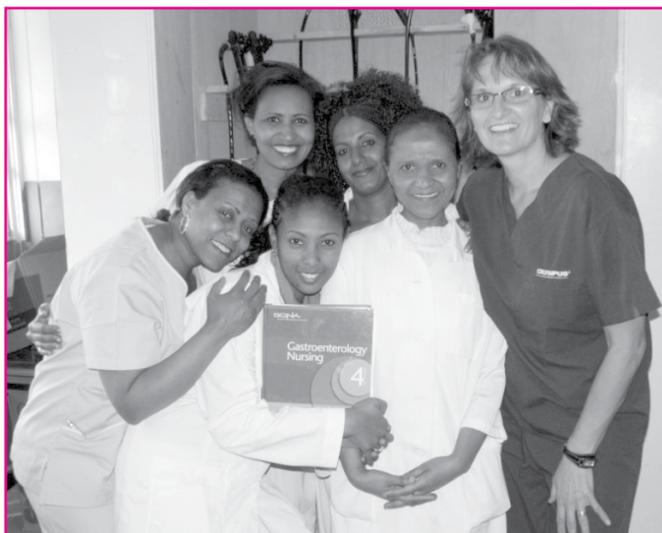


Taking Endoscopy to a Higher Level

If you take the Gondola up Sulfur Mountain at Banff National Park you would be 7,486 feet above sea level. Now go up another 250 feet and fly to Eastern Africa. At this elevation, you would land in the capital city of Addis Ababa, Ethiopia. This is where I was able to participate in an endoscopy mission this summer.

On behalf of the Ethiopian North American Health Providers Association Inc. (ENAHPA), I was able to join a team with the purpose of training and encouraging the endoscopy medical staff at St Paul's Hospital in Addis. ENAHPA visits Ethiopia several times a year to provide knowledge transfer and perform medical surgeries. While other members of the team focused on their specialties, our part of the team consisted of two endoscopy RNs, Adina Tamert and myself along with Dr RJ Bailey, a GI specialist from the Royal Alexandra Hospital (RAH) Endoscopy Unit and Dr D Daniels, a GI specialist from Maryland, USA. With Dr Game from the RAH as our liason, we arrived in Ethiopia with a large donation of refurbished endoscopy equipment donated by Olympus. Thus began our mission.



The city of Addis has a population of 3.5 million people. In two words, I viewed Addis as an ant hill. The city is full of tightly packed houses, shacks, high rises, even 5 star hotels all bustling with people. It definitely was a sharp contrast of poverty and wealth existing side by side.

From a medical perspective, the nurses and doctors in Addis are very knowledgeable. It was a joy to meet and work with them in their 350 bed hospital. They had a good

basic knowledge of endoscopy and were already using a gastroscope and colonoscope that had been donated years earlier. Our focus was to ensure proper technique was followed regarding cleaning and handling of the endoscopes. While they had knowledge and enthusiasm, their resources were severely lacking. Manual endoscope reprocessing involved carrying water by buckets from a separate room. Cleaning solutions included only powdered laundry soap and alcohol. Linen was very sparse. Plans are in place to move to a new location in the hospital however the facilities they are presently using are very labor intensive. We even discovered that

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In the Spotlight

CSGNA Central Alberta Chapter

The CSGNA Central Alberta Chapter was formed in September of 2006 and has grown steadily. We have a diverse membership including RNs, LPNs, a gastroenterology case manager, surgical processors and a unit secretary. We now have about 25 members of which 7 nurses have achieved their certification in gastroenterology. The majority of us work at Red Deer Regional Hospital, a major referral centre located between Calgary and Edmonton. We cater to a population which encompasses from both provincial borders, north to Wetaskiwin and south to Didsbury. The hospital has approximately 355 beds.

We presently have 3 endoscopy suites and an admission/discharge area with 17 beds. We were the recipient unit for the Red Deer Festival of Trees fundraiser last fall and will be using that money towards renovations next year. This will encompass a new separate admission discharge area and a fourth endoscopy suite specifically for screening colonoscopies. We provide ERCP services and other endoscopy procedures for up to 60 patients on a busy day.

We are very proud of our chapter. We are an enthusiastic group who focus on fun and education. We have provided 3 exceptional education days since 2007 with a great response from nurses from as far away as Lethbridge and Cranbrook B.C. We also host many educational supper sessions, one of which is on October 20, with 52 registrants.

We were very pleased to win Chapter of the Year Award at the national conference this year. We were proud to have 18 members from our chapter attend, perhaps a record. We look forward to continued success and providing quality education for our members and nurses alike.

Respectfully submitted by
Judy Klaus RN CGN(C)
Central Alberta CSGNA Chapter President ❀



continued from page 1

4x4 dressings are hand cut from gauze by ladies in the laundry room and then sterilized. I was so thankful for the \$500 our CSGNA Edmonton Chapter donated for supplies. With this money, Adina and I were able to take a large supply of rubber gloves, face masks, syringes, gowns and plastic tubs with us. We also were able to purchase more items once we arrived in Addis.

We felt our time with the Addis GI team helped them take their equipment, skills and esteem to a higher level. We look forward to keeping in contact with them in a casual and possible official way as plans are in place to partner the RAH GI Unit with the St Paul GI Unit in Ethiopia. Thank you CSGNA Edmonton Chapter for your financial support and encouragement in this project!

Kathy Korner RN CGN(C)
Endoscopy, Royal Alexandra
Hospital, Edmonton AB ♦



WHAT INSPIRES YOU?

WIN A MEMBERSHIP FOR 2011-2012

Submit a title page with theme
And picture in recognition of GI Nurses' Day
May 2011

Winning submission to be displayed on the
cover of the *Guiding Light*
March issue

Enter individually or as a chapter
- no limit to number of submissions

Forward to:
CSGNA Executive Assistant, Palma Colacino
#224, 1540 Cornwall Road
Oakville, ON L6J 7W5
palma@cag-acg.org

Deadline: January 15, 2011

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

Joan McKechnie, Newsletter Editor.

Email newslettereditorwebsitedirector@csgna.com

C.S.G.N.A. DISCLAIMER

The Canadian Society of Gastroenterology Nurses and Associates is proud to present The Guiding Light newsletter as an educational tool for use in developing 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.: Feb 1st for March issues, June 1st for July issues and Oct 1st for November issues.
- Include all references using APA referencing.

Synopsis of 2010 CSGNA Annual Meeting

Edmonton, Alberta • September 29-October 3, 2010

- 1. REVIEW AND ADOPTION OF AGENDA:** A motion was passed to adopt the agenda after being reviewed.
- 2. REPORTS:** Reports from each board member were circulated and reviewed prior to the face to face meeting. Overall, the majority of the chapters are doing well and have achieved their educational requirements. However, some concerns were expressed about one chapter possibly not meeting the chapter educational requirements. The director is having difficulty contacting the chapter executives to obtain a chapter report. Multiple attempts were made by the director to contact the chapter executive to obtain a report regarding chapter activities. Representatives from this chapter are attending the conference and the CSGNA president will discuss this matter with them.
- 3. TREASURER:** By the end of this year, we will know what the annual cost of running CSGNA will be. This is because this year, we have two separate accounts. One is for the conference expenses and the second one is for ongoing CSGNA activity. Members have expressed concerns about the conference registration rate. We would like to provide detailed information of where the money from the registration is spent. Some of the reasons for the high registration cost include moving from a hotel venue to the bigger conference centre venue, this adds to the cost. We are paying honorariums to the speakers. CAG and SGNA

do not pay for the speakers. To give some idea about how the registration is utilized; food costs 45%, speakers 15%, venue 20% and administration 20%.

