – shall be comprised of Registered Nurses or other Health Care Professionals engaged in full or part-time Gastroenterology Nursing or Endoscopy Nursing in clinical, supervisory, teaching, research or administrative capacity. They are eligible to vote. Only registered nurses may hold office.
- 5.2 Affiliate – shall be comprised of Nurses, Health Care Professional/persons engaged in activities relevant to the field of Gastroenterology but not currently engaged in Gastroenterology Nursing or Endoscopy Nursing. They are not eligible to vote or hold office.
- 5.3 Lifetime – any member, deemed to have contributed substantial time and effort towards the advancement of the CSGNA may be nominated for a lifetime membership. All past Presidents will be awarded lifetime membership at the end of their term in office. Nominations for other lifetime awards may be submitted by any member of the CSGNA to the National 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.
- 5.4 Retired shall be comprised of CSGNA members not actively engaged in Gastroenterology nursing practice.

- 5.5 Membership is not transferable. All members shall receive all publications from the Society.
- 5.6 The term “Associates” in the title of the Society, refers to **CSGNA** members who are not qualified as Registered Nurses.
- 5.7 Any member may resign by providing a written resignation to the Secretary.
- 6.0 FEES
A membership fee shall be required from the active, affiliate and retired members annually on June 1 and shall become delinquent after July 1 of that year.
- 6.1 Membership shall lapse automatically as of July 1 if dues have not been received by the Executive Assistant.
- 6.2 The Executive shall determine annual dues payable and shall give appropriate notice to members.
- 6.3 Members shall be notified of any change in membership requirements by the regional directors and in *The Guiding Light* publication.
- 6.4 Members of the National Executive do not pay any fees while in office.
- 6.5 No membership fee shall be required from a lifetime member.
- 6.6 Retired members shall pay 50% of the annual membership fee.
- 6.7 All dues are payable in Canadian funds to the “Canadian Society of Gastroenterology Nurses and Associates”

- 7.0 MEETINGS
The annual business meeting shall be held in conjunction with the annual conference.
- 7.1 The results of voting for Executive officers open for election shall be announced at the annual business meeting.
- 7.2 Reports from selected Executive Board members shall be presented, as well as bylaw amendments and any other business deemed of national concern.
- 7.3 Written notice of the annual business meeting shall be included in the information about the annual conference.
- 7.4 The Board of Directors shall meet face to face at least twice a year and by teleconference and/or email as deemed necessary by the Board.
- 8.0 QUORUM
The quorum shall consist of the majority of members present.
- 9.0 ELECTION OF OFFICE
All members eligible to vote shall be informed of the National Board positions available and the deadline for the nominations via the first *Guiding Light* publication after the annual business meeting. Nominations must reach the Chair of the Nominations Committee by March 31st of the current year.
- 9.1 A slate of candidates for offices open in that fiscal year shall be mailed to the voting membership by May 15 of the current year.
- 9.2 Ballots are to be returned to the Chair of the Nominations Committee by June 15 of the current year.
- 9.3 Each active and lifetime member has one vote per office.
- 9.4 Votes shall be tabulated and recorded in the minutes of the annual business meeting.

- 9.5 The successful candidates shall be announced to the membership at the annual business meeting.
- 9.6 If there is only one nomination for an office by the deadline for nominations, the officer shall be elected by acclamation.
- 9.7 Successful candidates shall be notified as soon as possible after ballot counting, enabling them to make the necessary arrangements to attend the annual conference.
- 9.8 Nominations shall be accepted from the floor at the annual business meeting if no nominations have been received for an office. If there is more than one nomination, a secret ballot shall be held during the annual business meeting.
- 9.9 The first meeting with the new Executive shall be scheduled to take place in conjunction with the annual conference and meeting.
- 9.10 Transfer of duties from retiring Executive to newly elected Executive shall take place at the time of the annual **CSGNA** conference.
- 9.11 Officers elected must have been CSGNA members, preferably serving in some capacity in the preceding two (2) years.
- 9.12 Ballots shall be kept by the Chair of the Bylaws Committee.
- 9.13 A motion to destroy the ballots shall be made by said Chairperson during the annual business meeting.
- 9.14 The ballots shall be destroyed only after the motion has carried by a show of hands from the members present.

9.15 Tellers shall be chosen from the members present at the annual conference and the results announced to the membership in the event a motion for a recount of any office is made and carried.

10.0 EXECUTIVE

The executive of the Society shall include President, President-elect, Secretary, Treasurer, Membership Director, Education Director, Practice Director, Newsletter Editor, Canada West Director, Canada Centre Director, Canada East Director and Public Relations Director.

10.1 The Executive offices are open to all active members of the Society. The Executive Officers shall have the powers and authority as described to perform their expected offices. All National Executive members shall attend all Face to Face and Annual conferences. Exemptions shall be considered by the National Board.

10.2 Any member serving in an executive position at the Chapter or National level shall be an active **CSGNA** member.

11.0 TERMS OF OFFICE

11.1 The President shall serve for two (2) years.

11.2 An election to fill the office of President-elect shall be held every two (2) years.

11.3 The President-elect will automatically accede when the President's term ends in two (2) years.

11.4 He/she shall become acting President and assume the duties of the office in the event of the President's absence.

11.5 The President-elect must have served the Society in some capacity prior to being elected to this office.

11.6 Persons elected Secretary, Membership Director, Education Director and Newsletter Editor shall hold office for two years or until their successor is elected. Person elected Treasurer shall hold office for two years, with an option to continue for an additional 2 years without election.

11.7 No person shall be elected to consecutive terms as President.

11.8 No Officer on the National Board shall hold more than one office at a time.

11.9 There shall be no restriction upon the number of terms that other Officers may be elected to succeed themselves.

11.10 Elections to fill the offices of Secretary, Education Director, Treasurer, Canada East Director and Canada West Director shall be held in odd numbered years.

