Pay it forward
– become involved in CSGNA

“Volunteering is generally considered an altruistic activity, and is intended to promote good or improve human quality of life, which in return produces a feeling of self-worth and respect, but no financial gain. Volunteering is also famous for skill development, socialization and fun. It is also intended to make contacts for possible employment or for a variety of other reasons.”

So ask yourself, if I volunteer to become more involved in the CSGNA, what’s in it for me? I have to say that I did not research if there are any studies that describe the benefits of becoming more involved in professional groups; however given that we promote volunteer activity in all aspects of life, from our teenagers to our seniors, from our schools to hospital and other community agencies; it stands to reason that we re-look at this activity as it applies to us and our professional practice.

I have served the association in several capacities and although I can’t speak for the “altruistic and quality of life” portion of the definition; I believe that I have gotten much more from my involvement in CSGNA than the time that I invested. In the beginning, I was also cautious, claimed that I had no time and that there might be someone else who could do a better job. But guess what, you make time for the things that are important to you. I believe that becoming involved at the local, chapter, and national level of CSGNA has helped me develop transferrable skills that have helped me personally and professionally. I have forged friendships throughout Canada and around the world and along the way I have had a lot of fun. So, I find it difficult to understand why more members don’t participate in the Society’s activities.

Now, let me ask you…. Do you have an hour? Yes you do… I know you do. Are you willing? Yes you are… I know you are. So if you have an hour and are willing, then to borrow a phrase from baseball, “pinch volunteer” and lend a hand with a special project, attend a meeting, discuss work challenges with peers, participate on an ad hoc committee, etc. The possibilities are endless. Not only does it provide opportunities for networking and personal growth; but the connection and synergy created in discussion with other members will benefit our association and our patients. Your involvement does not have to be onerous, but rather be an opportunity to become engaged in the governance of the association through whatever method you choose; it can be from the leadership position of being president, to being a member who attends a local meeting.

“Membership is not about what you get – it’s about what you give.”

We all come with values and beliefs that filter our view of the world, and we bring different strengths to the table, different methods of processing information and acquiring knowledge. I don’t think that there is anyone who would
argue that learning is an active process which everyone is involved in throughout life. There is nothing better than joining a committee to learn something new or to bone up on the latest trends that affect our practice.

So what do you want to learn more about?
• Infection control
• Quality outcome measurements
• Budgets
• Marketing
• Competence
• Education
• New technologies and how they influence practice
• Political action

The list of opportunities is endless, and yes, you can find something you are passionate about or that you want to learn about or that you want to add to the agenda of the association. Scope of practice was always debated however even now; we are good at what we do, but not so good at articulating the reasons why we (with our knowledge, skill and experience) make a difference to other professionals. CSGNA was started because there is certain strength derived from a number of people working towards a common goal, that of promoting GI nursing practice and quality outcomes for the patients we care for. To date CSGNA has achieved many milestones that impact our practice, from certification, to the Gastroenterology Nursing journal subscription to educational conferences. However much more work needs to be done.

Believe it or not, CSGNA can only be sustained by the passion, interest and knowledge of members like you who are willing to commit to the development of the association and its members by volunteering, by writing articles, by your presence at meetings and so on…..

They say that what you know is as important as who you know. You never know who you will meet when you volunteer for a task for CSGNA. I know that my life is richer for the friends I have made along the way. I have been privileged to encourage and mentor other members to become leaders in the association. I have benefited professionally in a variety of ways. Who would have thought, all those years ago, that I would be invited to speak at national and international conferences…..I strongly believe that this is in part, due to my affiliation with CSGNA. (and yes, public speaking for me, is still a challenge!!!)

CSGNA members, yes this means you, must become more engaged in the work of the society. Just think, wouldn’t it be a great way to leave a professional “footprint” for future GI nurses!

CSGNA DISCLAIMER

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

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

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.: Feb1st for March issues, June 1st for July issues and Oct 1st for November issues.

• Include all references using APA referencing.

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

Linda Pinches, Newsletter Editor
Email: newslettereditorwebsitedirector@csgna.com
Calgary is a vibrant, growing city with five separate Gastroenterology units. Health care delivery in Calgary is unique because our services are centralized at different sites. Each hospital GI unit does the routine endoscopy procedures as well as their specialities:

- The Foothills Medical Center specializes in EUS procedures.
- The Peter Lougheed Hospital specializes in ERCP’s and double balloon endoscopies.
- The Colon Cancer Screening Center only does screening colonoscopies on patients with no co-morbidities.
- The Rockyview General Hospital has a general GI unit.

An exciting new chapter in health care began in September 2012, when the new South Health Campus opened their outpatient services and clinics. The South Health Campus is the first new hospital in Alberta in many years. It will be one of the few hospitals to integrate a mixed use approach to become more of a neighbourhood center rather than a traditional health care facility. In developing the South Health Campus, the planners paid special attention to the factors that challenge the traditional methods of health care delivery including a rapidly expanding and aging population.

On January 14th, the emergency department and the new concept Rapid Access Unit opened. The next wave of openings began on February 25th, when some in-patient units, including ICU and the GI unit were opened to patients. By the end of September 2013, the South Health Campus will have 269 inpatient beds and the first phase will be fully operational.

Our GI unit will be located in a temporary location for several years. In this location we will have two procedure rooms and a nine bed recovery area. After the initial growing pains we plan to do 16 outpatient procedures each day, as well as the inpatient procedures. Our site will do general GI procedures with our speciality being esophageal disorders. One of our specialized procedures will be the “Barrx” radio frequency ablation of Barrett’s esophagus.

