

## My Board Experience

My time on the Board of CSGNA has been one of growth, determination and engagement, and commitment to my GI practice and colleagues. I began my position as Public Relations director with feelings of hesitant anticipation. I questioned my ability to fulfill the role as I am typically on the quiet side and I recognized that a Public Relations role would require interaction with others to promote and connect those within and outside our organization. I also wondered if I had the time available to add even more workload to my busy life.

When I committed to the role, I decided to put a genuine effort toward my position and sought to learn as much as possible about the goals and strategic direction of CSGNA while making connections in our GI community. I'm sharing my experiences with you to give those interested in the roles of the Board a chance for an inside look at what a Board role entails and encourage you to submit your name for one of the vacant positions.

The first year on the Board was one of learning the ropes. First there was the business of leading a Not for Profit organization. Getting familiar with the goals and mission of CSGNA, along with the bylaws, and meeting expectations, helped me to understand my obligations as a board member, and set my goals for Public Relations.

What I didn't realize when I joined the board was, how quickly I would come to know and appreciate those who also committed to a leadership role. Their support and friendship made it easy to grow and participate in the meetings while representing the organization. Each of us came from a diverse background in GI nursing and life experiences. I have come to consider them colleagues and friends even though we may only see each other twice a year.

When I agreed to take on the President Elect role, which is elected from existing board members, I thought long and hard about the four year commitment I was making. I had already served two years and wanted to be certain I could manage another four. My life had calmed down somewhat as my children were on their own, but I was still working full time in a demanding job and I had my free time to myself. I discussed my concerns with the existing President and she helped me to be realistic about what I was contemplating. In the end, I felt I was just getting my feet wet and wasn't ready to leave the group I had spent two years getting to know.

I also thought about my own goals and decided that a leadership role would be rejuvenating for me. Thankfully, I had great support and encouragement from the other

board members and my colleagues, so here I am!

The President role is both exciting and humbling. The year and a half spent getting documents and practices in order to achieve Not for Profit status under the new Federal NFP Act was overwhelming at times, but very satisfying when it all came together with a successful vote of the members. I know that we all felt a bit vulnerable as an organization at that time, but when we received approval of our new bylaws from Industry Canada, I knew then that our organization was headed in the right direction and opportunities were right in front of us.

No President can be successful without the work and input of the rest of the board. The President Elect is there to back up the initiatives determined through member input and nursing practice need and growth. Along the way, the President Elect is forming her or his own ideas about future directions and how they will be implemented. This is a great mentoring opportunity. The President and President Elect share experiences representing CSGNA at conferences (CDDW and SGNA) as well as at meetings with potential supporters and partners in the GI field.

Together, we're the ambassadors for our organization. This has come to be second nature to me as I got a comfort level with my role and our strategies and plans.

It's rewarding when a key strategy such as welcoming IBD and Francophone nurses to CSGNA becomes reality. I can see a very promising future for us and know that other opportunities are within our reach.

The executive positions of Secretary and Treasurer are key to the success of the board and organization. The Secretary is responsible for keeping accurate minutes at board meetings, communicating board activities to Industry Canada and the membership. The Board relies on the accurate transcription of hours of board minutes to ensure we follow the NFP guidelines and can refer back to the minutes for important decisions of the past. Our secretary also takes charge of the Chapter Executive event at our national conference and supporting past membership.

The treasurer role is key to our financial obligations and future. She manages the Chapter contributions to the national education program, managing expenses and profits from our annual conference, as well as board expenses. She is the key contact with our accountant and prepares financial reports for Industry Canada. All monies for education grants and awards is managed by the treasurer. It is a great comfort as President to know that our finances are in good order and well managed.

The Regional Directors are the board connections to the Chapters. They are there to assist Chapter Executive in accomplishing their goals and provide

guidance in resolving issues that may arise. The Regional Director for the Chapter hosting the National Conference acts as a sounding board, communicates board policies, and as a planning committee guide and champion.

The Practice, Public Relations, Education, Website, and Awards and Research Directors lead the initiatives applicable to their portfolio. Currently, all Practice Documents are being reviewed, updated and revised with the leadership of the Practice Director. Areas of practice concern are also being developed into guidelines and position statements.

The Public Relations Director has a unique opportunity to focus on areas of importance for the growth of the membership and organization that can be facilitated by the Board. Our current PR Director has the added skill of bilingualism. This has a great impact on welcoming Francophone nurses to our organization along with assisting the board in identifying and addressing the unique needs of this group within our organization.