- 4. BYLAWS:** All bylaws were passed unanimously. 27 ballots were returned, this is a big drop in numbers from 2009 when 55 ballots were returned. It was decided that this year we will provide the updated bylaws on the website and not in the November *Guiding Light*. This will save on the printing cost.
- 5. NEWSLETTER AND WEBSITE:** The *Guiding Light* newsletter is sponsored by Olympus for 2010-2011. Forms and applications will no longer be published in the newsletter with the exception of the membership application. These forms are now available on our website at CSGNA.com. The website is now up and running with an event calendar, discussion forum and members only section. Membership application and renewals can now be done online. The webmaster is Biz-Zone Internet Group Inc., located in Gormley, Ontario.
- 7. EDUCATION:** The GI Certification exam date was April 17th 2010. 19 individuals initially wrote the certification exam and 26 GI certified nurses renewed their gastroenterology certification. For 2010, there are 231 GI certified nurses, whereas in 2009 there were 235 GI certified nurses. The deadline for registration is October 15th 2010 with the exam date being April 17th 2011. Renewal application

date is November 26th 2010. The Gastroenterology Nursing journal is very well received by the members, however the members are unaware of the cost of the journal. We are in the process of getting online learning. We are in the process of developing the vendor application and determining the cost for having online material for the members. We have been approached by Abbott, Carsen and Cook. Josee Bernier from Abbott met with the CSGNA board members to discuss the IBD nurses program which was developed by nurses for nurses. Eight modules are developed. We need to look at how these can be posted on the website.

- 8. PRACTICE:** We are updating the practice guidelines.
- 9. RESEARCH AND AWARDS:** The awards application forms have been revised and will be posted on the website. The scoring system for eligibility has also been revised to allow everyone a fair chance to win scholarships. We stipulated that having a current CSGNA membership is imperative in order to qualify for the awards. Please use the updated forms on the website when applying for scholarships. We are looking at developing criteria for the research scholarship. This year only four scholarship applications were received on time.
- 10. CHAPTER OF THE YEAR AWARD:** This year, Central Alberta Chapter won the Chapter of the Year award. Congratulations.

11. 2010 EDMONTON

CONFERENCE: The conference was fairly well attended and we received positive feedback from the attendees. The planning committee tried a new approach to incorporate several GI specialties and have a three day conference; however we did not get the number of delegates we had anticipated. One of the drawbacks was the price of the conference; members felt that the registration cost was too high. Additionally, in the west we were competing with the annual GI forum and locally a number of nurses are attending the Barbara Bancroft's one day conference. Alberta Health Service has cut a lot of money for education. We are very grateful for our industry partners for their support. A suggestion was made by the planning committee to have a program template created to

make it clear where plenary and concurrent sessions need to be scheduled.

12. CHAPTER LUNCHEON MEETING SEPTEMBER 30TH 2010:

This years meeting was a very informal meeting. There were 50 attendees who were strategically seated to provide networking opportunities. Each chapter executive who attended the chapter dinner received a CSGNA travel alarm clock.

13. EXECUTIVE POSITIONS FOR RENEWAL NEXT YEAR:

- Secretary
- Treasurer
- Education Director
- Canada East Director
- President Elect
- Canada Center Director

14. OTTAWA CONFERENCE 2011:

The Conference dates are September 29th to October 1st 2011. The conference will be

chaired by Rachel Thibault-Walsh. They are looking at the same format as the Edmonton conference and will use local speakers.

15. UPCOMING CSGNA MEETING:

The teleconference meeting will be held on November 15th 2010 and a one day spring face to face meeting will be held in Toronto on February 12th 2011.

*Respectfully submitted by
Usha Chauhan RN, MN, BScN,
ACNP(D), CGN(C)
CSGNA Secretary ♦*

President's Message

With excited anticipation, I begin my two year term as president of CSGNA. The board is striving to move the society forward especially in improving and increasing educational opportunities for its members.

A big thank you to Yvonne Verklan and the dedicated members of the Edmonton Planning Committee! They had a dream to broaden the educational component of their conference to encompass many subspecialties in GI and through their GI Pathways for nurses in Hepatology, Med/ Surg, Advanced Practice/Nurse Practitioner, Endoscopy, Transplant, and Pediatrics, they fulfilled their dream. The result was a fabulous conference with many choices of topics to attend.

Thanks to the board members who completed their terms: President Elaine Burgis, Newsletter Editor & Website Director, Helga Sisson, and Public Relations Director, Yvonne Verklan. Their dedication and giving of their time and talents have contributed to the advancement of GI Nursing in Canada.

Welcome to new directors, Joan McKechnie as Newsletter Editor & Website Director, Lisa Westin as Public Relations Director, and Sandra Marshall as Canada East Director.

Board meetings were held before and after the conference. They were productive and we have many initiatives that we want to work on.

If you have any ideas to improve our association, please contact a board member. We are here to serve you.

This issue of the *Guiding Light* has ideas for how you can become more involved in CSGNA and GI Nursing. Coming up: Certification, GI Nurses' Day Logo Contest and Call for Abstracts for the Ottawa Conference. I hope you will check them out!

*Respectfully submitted by
Joanne Glen, RN, CGN(C)
CSGNA President 2010-2012 ♦*

REPORTS

CANADA EAST DIRECTOR REPORT

Year to year, the CSGNA Conference grows and just gets better and better. The 26th Annual CSGNA Conference in Edmonton was amazing, having diverse sessions, top-notch speakers and a thoroughly enjoyable 3 days and nights. A new season is here. It is the time to gather up all the good things we've worked so hard at over the past year, taking all that hard work and applying it in this upcoming year.

New Brunswick/PEI Chapter

The NB/PEI chapter held its annual GI Nurses Education Day on Saturday April 17th. Over 40 people attended the meeting. The speakers presented topics on Halo Ablation Therapy, Obscure GI Bleeding, Barrett's Esophagus, Esophageal Motility and EUS. Everyone agreed that it was an enjoyable and informative day. Our next annual education day will be held in PEI. The chapter would like to thank the many vendors that supported this meeting. We were able to draw for 10 free CSGNA Memberships.

Congratulations to Paula Triantafillou, the new president NB/PEI Chapter.

Reported by Cathy Arnold Cormier, outgoing president.

Nova Scotia Chapter

I would like to congratulate the Edmonton Chapter on the great 2010 national conference. It was a very impressive program with excellent speakers. I would also like to thank Olympus & CSGNA for awarding me the Patricia Coghlin Scholarship. This is a great honor to receive this scholarship.

The Nova Scotia chapter held a combined CSGNA/AAG meeting here in Halifax on June 25 & 26, 2010. It was great to see that nurses from all four Atlantic Provinces were able

to attend. Thanks very much to the AAG for their ongoing support.

Due to the fact that the AAG meeting was held in Nova Scotia this year, the Nova Scotia chapter will be hosting our annual education day in early May 2011. If there are any topics our members would like to have presented please contact any of the chapter executive.

Have a safe & happy Xmas season.

Reported by Edna Lang, president.

Newfoundland Chapter

On June 25th, 2010 the Newfoundland chapter held an extremely successful GI education day. There were 54 staff members from different work areas who attended the education day. The evaluations completed at the end of the day were overwhelmingly positive. A wide variety of gastroenterology topics were presented by surgeons, gastroenterologists and GI nurses. There was also a full day reprocessing course that was held at a different venue on the same day for all staff involved in reprocessing. This course was organized and sponsored by Olympus Canada and was indeed very successful.

The chapter sent 3 members to the national CSGNA conference in Edmonton. Following the conference, there is a chapter meeting planned for the end of October to share information obtained from the conference. The fall and winter are promising to be a busy time for gastroenterology in our province with a provincial colorectal screening program being launched.

Reported by Sandra Stone, president.

I would like to thank all of the chapter executives and members for sharing and participating in the activities locally, provincially, and nationally.

That is how CSGNA will grow.

Congratulations to Sandra Marshall, the new Canada East Director.

CSGNA is a strong association with dedicated Board of Directors, Chapter Executives, and members across Canada.

It is with great pride that I begin a new position as President Elect of CSGNA for the next two years. I am looking forward to this venture.