11.11 Elections to fill the offices of Newsletter Editor, Membership Director, Canada Center Director, Public Relations Director and Practice Director shall be held in even numbered years.

11.12 All Officers shall deliver all records, correspondence or other property of the Society, to their successor within thirty (30) days upon retiring from office.

12.0 VACANCIES

12.1 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.

12.2 If an elected member resigns or can no longer fulfill his/her duties before the term of office is completed, the Executive shall appoint an interim replacement until the annual meeting, when an election can take place.

12.3 The person appointed shall be the first runner up from the election, when possible.

12.4 If an officer should resign before completion of their term, a written resignation shall be sent to the President at least fourteen (14) days prior to the resignation.

13.0 DUTIES OF THE EXECUTIVE – Duties shall include the following and may be modified as deemed necessary by the Board to meet the needs of the members.

DUTIES OF THE PRESIDENT THE PRESIDENT SHALL:

13.1 Serve as an official representative and spokesperson for the Society.

13.1.1 Represent **CSGNA** mission, goals and positions to various members of the public.

- 13.1.2 Manage daily affairs of the organization.
- 13.1.3 Lead the National Board of Directors.
- 13.1.4 Chair Nominations Committee.
- 13.1.5 Provide mentoring to **CSGNA** leaders.
- 13.1.6 Submit and present an Annual Report to the membership at the Annual business meeting, and send it to the membership, via the National Secretary, sixty (60) days prior to the meeting.
- 13.1.7 Submit a report per issue of *The Guiding Light*.
- 13.1.8 Chair and prepare agenda for the National Board meetings and annual business meeting.
- 13.1.9 Travel as deemed necessary by the Board.
- 13.1.10 Attend the SGNA Annual Meeting and the House of Delegates session.
- 13.1.11 Encourage vision and growth of the organization by fostering educational opportunities and position statement formation.
- 13.1.12 Serve as an ex-officio on all standing committees.
- 13.1.13 Serve a two (2) year term with a four (4) year commitment to the Executive.

**DUTIES OF THE PRESIDENT-ELECT
THE PRESIDENT-ELECT SHALL:**

- 13.2 Accede to the Presidency when the President's term ends.
- 13.2.1 Serve as acting President and assume the duties of the Office in the event of the President's absence, disability or resignation.
- 13.2.2 Communicate regularly with the President as deemed necessary.
- 13.2.3 Learn the affairs of the Society.

- 13.2.4 Accompany the President to the SGNA Annual Conference and attend the House of Delegates session.
- 13.2.5 Serve as the **CSGNA** liaison to SIGNEA.
- 13.2.6 Serve as advisory member without vote on standing and special committees.
- 13.2.7 Form and chair the Bylaws Committee.
- 13.2.8 Forward amendments to these bylaws to the National Secretary in writing ninety (90) days prior to the annual meeting.
- 13.2.9 Communicate when necessary with provincial nursing organizations and CNA regarding CSGNA activities.
- 13.2.10 Perform such duties as delegated by the President. Serve a two (2) year term with a four (4) year commitment to the Executive.
- 13.2.11 Submit a report, per issue, to *The Guiding Light*.
- 13.2.12 Assume role of National Conference Director in collaboration with local Chairperson.
- 13.2.13 Represent **CSGNA** at the biennial meeting of the Canadian Nurses Association and act as liaison with CNA.

**DUTIES OF THE SECRETARY
THE SECRETARY SHALL:**

- 13.3.0 Record the minutes of all meetings of the National Board.
- 13.3.1 Provide a summary of National Board meetings for submission in *The Guiding Light*.
- 13.3.2 Forward the minutes of the meetings to all Board members and Chapter Presidents.

- 13.3.3 Conduct all correspondence for the Association as directed by the Executive.
- 13.3.4 Compile the annual report for distribution to the members ninety (90) days prior to the annual meeting.
- 13.3.5 Serve as a member of the Bylaws Committee.
- 13.3.6 Issue notice of meetings, activities and conferences to all members.

**DUTIES OF THE TREASURER
THE TREASURER SHALL:**

- 13.4.0 Collect and deposit members' fees into the **CSGNA** chartered bank or trust company account.
- 13.4.1 Maintain a bank account for the Society with a minimum of three signing officers appointed and two signatures required for any transaction.
- 13.4.2 Make such payments as are authorized by the Society.
- 13.4.3 Maintain records of expenditures of the Society.
- 13.4.4 Submit to the Executive, sixty (60) days prior to the annual meeting, a Treasurer's report for publication in the annual report.
- 13.4.5 Maintain financial records of chapter educational sessions and annual reports.
- 13.4.6 Automatically become a member of the Annual Conference Planning Committee.
- 13.4.7 Arrange an annual financial report of the Society provided by a Certified General Accountant (CGA) or Chartered Accountant (CA). This is to be an outside firm/person independent of the CSGNA or persons therein.

- 13.4.8 Report on the Auditor's accounts of the Society to the members in the Annual Report and at the annual business meeting.
- 13.4.9 Contribute a report, per issue, of *The Guiding Light*.
- 13.4.10 The Treasurer shall be custodian of the seal of the corporation, which she will deliver only when authorized by a Resolution of the Board of Directors to do so and to such person or persons as may be named in the resolution.

DUTIES OF THE MEMBERSHIP DIRECTOR

THE MEMBERSHIP DIRECTOR SHALL:

- 13.5.0 Collect and maintain documentation of all CSGNA members. Personal information collected will remain confidential and used strictly for CSGNA membership benefits.
- 13.5.1 Issue membership cards and receipts to membership. Collect and maintain records of membership.
- 13.5.2 Forward to all board members, every September, a current list of all members of the Society and update as necessary.
- 13.5.3 Prepare a membership list for the distribution of *The Guiding Light* and Chapter membership lists to the Chapter Executive upon request.