The Education Director is focusing on the development of online educational opportunities and collaborating with industry, groups and providers to assist members in reaching their education goals. This role also oversees the development of the annual national conference program and poster submissions.

Our Website Director and Newsletter Editor has her hands full this year leading the renewal of our website and incorporating additions to better serve our needs. The e-newsletter has replaced our former magazine style newsletter. This role ensures our members have a chance to learn

from their colleagues, stay in touch with other members and the board and engage in educational and practice opportunities. Skill in word processing and computer programs is essential for this role.

Last but not least, our Awards and Research Director oversees our education grant and awards program. The challenge of this role is to ensure members have equitable access to education support as well as keep up with the trends in GI nursing education and research needs.

This year, the following positions are open for nomination:

- President Elect – 1 year
- Secretary – 2 years
- Treasurer – 2 years
- Education Director – 2 years
- Canada East Director – 2 years.
- Canada West Director – 2 years

Nominees must be a CSGNA member in good standing, for at least one year. You need to submit a completed nomination form with your CV/resume signed by two CSGNA Members who are nominating you. Questions about the positions can be forwarded to the Chair of the Nominations Committee [president@csgna.com](mailto:president@csgna.com)

Nominations will be accepted until May 30, 2015.

I hope by sharing my board experiences you will look at these roles as a positive challenge and opportunity. We look forward to your continued membership and nominations to join us on the Board!

Lisa

# In the Spotlight

## The Peter Lougheed Centre in Calgary

It's been my good fortune for the last ten years to work in the GI unit at the Peter Lougheed Centre in Calgary. The PLC GI unit has three scoping rooms and a fully "decked" out ERCP suite. There are 16 recovery beds, 3 medical procedure beds and 3 ERCP recovery beds (ERCP patients overflow into the main recovery room) My favorite part to all this is the great ERCP room we have to work in. At the moment we are able to do the standard ERCP, EUS related only to ERCP, Spy-glass, EHL and other therapeutics (stents-esophageal, colonic and duodenal) pseudocysts, Zenkers myotomies)The ERCP suite was renovated in 2011 bringing in new flourscopy equipment, c-arm, open concept shelving for equipment ( not exactly popular with IP&C, but popular with the ERCP nurses)

We are fortunate to have a core group of 8 nurses, 1 full time, 7 part time with full ERCP training long and short wire. These nurses rotate through the suite with occasional assistance from endoscopy staff trained to sedate during procedures. These ladies are an excellent team!

Our unit does about 1300 procedures a year. Calgary has a unique centralized model. We are the only site in the city of Calgary that performs ERCP and therapeutics. We receive referrals/cases from Southern Alberta, South Eastern Saskatchewan and South Western BC also.

We cover for difficult cases and vacation for Red Deer and Lethbridge. Our ERCP suite runs from Mon -Fri 0730-1615.

We also have a scheduled Sunday to do GI and ERCP call cases. We are on call from 1800 -2200 hours on weekdays and 0700-2200 on weekends.

Occasionally, we will travel to one of our city's other hospitals to perform an emergency ERCP if a patient is too unstable or if a pediatric case is at the Alberta Children's Hospital.

We are also fortunate to have 6 excellently trained therapeutic endoscopists that work very well with the nurses. It's taken time but we have most of them trained now. Also, GI fellows seem to love training with us. Sweden and Japan are just a few of the places they have hailed from.

The nurses appreciate having these fellows as it provides wonderful opportunities for us to teach and keep our skills sharp. We love to take them under our wings during their 1st-2nd year stays. At the moment we are learning Japanese with our latest fellow.

The nurses who work in ERCP like and enjoy what they do, it makes for a great place to work. Excellent comradery, teamwork and innovation are just a few of the reasons why the ladies who work in PLC ERCP are one in a million. And I'm proud to work with them and call them friend.

Connie Wescott



# President's Message

2015 is bringing new faces, opportunities and collaborations to CSGNA!

We are excited to welcome the CANIBD Nurse interest group to our organization. They will work collaboratively with Crohn's and Colitis Canada and CSGNA to build the IBD nurse Community of Practice within the umbrella of CSGNA. The steering committee members will be developing and planning an IBD Nurse Education day in conjunction with Mentoring in IBD and Future Directions medical conference in Toronto November 2015. Watch for exciting developments from this group!