Thank you for the privilege. I will work hard. I feel that together we will achieve and evolve.

It is a terrific opportunity working together in CSGNA, growing and going forward.

Respectfully submitted by
Mabel Chaytor RN CGN(C)
CSGNA President Elect

CANADA CENTRE DIRECTOR REPORT

CSGNA held its annual conference in Edmonton from September 30th to October 2nd. The Edmonton chapter put together a great education filled three days. My personal highlight was the closing speaker Frank VanGelder, a nurse from Belgium who led a medical team, and six liver transplant recipients up Mount Kilimanjaro. What an amazing journey. It was truly inspiring and highlighted the great need for organ donation.

London Chapter

The London Chapter held several evening events. Topics included enteral feeding, portal hypertension, and the Ebus system for bronchoscopies. The chapter plans to hold a full day conference in 2011.

Ottawa Chapter

The chapter held an all day conference in April. Topics included bariatric surgery, procedural sedation, pacemakers and ICDs during electrosurgery, and stem cell research in Crohn's disease.

Ottawa will be hosting the CSGNA conference in Ottawa in September 2011. Be sure and mark your calendars now, September 29th to October 1st. It will be held at the new Ottawa Convention Centre.

Montreal Chapter

The chapter welcomes Sylvie Nadeau as their new treasurer. Many thanks to past treasurer, Norma Baysa for her commitment to the chapter and CSGNA. We wish you well and success in your continuing education.

The chapter held an evening educational event, as well as a full day event. Topics included electrocautery, virtual colonoscopy, motility and ERCP. The afternoon of the day conference was spent with a hands on ERCP session, sponsored by Boston Scientific.

We are already planning our full day educational event for March 2011. Can't wait to see familiar faces once again!

Central Ontario Chapter

The chapter had a session on esophageal cancer. As well, a physician spoke about his work in the Congo.

Greater Toronto Chapter

The chapter held a full day conference in the spring. Topics included ERCP in the altered anatomy, upper GI bleeds, and ethical issues in endoscopy. Also, several nurses gave presentations on their individual endoscopy units.

Golden Horseshoe Chapter

The chapter held a day conference in the spring, with all the speakers being nurses. Topics included infection control, documentation in endoscopy, benchmarking and effective abdominal compression. The chapter will be welcoming a new executive this year.

The Golden Horseshoe chapter will have another member joining the national board. Joan McKechnie will be replacing Helga Sisson as the Newsletter Editor and Website Director. Many thanks to Helga for her tireless work in getting the website up and running. It is a great resource for all GI nurses.

The CNA certification exam in gastroenterology will be written in the spring of 2011. Be sure and apply now if you would like to write it. Nineteen members wrote their certification exam in 2010 and there are currently 231 members who hold their certification in gastroenterology.

*Respectfully submitted by
Betty Kennah RN, CGN(C)
CSGNA Canada Centre Director*

CANADA WEST DIRECTOR REPORT

The Western Canada Region has been active in their educational endeavours for the past year and we are all looking forward to even more activity on the horizon in the coming months and term.

Manitoba Chapter Report

The Manitoba Chapter completed a very strong year in June with the presentation of our annual chapter conference. We had good attendance and excellent sponsor support. The speakers were varied and the topics were timely. Our evaluations were positive. We had 7 (6 doctors and 1 nurse) speakers instead of the planned 6 because of a glitch in one of the medical speaker's agendas. We appreciated the added educational session that was presented by Carol Reidy RN, CGN(C). Carol presented on management of GI Bleeds.

For the 2010-2011 year, our plan includes holding a total of 10 educational sessions. They will all be held at the CRNM (MB college of RN's) building. 5 of the meetings will

be purely educational in nature. They will be presentations of sessions of the Learning Link which the chapter purchased at the SGNA conference in Orlando. The remaining meetings will include regular educational sessions with a guest speaker and sponsor support will be solicited. These 5 meetings will all include a business meeting portion. This year the decision was made to not have a spring conference in Manitoba for 2011. This plan may change because it is very early in the year and not all members have had the opportunity to voice their opinions about this. There has been some negative member feed-back regarding membership increases and conference costs. In response to this the chapter decided to reimburse ¼ of the membership fee to each member who renewed CSGNA membership in June 2010.

We have had 2 meetings already since the beginning of the new term. The first meeting was an educational session on September 22. Topic: The Challenges of Moderate Sedation. Presenter: Susan A. Nuccio, RN, MSN, ACNS -BC, CGRN (SGNA Learning Link). The second session was on October 7 with Dr. Penina Krongold speaking about Eosinophilic Esophagitis. Dr. Krongold had a very good response to her talk and attendance at the meeting was extremely good. Shawn Hebert from AMT showed the new needleless injector from AMT.

The Manitoba Chapter is currently working on an orientation package for GI nursing. The original package that was used by CSGNA in the past included some documentation that was either not current or did not have approval for use. The document has been successfully transcribed into a word document and four of the chapter members will begin revising it in October. The third of 3 research projects on upper extremity injuries in endoscopy nurses has been completed in our chapter.

This project was performed using the American endoscopy nurses as subjects. The results were significant for 39 different factors. The research poster was sent to Edmonton for display. Thank you to Dr. Kathy Baker for arranging the poster for viewing and thank you to Yvonne Verklan for returning the poster. The Edmonton chapter generously supported the return postage involved.

A second manuscript on the research project involving endoscopy nurses in Canada has been accepted for publication in the Gastroenterology Nursing Journal.

Sue Drysdale continues to act as the Canadian reviewer on the GNJ review board and finds the position both educational and informative.

Regina Chapter Report

Connie Bender reports: The plans for the 2010-2011 year are to get more of the new staff involved in the local chapter so that they can take over some of the responsibilities. It would also be nice to have some new suggestions from the younger endoscopy nurses. Plans also include the journal club meetings and the annual fall Regina GI day which is enjoyed by all.

Connie Bender has been the president for four years along with Jennifer Taylor as secretary. Dorothy Bateman has been treasurer since Sept 08. The chapter has been very stable and they plan to keep it that way.

Calgary Chapter Report

Connie Wescott reported in May 2010 that things have been a bit quiet for the Calgary chapter this last while. A journal article review was held earlier on this year and it was an informative and well attended event. The topic was related to Propofol use and CAG's position statement on that. The chapter also produced a poster about gastroscopy. Some of the chapter members attended the Red Deer

education day and the response was quite positive. The chapter was to have an evening education session in June 2010, with the speaker being Dr. Christian Turbide, but it has been postponed until either October or early November. The chapter is planning to have an education day in the spring of 2011. With increased costs of membership to CARNA and CSGNA, recruitment is becoming increasingly challenging. Chapter membership has dwindled and it is difficult to think of strategies to "sell" the idea of membership. The Calgary delegates enjoyed the conference in Edmonton, and the pediatric GI nurses were impressed with the peds content. The Calgary Chapter wishes everyone a happy upcoming holiday season.

Edmonton Chapter Report

Yvonne Verklan continues to work beyond the ability of most human beings. She serves as a role model to us all. She reports:

We hosted the 2010 CSGNA National Conference on September 30 to October 2. The conference was a success and it was great to see everyone in Edmonton.

We started this membership year with a presentation from Kathy Korner, our member who volunteered to go to Ethiopia in June with an endoscopy team from the Royal Alexandra Hospital. Two weeks were spent on a medical education initiative with health care professionals there in their endoscopy setting. Our Edmonton Chapter was proud to support this effort by providing funding for supplies and with a Core Curriculum book.

We hope to see at least two sponsored dinner/presentations this membership year. There are many topics which we would like to have evening educational presentations on by invited speakers. We look forward to our members sharing

information from conferences/workshops they attend. We will plan for our first Journal Review to take place before Christmas. Our chapter e-newsletter, End to End, will be sent out in the usual months of September, December, March and June. We have no plans to hold a one day conference in this membership year.