DUTIES OF THE EDUCATION DIRECTOR

THE EDUCATION DIRECTOR SHALL:

- 13.6.1 Serve as Board representative for certification.
- 13.6.2 Form and chair the Education Committee.
- 13.6.3 Allocate scholarships in consultation with Education Committee based on established point system.

- 13.6.4 Establish criteria for use of the fund and review annually.
- 13.6.5 Provide direction and approval to the Conference Planning Committee regarding the educational content of the **CSGNA** Annual Conference.
- 13.6.6 Review scholarship criteria annually.
- 13.6.7 Maintain records of all CSGNA education events.
- 13.6.8 Expand and improve publications, informational products and services that support the field of Gastroenterology Nursing.
- 13.6.9 Generate ideas for education that best meet the needs of the members.
- 13.6.10 Submit a report of activities of the Committee to the National Secretary ninety (90) days prior to the annual meeting for submission in the Annual Report.

DUTIES OF THE PRACTICE DIRECTOR

THE PRACTICE DIRECTOR SHALL:

- 13.7.0 Monitor, record and update any practice guidelines, position statements and standards of the **CSGNA**.
- 13.7.1 Initiate new practice guidelines, position statements and standards required by the **CSGNA**.
- 13.7.2 Maintain a record/library of reference documents reflecting practice guidelines, position statements and standards.
- 13.7.3 Serve as a resource person for answering questions/concerns on practice guidelines, position statements and standards.

DUTIES OF THE DIRECTORS

THE REGIONAL DIRECTORS SHALL:

- 13.8.0 Encourage and assist in the formation of chapters in their area.
- 13.8.1 Liaise with the Chapter Presidents and individual members in their Region about the work of the Society.
- 13.8.2 Report to the National Executive at regular intervals as deemed necessary by the Executive.
- 13.8.3 Attend a minimum of two meetings of the Executive in consultation with the National Board.
- 13.8.4 Provide a written report in sufficient time for those meetings which cannot be attended.
- 13.8.5 Submit a report of activities and future plans for inclusion in the Annual Report, ninety (90) days prior to the Annual Business Meeting.
- 13.8.6 Submit reports about their Region's activities to *The Guiding Light*.
- 13.8.7 There shall be one (1) Director elected from each of Canada East, Centre and West.
- 13.8.8 Canada East shall consist of Prince Edward Island, Newfoundland, Nova Scotia and New Brunswick.
- 13.8.9 Canada Centre shall consist of Ontario and Quebec.
- 13.8.10 Canada West shall consist of Manitoba, Saskatchewan, Alberta, British Columbia, Northwest Territories, Yukon and Nunavut.
- 13.8.11 Divisions of regions shall be decided by the co-directors. The Director will then inform the National Board and members regarding their areas of responsibility.

- DUTIES OF NEWSLETTER EDITOR
THE NEWSLETTER EDITOR SHALL:
- 13.9.0 Set guidelines for submissions to *The Guiding Light*.
 - 13.9.1 Set deadlines for submissions to *The Guiding Light*.
 - 13.9.2 Pursue appropriate material for the Newsletter.
 - 13.9.3 Compile and edit submitted material for publication of the newsletter three (3) times annually.
 - 13.9.4 Approve the final version of the edited newsletter prior to printing.
 - 13.9.5 Provide updated membership list to the newsletter distributor and ensure mail out of the newsletter to all membership in good standing.
 - 13.9.6 Store copies of all previous newsletters. Submit a report to the National Secretary, ninety (90) days prior to the Annual Business meeting for the Annual Report.

DUTIES OF THE PUBLIC RELATIONS DIRECTOR
THE PUBLIC RELATIONS DIRECTOR SHALL:

- 13.10.1 Maintain and update the website.
- 13.10.2 Chair Vendor Relations Committee.
- 13.10.3 Serve as the resource person for the vendors.
- 13.10.4 Chair GI Nurses Day by establishing a theme and informing the Board.

14.0 COMPENSATION

- 14.1 All **CSGNA** financial requests over \$200.00 must be approved by two (2) Executive officers, one of which shall be the Treasurer.
- 14.2 Verification of the appropriate receipts and the appropriate use of CSGNA funds must be present before reimbursement.

- 14.3 No reimbursement shall be made without appropriate receipts.
- 14.4 The expenses of the outgoing Executive shall include expenses incurred at the Annual Conference at which their term of office is complete. The expenses of the incoming Executive shall be paid by **CSGNA** at the Annual Conference where Executive changeover occurs. All National CSGNA Executive shall be exempt from paying to attend a CSGNA National Conference during their tenure on the Board. A maximum number of ten (10) registration fees will be awarded to the local Annual Conference Planning Committee.

15.0 DISCIPLINARY ACTION

- 15.1 Members shall be subject to reprimand, censor, suspension or expulsion by a two-thirds vote of the active members for violation of the Constitution, Bylaws or the Charter.
- 15.2 No such action shall be taken against a member until specific charges have been filed.
- 15.3 Members reprimanded, censored, suspended or expelled under the provisions as stated may, within thirty (30) days after notification of such action, request the Executive of the **CSGNA** to review any questions of law or procedure involved therein.
- 15.4 Executive members of Chapters shall be subject to the same rules of compensation, discipline and removal as the National Executive.