We are also very pleased to welcome GI nurses from Quebec City to CSGNA! They have been working hard to build a chapter in Quebec City and come to us with enthusiasm and a team approach that is certain to ensure them success in their Chapter. Bienvenu au CSGNA

Under the guidance of the Website and Newsletter Director, Maria Clarke, President Elect Connie Wescott and Tamar Marshall of Red Birch Media, our CSGNA website is undergoing a transformation! Members were invited to comment on their satisfaction with the existing website and provide feedback into the development of the new website. These comments were taken into consideration and we are confident the new website will provide more to support your practice, education, and networking needs. The member's only section will include unique Community of Practice pages for the subspecialties of GI nursing, eg. IBD, endoscopy, pediatrics, research, etc.

The planning of CSGNA 2015 in Moncton is well underway. They are working diligently to provide a diverse program with offerings in French to support our Franco-phone members. We are looking forward to all Moncton has to offer.

The Board of Directors voted in new membership fees, with 1 year, and discounted 2 year fees for both members and affiliates. Due to the success of a pro-rated membership for new members at CSGNA 2014, we are now offering an 18 month membership starting November 2015. Please encourage your colleagues to join us!

As President, I would like to encourage RN, and NP members to consider the rewards and opportunities of submitting a nomination form for a leadership position on the board of directors. We each bring our unique knowledge and experience to the world of GI Nursing. By blending our attributes and contributing to the success of our organization, we are shaping the future of GI Nursing in Canada. If you are a collaborative team player, interested in GI Education or Leadership, with a commitment to the mission, goals and values of CSGNA, you would make an excellent fit on the board! The Bylaws No. 100 on the member's only section of the CSGNA website provides an overview of each board position. If you are interested in learning more, please contact any one of us via our CSGNA email. We look forward to hearing from you!

Lisa Westin, RN, MN, CGN(C)

President CSGNA



## Update your Calendar

**Our New  
Membership year  
will run from  
May 1, 2015  
To  
April 30, 2016**

The online form is available now on the CSGNA website.

# Synopsis CSGNA Fall Teleconference Conference Board Meeting November 25th, 2014

**ATTENDANCE:** Ten Board members

**REVIEW AND ADOPTION OF MINUTES AND AGENDAS:** Motions were passed to adopt minutes and agenda as circulated, prior to the meeting.

**BYLAWS:** Industry Canada has given the final approval of our bylaws No. 100. They will be posted on our website.

**DUAL EXECUTIVE POSITION OF MEMBERS:** Recommendation made for members with dual board and chapter positions to make provisions to allow for members to step into chapter positions.

**WEBSITE AND NEWSLETTER DEVELOPMENT:** Our new website and newsletter director Maria Clarke has been active in moving forward with a new web host contract. Feedback was given by the board for website requirements. A member survey for website development will be done.

h language presentations offered

**FUTURE CONFERENCES:** The Board is having discussions with CAG about the possibility of a joint conference in the future.

**CONFERENCE PLANNING:** Planning for the 2015 conference in Moncton is underway, with speakers booked from New Brunswick and Prince Edward Island. There will also be French

**MEMBERSHIP REGISTRATION FEES:** A review of member registration fee was done with discussion of an 18 month registration option.

**MEMBERSHIP RECRUITMENT AND RETENTION:** The Quebec City chapter had their inaugural meeting in November 2014, which was attended by 95 participants. They were able to have their education day accredited by their governing body. Regional reps assisted the members in starting the chapter with approximately 20 nurses.

**VANCOUVER CHAPTER:** The Canada West Director has maintained contact with some members of the Vancouver chapter with a plan for education sessions to follow with the assistance of regional sales reps.

**CHAPTER SUPPORT:** Feedback from Chapter executive survey's and chapter luncheon surveys were reviewed, the information gathered will be followed up on.

**COMMUNITY OF PRACTICES:** The Community of practice framework is to be reviewed by the board. The initial focus will be the IBD group followed by the Francophone and Endoscopy group.

**BOARD COMMITTEES:** The Procedural sedation guidelines continue to be developed by the Practice Director and will be posted on the website.

**NEXT MEETING:** Face to Face in Toronto Feb 21st – 22nd, 2015.

**Submitted by**

**Lorraine Majcen RN, BScN, CGN(C)**

**CSGNA Secretary**

# Reports

## President Elect Report

Presently I am working on compiling a list of all endoscopy "units"/areas in Alberta with possible plans to obtain the same across Canada. We are reaching out to these areas to inform them about the CSGNA, show them the possibilities of getting involved in CSGNA.

In conjunction with Maria Clarke and Lisa Westin we were working to bring a new and improved website to the members. It will be more user friendly, easier to read and should have more French content. I'm really excited about this for members and it is my grandest hope that members will use it well. We also encourage your feedback, this site is for you so let us know what works for you and what doesn't. Stay tuned.....it's coming soon.