Our secretary, Judy Langner, announced her retirement effective October. We wish her all of the very best, and thank her for her many years with CSGNA in our chapter as past President, Chair of the 2001 CSGNA National Conference and past Canada West Director. There will be a vote held at our next meeting to fill this position.

Alberta Southwest Region Report

Barb Harbers reports: Our first year was busy with 2 evening education sessions that were well attended and reviewed. We also offered another 2.5 hours of education through our monthly meetings. Our first meeting for this year is on September 23, but we are considering doing a full-day education event in the spring on either Crohn's/Colitis or GI Bleeds. Do not expect any changes in executive, but we are short a couple of members right now, so will be working to recruit some more people by June 1st, 2011.

5 members attended the Edmonton Conference and were impressed with every speaker and topic that we attended. I think that we managed to cover almost everything between us. So much fabulous information and a very well put together conference. We commend the Edmonton group for a job well done. We also had a fun, if somewhat nerve-racking experience of being poster presenters, but we learned a lot and were grateful to be able to share our knowledge with the other delegates.

Central Alberta Chapter Report

Audrey Pennycook reports that her members are full of interest and enthusiasm. She reported that the Central Alberta Chapter of the CSGNA has had another successful year. They continue to have lots of interest and support from their members. This year they had their third annual all day conference called "The Odd and Unusual". 75 people attended their annual conference and its "Heel N' Wheel a thon" fundraiser. They won the title page submission for their GI Nurses Day Theme featured in the Guiding Light. They potentially have 2 members signing up to do their certification. The Chapter has also added an educational component to their meetings where each member takes turns to present on various topics for 15 minutes. They have also been awarded the CSGNA Chapter of The Year Award. They have two members of their group on the National Executive Joanne Glen – President and Lisa Westin - Public Relations Director. The recent election for new executive for the Central Alberta Chapter of the CSGNA has resulted in a change in executive with Judy Klaus as President, Brenda Perlau as Treasurer, and JoAnne Didrikson as Secretary. For the coming year the chapter is planning for an evening dinner meeting in October.

Vancouver Regional Chapter Report

Judy Deslippe reported on September 25 2010 in a telephone call that:

The CAG Forum will be held on October 14 and 15 and 4 hrs of nursing education will be included in the forum. Juny Mumford will present on C. Diff. Judy Deslippe will present on a case study on fecal transplantation.

There will be a panel discussion on Propofol, Midazolam, and No Sedation and this will be presented

by Judy Deslippe, Judy Robinson, and Maryanne Dorais. The 4th presentation that will be included in the nursing portion of the program will be a session on IBD presented by Dr. Grey.

4 chapter members were supported by the chapter to attend the Edmonton 2010 CSGNA conference.

It has been challenging to arrange for reps to support chapter activities.

The agenda for chapter meetings for the year TBA.

An educational session had been planned in the 2009-2010 term but it was cancelled due to poor membership response.

Gill Lazarian has decided to resign from her role as treasurer but will remain in place until a replacement can be found.

Vancouver Island Report

Corrie Osborne last reported that: We tried to elect a new executive in the spring but were not successful. We will be meeting again in October, after the conference, and hopefully this time we will have new, energetic executive to carry on and build on the previous successes.

In the past year we held a very successful education day as well as 2 evening seminars and a post conference breakfast meeting. We were also invited to attend the Kelowna-Victoria Digestive Diseases Weekend, which was held in Victoria in May.

In order to combat a decline in membership which seemed to coincide with the increased CSGNA membership, we offered a rebate to new and renewing members. We also offered assistance to members going to the national conference.

Kamloops and Region Report

Maryanne Dorais reports: 6 excited members attended the conference in Edmonton! Everyone had a fabulous time!! Each member chose their pathway according to their needs or interests. Each Kamloops member came away with new knowledge to share with other colleagues. The social activities were so much fun!! "Festival in a Box" by various local artists entertained us and was thoroughly enjoyed by all.

Two of our members come up for certification renewal. Some of our casuals are trying to gain GI hours for future writing of their GI Certification. Our plans for the future include having a day conference in 2011. This chapter has a conference every 2nd year. One of our members may be retiring next June. We hope she will come back and work some casual hours.

Many casuals have expressed a concern regarding the increased fee to \$100 for a CSGNA membership.

Okanagan Chapter Report

Bethany Rode reports: With our 3 dinner events and our involvement with the hospital in-service program we were able to log 7 education hours for our 2009-2010 year. We have big plans for the upcoming year and have secured an excellent speaker to do a Liver talk April 28th, 2011. We will be using this event to hopefully increase our dwindled Chapter numbers by making a wider audience aware of our group. My new son is almost 4 months old now and things are starting to get back to 'normal' so I am looking forward to re-establishing our Chapter Meetings to a designated day each month. Our Secretary went on a disability leave from work and chose not to renew her membership at this time. Our new Secretary for the Okanagan Chapter is Nancy Curatolo. Two members

attended the Edmonton conference (Arlene Schroeder and Debb Levine) and they had the following to say: "The CSGNA conference in Edmonton was probably one of the best we've ever been to. The topics were current, informative and well presented. The vendors were helpful and not pushy. The food was great and plentiful and so was the sunshine! It was a great place to network with colleagues since we are going thru many changes. The posters and their presentations were great! I am so glad for the opportunity to attend and thankful for the various scholarships available to us. Well done Edmonton!"

*Respectfully submitted by
Susan Drysdale RN BA CGRN CGN(C)
CSGNA Canada West Director*

EDUCATION DIRECTOR'S REPORT

Congratulations to all of the Edmonton Planning committee, Pam Blakely, Judy Spencer, Lisa Westin, Tammy Grund, Anna Tsang, and Judy Langer, Co-Chair and Yvonne Verkan, Chapter President on the fabulous National CSGNA Conference – GI Pathways for Nurses September 30 to October 2 at the Shaw Conference Center in Edmonton, Alberta. At this conference, delegates were able to individualize their pathway and choose a program in the area of most interest to meet their needs. Many of the topics were supported by our vendors. We could not have provided this educational opportunity without their support. Thank you. This conference included Hepatology, Surgery, Medicine, Advanced Practice, Endoscopy, Transplant, Nurse Practitioner, and Pediatrics. The program offered 82 educational plenary and concurrent presentations from several disciplines and industry. This planning committee has been very motivated, dedicated and ambitious to provide us with a wonderful program. Most of our presenters were local experts and professionals

in the field of gastroenterology. I can not thank our presenters enough for taking the time to be involved, support and present to our fabulous society of CSGNA and delegates. This comprises of you...all our members!

Edmonton had 10 wonderful poster abstracts. Each submission was fabulous. We had several individuals who had submitted an abstract for the first time. These individuals or groups were viewed and thoroughly enjoyed by everyone. For those who submitted, thank you for sharing your research, knowledge, information, and expertise with us. Not only did we learn a lot from each submission but we got to know you as an expert in your field. A special thank you to Marla Wilson, from Vernon, B.C. Marla's grandmother hand quilted the prizes received by an author and delegate for abstract participation. How fitting is this? We are aware of the time, effort, and financial cost it is to do an abstract. Marla's grandmother spent hours quilting these wall hangings.

There were 3 oral presentations: *The World Series of Endoscope Reprocessing*, presented by Audrey Boyce, Certified Flexible Endoscope Reprocessor from the Central Alberta Chapter. This was an absolutely wonderful and interesting presentation. Thank you Audrey. Our second oral presentation *Development of Advanced Nursing Practice in Nurse-Led Inflammatory Bowel Disease Support Service* was given by Lisa Westin RN MN CGN(C), ANP, Central Alberta Chapter. This abstract was very informative regarding Advanced Practice Nursing in Inflammatory Bowel Disease Support Service. This gives the member a new appreciation for Advanced Practice in Nursing and an area that other members may want to explore. Thank you Lisa for all of your hard work, expertise, and sharing your information regarding Advanced Practice in Inflammatory

Bowel Disease Support Service. Our third oral presentation was given by Barbara Harbers RN BN CGN(C) and Merrill Wight RN CGN(C) from Lethbridge, Alberta, *Endoscopy Patient Flow: A Study in Efficiency*. This oral presentation was extremely funny and very entertaining. You made us laugh with your humor and realism. You gave us information on how you deal with issues in your Endoscopy unit. Well done Barbara Harbers and Merrill Wight.