- 15.5 A "conflict of interest" shall be defined as any situation or potential situation where an individual may gain or is perceived to gain, directly or indirectly from discussion on voting on said matters.
- 15.6 Any **CSGNA** member on a committee or in an Executive position, finding herself in a conflict of interest, shall remove herself from voting on said matters.
- 15.7 Any **CSGNA** member who does not identify a conflict of interest shall remain a part of the discussion and/or voting process but may be asked to resign from the said committee and/or Executive position following a review by the National Executive.

16.0 REMOVAL

- 16.1 Officers elected by the membership may be removed by two-thirds vote of the active members present at the Annual Meeting.
- 16.2 The successor shall be the runner up in the previous election and remains in office until the end of the stated term. When there is no runner up or the runner up is not available to take office, nominations shall be taken from the floor. If there is more than one nomination, a secret ballot shall be held during the Annual Business Meeting.

17.0 PUBLICATION

- 17.1 The Society shall publish *The Guiding Light* newsletter three (3) times annually.
- 17.2 The newsletter shall be sent to all members in winter, spring and fall.

- 17.3 The Newsletter Editor shall be responsible for compiling a comprehensive, pertinent communiqué and distributing it free to all members in good standing.
- 18.0 EDUCATIONAL EVENTS
 - 18.1 An agenda shall be sent by the Chapter Secretary to the Regional Director six (6) weeks before the event for any CSGNA Educational program for a one (1) day conference and two (2) weeks before an evening seminar.
 - 18.2 A report entitled **CSGNA** Educational Post Program Financial Report (form 01) shall be submitted by the Chapter Treasurer to the National Treasurer within one (1) month of the event upon completion of any **CSGNA** Educational Program.
 - 18.3 The Chapter President shall ensure that appropriate records, financial statements and reimbursements are submitted to the National Treasurer.
 - 18.4 The Chapter Treasurer shall submit twenty-five percent (25%) of all profits to the National Treasurer after each event to support scholarships at the National level.
 - 18.5 An extension shall be obtained from the National Treasurer and President in the event of an extenuating circumstance.
 - 18.6 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 **CSGNA** members.

- 18.7 The remainder of profits raised by chapters at **CSGNA** designated events shall be used for needs as determined by its membership.
- 18.8 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 fees.
- 18.9 The National **CSGNA** shall remit ten percent (10%) of the profits from the Annual Conference meeting to the **CSGNA** chapter hosting the event.
- 18.11 The fiscal year shall run from January 1 to December 31.
- 19.0 STANDING COMMITTEES
 - 19.1 **BYLAWS COMMITTEE** SHALL:
 - 19.1.1 Consist of the President, President-elect, Secretary and two Directors. The committee shall meet at the Spring Board meeting, by teleconference and / or email if deemed necessary to complete the bylaws revisions.
 - 19.1.2 Be chaired by the President-elect.
 - 19.1.3 Review bylaws and all recommendations submitted by members annually and make amendments as necessary.
 - 19.1.4 The President-elect shall present to the Board of Directors at the spring board meeting any bylaws for revision or adoption for review by the Board before submission to the membership for a vote.

- 19.2 **NOMINATING COMMITTEE** SHALL:
 - 19.2.1 Consist of the President and three members at large.
 - 19.2.2 Be chaired by the President.
 - 19.2.3 Recommend candidate(s) for each office, each of which shall be a member in good standing and shall signify his/her consent to stand for office.
 - 19.2.4 Mail ballots to the membership.
 - 19.2.5 Count the ballots and announce successful candidates to the membership at the annual business meeting.
 - 19.2.6 Report tabulations to the Executive for recording in the minutes.
- 19.3 **EDUCATION COMMITTEE** SHALL:
 - 19.3.1 Consist of one Director from each Region and at least four members at large. Effort shall be made to include all facets of the specialty including: research, endoscopy, management and gastroenterology nurses providing direct patient care.
- 19.4 **VENDOR RELATIONS COMMITTEE** SHALL:
 - 19.4.1 Be chaired by the Public Relations Director.
 - 19.4.2 Consist of President, President elect and Treasurer.
 - 19.4.3 Liases with vendors to promote, encourage and maintain relationships; maintain accurate records of vendor recognition, review recommendations of vendor evaluations at the end of each conference and make recommendations to the Executive at the spring meeting.
 - 19.4.4 Meet annually or more often as required.