Our new unit at the South Health Campus will have a wonderful mix of experienced GI nurses and other nurses taking advantage of this great opportunity to learn a new speciality. Our unit model will have two RN’s in each procedure room and four LPN’s working in the recovery room. We will also be working closely with the Hepatology, Sigmoidoscopy and the Motility Clinics within the hospital.

Within the next 5-10 years, the second phase of the hospital will commence. The GI unit will move to our permanent location where we will have eight procedure rooms, and one dedicated ERCP room. Calgary is an exciting place to live and work in, and our GI Departments across the city are ready for all future challenges.

Submitted by:
Bobbi Sheppy
South Health Campus, Calgary

The names of the staff (RN’s and LPN’s) in the picture are from left to right: Shanti Supinski, Bobbi Sheppy, Colleen Laidlaw, Meredith Corriveau, Glenda Mitchell, Edna Hickey, Natasha Simpson, Jessica McLarty – the Unit Manager and Dawna Morton.

Our recovery room area.

South Health Campus.
The Board of CSGNA issued a member survey in November 2012 to gain insight into the needs and perspectives of current and past membership. The Board is committed to making CSGNA the National leader in GI Nursing in Canada and believes that every member has something to offer the organization. The feedback received will be utilized to guide the strategic direction of CSGNA and support initiatives in education, practice, networking, quality and safety.

The survey was sent to all current members and former members from the past five years. In total, 1035 questionnaires were sent. Members had two weeks to complete the survey with a reminder email sent out after one week. A total of 183 completed surveys were returned. The Board considers this an excellent response and is motivated to utilize the information gleaned from the responses to guide the Strategic Plan.

Membership demographics

The majority of respondents had been CSGNA members for more than 11 years, with 5.5% in their first year of membership. Two-thirds of the respondents were active members and 25% retired.

All chapters had responses, with Greater Toronto area Chapter having the highest percentage of response based on current membership numbers. 97% preferred English and 3% preferred French or either language. The primary area of employment was Endoscopy (83%). Retired members, leadership/administration and inflammatory bowel disease followed.

Chapter Involvement

Members were asked if they had held Chapter Executive or Board positions and 58% indicated they had never held either Executive or Board positions.

The majority of respondents indicated they attend most of the Chapter meetings, however, 16.5% indicated they never attended meetings and 3% stated their chapters never meet. The major influences on whether members attend meetings were home commitments, the location and the timing of meetings.

Members indicated GI topics of interest, local education planning and scholarships as the most important topics to discuss at Chapter meetings. Social planning was considered least important.

The response to what would help the chapter function at its optimal level was overwhelmingly consistent – more numbers and commitment of members. Some comments were directed at improving recognition and support from employers. Once again, improved access to the meetings was expressed.

Joining CSGNA

Respondents cited educational reasons for joining CSGNA, however, practice guidance and networking also ranked high. 40% indicated membership was an expectation of their professional role.

Persuasion by other CSGNA members seemed to be the most influential reason for taking Chapter or Board positions, however, half of the respondents had never held a position.

Reasons for not taking a position were primarily not being interested and not being able to commit the time to the position.

Membership Fees and National Conference

70% agreed that the $100 membership fee was good value for what it provides. Responses regarding the cost indicated that the increases in the membership fee did not seem justified. Some members felt they had too many professional fees already, while others felt that the journals and conference opportunities provided the value for the cost of membership. However, the cost was limiting for some nurses who work casual or did not have opportunities to attend the national conferences due to work constraints.

75% of the respondents indicated the National Early bird conference rate of $475 is good value. Of those that did not feel it was good value, many indicated it was too expensive for an average nurse when travel and accommodation costs are included, were not allowed or able to attend or did not receive financial support to offset the costs. The knowledge gained at the national conference was appreciated by many and networking was seen as a builder of unity and empowerment among the delegates.

Education

Local conference presentations were ranked as the most useful method of receiving education for practice, the National conference second, and on line learning modules third. Journals and CD presentations were considered least useful.
Practice Standards and Guidelines
Care of the patient receiving conscious sedation was the practice guideline most utilized of all the standards and guidelines. There was a strong indication for a number of new endoscopy related guidelines, such as use of Propofol or anesthesia in endoscopy, role of RN in EUS, EBUS, or ERCP as well as reprocessing and infection control guidelines. There were also requests for guidelines for nurses who work outside of endoscopy on medical or surgical floors, in particular, in the area of inflammatory bowel disease.

Website
Most members visit the CSGNA website once a month or at least every six months. 44% use the “members only section” but sadly 23% indicated they did not know there was a “members only section.” The password process was a key reason for not using the section.

Members indicated they are very interested in seeing on line learning modules that are of value to certification on the website. Other on line certification processes were suggested such as a Reprocessing Certification. There was also interest in learning more about the members and their chapter activities. A strong message expressed was that the current practice guidelines need to be kept up to date and meet the current needs of the GI environment.

Social Media, Journals and Publications
Only 10% of those responding had joined the Facebook Group “CSGNA” however, a number do not use Facebook The majority did not use twitter or intend to in the future. The Guiding Light was the most read publication with the Gastroenterology Nursing Journal following closely. Interestingly, some members were not aware that there is a monthly e-newsletter or had not yet seen the Inside Tract. Some members indicated they do not find the GNJ useful or interesting.