All free paper presenters spent countless hours with their research, preparation and presentation sharing their knowledge and information with you.

We are very excited to have our next national conference in Ottawa, September 29-October 1st 2011 NAVIGATING "LE CANAL" IN THE CAPITAL. I would love to see several abstracts in next year's conference. Remember this is an opportunity for you, your colleagues and/or your chapter to share with us your expertise, knowledge or challenges you may have. I look forward to your submissions. The deadline date is February 15, 2011.

Gastroenterology is a fast growing, developing and quickly changing specialty. All gastroenterology nurses need to keep their knowledge and skills current. We now have 231 certified nurses. There are 19 nurses who obtained their GI certification for the first time and 27 nurses who renewed. Congratulations. We are all so proud of you. Great Job!

Initial certification application was October 15, 2010. Exam date is April 9, 2011. I'm more than willing to help anyone who is willing to step up and take the challenge. Remember this acknowledges your specialty and will help your patients with your increased knowledge. You can do it. For those of you who need to renew, November 26, 2010 is the deadline to apply to

CNA. Certification and certification renewal is a relatively easy process online on the CNA website: www.cna-aiic.ca.

I hope all of you are enjoying "Gastroenterology Nursing" the official journal of SGNA. I certainly am. This journal is easy reading and informative. You can earn CL hours if you choose. It has the most up to date information and also informs you of all references.

CSGNA has developed a new website thanks to Helga Sisson and her website committee. We are going forward and next year plan to access educational material online. This is taking a lot of planning, development and resource. This will be another avenue for our members to access more educational material in gastroenterology.

I have really enjoyed conversing with many of you via emails and at various conferences over the past year. Every year we grow in a new direction. I look forward to hearing from you and your comments or concerns regarding your educational needs.

*Respectively submitted by
Maryanne Dorais RN CGN(C)
Education Director*

DIRECTOR OR AWARDS AND RESEARCH REPORT

Scholarships are on the web. Please have a look at them at your convenience.

Development of the new Research Award is ongoing and I hope to have a new application form and all information pertaining to the Olympus criteria and application on the website by the beginning of 2011.

Below are the winners of all the scholarship awards for the 2010 year.

Patricia Coghlin Memorial Scholarship

Edna Lang Nova Scotia

Olympus \$500 winners

Carol Babcock	Edmonton
Jo-Anne Goett-MacHattie	Edmonton
Lucie Griffard-Aubin	Edmonton
Janice Shott	Edmonton
Stephanie Carr	Kamloops and Region
Deborah Matwyuk	Vancouver Regional
Vicki Oberg	Vancouver
Arlene Schroeder	Okanagan
Eleanor MacInnis	Nova Scotia
Sandra Marshall	Nova Scotia
Shelley Barker	Golden Horseshoe
Margaret Hackert	Golden Horseshoe
Jacqueline Ho	Greater Toronto
Judith Hughes	Greater Toronto
Donna Joncas	Greater Toronto
Diana McPherson	Greater Toronto
Teresa Robson	Central Ontario
Rachel Thibault-Walsh	Ottawa
Chantel Richard	Ottawa
Betty Leong Lee Ryder	Montreal

SciCan Scholarship

Audrey Boyce Central Alberta

Michele Paquette Certification/Recertification Scholarship

Francine Nyentap Ontario

Annual CSGNA Scholarships

Linda Feltham	Newfoundland
Donna Joncas	Greater Toronto
Margaret Hackert	Golden Horseshoe
June Peckham	Newfoundland

Annual New Member Scholarship

Linda Gandy Golden Horseshoe

Annual RPN/LPN Technician Award

Audrey Boyce Central Alberta

CAG Scholarships

Helga Sisson	Greater Toronto
Michele Jerome-Hastings	Golden Horseshoe

*Respectfully submitted by
Donna Bremaud RN CGN(C)
Awards and Research Director ❀*



Annual Membership Scholarship Recipients



Olympus Patricia Coghlin Scholarship - Edna Lang



New Member Scholarship - Linda Gandy



RPN LPN Technician Award - Audrey Boyce

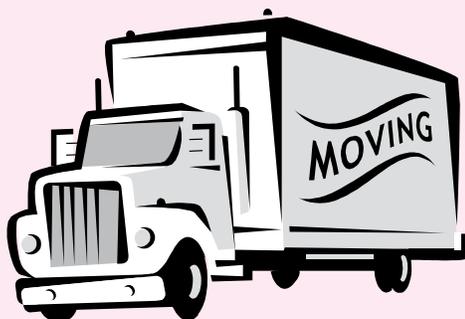


Olympus \$500 Draw Scholarship Recipients



SciCan Educational Scholarship - Audrey Boyce

CHANGE OF NAME/ADDRESS



NAME: _____

NEW ADDRESS: _____

CITY: _____ PROV.: _____ POSTAL CODE: _____

PHONE: _____ FAX: _____

E-MAIL: _____

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

2010 CSGNA Conference: GI Pathways

Three years ago, we were asked to host the 2010 CSGNA Conference in Edmonton. We knew that we wanted to carry on with our chapter tradition of having an educational event representing a variety of GI subspecialty groups. We wanted to promote CSGNA and encourage new membership from all areas and layers of nursing. We wanted a program that would give delegates options to suit their interests and learning needs. The curriculum would support those preparing to write the certification exam or those recertifying. The Exhibit Hall would allow for continued education and networking between our attendees and our partners in industry. Following Toronto's conference last year, we hoped to build on their program and be a stepping stone for Ottawa next year in support of the new direction CSGNA is taking with its conferences. Finally, we wanted to show our beautiful river valley, and showcase the Art and Culture we have in Edmonton.

Our host hotel, the Westin, is in the core of downtown next to Churchill Square, the Winspear Theatre, our City Hall and the newly renovated Art Gallery. The Shaw Conference Centre is a short walk away from the hotel. Its tiered meeting levels



Asani, Aboriginal Trio

cascade down the river bank with a perfect view of the North Saskatchewan River. With the trees in full fall color, the weather cooperated giving us balmy summer temperatures.

Tourism Edmonton played a big part in promoting our city while supporting our conference through the efforts of "Festival in a Box". Edmonton is known as the "Festival City" because of the year round world class festivals we have. We were very fortunate that they took such an interest in our conference! "Festival in a Box" provided us with

local professional talent sponsored by TransAlta. Asani, a trio of Aboriginal ladies, sang O Canada a cappella in beautiful harmony in English, French and Cree. Having the bagpipes open our ceremonies carried the familiar tradition of past conferences. But, having them again in a unique combination with the Wajjo African Drummers at our banquet social was exhilarating! With our venue overlooking the river valley on Thursday evening, background music was enjoyed in the Vendor Hall at the Opening Reception. As delegates and vendors mingled at this wine & cheese event, music was played by a cellist, harpist and violinist from the Edmonton Symphony Orchestra. These were just a few of the entertainers that we had the good fortune of having during our conference.