19.5	FINANCE COMMITTEE SHALL:	21.4	The formation of a Chapter shall include a minimum of ten (10) active members applying to the National Membership Director.	22.5	Officers shall hold offices for two (2) years or until their successors are elected.
19.5.1	Be chaired by the Treasurer.	21.5	The local group and the Regional Director will determine geographical boundaries for the chapter.	22.6	There shall be no restrictions upon the number of terms to which an officer may be elected to succeed themselves.
19.5.2	Consist of the Treasurer, the Canada West Director and the Canada East Director.	21.6	The Membership Director shall supply a list of all active members in the region.	22.7	No officer shall hold more than one office at a time.
19.5.3	Review and audit financial statements, monitor financial policies, recommend budget, meet as necessary and report at each meeting.	21.7	The local group shall call for nominations from that list and notify all members of a meeting and election.	22.8	Open and maintain a bank account for the Chapter with a minimum of two (2) signing officers.
19.6	PRACTICE COMMITTEE SHALL:	21.8	The Executive of the chapter shall initially determine the number of officers required for the Chapter Executive by the local group and henceforth.	22.9	Submit membership fees directly to the National office.
19.6.1	Be chaired by the Practice Director.	21.9	The National Membership Director and the National Secretary shall be notified within thirty (30) days of the election results and of the title of the Chapter.	22.10	A one-time, one-year zero percent (0%) loan shall be available to a local group for Chapter formation upon application to the National Executive.
19.6.2	Consist of one Director from each Region and at least four members at large. Effort shall be made to include all facets of the specialty including: research, endoscopy, management and gastroenterology nurses providing direct patient care.	21.10	The name CSGNA shall appear within the title of the Chapter. (e.g. the Edmonton Chapter of the CSGNA).	22.11	Plan a minimum of four (4) education hours per year for the membership in its area. Notification of an educational event shall be sent to the respective members a minimum of fourteen (14) days prior to the event.
20.0	SPECIAL COMMITTEES SHALL:	22.0	THE CHAPTER SHALL:	22.12	Submit to their Regional Director, by December 31, the Chapter's financial report.
20.1	Be appointed by the Board at a general meeting and be given the necessary power to discharge its duties.	22.1	Promote the Association in its area and encourage membership.	22.13	All Chapters shall be available for audits at the request of the National Treasurer.
20.2	Submit to the National Board a written report upon completion of the special committee's duties.	22.2	Be sensitive to the concerns and issues of its area and communicate them to its Directors for discussion at the National Executive.	23.0	A CHAPTER MAY BE REVOKED FOR THE FOLLOWING:
21.0	CHAPTERS	22.3	Tabulate the activities of its area and submit details to its Directors for inclusion in the Newsletter and Annual Report.	23.1	At the request of the Chapter.
21.1	A Chapter shall be described as a geographical area (city, region, or town) where ten (10) or more active members reside.	22.4	Elect officers to include president, secretary and treasurer.	23.2	Failure to have ten (10) active members. (Until such time that there is one (1) chapter in each province, this minimum number may be waived)
21.2	These members shall apply to the Executive for Charter as a Chapter.			23.3	Repetitive failure to respond to communication requests.
21.3	A Chapter shall coordinate educational activities and functions of the CSGNA within its designated area in collaboration with its Regional Director.				

- 23.4 Failure to meet the minimum of four (4) education hours per year for the membership in its area.
- 23.5 Failure to assume responsibility for its actions and to comply with **CSGNA** bylaws.
- 23.6 The Chapter President will report to the **CSGNA** National Executive, any Chapter having serious internal problems or failure to meet Charter requirements.
- 23.7 The Chapter President will report any problems to the Regional Director.
- 23.8 The Regional Director shall 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.
- 23.9 The results of this meeting will be presented to the National Executive at the next regularly scheduled executive meeting.
- 23.10 The **CSGNA** National Executive shall determine the outcome for the Chapter.
A probationary period of twelve (12) months may be granted to comply with Charter requirements.
A Chapter may also belong to its Provincial Nurses' Association provided there is no conflict of interests with the **CSGNA**.

- 24.0 **CHANGING CHAPTER NAME**
A Chapter may change its name if fifty-one percent (51%) of the Chapter membership is in favour. The National President of the **CSGNA** shall be informed of the name change within thirty (30) days of adoption of the new name.
- 25.0 **DISSOLUTION OF A CHAPTER AND SOCIETY**
In the event of 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. In the event of dissolution of the Society, after payment of, or making provisions for payment of all liabilities, the National Executive shall dispose of the assets to one or more Canadian non-profit associations with similar activities to the **CSGNA** such as Specialty Practice Groups.
- 26.0 **AMENDMENTS**
 - 26.1 Active Members may submit recommendation for amendments to these bylaws to the Chair of the Bylaws Committee no later than 180 days prior to the Annual Business Meeting. All recommendations will be reviewed. Recommendations inconsistent with or contrary to the current bylaws or the goals and objectives of the **CSGNA** will be returned to the member.

- 26.2 Members shall be notified of the proposed amendments in writing, to be included with the information of the annual meeting.
- 26.3 Vote shall be by mail to be received by the committee chair not later than sixty (60) days prior to the Annual Business Meeting. To pass, two thirds of the membership must vote in favour of an amendment. All members not voting will be considered a "yes" vote.
- 26.4 Any Bylaws of the corporation repealed or amended shall not be enforced or acted upon until the approval of the Ministry of Industry has been obtained.
- 27. **PARLIAMENTARY AUTHORITY**
The rules contained in the current edition of **ROBERT'S RULES OF ORDER** shall govern the Society in all cases to which they are applicable and are not inconsistent with these Bylaws. ✨

Scholarship Recipients 2008

CAG

Cindy James, Research Nurse,
Ontario
Lisa McGee, Endoscopy Nurse, NS

CSGNA Professional Development Scholarship Award

Usha Chauhan, Ontario

CSGNA Chapter Executive Professional Development Award

Mabel Chaytor, Newfoundland

CSGNA New Member Award

Patricia Jackson, Ontario
Christine Couture, Ontario

SciCan Scholarship Award

Judy Ladner Alberta – 2007
recipient
Penny Murray, Ontario

The Michele Paquette Certification Award

Joan McKechnie, Ontario

CSGNA Scholarship Awards

Linda Benoit, Saskatchewan
Donna Bremaud, Ontario
Jacquelyn Dalley, Newfoundland
Patsy Gosse, Newfoundland
Margaret Hackert, Ontario
Nancy Januszewski, Ontario
Shirley Malach, Saskatchewan
Lorraine Majcen, Ontario
Joan McKechnie, Ontario
Michele Paquette, Ontario
Diana McPherson, Ontario
Christine Ramon, Ontario
Janice Scussolin, Ontario
Linda Wilks, Alberta
Katherine Williams, Ontario

Olympus Scholarship Winners

Western Canada
Danielle Joslin, Victoria General
Hospital, Victoria, BC
Audrey Boyce, Red Deer Regional
Hospital, Deer, AB
Judy Klaus, Red Deer Regional
Hospital, Red Deer, AB
Janet MacNeil, Grey Nuns,
Edmonton, AB
Shirley Malach, Regina General
Hospital, Regina, SK