I'm also excited about an initiative introduced by Lisa Westin to join with other Communities of Practice (CoP) that fall under the Gastroenterology umbrella. It is our goal to have other GI interest groups join CSGNA, to benefit from our existing structure and membership.

We the CSGNA membership, shall benefit by an unsurpassed body of knowledge, skills, ideas, expertise and enthusiasm that each CoP will bring with them.

Elections for the National board are coming soon and I encourage anyone to consider a potential role. Any interest, give it a go. No experience is really necessary. It's a great opportunity to be a part of something. Besides a great experience you also make a great set of friends, not just colleagues. You get out of life what you put into it. Just think about it at least.

Don't forget, CSGNA National Conference, Moncton, New Brunswick, September 24-26th. Let's Make Waves!

Thank you  
Connie Wescott

## Canada East Director Report

Hello from the eastern chapters! All chapters are busy planning and participating in spring education days. Executive positions have changed in several chapters recently. We welcome these members to their new positions and offer our support as they make the transition. We are also excited to welcome the Quebec City Chapter as our newest chapter and welcome any new members to CSGNA.

The Newfoundland Chapter is one of the chapters with a new executive. The President is Sandra Stone, Treasurer is June Peckham, and Secretary is Jessica Robar. They continue to have monthly meetings and are planning an educational day later in the spring. The date will be posted once it is finalized.

The Montreal Chapter hosted their Spring Education Day on MARCH 21,2015. They offered 7 accredited hours of continuing GI education. They are also hoping to recruit some colleagues to join. If you would like to get involved this is a great opportunity to network, create new bonds, and have some fun! Just email one of the Montreal executive to get involved.

The NS Chapter is working towards incorporating their educational requirements with the AAG. The AAG will be held in Halifax on June 20-21,2015. All nurses are encouraged to attend and the NS Chapter will provide updates as the event is finalized

The NB/PEI Chapter is also welcoming a new executive to the CSGNA. The executive has moved to Charlottetown and in the role of President is Carla Martin, Secretary is Cathy McKenna, and Treasurer is Debbie Downe. They are busy planning the chapter's annual education day which will be on May 23,2015.

The NB/PEI Chapter is very busy with Moncton City hosting the National Conference on Sept 24-26,2015! It is exciting and starting to take shape and it will be a great conference. We hope to see lots of members come and experience the Maritime hospitality and the beauty of the east.

Paula Triantafillou  
Canada East Director

## Canada Centre Director Report

All the Chapters in the region are busy planning their educational events for 2015. The date, time and venue for some of the Chapter meetings scheduled already have been posted on the website.

I have been in contact with one of the Ottawa Chapter members by email and she has organized an evening Chapter seminar in April. I also spoke with one of the Timmins nurses we met at the Niagara Conference.

# Reports

This group showed interest in starting a new Chapter in that area. Many of the Chapters will be having elections for new Chapter Executive positions this spring. The Ottawa Chapter, Central Ontario Chapter and London & Area Chapter all have outstanding positions to fill.

Joan McKechnie

## Canada West Director Report

The chapters from Canada West have been actively hosting educational sessions this membership year.

With the Vancouver Chapter being without an executive, I have been working to provide support and hopefully find a way to help the chapter to continue on. Having contacted Industry, they are interested in being involved to provide support and funding. After contacting each Vancouver Chapter member, I am very happy that interest for ongoing GI education through CSGNA has been expressed from our member in Prince George (a part of the Vancouver Chapter). I am looking forward to collaborating efforts, to plan education sessions and introduce CSGNA to that community.

Submitted by,  
Yvonne Verklan, RN CGN(c)  
Canada West Director, CSGNA

## Vancouver Island Chapter

Vancouver Island Chapter has been busy getting ready for our Spring Education Morning...We are looking forward to hearing about IBS and Pancreatitis from two of our local Gastroenterologists. We have several members studying hard to prepare for the certification exam in April. Our AGM and General elections will also take place in the spring and we look forward to fresh ideas and a great year!

Submitted by,  
Andrea White  
President, Vancouver Island  
Chapter CSGNA

## Okanagan Chapter

We have 1 person from our GI Unit writing the upcoming exam and hope she will choose to become a Chapter Member once she completes it. Two of our Members attended the Alberta Endoscopic Conference in Banff in January. Was a great event! Wonderful to get some insight into what happens in other Centres and bring new ideas to our practice.