Delegates were kept busy from breakfast to bedtime. September 30th to October 2nd saw three days of up to five rooms with 78 concurrent, 3 plenary and 3 keynote sessions. While the Opening Reception was held on Thursday evening, Friday night



Edmonton Conference Planning Committee



Chapter Executive Luncheon

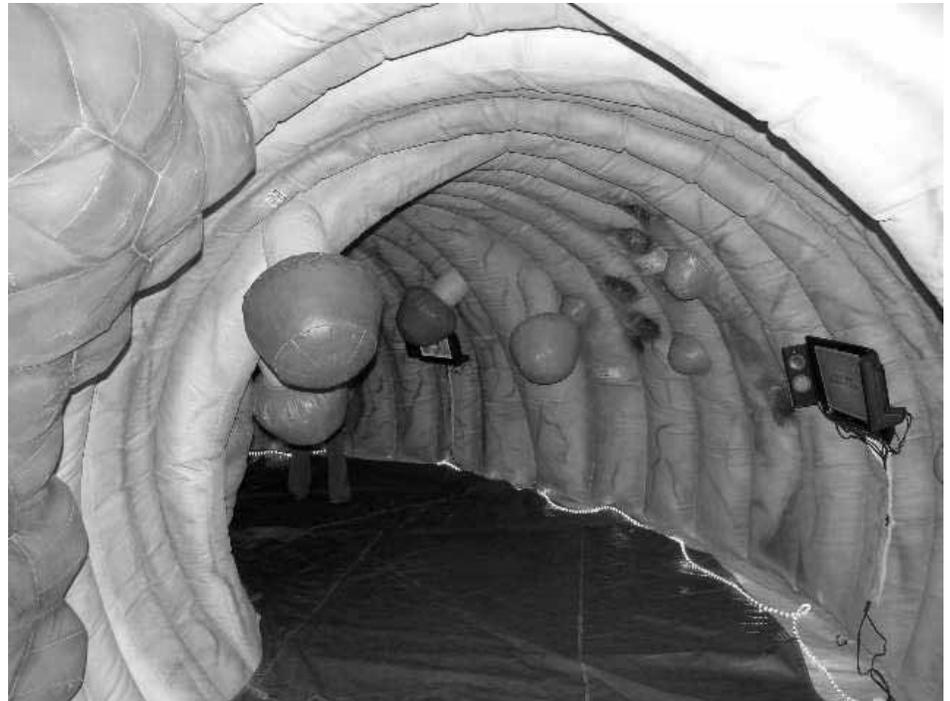
had Satellite Symposiums which were a new addition to the CSGNA Conference program. There was an overwhelming response to these topics on Therapy for Hemostasis and on Endoscopy in IBD Care. Those who came to the Saturday night wind up banquet and social were welcomed in grand festival style by the "Festival in a Box" entertainment, an Alberta Beef supper and finishing with a dance.

Between the Silent Auction run by our National Board to the draws that were made, our delegates had lots to take home with them. A draw was made by the Board at the AGM for a registration at next year's conference in Ottawa. The Pathways passport cards had delegates visiting each of our thirty-three company booths,



Kathy Baker, SGNA Gastroenterology Nursing Editor

learning about what is new in industry. A draw was made from submitted passports for another complimentary registration to the 2011 CSGNA Conference. Door prizes were given away each day. Draws were also made



Colon Display

for participation to the Poster Authors and to the delegates who completed evaluation forms of the posters.

There were delegates from each of our provinces and the NWT, along with the United States. Topics were pertinent and specific to GI nursing in Surgery, Medicine,

Hepatology, Transplant, Nurse Practitioner, Advanced Nurse Practice, Endoscopy, and for the first time in CSGNA we had a full Pediatric program. Each person attending was able to build their own conference experience through session selections. Sessions turned over in forty minute blocks, giving delegates a good blend of sitting and moving from room to room. We had a total of ten posters submitted which also represented a variety of GI backgrounds, coming from authors from across Canada.

While the majority of our eighty speakers are our very own Edmonton experts, we also had faculty join us from Calgary, Toronto, the United States and Belgium, Europe. Frank VanGelder from Belgium was a Transplant Coordinator at the time that he

climbed Mount Kilimanjaro in Africa as a project with a group of liver transplant recipients, 7 years ago. He closed our conference with a compelling story of their journey; the preparation and training, the elements, the patient tracking, and the climb. He showed breath taking pictures of the mountain and the views from the mountain. We



Exhibit Hall

got to know Mount Kilimanjaro, Africa, the recipients and the team of doctors, nurses and guides who went with them. Although this climb signified that there is life after transplant, his story to us is of the difference we make in our patients' lives by what we do every day.

Our 2010 Planning Committee worked very hard as a dedicated

and committed team with the Edmonton CSGNA Chapter and on their behalf. We had fun! I would like to extend a special thank you to Judy Langner, Co-Chair, Anna Tsang, Judy Spencer, Pam Blakely, Lisa Westin and Tammy Grund. This committee worked alongside our Event Planner, Heather Reid. We would like to acknowledge with appreciation, her work and support

Financial and Scholarship application forms are available on our website at CSGNA.com.

with our event. And finally, we would like to thank the National Board for the opportunity to host the 2010 CSGNA Conference.

Respectfully submitted by,
Yvonne Verklan, RN CGN(C)
Chair, 2010 CSGNA Conference
Edmonton, Alberta



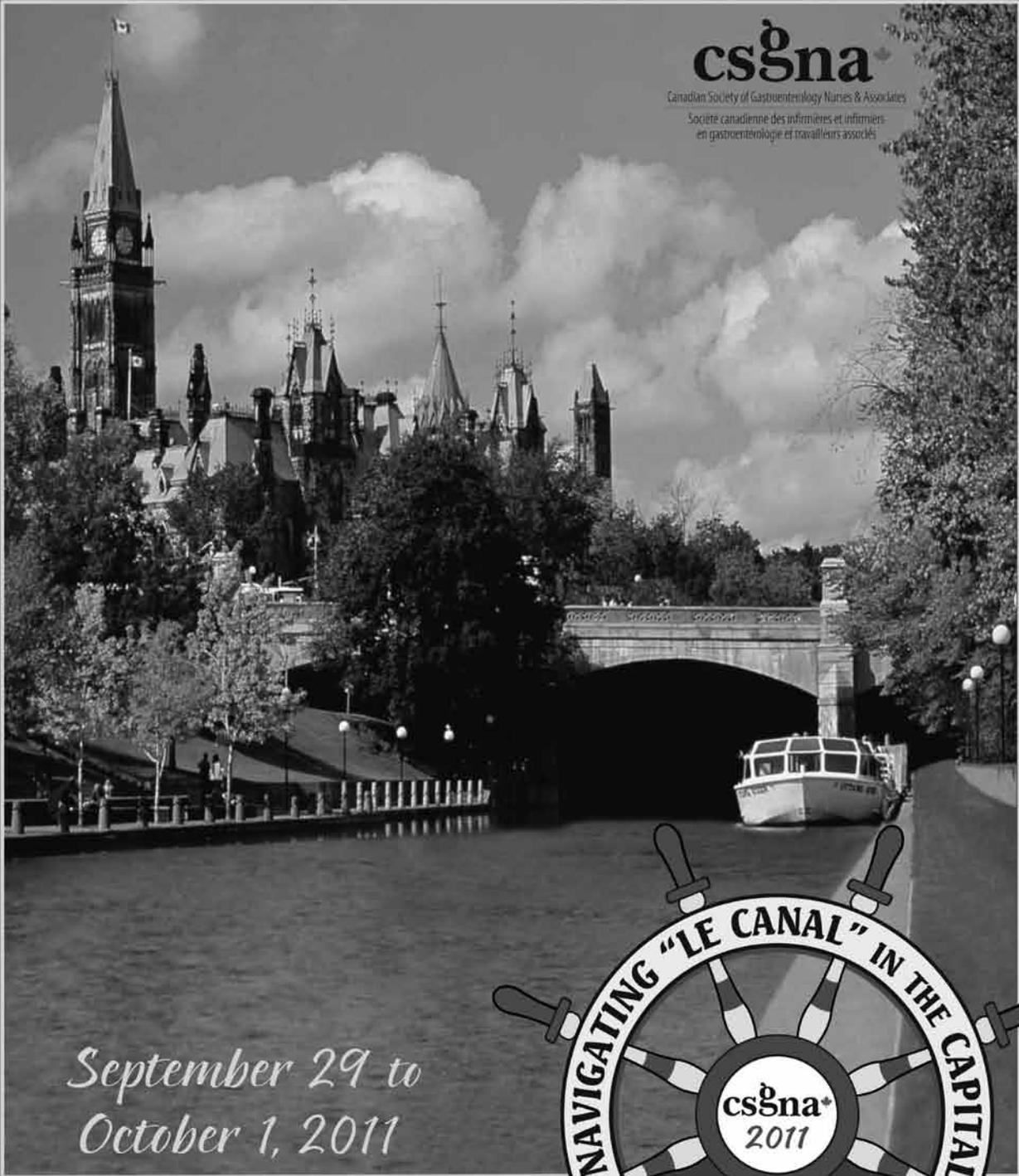
Guest Speaker Jeanine Penberthy



Joanne Glen and Elaine Burgis

csGna

Canadian Society of Gastroenterology Nurses & Associates
Société canadienne des infirmières et infirmiers
en gastroentérologie et travailleurs associés