Central Canada

Rachel Walsh, Montford Hospital,
Ottawa, ON
Michele Paquette, Ottawa Hospital,
Ottawa, ON
Christine Ramon, Markham
Stouffville Hospital, Markham, ON
Christine Couture, Grand River
Hospital, Kitchener
Susan Ryce, Toronto East General
Hospital & St. Michael's Hospital,
Toronto, ON

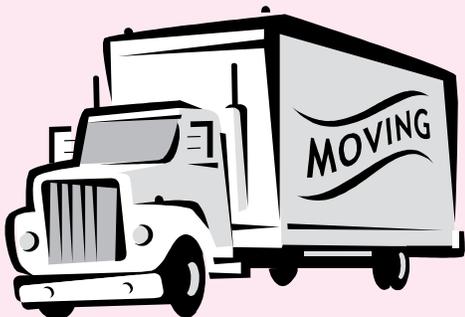
Eastern Canada

Edna Lang, CDHA, Lakeside, NS
Melissa Moffitt, Dr. Everett
Chalmers Regional Hospital,
Fredericton, NB
Patsy Gosse, St. Clare's Mercy
Hospital, St. John's, NL
Evelyn McMullen, QE II Health
Science Centre, Stillwater Lake,
NS
Jacquelyn Dalley, JPM Regional
Health Care Centre, Gander, NL ❖





CHANGE OF NAME/ADDRESS



NAME: _____

NEW ADDRESS: _____

CITY: _____ PROV.: _____ POSTAL CODE: _____

PHONE: _____ FAX: _____

E-MAIL: _____

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



Abstracts are currently being accepted for the CSGNA annual conference to be held October 1st to October 3rd, 2009 at the Metro Convention Centre, Toronto, Canada. Topics of interest should reflect the evolution of Practice in the GI environment and appropriate to the novice as well as the advanced GI Practice professional. The sidebar provides possible topics of interest.

Submission must include the following;

Title: Accurately reflect the content of the presentation

Abstracts Text should include:

- identification of area(s) of focus (background information);
- a description of the problem or purpose of the study;
- methods or discussion of planning;
- results or evaluation/outcomes
- Conclusions – how your issue promoted health care outcomes or professional development in your area

Length:

- must not exceed one standard letter size sheet of paper, double-spaced, with one-inch margins and standard 12 font.

On a separate page:

- Include title of the abstract, names of all presenters/authors, credentials, and place of employment/academic affiliation.
- Please indicate main contact's name, telephone number, e-mail address and fax number. *PLEASE NOTE: this information will be used in the conference program should your abstract be selected.*
- Identify preferred method of presentation (oral or poster)

Deadline for submission: **March 13, 2009**

Only complete submissions received by deadline will be considered. All correspondence will be with first author only. Acceptance of the abstract does not waive attendance fees, (registration, transportation, accommodation etc.)

Mail to: Maria Cirocco, RN, BScN, MA, CGN(C)
St. Michael's Hospital, Suite 3-002 Queen Wing
30 Bond Street, Toronto M5B 1W8
ph. 416-864-6060 x 2965 fax. 416-864-5451
email: ciroccom@smh.toronto.on.ca

Potential Topics:

- Education
- Orientation
- Staff and Patient Safety
- Infection Control
- Paediatrics
- Nutrition
- Technology
- Leadership
- Pharmacology
- Research
- Scheduling
- Documentation
- Fiscal Management
- Pathophysiology
- Planning New Programs

csGna 





Metro Toronto Convention Centre
InterContinental Toronto Centre Hotel
Toronto, Ontario

cs&na 

Canadian Society of Gastroenterology Nurses & Associates

Société canadienne des infirmières et infirmiers
en gastroentérologie et travailleurs associés

Recommended Guidelines for the Reprocessing of Endoscopes – Part 1

Background

Safety is of the utmost importance and should be in the forefront of each employee's mind. Consistent practice must be maintained to prevent the spread of disease and to protect both personnel and patients from the dangers of the chemicals used in the cleaning and high level disinfecting process.

Routine* practices shall be followed at all times.

Purpose

Contaminated endoscopes and accessories and other GI procedural equipment are potential sources of infection for both patients and personnel. Strict guidelines are needed to standardise the cleaning/disinfecting/sterilisation processes. These recommended guidelines, which are specific to the care of endoscopes but can easily be extrapolated to other GI procedural equipment, are intended to assist institutions, GI and Endoscopy units to develop their own policies and procedures for specific needs.

Infection Control Education in the Endoscopy Setting

Infection control education is a crucial part of the orientation and continuing education for all personnel. All staff including endoscopists, nurses and all assisting personnel who work in the endoscopy setting, must be part of the initial and ongoing routine educational updates. Once the education is completed, all personnel must adhere to infection control principles in order to maintain a safe environment, free from the possibility of transmission of disease. Education is applicable to all types of GI procedures that may be performed and in all settings, including health care and

public service settings, acute and long-term care inpatient facilities and outpatient clinics.

Orientation and educational programs must include, but are not limited to, standard precautions, prevention of transmission of bloodborne pathogens between patients and hospital care workers, endoscope and accessory equipment reprocessing routine, continuance of a safe work environment, safe handling of high level disinfectants (HLD) and sterilants, WHIMIS training and proper handling of waste products.

When new models of endoscopes or reprocessors are introduced to the facility, additional training with documented competency must be completed. Annual updates are recommended to ensure compliance with current standards and manufacturers' guidelines (Rutala & Weber, 2004).