Submitted by,  
Bethany Rode  
President, Okanagan Chapter

CSGNA

## Alberta Southwest Chapter

The Alberta Southwest Regional Chapter is currently undergoing a renovation. We are currently seeking new members to our group and hope to put together a full day conference on GI cancer in the fall. We continue to provide in-services to our staff and are encouraging many to seek out certification. We hope to have a fruitful and successful year.

Submitted by,  
Barb Harbers BN, CGN(C)  
President, AB SW Regional  
Chapter of CSGNA

## Calgary Chapter

There are many opportunities for GI education in southern Alberta this year.

We are hosted our Spring Conference on March 21 at the South Health Campus. We had an exciting group of speakers and topics.

The Canadian Digestive Diseases Week conference was Feb 27 – March 2 at the Fairmont Banff Springs Hotel.

On April 25 there was a Barrett's Esophagus & Esophageal Cancer Symposium.

The Alberta Digestive Disease Symposium is June 4-7 in beautiful Lake Louise. Last year was the first time there was a program specifically for nurses and it was a great success. We are hoping that more nurses will attend this year.

Submitted by Bobbi Sheppy  
President, Calgary Chapter  
CSGNA

## Central Alberta Chapter

In our last Guiding Light Report, we as a Chapter were very excited to once again be hosting an Education Day slated for April 18, 2015. We had our topics, some speakers and of course our Sponsors on board. Unfortunately, due to speakers having conflicting engagements, we have had to cancel, or more positively postpone our Education Day. In spite of this, we have had an evening education component, consisting of an in-service and overview of the Blakemore tube, and how to use it, by one of our staff. We will plan for at least 2-3 more educational evenings before the summer break. We are looking forward to attending the Education Day in Calgary, as well as a day of learning and humor, from Barb Bancroft as she comes to Red Deer in April.

Submitted by,  
Brenda Perla  
President, Central Alberta  
CSGNA Chapter

## Regina Chapter

The Regina Chapter has been busy planning upcoming journal club evenings on both Hepatitis C and IBD. We are looking forward to hearing about the latest in Hepatitis C and IBD research and treatment options at these events. We will also begin planning our annual GI Day conference shortly which will take place in October. We are looking forward to having an eventful 2015!

Submitted by,  
Jennifer Rodgers RN, BSN  
President, Regina Chapter CSGNA

# Reports

## Edmonton Chapter

The Edmonton Chapter hosted an evening dinner/presentation session at the Grey Nuns Hospital on January 27. Dr. Allen Lim, Gastroenterologist from the Misericordia Hospital and Clare McCabe-Woodrow, IBD Nurse Specialist from the University Hospital spoke on "What Now: IBD Care in the Community". We had 30 delegates attend and welcomed many IBD Clinic Nurses from the University Hospital. Joint efforts from two sites made this session possible. A special thank you goes to Lucie Greffard-Aubin, the on-site facilitator. Many, many thanks as well go to Ann Marie Reinson, Janssen Pharma who helped with the planning of this event and for her generous support.

A second evening education session is being organized by our other two site hospital members on "Management of Strictures in IBD: Medical and Surgical". This took place on April 8<sup>th</sup> at the Royal Alexandra Hospital.

*Submitted by,  
Yvonne Verklan, RN CGN(c)  
President, Edmonton Chapter  
CSGNA*

## Manitoba Chapter

We had a busy fall schedule with three educational meetings and the CAMDR (Canadian Association of Medical Device Reprocessing) conference in Winnipeg last fall.

We had a meeting Feb.19/15 on Health Maintenance for IBD patients, presented by Dr. Sanchu Bhasin R5, GI Fellow. The meeting was sponsored by Abbvie (Humira).

Our Bi-annual conference was on April 18/15. We had a great group of speakers lined up.

We intend to start the new CSGNA year in May with Carina Kirk RN, BN. talking on capsule endoscopy.

We expect to have three people writing the Certification exam in April, & we wish them luck! We are excited to have our members seeking certification!

*Sincerely submitted by  
Mb. Chapter CSGNA President  
Carol Reidy RN, CGN©*

## Education Director Report

Now that the new website is close to reality I am in search mode to find out what is wanted as far as Education Modules. I have some modules prepared for Education for the Certification exam, practice questions, study guide etc.

Abbvie has been approached again and they are willing to give us a link for a list of the NIICE trainers in Members areas to arrange for presentation of the Modules.

They are no longer interested in having the actual modules on the website.

J & J also have education around Crohn's and Colitis that they are willing to post a link for members to access.

I was going to approach and see what they have available as well.

I am currently busy trying to assist the planning committee for the National Conference.