*September 29 to
October 1, 2011*



*Ottawa Convention Centre
Ottawa, Ontario*

Call for Abstracts

The **2011 CSGNA Annual Conference** in Ottawa will be your next opportunity to share your knowledge about a GI topic you are passionate about, disseminate research results or present an innovative project that will advance GI Nursing and associated practice.

We encourage you to prepare an ORAL or POSTER presentation for the 2011 Annual Conference ~ *Navigating "le Canal" in the Capital*

September 29 ~ October 1
Ottawa Convention Centre | Ottawa, Ontario

The following guidelines will assist you in developing your abstract and planning your presentation.

Abstract Page: Abstract is to be no more than 300 words in length, single spaced, 12 point font and include:

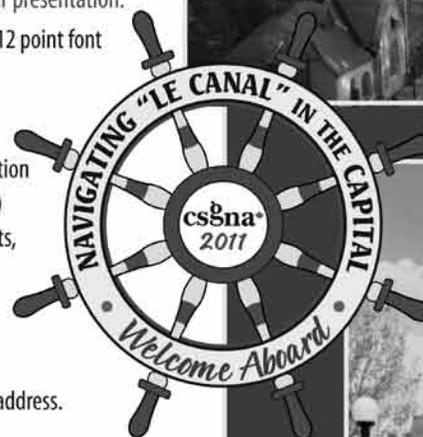
- Title: reflects content of presentation
- Background: problem or purpose of study
- Methods: discussion of project plan or sample and data collection
- Results: evaluation or outcomes (no graphs, charts or tables)
- Conclusions: implications of your study or project for your patients, practice or profession

Cover Page: Submit with Abstract ~ include title of abstract, names of presenters/authors, credentials and employment affiliation.
- Indicate format of presentation: ORAL or POSTER.
- Include name of main contact, telephone, fax number and email address.

- Guidelines:**
- ORAL: 35 minute presentation including Q&A
 - POSTER: maximum poster dimensions ~ 4 feet high by 8 feet wide
 - Abstracts received before the deadline will be reviewed and an acceptance letter will be sent to the main contact providing further details of the presentation.
 - Acceptance of the abstract does not waive attendance fees (registration, transportation, accommodation, etc.)
 - Language of abstract submission would be the language of presentation.

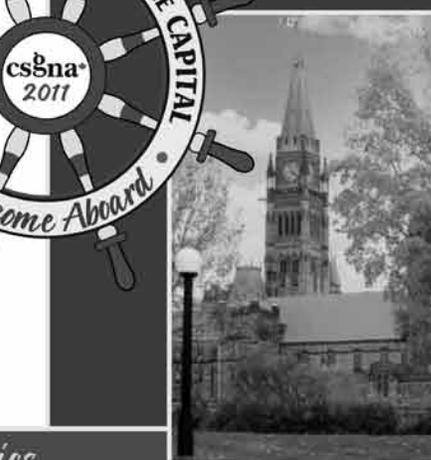
DEADLINE: **February 15, 2011**

SUBMIT: **by email to:** hreid@innovcc.ca (with file attached)
or by mail to: CSGNA 2011
Innovative Conferences & Communications
PO Box 319, 59 Millmanor Place
Delaware, Ontario NOL 1E0
or by fax to: 1-519-652-5015



Potential Topics

- Hepatology
- Surgery
- Medicine
- Advanced Practice
- Endoscopy
- Transplant
- Inflammatory Bowel Disease
- Staff & Patient Safety
- Nurse Practitioner
- Infection Control
- Nutrition
- Pharmacology
- Pediatrics
- Research
- Management



ABSTRACTS

The World Series of Endoscope Reprocessing

Audrey Boyce CFER
Alberta Health Services,
Edmonton, AB

Background and Aim: Reprocessing of flexible endoscopes is a vital link to patient safety. The aim of this poster is to demonstrate the correct steps in endoscope reprocessing by pointing out some of the common errors that have occurred in my 20 years of reprocessing experience. I am portraying the reprocessing system as a world series of baseball to simplify the concepts to avoid errors.

Method: The stages of reprocessing displayed using a baseball field layout. Each base represents a stage in the cleaning process. The key to winning the world series of endoscope reprocessing is scoring and the only way to score is to follow each phase of the cleaning process given by the scope manufacturer. Errors can occur in a baseball game, and so it is with scope reprocessing. Focus will be placed on the common errors that can occur in each of the following cleaning steps:

- Batter Up - Pre-clean
- First Base - Leakage Testing
- Second Base - Manual Cleaning
- Third Base - High Level Disinfection
- Home Base - Scope Handling and Storage

To make the team – there are tryouts, this is the training aspect involved in endoscope reprocessing. Competency assessments are performed on each player in order to make it to the endoscope reprocessing team. This team will help win the world series of endoscope reprocessing and achieve the ultimate goal of a properly cleaned endoscope.

Conclusion: The end result of this baseball analogy would be to give viewers a picture in their mind that will help them relate to the baseball game of endoscope reprocessing and to avoid errors. To achieve the ultimate score and win the world series of endoscope reprocessing is to make it safely around the bases and finally to home plate. The goal of this poster is to stress the importance of following the manufacturer's cleaning instructions in order to win the game.

Smoking Cessation Intervention for Hospitalized GI and Hepatology Patients

Gisèle Besner, *inf. M. Sc., ICSG(c)* and Roberta Bareo, *inf. Centre hospitalier de l'Université de Montréal, Hôpital Saint-Luc*

Introduction: Interventions for hospitalized smokers can increase long-term smoking cessation rates. The nocive effect of smoking on GI diseases is less known in the public than on cardiovascular and pulmonary diseases. Therefore, we initiated an intervention for Smoking Cessation customized to the hospital setting for all GI and hepatology patients. This study evaluated the impact after 6 months.

Methods: The intervention was incorporated into the routine care of the nurse at the admission based on the 5 A guidelines for smoking cessation (Ask, Advise, Assess, Assist and Arrange). The approach used was : 3 minutes intervention to motivate patient, therapy for nicotine replacement offer, literature for those who want to quit and for those who do not want to quit as well as the possibility of telephone counseling after discharge.

Results: During the first 6 months, the intervention was offered to 33% of the admitted patients. Of these, 34% were active smokers : since 29,5 years, 13 ± 8 cigarettes a day. Of them, 39,6% were in the precontemplation behavior modification stage, 12,5% in contemplation, 2,1% in preparation and 22,9% in action. Nurses assessed the importance of smoking cessation ($7,2 \pm 3,5$) and the confidence in their ability to stop smoking ($5,3 \pm 3,5$).
DISCUSSION: For patient less convince of the need to quit smoking, establishing the link between smoking and their GI disease is needed. It is feasible to focus the nurse's intervention during admission but other improvements must be made for full program's effectiveness.