Networking
75% of the members responded that CSGNA meets their needs for networking among their peers. One of the most striking comments was “even though I no longer work in GI, my past involvement with the CSGNA provided me with wonderful opportunities to network with fellow GI nurses across Canada and other countries. I am confident that I could…connect…with any of them and feel supported.”

Another commented that “(networking) is where local and national events are valuable. (In addition to talking with GI Nurses from across Canada)…the events provide valuable opportunities to network with industry vendors…”

Scholarships
Of the 14 CSGNA scholarships listed, 50% of the respondents had never applied for one. The Olympus scholarship was most utilized along with the annual membership scholarship. The Chapter Executive Professional Development Award had never been applied for by those responding and only one person had applied for the GI Nurse Achievement Award and the GI Professional Nursing Award. Some comments as to why members do not apply for scholarships indicated they didn’t have time to apply or didn’t currently need one.

Employer funding was available to 56% of the members and local chapter funding available to 42%. Paying for costs of conference attendance prior to the conference was stated as a deterrent, especially when funding was not guaranteed to be reimbursed.

Board Support
Finally, a number of suggestions were received to inform the Board on how they can continue to, or improve on, meeting the needs of the membership. Some innovative ideas included earlier scholarship awards, assistance in preparing for certification, expanding the scope (no pun intended) of the membership to support nurses and associates in roles outside of endoscopy, collaborating with CAG to host the national conferences together, and providing more opportunities to support the French speaking members. A number of people thanked the Board for the work that they do, which is greatly appreciated.

The draw for the Tim Horton’s card was won by Jody Hannah from Hamilton, ON and the chapter with the highest percentage of responses was the London and Area Chapter. They won a CSGNA lab coat to use as a draw or incentive in their chapter.

The Board would like to thank those who took the time to complete the survey and offer their insight into making CSGNA the National Leader in GI Nursing! You will be pleased to know a number of the improvements and initiatives suggested are included in the Strategic Plan. We have taken all of the comments seriously and will aim to address the key issues put forth. We will be sharing highlights of the Strategic Plan in upcoming Guiding Lights. Thank you for participating!

Lisa Westin, President Elect
On behalf of the Board of the CSGNA

New CSGNA Members
Join today and get your memberships at no extra cost until May 31, 2013.
Synopsis CSGNA Teleconference meeting
November 28th, 2012

ATTENDANCE: All Board members.

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

FINANCIAL UPDATE & MARKETPLACE: Jacqui affirmed that our finances are in the positive. After some discussion it was agreed unanimously, that Marketplace, which CSGNA has promoted at its annual conference, was running at a loss and therefore it was not feasible to continue with. Effective immediately, Marketplace will be discontinued at our next conference.

The silent auction though will continue at the conference, with the possibility of adding a 50/50 draw.

2013 BANFF CONFERENCE UPDATE: Conference planner Heather Reid was unavailable for feedback but Lisa Westin provided the information that plans are moving forward with the program, speakers and social activities. Conference brochures are tentatively expected to go out by June. Discussions continue about accommodating French language presentations and translation, which is ongoing in the planning phase of the conference.

MEMBERSHIP: There were discussions on membership retention and recruitment. Incentives to being a member were discussed at length, with some positive suggestions made. Attracting younger nurses to be members, as senior nurses are retiring, is a challenge that we are faced with.

MEMBERS SURVEY: The survey was sent to members past and present with a good response from all. Congratulations to the London chapter who had the highest percentage of responses for a chapter, earning them the winning prize of a CSGNA lab coat. There was a significant amount of information gathered which will influence the development of CSGNA’s strategic plan.

WEBSITE: Members are visiting the CSGNA website on a regular basis. There are areas of improvement in our website that have been identified and will be implemented under the leadership of our present Newsletter and Website Director Linda Pinches. We are looking at several options which we expect to unfold over the next year.

STANDING COMMITTEES: The standing committees have their required number of members, which the Committee chairs will access as needed.

EDUCATION: Education Director Cathy Arnold Cormier has been compiling an endorsement policy document, which means this will give us a standing policy for CSGNA to endorse education provided by vendors and affiliates. It will be formalized after legal assistance is received, to clear any legalities involving the document.

PRACTICE GUIDELINES AND STATEMENTS: Our present Practice Director, Sandy Stone continues to work on the bronchoscopy and radiation safety guidelines for CSGNA that was passed onto her by the previous Practice Director. She expects to complete these guidelines within a reasonable time.

STRATEGIC PLAN: UPDATE There have been many strategies that have been identified that need to be entrenched within the CSGNA strategic plan. Areas like retention and recruitment, bilingualism, community of practice, certification, marketing, vendor relations and endorsement strategies. There is also work to be done with the Not for Profit regulations that we fall under. Following this we will focus on our business plan.

VENDOR RELATIONS POLICY: A vendor relations policy is being drafted by our new Public Relations Director Dana Letto and will be reviewed by the board at its next meeting.

NEXT MEETING: A face to face Meeting will be held in Toronto, on February 23rd & 24th, 2013.

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

CSGNA Membership Cards
In order to streamline the renewal process for our administrative assistant, we have decided to eliminate membership cards which are time consuming to create and costly to mail. Online renewal receipts will display the membership number and chapter. For manual applications and renewals, this information will be included on receipts which are mailed out.
CSGNA has come a long way. Our Vision “We aim for excellence in comprehensive gastroenterology nursing care by collaborating extensively across the Canadian healthcare continuum and partnering with professional organizations and industry”. SGNA is a strong Association thanks to the support of our members.