Cathy Arnold Cormier

Education Director

## Practice Director Report

The Procedural sedation document is in the final stages and I will be calling upon document reviewers shortly to provide input on the final draft. I have had a few emails regarding the LPN scope of practice, skill mix and nursing ratios in the procedure and post endoscopy period. Questions generated allows CSGNA to collect evidence in the literature about current practices nationally and internationally. I welcome any questions regarding nursing practice in gastroenterology as it provides us with an opportunity to create change and provide evidence based information regarding practice changes.

Best regards,

Dana Letto BN RN CGN(c)

Practice Director CSGNA

## Public Relations

## Director Report

I have requested the Quebec Order of Nurses to post a list of the CSGNA chapters within Quebec. This will assist nurses and associates that are looking for associations within the speciality of Gastroenterology, access to contact numbers and email addresses.

I encourage all chapter executives to do the same. The process is easy to do.

Call your nursing order, ask for the email to apply to get your chapter contact number and email on to their website association listing.

Mildred Clement RN CGN©

# Reports

## Treasurer Report

As of December 31/2014 CSGNA continues to be financially stable. Our account balance at year end is as follows:

Operations Account	\$90,630.92
Conference Account	\$63,462.31
Education Account	\$25,953.88
GIC'S	\$189,731.40

This year we are down in all of our accounts from last year. The biggest decrease is in our educational account which is made up of the 25% from the chapter educational events. As you know we have had a few chapters that are close to folding or have dissolved. This change is reflected in this account

With our push at the conference to attract new members, our conference account was given a slight boost. However, the refunds back to the members did make it cost neutral. Moving forward as these members continue to be part of the association this will be a benefit down the road.

Our conference came in slightly in the negative however we received hotel rebates and this left us with a deficit of a couple of thousand only. Overall, conference costs have been maintained as budgeted.

At our meeting in February, a breakdown of our operational spending and the funds needed to maintain the operation of the association was presented.

Jacqui Ho

CSGNA Treasurer

## CSGNA at CDDW Banff 2015

This was a notable year for CSGNA at the CDDW. Foremost, a meeting with a key CSGNA sponsor to seek funding that will help initiate a new IBD Nurse mentoring program. After this meeting, the newest addition to CSGNA, the CoP (Community of Practice) group CANIBD, had funding to support a new program. Mentoring in IBD is now becoming a reality for CSGNA President Lisa Westin. The goals of this program are to provide ongoing IBD education to nurses, and an opportunity for established IBD nurses to mentor new or novice IBD nurses. It will ensure that IBD nurse education is consistent across Canada and also ensure a strong national network of IBD nurses across Canada to share proven best practices. This year will be a pilot of this program, with the possibility of expansion in 2016

We later had discussions with the members of the CAG Board of Directors, topics discussed included: Accreditation of the educational material provided to our members at the National Conferences; The possibility of aligning CSGNA's National Conference with CDDW; Quality assurance and nursing staff mix ratios in the endoscopy unit.

As well, Lisa and I were still able to attend many lectures provided at the CDDW. It was such an excellent educational opportunity.

All in all, the CSGNA executive experience at CDDW was great. We hope to have more upcoming information available for you at a later time. Know, that we endeavor to look out for your best interests and follow the CSGNA vision.

All the best

Connie Wescott RN CGN(C)

CSGNA President Elect



# History of Canadian IBD Nurses (CANIBD) Group

Canada has the highest prevalence of Inflammatory Bowel Disease (IBD) internationally. IBD consists of Crohn's disease (CD) and Ulcerative Colitis (UC), starts at a very young age, and is a chronic disease which has a remitting, and relapsing course despite optimal therapy. This carries a significant burden on the health care system and can lead to poor quality of life (Crohn's and Colitis Foundation of Canada, 2012).

Nurses play a fundamental role within a multidisciplinary team in the management of chronic illness. Aspects of the nursing role within chronic disease management include providing education regarding the disease process, disease course, medical management, psychological concerns, nutrition, and assisting individuals with obtaining medication coverage, and arranging appropriate referrals.

In Canada, there are 4 nursing roles, Registered Practical Nurse (RPN)/ Licensed Practical Nurse (LPN), Registered Nurse (RN), Clinical Nurse Specialist (RN with a Master's Degree in Nursing) and Nurse Practitioner (NP). RPN's obtain a two year diploma in practical nursing through a community college,

whereas an RN has a 4 year Bachelor's degree in nursing, or a Master's Degree in Nursing. Both RPNs and RNs write a registration exam. The Nurse Practitioner (NP) has additional nursing experience and a Masters of nursing degree, can autonomously diagnose, order and interpret diagnostic tests, prescribe pharmaceuticals and perform procedures within their legislated scope of practice. Canada is positioned where there are nurses working in multiple roles which include Nurse Practitioners and Advanced Practice Nurses in outpatient and inpatient settings, RNs working in the outpatient clinic setting, Research Coordinators and patient support and Case Managers hired by the pharmaceutical industry to provide patient support.