All individuals who reprocess endoscopes and accessories require detailed knowledge of the instruments and the specific methods required producing an instrument safe for use. The development of this knowledge is obtained through repetition and the guidance of a preceptor. Individuals, who reprocess instruments, should complete the initial infection control orientation/reprocessing competency followed by annual competency review and infection control updates. Documentation should accompany each review (ASTM, 2000).

Recommendations for the Safety of Personnel

- All personnel shall be immunized against Hepatitis B.

- Health care workers who have exudative lesions or weeping dermatitis shall refrain from all direct patient care and from handling patient care equipment until the condition resolves.
- Health care workers who have respiratory problems (e.g. asthma) should be assessed by Occupational Health prior to working with chemical germicides.
- Personal protective equipment (eye protection, face shield or a moisture resistant surgical mask that will not trap vapours, gloves and impervious gown) shall be worn.
- Moisture resistant gowns shall be worn to prevent contamination of personnel due to splashes of blood or other body fluids or injury due to chemical disinfectant/sterilant contact. The gown shall be changed between procedures.
 - o During reprocessing personnel shall: change attire after each shift and immediately if it becomes grossly soiled or contaminated by blood
- Protective apparel (gown and mask) shall be removed when leaving the procedure room and the cleaning room.
- Gloves shall be worn for handling and cleaning of dirty equipment as well as for any potential contact with blood or body fluids. Chemical resistant gloves (nitrile) are recommended when handling disinfectant solutions.
- Fingernails should be kept short to prevent the puncturing of gloves. False nails (including gel nails) should not be worn. Jewelry should not be worn on the hands.

- Meticulous handwashing should be done between patient contact, after glove removal and when entering or leaving the Endoscopy area. If hands and other skin surfaces are contaminated with blood or body fluids, wash immediately.
- All needles and sharps shall be appropriately disposed of in puncture resistant containers at their point of use. Do not recap needles.

Recommendations for Care of Endoscopes

1. General Considerations

Refer to the manufacturer's instructions for cleaning and disinfecting each particular endoscope. Scrupulous cleaning and disinfecting after each patient use shall be completed to prevent the spread of infection. Only trained personnel shall perform this procedure.

Each endoscopy setting is unique and must make their own decisions regarding the number and category of personnel who will be responsible for instrument reprocessing. All persons involved must be properly trained and their performance subject to periodic review and annual updates to ensure compliance with current standards and manufacturers' guidelines (Rutala & Weber, 2004).

Decision-making personnel must be familiar with the principles and practices of instrument reprocessing if they are to properly train and monitor staff. Knowledgeable supervisors also serve to impress upon peer groups and subordinates the importance of these functions.

One individual in each endoscopy setting should be designated and assigned to monitor compliance with the reprocessing protocol. Policy must be in place to ensure consistency and adherence to the reprocessing protocol. The protocol should be reviewed according to institutional policy to ensure that it is being

followed routinely and that there is no new information that would require modification to current practices. Modifications to reprocessing practices should be made with prior consultation of an infection control advisor. The review process and protocol modifications should be documented for each update or training.

Monitoring of reusable HLDs and sterilants for minimum effective concentrations should be done by staff at least each working day and the results documented. HLDs and sterilants must be changed when the solutions fail to meet minimum effective concentration or exceed the HLD manufacturer's recommended use life, whichever comes first (ASGE, 2001; Nelson et. al., 2003).

High-level disinfectant and sterilant vapour levels should be monitored and documented when: a change in the disinfecting phase of the reprocessing protocol occurs, a different high-level disinfectant or sterilant is used, or a staff member exhibits symptoms of overexposure.

2. Inspection

At all stages of handling there should be inspection of the endoscope for damage.

Leakage testing of the endoscope should be done each time before the cleaning process starts.

Ensure immersion cap is placed on all video scopes.

If a leak is detected, follow your service provider's instructions concerning disinfection of the endoscope prior to sending to the repair service immediately. If the scope cannot be cleaned prior to transport, ensure that it is clearly labelled 'contaminated'.

3. Cleaning

These steps occur in the endoscopy room immediately after the endoscope is removed from patient. Meticulous manual cleaning is the most

important step in the cleaning process. It is imperative that all channels, removable parts and all immersible parts of the endoscope be cleaned. The rationale for cleaning the scope at the bedside is to prevent drying of organic and inorganic debris on lumen surfaces and to remove microbial burden from endoscope. Retained debris may inactivate or interfere with the capability of the active ingredient of the chemical solution to effectively kill and/or inactivate microorganisms. Therefore, immediately after the endoscope is removed from the patient, the outer surface of the insertion tube is wiped down with a lint-free cloth soaked in enzymatic solution. The light source must be turned off, while the suction remains on. Next, the distal end of the scope is placed into the enzymatic solution and suctioned by depressing the suction channel for 30 seconds. Next, remove the distal tip of the insertion tube from the enzymatic solution and suction room air for 10 seconds. Remove air/water channel cleaning adapter; the light source is now turned on and the distal tip is placed into clean water for 30 seconds, observing that the air is flowing from the distal end and watching for bubbles. Remove the distal end from the water, depress the air/water channel tester button and observe for water squirting (from the water bottle) from the distal end for 10 seconds. Turn light source off; detach endoscope from light source, water bottle and suction. Attach protective cap (if video scope) and transport endoscope to the reprocessing area in an enclosed container.

Disclaimer

The Canadian 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 gastroenterology unit. ❖-



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C/O CSGNA, #201-2902 South Sheridan Way, Oakville, Ont., L6J 7L6.

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 \$750 each, to be used for travel to the annual Canadian Digestive Diseases Week (CDDW) meeting. The prize also includes a 1-year membership to CAG and CDDW registration.

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.