You are essential to share knowledge with co-workers and to promote CSGNA. Reach out and invite new members to join. The challenge is to increase and strengthen CSGNA membership across Canada. You can make a difference. Attend chapter meetings. Invite a fellow co-worker to join and continue to promote CSGNA.

CSGNA’s commitment to members: Our Mission “We support knowledgeable, engaged, professional members.” Stay connected and check the website for educational opportunities locally and nationally. Education is rewarding, but is also expensive! CSGNA scholarship and awards are available to members.

Certification: think about it. You can do it. There is no question education improves quality and safety in nursing practice. I believe that certification makes sense. It has valuable benefits both professionally and personally.

Join CSGNA – Share your knowledge...

You can HELP!
CSGNA can’t do it without you.

DO IT NOW!
EVERYONE HAS SOMETHING TO OFFER

You can help

Mabel Chaytor RN CGN(C)
President 2012 - 2014

GI Nurses Day Contest 2013

We want to hear from our CSGNA members and prospective new members on what engages you in your GI nursing career so we are extending the contest until April 1st, 2013.

“Everyone has a story to tell – let’s share why we are proud to be GI nurses”

• Have you ever wondered how you began nursing in the field of gastroenterology?
• What engages you in your workplace?
• What makes your GI unit or team unique?

Submissions can include a picture of your GI team, a short story of accomplishment, or a simple reflection of what you feel engages you into the gastroenterology specialty. All entries and the winner will be published in the July issue of the Guiding Light. Let’s engage each other!

The winner will receive a complimentary CSGNA membership for 1 year.

Deadline extension for entries is April 1st, 2013

Mail, email or fax your submissions to:
Palma Colacino – FAX: 905-829-0242 or
EMAIL csgnaexecutiveassistant@csgna.com
Mailing Address:
PALMA COLACINO, #224, 1540 Cornwall Road, Oakville, ON L6J 7W5
My first few months in the President Elect position have been filled with new initiatives that will assist in moving CSGNA forward in the coming years. The first and most enlightening was the membership survey. In total 183 current and former members responded to the survey. We appreciate the time taken by those who completed the survey. Your insight is needed to assist the board in effectively addressing the membership needs. A summary of the results are located in a separate article.

The second and most in depth initiative is the development of a comprehensive strategic plan that includes revised Mission, Vision and Value Propositions for CSGNA. The core strategies are directed at increasing and strengthening membership across the country, expanding and providing comprehensive support to the provincial chapters, and to strengthen and support CSGNA Communities of Practice which include endoscopy, and IBD, among others. This document was developed with assistance of Joanne Glen, Past President and Annamarie Fuchs, a Nursing Consultant from Alberta with significant experience in board governance. The Strategic Plan key strategies will be shared in the upcoming Guiding Lights.

The third, but not least important, is the transition process to the new Canada Not-for-Profit Act. CSGNA is among several thousand Not-for-Profit organizations in Canada that must comply with the new act by October 2014. This involves a complete review of our bylaws and guiding documents. The Bylaws Committee of the Board will be regularly involved in the steps needed to complete the transition by the deadline. The legal firm of Carters Professional Corporation has been retained by the Board to assist with the transition.

I have also been involved in the Planning Committee meetings for CSGNA 2013 in Banff in September 2013. The planning committee comprised of members from the Southern Alberta and Central Alberta chapters is working diligently and collaboratively to develop a great program and experience in one of the most spectacular parts of Canada! I look forward to seeing all of you there!

Lisa Westin, RN MN CGN(C) CSGNA President Elect, 2012-2014

Canada East Chapters have been relatively low key to date but are now all gearing up for their Education Days in April. Newfoundland’s new executive has been busy with a Christmas celebration dinner and short business meeting and a couple of evening education events. They are hoping to have their next meeting on Skype or teleconference so they can include nurses from outside the city who have shown interest but unable to attend in person.

The NB/PEI chapter has officially changed Executives. The new executives are President: Martine Brideau, Secretary: Susan Chamberlain and Treasurer: Micheline Ferron. I would like to welcome them into their new roles and extend a sincere thank you to the outgoing executive, Paula Triantafillou, Carla Martin and Cecilia for their time and commitment to CSGNA over the last 2 years. At this time, I would like to say “Good Luck” to all who are writing their Certification Exam in April.

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

The Montreal Chapter has had time to rest after their successful hosting of the 2012 National Conference and is now planning for their spring conference. The main focus of their upcoming conference will be on the anatomy and physiology of the GI tract and will also serve as a refresher for members who are studying for their CNA certification. The Montreal Chapter wants to encourage all members to join them in Banff for the 2013 National Conference.

The Ottawa Chapter had an educational luncheon on November 3, 2012 at the Montfort Hospital in Ottawa. Dr. William G. Paterson presented “Gut Involvement in Connective Tissue Disorder”. Joanne Bertrand has been elected as the new Chapter President. Welcome. Thank you to outgoing President Rachel Thibault-Walsh for your numerous contributions to CSGNA.

The Central Ontario Chapter had an educational dinner on December 6, 2012 at the Orillia Soldier’s Memorial Hospital. Janet Young-Laurin, Chapter President spoke on airborne precautions during bronchoscopy and Margo Strachan, lab technician talked about the care of specimens from A to Z.

The London and Area Chapter has a new Treasurer, Deborah Holmes. Welcome back to the Chapter Executive. Thank you to outgoing Treasurer, Hank Ager for your commitment to CSGNA.