A review of literature from United Kingdom (UK) and Europe on nursing roles in IBD management show IBD specialist nurses can contribute to reducing length of hospitalization stay and improving health related quality of life through provision of nurse led clinics (Mason et al., February 2012;

Nightingale, Middleton, Middleton, & Hunter, 2000). IBD specialist nurses from UK and Europe have formed a specialist nursing group through the European Crohn's and Colitis organization (N-ECCO). They have hosted annual meetings since 2007 with the primary goal of providing ongoing nursing education for IBD nurses, sharing practice and an opportunity to network with other nurses across United Kingdom (UK) and Europe.

Upon review of the comprehensive UK IBD audit (Mason et al., February 2012), permission was obtained from the authors to model the Canadian GI nurses audit around their original work in order to determine how many IBD nurses were exclusively providing IBD care in Canada. A 29 item survey was developed and distributed to IBD nurses from across Canada. The results of this survey were published in the Canadian Journal of Gastroenterology (Stretton, Currie, & Chauhan, 2014). The primary aim of the survey was to determine how many nurses work with IBD patients in

Canada, and the secondary aims were to determine what the educational needs are of these nurses and to determine if there was an interest in forming Canadian IBD nurses' special interest group.

The Canadian IBD Nurses Survey (Stretton et al., 2014), reported 276 respondents completed the survey; 98% were female nurses with 69% employed in full-time positions. In addition, 55% were diploma prepared Registered Nurses, 35.8% were Baccalaureate prepared nurses and 4% were Masters prepared nurses. Forty-two per cent were between ages of 51-60, and 32% were between the ages of 41-50. Almost half were employed in Ontario 44% (121), followed by 20% (54) in Alberta and 9.8% (27) in British Columbia. All provinces were represented for the exception of Nunavut and the Northwest Territories. Forty-three per cent (119) of nurses identified as working in the Endoscopy Units. Of the 90% who responded as working with IBD patients, only 30% (79) had a

primary role in IBD care. Three quarters (76%) worked with the adult population; 19% with the pediatric population and 11% worked with both adult and pediatric patients. Sixty-seven per cent worked in an outpatient setting.

All of the APN's worked in outpatient care, 40% had inpatient care responsibilities and 80% of APN's offer telephone advice line, rapid access clinics and transition services. The authors concluded only a small percentage of Canadian GI nurses provide clinical IBD care.

Many have multiple roles and responsibilities and provide a variety of services. The exact depth of care and service is unclear and further study is needed. These results were comparable to the UK IBD nurses audit (Mason et al., February 2012)

Survey respondents were asked whether they would be interested in further development of an IBD National Nurses Interest Group. There was a tremendous interest in forming a Canadian IBD (CANIBD) nurses' special interest

group. A national IBD steering committee was formed with representation from Eastern, Central, and Western Canada along with representation from pediatrics.

The committee worked closely with physician partners to plan and host the first meeting of Canadian IBD nurses (CANIBD) in November 2014. CANIBD vision and mission statements were developed as follows:

**CANIBD Vision:**

To ensure people of all ages living with Inflammatory Bowel Disease in Canada receive high quality clinical nursing care within the multidisciplinary team

**CANIBD Mission:**

CANIBD is committed to improve the quality of care for people living with IBD.

**CANIBD Goals/Strategies:**

Improve nursing knowledge in IBD by:

1. Providing support and mentorship for IBD nurses in Canada
2. Providing and promoting learning opportunities for nurses.

### CANIBD Goals/Strategies continued:

3. Providing opportunities for net working and sharing best practices in nursing care.
4. Developing or adopting nursing guidelines, standards or consensus statement for IBD Nursing in Canada
5. Elevating the profile of IBD Nursing in Canada

The inaugural meeting was scheduled November 7<sup>th</sup> 2014 to allow an opportunity to network, share IBD nursing practice experience and develop a strategic plan for the CANIBD nurses' group. During this meeting, the goal was to bring together IBD nurses from across the country to gain a better understanding the learning and professional needs. The agenda included:

- 1) A motivational presentation on the advantages and challenges in establishing a national IBD nursing special interest group.
- 2) Dr. Richard Fedorak, an avid supporter of the IBD nurses was invited to open the meeting.
- 3) Panel discussion from a variety of Canadian GI groups sharing experiences, lessons learned and suggestions in moving forward with the IBD nursing special interest group. The groups included Canadian Society of Gastroenterology Nurses and Associates (CSGNA), Crohn's and Colitis Canada (CCC) and the Canadian Digestive Health Foundation (CDHF).