PLEASE SEND YOUR APPLICATION FORM AND SUBMISSIONS TO THE RESEARCH AND AWARDS DIRECTOR, AT THE ABOVE ADDRESS, BY **DECEMBER 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 _____

The GI Professional Nursing Award Criteria

Criteria:

- Promotes and enhances the image of GI nurse in her hospital or the community.
- Participates in professional organizations and National activities for CSGNA.
- Demonstrates creative and innovative methods in patient care.
- Acts as a role model and mentor.
- Contributes to improving quality of care of patients and their family.
- Does volunteer work.
- Encourages certification among peers.
- Is committed to continuing education.

Recognition Criteria:

- Member of CSGNA.
- Completion of speciality certification.
- Completion of Bachelor's degree.
- Completion of Master's degree.
- Completion of a post-graduate Nursing certificate.
- Award Recipient: Recognized with Provincial, National or International Award.
- Publication: Article, Abstract or Editorial in a Journal.
- Author or co-author of a book.
- Presentation: Presented or co-presented at a conference (either oral or poster).
- Presented at a hospital in service.
- Unit contribution: Has written policies and procedures.
- CSGNA Chapter member, who actively supports and attends CSGNA functions.

The GI nurse must be nominated by at least two nominators who must submit a written statement to support the nomination.

Nominations must be submitted to the CSGNA Education Director by March 30 annually.



Canadian Society of Gastroenterology Nurses & Associates

Société canadienne des infirmières et infirmiers en gastroentérologie et travailleurs associés

C/O CSGNA, #201-2902 South Sheridan Way, Oakville, Ont., L6J 7L6.

The GI Professional Nursing Award

Nomination Form

I _____ Name and I _____ Name

would like to nominate _____ Name

Hospital _____ for the following reasons:

Please include degree of education (RN, Bachelor, or Masters etc.) specialty certification, any publication, presentation, and unit contributions.

Nominations must be submitted to CSGNA Education Director by March 30th annually.



C/O CSGNA, #201-2902 South Sheridan Way, Oakville, Ont., L6J 7L6.

The CSGNA Chapter Executive Professional Development Award

Criteria Overview:

This award of up to \$250 will be awarded to one CSGNA chapter executive to attend a local educational professional development course/program, other than a CSGNA event. Up to \$2000 will be devoted for this professional development activity.

Eligibility and Application:

The applicant must provide the following to be considered for this award:

1. Provide copy of current CSGNA membership with continuous CSGNA membership for at least 2 years.
2. Submit a current Curriculum Vitae.
3. Provide a copy of the educational registration form and educational event fee.
4. Provide a personal written letter of 250 words or less how this award would enable the CSGNA executive member to gain new knowledge and skills that would contribute to one's own CSGNA Chapter, workplace and/or gastroenterology nursing practice.
5. Submit a copy of attendance and educational event fee receipt.

APPLICATION FORM AND SUBMISSION MUST BE RECEIVED BY THE EDUCATION CHAIR BY 30 DAYS PRIOR TO THE EDUCATIONAL EVENT

Name: _____

Address: _____

City: _____ Prov: _____

Postal Code: _____ Home Telephone: _____

Circle all that apply: RN BSN MSN Other _____

Hospital/ Employer: _____

Work Address: _____

City: _____ Prov: _____

Postal Code: _____ CSGNA member since- _____

Signature: _____

Revised October 2008



Canadian Society of Gastroenterology Nurses & Associates

Société canadienne des infirmières et infirmiers en gastroentérologie et travailleurs associés

C/O CSGNA, #201-2902 South Sheridan Way, Oakville, Ont., L6J 7L6.

The CSGNA Professional Development Scholarship Award

Criteria Overview:

The CSGNA Professional Development Scholarship Award of up to \$2000 is to be used for travel, accommodation, and registration fees for a CSGNA member to attend any educational course/ program other than a CSGNA event. Up to \$10,000 will be devoted for professional development activity.

Eligibility and Application:

The applicant must:

1. Provide a copy of current CSGNA membership with continuous CSGNA membership of at least 2 years.
2. Submit a current Curriculum Vitae.
3. Provide a copy of the educational registration form along with a proposed budget for course fee, travel and accommodation.
4. Provide a personal written letter of 250 words or less identifying how this scholarship would enable the CSGNA member to attain professional development and contribute to one's own workplace, CSGNA and /or gastroenterology nursing practice.
5. Submit a copy of attendance and receipts for course fee, travel and accommodation following the educational event.
6. The applicant may only apply once every three years.

APPLICATION FORM AND SUBMISSION MUST BE RECEIVED BY THE EDUCATION CHAIR 45 DAYS PRIOR TO THE EDUCATIONAL EVENT

Name: _____

Address: _____

City: _____ Prov: _____

Postal Code: _____ Home Telephone: _____

Circle all that apply: RN BSN MSN Other _____

Hospital/ Employer: _____

Work Address: _____

City: _____ Prov: _____

Postal Code: _____ CSGNA member since- _____

Signature: _____

Revised October 2008



Canadian Society of Gastroenterology Nurses & Associates

Société canadienne des infirmières et infirmiers en gastroentérologie et travailleurs associés

CSGNA Membership ends May 31st each year

CSGNA, #201 - 2902 South Sheridan Way, Oakville, ON L6J 7L6

MEMBERSHIP APPLICATION (CHECK ONE)

ACTIVE \$75.00

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 \$75.00

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 \$37.50

Open to members not actively engaged in gastroenterology nursing practice.

LIFETIME MEMBERSHIP

Appointed by CSGNA Executive.

FORMULE D'APPLICATION (COCHEZ UN)

ACTIVE 75,00\$

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 75,00\$

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

RETRAITÉ 37,50\$

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)

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

CSGNA 2008-2009 Executive

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ELAINE BURGIS

Scarborough Hospital, General
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Email: president@CSGNA.com

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