Many chapters are busy planning their spring education events. The Greater Toronto Chapter Education Day will be held at the North York General Hospital Auditorium on Saturday, April 13, 2013. The Golden Horseshoe Education Day is planned for this spring in...
The Guiding Light

CANADA WEST DIRECTOR REPORT

Vancouver Island Chapter

With the new year ahead of us, we have started to actively plan our annual education day for April. This has always been a great success with the assistance from both the doctors and nurses who volunteer for presentations. We have a chapter meeting planned for the end of January that will help to finalize the speakers and supports. Also a few of our members will share what they have learned at conferences that they attended in the fall.

Vancouver Regional Chapter

The Vancouver Chapter hosted an education day January 19, 2013 with thirty nurses in attendance. We had entertaining and informative speakers: Dr. Victor Wong, Dr Jennifer Telford & Dr. Fergal Donnelly. Our Olympus representative, Jacinthe, introduced the new 190 series colonoscopes with the scope guide, Cindy form Cook spoke on the new hemospray for GI bleeds and Matt from Boston Scientific gave a presentation on esophageal stenting.

Okanagan Chapter

The Okanagan Chapter is excited for one of our members as she prepares to write the certification exam this spring. Tammy has been studying hard and we know she will do very well – go Tammy!! Recently at one work site there has been a shift in the way oral preparations are being ordered for colonoscopy. We are planning to put together some current articles for a journal review on this topic at our next chapter meeting. If anyone at the Montreal conference noted the fantastic “GI Rocks” t-shirts that our members were wearing, they are being offered for sale by our chapter. The contact person is Nancy Curatolo, our secretary who can be reached at brunonancy@shaw.ca for more information. We are looking forward to the upcoming conference. Being on the western side of the country, we are hoping to have a great attendance from our little chapter to support the work of our Alberta members in this endeavor.

Alberta Southwest Regional Chapter

The Alberta Southwest Regional Chapter will be enjoying a somewhat quiet spring. Since some of our members comprise half of the National 2013 committee, the whole chapter is involved in the planning and support of this endeavor. We have been having small in-services at our meetings and plan to continue with that. We are all excited as the plans come together for Banff 2013: Summit of Inspiration. We encourage everyone to watch the CSGNA website for frequent updates the conference in September. We look forward to having you all come to join us and to forge your trail to the summit. Have a great spring everyone and we will see you in September.

Calgary Chapter

Calgary Chapter is presently planning an education day for Saturday, April 13, 2013 at the Alberta Children’s Hospital. The agenda is presently being finalized with an upper GI focus in the am and a varied afternoon of topics. The Journal Club had a DVD session in November, “Bully Free @ Work” by Valerie Cade. The Chapter is looking forward to the CSGNA National Conference being held in Banff and attempting to garner support/attendance to this exciting event.

Edmonton Chapter

On October 30, 2012 we had our first education session for this membership year at the Grey Nuns Hospital. This dinner and presentation event was attended by twenty nurses. Dr. J. Siffledeen, Gastroenterologist gave a talk on “Foreign Bodies in the Upper GI Tract”. We thank our sponsors for their interest and support in our event. And we have gained four new members to CSGNA at this event.

We had our second evening education and supper session on January 24, 2013 at the Misericordia Hospital. Thirty five delegates attended including nurses, radiation techs and a surgical processor. Dr. S. Karmali, Bariatric Surgeon gave a talk on “Complications in Bariatric Surgery”. Dr. B. Walters, Gastroenterologist presented on “Foreign Bodies in the Upper GI Tract”. We thank our sponsors for their interest and support in our event. And we have gained four new members to CSGNA at this event.

We are busy planning our one day conference GI CANCER which will be held on Saturday, April 27, 2013. This will be held at the Misericordia Hospital. Our faculty is confirmed and we hope to have our brochure out by mid February. 2013 is definitely bringing us excellent educational opportunities and good networking fellowship with other nurses, health care members and industry!

Regina Chapter

In November, Jennifer McIntyre presented on IBD at the Education Day held by the Crohn’s and Colitis Foundation. A dinner meeting was held on December 6th, 2012 to discuss the G.I. Day this past October and to review the evaluations that were filled that day. We discussed the importance of continuing education. One of our members, Jennifer Taylor, presented

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

Guelph, ON with the date and location to be arranged.

The Guiding Light
Heading in to spring our first meeting will be on April 4, 2013 with Dr. Ross Stimpson speaking on Cancer Care Manitoba’s colon check program. He spoke to us previously after the initiation of the program years ago and it will now be interesting to hear how the program is progressing and the service they provide for our patients in Manitoba.

Sue Drysdale RN, CGN(C) continues to send out various GI articles for members to read and get additional educational hours if they wish to do so. Between Sue’s chosen articles and the various professional speakers, we feel we are providing our members a well-rounded program for GI learning.

Submitted by Connie Westcott RN CGN(C)
CSGNA Canada West Director

“Networking with integrity creates a greater willingness of all parties to be part of a human conduit to serve as energy and resource to one another. Sometimes you will give more than you receive and sometimes you will get back more than you give. It’s not about keeping score.” – Chris London, Editor of Manhatten Society

Over the past few months I have had the opportunity to network with Catherine from the Canadian Digestive Health Foundation. They are very interested in providing education to CSGNA members through the Guiding Light and the CSGNA website. They have patient and healthcare professional resources on various GI related topics, and HCP Summit modules as well as IBD webinars. I have watched the webinars and they are quite good. See the CSGNA website for the link. Future endeavors of the CDHF include supporting the CSGNA members in the way of research. This will provide great opportunity for nurses and allied professionals to get their feet wet and learn the world of funding, ethics, and research proposal writing. I know I’m excited!