These speakers were asked to do a ten minute presentation on the following:

- 1) How you envision your organization working collaboratively with a National Nurses Group and what support could you offer the group moving forward.
- 2) What level of involvement would you like to have with our National Group.
- 3) Do you have existing or future organizational projects that could benefit from the collaboration with a National IBD Nurses Group?
- 4) An open forum to discuss the group's strategic plans and establishment of a future planning committee or board.

The meeting was well attended by advanced practice nurses, research nurses, patient support care providers and educators. Dr. Richard Fedorak (CDHF), Lisa Westin (CSGNA), Catherine Mulvale (CDHF) and Aida Fernandes (CCC) each presented on visions and partnerships for consideration of the CANIBD audience.

Following the inaugural meeting, the steering committee reviewed the information provided by the speakers by the members during

brain-storming exercises and cycled this back to the IBD nurses via a short survey. Two options were presented to the greater membership via email communication in January 2015.

The first option was to consider a partnership with the CSGNA and CCC. Lisa Westin graciously acknowledged that for IBD nurses, a limitation of CSGNA's structure historically has been its primary focus on endoscopy nursing. Over the past few years, CSGNA has concentrated its efforts on expanding CSGNA's scope of GI nursing through attention to IBD nurses' educational needs at the National Conference. They have also discussed the creation of Communities of Practice including IBD nursing and nursing research. CSGNA is a registered non-for profit organization has a nationally established presence in the gastroenterology and nursing specialty community with a renewed commitment to IBD nursing. Aida Fernandes from CCC identified a common vision with CANIBD in ensuring individuals living with IBD in Canada receive high quality care. There was agreement with all participants that a national IBD nurses meeting would be important in ensuring dissemination

of information and continued momentum for the group. Mentoring in IBD/ Future Directions meeting was recognized as an excellent target for this annual meeting. CCC indicated they would welcome the partnership and would be willing to support fundraising and coordination of meeting arrangements. Educational events in local communities would be channeled through the CSGNA chapters.

The second option for CANIBD would be to consider an independent organization outside of the patient foundations or national nursing organization. This would ensure independence of the group and prevent dilution of IBD focused content within the greater GI nursing community. In order to accomplish this option, CANIBD would need to consider the process of application for not-for-profit status membership and human resources required to form an organizational structure that would represent IBD nurses across the country. It was assumed that IBD research nurses would/could participate within this framework but not specifically discussed. Crohn's Colitis Canada would offer support to an independent CANIBD organization. To maintain transparency of all the communications, minutes from the

inaugural meeting, post meeting communication from CCC and Lisa Westin (CSGNA) were sent to the CANIBD membership. The CANIBD members were asked to vote on the above 2 options. The survey opened on January 12, 2015 and closed on January 26, 2015. Here's a brief overview of the results:

77% of the respondents agreed to collaborate with Crohn's & Colitis Canada (CCC) and the Canadian Society of Gastroenterology Nurses Association (CSGNA).

92% agreed that our first National Nurses' Meeting be part of this year's Meeting of the Minds (the premiere combined event of Mentoring in IBD & Future Directions in IBD) event scheduled for November 2015).

67% of the respondents would like to participate in some form of nursing committee work with CANIBD

The CANIBD committee has started to meet with both CCC and CSGNA to include a nursing track in the upcoming Meeting of the Minds event on November 6-7, 2015 at the Ritz Carlton, Toronto, Canada. CANIBD and

CSGNA are working collaboratively to establish an IBD Community of Practice within the membership of CSGNA.

Thank you again for working with us to champion this vision!

*Usha Chauhan, Barbara Currie, Karen Frost, Joan Heatherington, and Jennifer Stretton.*

CANIBD committee members

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Usha Chauhan and the CANIBD steering committee at IBD Nurse meeting in Montreal.



## Membership Renewal

Membership renewal is due by May 1, 2015. As of this year you may join for one year, or save by joining for 2 years. An 18 month long membership is available for new members only, starting in November 2015.

Please complete the membership form and submit before May 1, 2015. The online membership form is available on the website. Please encourage your colleagues to join us in our quest to build on our knowledge and skills, and enhance the care we provide.

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