The Associate Director from Badgut has been generously supplying our members with the Inside Tract newsletter. Each chapter should be receiving issues. If not, please contact me. Don’t forget Badgut provides excellent patient teaching pamphlets and they are free of charge.

Valerie our practice consultant from CARNAs (College of Alberta Registered Nurses and Associates) has also provided her services to us when we have practice questions or need guidance in developing standards. I encourage all provincial chapters to seek out their provincial licensing body practice consultant as they can be a very valuable resource person for your areas of practice.

In the fall I attended a research conference with RN’s and NP’s at the Robbins Learning Center in Edmonton. I encourage members to reach out of their comfort zone and attend interdisciplinary conferences as you will be surprised what you learn and can transfer into your own practice. I am already signed up for the second one! I also attended a preceptor workshop at Norquest College. The take away message was that as nurses we need to embrace students when they enter our specialized areas of practice. Nursing is a very intimidating world for them and we need to remember that no matter how busy we are, we need to welcome them and guide them under our wing. Take time to mentor our future GI nurses.
Remember that GI Nurses Day is fast approaching. I hope everyone has had the opportunity to reflect on “What engages you”. We look forward to your submissions.

I have had the opportunity to work with Lisa on development of a Relationship with Industry/Endorsement Policy. This policy will guide the CSGNA and its members in how we conduct ourselves as an association with our biggest supporters, our vendors, and also with other associations. It will also provide a guide in how we are to use the CSGNA logo. We hope the document will be thorough and meet the needs of all the chapters. The first draft is currently in review and we are hoping it will be available soon to all members.

I hope everyone is having a great start to the New Year!

Submitted by Dana Letto RN BN CGN(C)
CSGNA Public Relations Director

PRACTICE DIRECTOR REPORT

Hope everyone is enjoying our Canadian winter. Spring is coming around the corner. Since taking over the position of Practice Director I have been focusing on reviewing and revising the radiation and bronchoscopy guidelines. Radiation guidelines are very close to being ready to be posted online. Bronchoscopy guidelines still needs more revisions but hopefully will be ready in the very near future. I would like to take this opportunity to wish all nurses writing their certification exam in April best the luck.

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

EDUCATION DIRECTORS REPORT

Good luck to all the nurses writing the CNA Gastroenterology exam in April 2013. For anyone interested in writing the CNA exam for 2014, the registration date will be in November 2013. Information about the resources/study guide will be posted on the website in the near future. This information has been sent out as part of the new member package.

The plan is to have education on IBD and Electrosurgery also available on the website in the near future.

Submitted by Cathy Arnold Cormier BSCN RN CGN(C)
CSGNA Education Director

DIRECTOR OF AWARDS AND RESEARCH REPORT

I would like to congratulate Lisa Westin on being the recipient of this year’s CAG scholarship.

The Olympus and SciCan Scholarships will be posted as soon as I receive confirmation from the companies on their sponsorship for this year.

I look forward to seeing you in Banff.

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

TREASURER’S REPORT

CSGNA continues to remain fairly stable financially. As of Dec 31/12 our accounts held the following funds:

- Conference Account $ 53,231.69
- Education Account $ 33,322.73
- Operational Account $109,823.30
- GIC’s $163,933.82

The Conference Account is used exclusively for our annual conference. The goal is that our conference should be able to support all of its expenses without drawing from any other areas. The Education Account relies on the returns (25% profit) from the chapter events as well as the silent auction from the annual conference. The money in this account is used to pay for the annual scholarships.

The Operational account receives its funds from our annual membership dues. This year our membership is down and so I encourage our members to get their colleagues to become members of CSGNA. Through membership we will remain a viable, strong organization.

Submitted by Jacqui Ho RN BSCN CGN(C)
CSGNA Treasurer
**NEWSLETTER EDITOR/ WEBSITE DIRECTOR REPORT**

I would like to thank Olympus Canada for their ongoing support in sponsoring the CSGNA Guiding Light newsletter for 2013.

I encourage the members to submit articles for the guiding light newsletter. Any articles on new procedures, techniques, research projects or an interesting clinical case that you were involved in and would like to share with the membership would be greatly appreciated. Please email your articles to newsletterseditorwebsitedirector@CSGNA.com.

The chapter educational events and webinars are now being advertised on the CSGNA website and the e-newsletter is being updated monthly when requests are sent to the website director. If there are any events that you would like to have advertised on the website please email me at newsletterseditorwebsitedirector@CSGNA.com and include the chapter name, date and location of the educational event as well as the chapter website and images if available. The website will be updated with educational information and resources for IBD, electrocautery and certification in the near future.

The membership survey showed that many members were having difficulty accessing the Members Only section of the website. The instructions on how to access the Members only section of the website will be posted in this GL newsletter and also on the website home page to remind members how to retrieve their forgotten password. Your suggestions and comments are always welcomed and appreciated.

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

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**CHANGE OF NAME/ADDRESS**

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CITY: _____________ PROV.: _____ POSTAL CODE: _______________

PHONE: __________________ FAX: ________________________________

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

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

Missed the Deadline for Recertification!

Contact the Canadian Nurses Association at www.cna-aiic.ca to extend the deadline so you do not lose your hard-earned credential.
I recently had the pleasure of attending CDDW (Canadian Digestive Disease Week) in Victoria March 1-4 as well as getting my first taste of spring on Vancouver Island! The role of President Elect allows me the privilege of attending CDDW as a Board Representative of CSGNA. In addition, I was fortunate to receive the CAG/CSGNA Nurse Bursary to attend the conference. The CAG bursary was developed to assist CSGNA members with travel costs associated with attending the CDDW. I would encourage members to consider applying for the bursary in advance of the December 1 deadline. It is well worth the effort to apply.

CDDW is an expert gathering of national medical researchers, specialists and medical residents in the field of Gastroenterology. It is held in conjunction with similar gatherings of Hepatologists (CASL) from across the country, as well as the Canadian Association of Hepatology Nurses (CAHN). Attendance at the meetings was very good with the number of attendees reaching over 900. I had the opportunity to meet with Paul Sinclair, Executive Director of the Canadian Association of Gastroenterology to discuss the strategic direction of CSGNA and the potential synergies with CAGs strategies. I also had the pleasure of meeting, for the first time, our Administrative Assistant, Palma Colacino, who provides stellar support and organization to our membership and board members. The meeting had great support from a number of community support programs as well as industry representatives from across Canada. The electronic program made choosing and scheduling the sessions a simple task. I had a wide variety of options throughout the four day conference. The depth and breadth of the topics was outstanding. It was impressive to hear renowned speakers in the field of Gastroenterology.

It’s difficult to summarize four days of topics in a short article, but the following are some of the highlights and take home messages from the meeting.

- Although many people present with IBS-like symptoms similar to celiac disease, they may not have celiac disease, but instead a gluten-intolerance, or IBS. However, 70% of these patients may respond well to a gluten-free diet which could be viewed as a placebo effect.
- Early detection of leaks following sleeve gastrectomy greatly impacts mortality rates following this surgery. Signs to watch for include tachycardia, rising CRP, and changes in drain output.
- Acute variceal bleeding of the cirrhotic patient is often associated with bacterial infections which may be acquired in hospital. The risks associated with transfusion of fresh frozen plasma may outweigh the benefit of lowering the patient’s INR.
- Oral iron may have a pro-inflammatory effect on Iron-deficient IBD patients. Smoking cessation is essential to maintaining remission in the post-operative IBD patients. Fecal calprotectin will soon be the most reliable marker of impending relapse in the patient with Crohn’s disease.
- Finally, fructose is rapidly becoming the new “alcohol” to the liver. Modest wine drinking has a lower risk impact on the liver than beer, and, the most exciting news for me, coffee has a hematoma-protective effect!

These tidbits are just a small sample of the latest research and practice guidelines in the field of Gastroenterology. I hope that other CSGNA members consider applying for the CAG scholarship this December. The 2014 CDDW meeting will be held in Toronto.

Submitted by
Lisa Westin
President Elect, CSGNA
The Health Science Centre Endoscopy Unit in St John’s is the only facility in Newfoundland and Labrador offering Esophageal and Rectal Manometry Studies. These studies are overseen by Dr. John Fardy. For many years the studies were done and analyzed by Dr. Fardy with the assistance of a nurse. The nurse’s role has progressed over the years with the nurses now performing the studies independently. Today’s high resolution and impedance manometry with multiple sensor probes and computerized imagery has enhanced the information we gather from the patient studies.

I was recently asked to take on the role of “Motility Nurse”, which I initially found to be a daunting task. Under the guidance of the retiring motility nurse Ellen Coady, my confidence in this role increased over the next several months. During my initial training period we were also in the process of updating our equipment to the High Resolution Impedance System. It soon became apparent to all that the education required for undertaking this new role and equipment change would have to be obtained at a facility specializing in esophageal and rectal manometry.

Sandhill Scientific University in Denver Colorado offered a five day course specializing in this type of manometry education and fortunately funding was available for me to participate. The course was attended by individuals with a wide range of education background from both Canada and the USA and as far away as Thailand. The five day course in June 2012 was divided into two sections allowing three days for esophageal manometry and two for the rectal manometry. It was designed to meet the needs of physicians, nurses, assistants, technicians and other health care professionals and to provide information required to master leading edge diagnostic technologies.

The esophageal function and reflux monitoring basic course was well organized and presented by Sandhills Medical director, Dr. Donald O Castell. His lectures covered esophageal physiology relating to reflux, GER monitoring and interpretation, normal and abnormal motility as well as editing and review of the motility studies. His educational and entertaining lectures highlighted the reason why Dr. Castell was recognized by the AGA in 2001 as Educator of the Year.

Sandy Brubaker BS MT (ASCP) was one of the main speakers and organizers of the course. Sandy has more than thirty five years experience in GI, endoscopy and motility testing. Her presentations covered GER monitoring techniques including probe placement, editing and review of normal values in 24 hour PH and Impedance studies. She also lectured on esophageal motility testing, including editing and reviewing normal and abnormal values.

There were hands on sessions where volunteers allowed us to perform esophageal manometry studies on them. We were divided into groups of three or four and closely guided by the other educators to perform the study. I was amazed at the number of volunteers and it was obvious that they had done this many times.

The Anorectal manometry course was presented by Linda Knight RN BSN, another professional with over thirty years of extensive manometry experience including anorectal and biofeedback. As the Clinical Coordinator at Sandhill Scientific and the SGNA, she provides educational seminars and lectures on anorectal manometry techniques and protocol. Her lectures highlighted the troubleshooting and neuromuscular retraining with a basic overview of the principals and protocol of pelvic muscle retraining for the patient with weak pelvic muscles and obstructive defecation.

Dr. Matt Reveille and Dr. John Sun were the final two lectures for the anorectal manometry course. Both have been involved with Sandhill as lecturers for over the last six years. Dr. Reveille highlighted the anorectal anatomy and physiology and the analysis of both the normal and abnormal studies as well as the medical treatments available for this disorder. Dr Sun, who is a colorectal surgeon, covered the surgical treatments of anorectal disorders. Dr. Sun has been the recipient of the award for Excellence in Clinical teaching with many publications and abstracts to his name.

Believe it or not, they also had volunteers who allowed us to perform rectal manometry studies on them as well. Although the time was limited, I would have liked more hands on time with this as the rectal manometry testing is quite complex.

My overall experience was very positive and I was impressed with the Sandhill Facility and their staff. The course was
very well organized from the lectures to the transportation and accommodations. We were given ample educational material including a CD with all of the lectures from the course. I have referred to this material several times as I continue to learn with my ongoing practice. I returned home to Newfoundland with a better understanding of manometry studies and a new appreciation for the complexity and level of expertise required for excelling in this specialty.

Submitted by
June Peckham RN CGN(C)

Accessing the “Members Only” section of CSGNA Website
(http://www.csgna.com/en/members_only/login.html)
1. Click on the Members Only tab on the CSGNA homepage
2. Click on “Forgot Password?”
3. Enter your username (membership number)
4. Your password will be emailed to the email address we have on file.

Once you receive the email with your password;
1. Click on the “Members Only” tab on the CSGNA home page
2. Enter your user name( membership number) and the password
3. You now access to the members only section

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Deadline for Scholarships
July 1, 2013
CSGNA Research Scholarship
CSGNA Annual Scholarship
CSGNA Chapter of the Year Award
GI Professional Nurse Award Nomination
Michelle Paquette Certification/Recertification Scholarship
CSGNA New Member Scholarship Award
CSGNA Annual RPN/LPN/Technician Scholarship Award

July 1, 2013 (When authorized)
SciCan Education Scholarship Nomination
(each chapter is invited to nominate a member)
Olympus Patricia Coghlin $1500 Scholarship
Olympus $500 Scholarships

45 Days prior to Event
CSGNA Professional Development Scholarship Award
CSGNA Chapter Executive Professional Development Award

December 1, 2013
CAG Scholarship Award

Information and application forms are posted on the website at www.csgna.com
I had the opportunity to sit in on a lecture on creating poster presentations at a university and I thought it would be valuable to share what I have learned with our members. The purpose of making a research poster is to give a visual summary of a proposal or findings. It is used to facilitate conversation among peers and it looks good on a resume!

To make an effective poster you should focus on a single message that is between 300-800 words. Use graphs and images and keep the text to a minimum. Let the pictures tell the story. Think about the take home message for your audience. If there is an element of information that doesn’t support your message, leave it out.

Abstracts should not be on your poster. Your poster already contains all elements of your abstract. You can have copies of your abstract on hand if peers request it. Effective posters require art, science and attention to detail, especially when it comes to simple grammar and punctuation. It is very important to give yourself lots of time in developing your poster and be sure to adhere to the poster dimension instructions of the conference you are presenting at. The poster focus should deliver a clear message through readable sentences. Avoid complex sentences as it will lose the reader’s attention. The entirety of a poster can ideally be read in 10 minutes or less.

Graphs in posters are used to simplify and communicate relationships between elements of your study. They should be centrally placed on your poster and be 2 dimensional. If you are using photos, ensure they are high quality and bordered. This will give a sharp appearance. In the text, avoid jargon, acronyms, abbreviations and big words. Avoid unnecessary “filler” words such as probably, almost, may, might, a lot etc. The text should be justified to the left, Times New Roman style with a 24 point and 36 point for the headings. Include referencing in your poster as well as acknowledgements especially if you have been funded.

Poster sessions are often grouped together in large, loud rooms; therefore make it visually slick to attract the reader’s eye. A peer should be able to see the boldness of the poster from 5 meters away and readability should be from 1 meter. Have other people proof read your work. You do not want to be the presenter known with simple grammatical error on your hard work! Utilize software programs and templates to get you started. This will ensure you find the right balance of content, colors and graphics.

When presenting, arrive early to hang your poster before the first viewing of all posters. Provide supplemental handouts of your abstract, poster copy and business cards so people can contact you with follow up questions. Leave a pen and pad to allow people to comment on your poster. Most conferences will have an evaluation form specific for poster evaluations. Dress in appropriate conference attire and be enthusiastic about presenting your work.

Next time you attend a conference, practice critiquing other’s work. Grade the poster effectively. Is it visual enough? Is it wordy or in need of more illustration? Is it organized by columns, background and headings? Is the message clear? Can you read the font? Are you able to reach the poster presenter for questions or is there contact information provided? Remember there can be more than one type of poster design and there is no such thing as a wrong poster. Design the poster based on your intended audience. Be creative and have fun with it!

Submitted by
Dana Letto BN RN CGN (c)
CSGNA Public Relations Director

References
http://colinpurrington.com/tips/academic/posterdesign
http://www.pptbackgrounds.net
http://www.befunky.com
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