Lighting Up Can Cause Flare Up

Harvinder Dev

McMaster Hospital, Hamilton, ON

Health care professionals agree that quitting smoking is a lifestyle change that comes with many challenges. As nurses, it is vital for us to help provide information and health teaching to our patients. With this in mind, the primary goal was to develop a patient education tool using the Health Communication Model, as a framework for the design and implementation of a smoking cessation pamphlet for patients with Crohn's disease.

Teaching patients the benefits of smoking cessation can help reduce disease and improve overall health. Crohn's disease (CD) is a form of inflammatory bowel disease (IBD). It usually affects the intestines, but may occur anywhere from the mouth to the end of the rectum. Crohn's disease is due to an inadequate supply of oxygen to one or more parts of the intestine, resulting in inflammation and blockages of small blood vessels within the intestine. Smoking can increase risk factors for Crohn's disease.

In order to increase patients' perception on the harmful effects of smoking on the body and the disease process, a comprehensive pamphlet was designed and utilizes diverse educational strategies on health teaching needs to support patients with smoking cessation. Faced with concrete evidence that should enable patients to quit their smoking habit, smokers still light up and continue to smoke. Health care professionals agree that quitting smoking is a lifestyle change that comes with many challenges. As nurses, it is vital for us to help provide information and health teaching to our patients. In order to construct an information pamphlet on smoking cessation in patients with Crohn's disease, literature was gathered to help guide the creation of such a pamphlet in order to help patients and their healthcare providers.

Overall, research indicates that every effort should be made in encouraging patients to stop smoking. Information should be given to all smokers whether they are considered light smokers or heavy smokers. It should be highlighted that cigarette dose reduction will most likely not improve disease activity or drug dependence. Smoking cessation is a valuable objective and should be characterized as a primary goal in Crohn's disease management. Quitting smoking is a journey and with any journey, one will face challenges. Despite these challenges, success can be achieved if the right tools are provided.

Infection Control: Precautions with Creutzfeldt-Jakob disease (CJD) and variant Creutzfeldt-Jakob disease (vCJD) in Endoscopy

Joan McKechnie RN CGN(C)

St Mary's General Hospital, Kitchener, Ontario

Background: Creutzfeldt-Jakob disease (CJD) and variant Cruetzfeldt-Jakob disease (vCJD) are progressive neurodegenerative fatal disorders in humans. They are classified as transmissible spongiform encephalopathies (TSEs) and are caused by small infectious proteins called prions. VCJD, a relatively new fatal brain disorder is commonly known as mad cow disease and is caused by the ingestion of meat or animal products contaminated by the bovine spongiform encephalopathy agent (BSE).

Although rare, prion diseases constitute a unique infection control problem as prions exhibit unusual resistance to conventional decontamination. CJD and vCJD are diseases with long incubation periods and once clinical symptoms appear, are fatal. The greatest potential danger arises from healthy individuals who are incubating the disease.

Aim/Purpose: To provide current information regarding acceptable infection control practices for endoscopy staff when caring for patients with suspected or confirmed CJD and vCJD.

Discussion: As nurses, we don't often see patients diagnosed with TSE but all of us need to be aware of precautions to safeguard against possible transmission. We will review routine practices, procedures, personal protective equipment, patient care, reprocessing and special attention to endoscopes. We will also briefly discuss CJD and vCJD including epidemiology, risk factors, clinical features, diagnosis, treatment and prognosis.

The Incidence of Upper Extremity Injuries in Endoscopy Nurses Working in the United States of America

Susan Drysdale RN BA CGRN CGN (C)
CSGNA Western Canada Director

Kathy A Baker
PhD RN ACNS-BC CGRN
Texas Christian University, Fort Worth, Texas

Research shows that upper extremity injuries occur in endoscopy nurses. If experienced nurses are removed from the workforce due to injury, the entire medical system suffers. Prevention of this outcome appears to be a reasonable and fiscally responsible plan.

This study employed a correlational design in order to explore the occurrence of upper extremity injuries among nurses working in endoscopy across the USA.

This study is a follow-up to research published in *Gastroenterology Nursing* in May/June 2007, which showed that nurses working in endoscopy at numerous sites in Winnipeg, Manitoba, Canada experienced upper extremity injuries. That study concluded that there is a significant association between working full time and the degree of injury. The study also raised a number of questions, some of which will be explored in this study. A second study was recently completed on *The Incidence of Upper Extremity Injuries in Endoscopy Nurses Working in Canada*. The findings of that study were presented in poster form at the Manitoba Chapter CSGNA annual conference in Winnipeg in May 2009. The poster was also presented at the SGNA annual conference in St. Louis Missouri in May 2009. The poster was presented along with an oral presentation at the annual conference of CSGNA in Toronto in October 2009.

The findings in the Canadian study were inconsistent with findings in the Manitoba study and therefore it was decided that further study was needed and the study should include a much larger number of subjects.

The literature search for this project reveals very little research on this subject. The completion of this study and the documentation of the incidence of injury are important because ergonomics and safe work practices are practical, important from a risk management point of view, and they aid in the prevention of disability in the nursing population. In an age evidence based practice, it is necessary to cite supporting research as proof of the incidence of injury and factors associated with injury.

The call for research participants for the current study was sent to all states and an attempt was made to include all facilities, both urban and rural, where endoscopy is practiced in the USA. The members of the national association (SGNA) were contacted and invited to participate in the study. The instruments used in this

study included the same DASH survey and questionnaire that were employed in the initial two studies. In addition, the participants were asked to complete questionnaires related to disability of the neck and the spine. Because numerous past research participants requested exploration of spinal injuries in this group of nurses, it is the intention of this study to explore the degree of spinal disability in these nurses.

An IBD Transition Tool: Patients and Families Perspective

Karen Frost MN NP Peds
Hospital for Sick Children,
Toronto, ON

Background: Transitioning is part of a normal, healthy development and occurs across the life span. For children and adolescents, optimal transitioning involves learning skills such as responsibility and how to manage their illness. The philosophy behind this is to promote skills in children and youth that will assist them to successfully manage their health care now and in the future.

A major component of transition preparation is assisting adolescents and their families to incorporate age appropriate tasks into the daily management of their condition. Using the shared management approach, the idea is that a young person will be well on their way towards self management by the time they reach adolescence; and beginning early in a child's life is key.

Aims: To develop a timeline specific to patients with Inflammatory Bowel Disease for two reasons:

1. To help families visualize their children develop in many domains of life including Parenting, Social, Self Care, Education and Health.
2. To provide a tool that would give parents and patients ideas how to gradually become independent responsible young adults.
3. To evaluate families' perception of the timeline's usefulness by means of a survey

Methods: Prospective enrollment of parents with children diagnosed with IBD aged birth to 11 years old; and teens/youth aged 12-18 years old. Diagnosis must be made >3 months earlier who are followed at Sick Kids Hospital's IBD Program. Tool used is the Good2Go Timeline developed by three nurses, 1 Social Worker, 1 IBD physician and 1 adolescent medicine physician. Data collection is by means of survey by either the patients or their parents. Analysis will be through descriptive statistics of survey answered by either parents or patients.

Results: Data entry in progress.

Conclusions: Pending results

Endoscopy Integration Program for Nurses and Practical Nurses

Ruth Eneida Molina, Inf., B. Sc., CSI

Isabelle Way, Inf., B. Sc., CSI

Gisèle Besner,

Inf., M. Sc., ICSG(c), CSS

*Centre Hospitalier de l'Université
de Montréal*

Background: Up until recently, there wasn't any structured program for the integration of new endoscopy staff in any of the three units. The specificity of the endoscopy field requires caregivers with different experiences to give safe and specialised quality care to patients. Therefore, we decided to create an integration program that would reflect the reality and educational needs of new nursing staff.

Methods: We developed a tool in the form of competency assessment grids to help both the preceptor and the orientee cover all aspects of the general endoscopy competencies that a new nurse should develop during the orientation period. Each grid was carefully created to reflect the versatility of the tasks during the pre, intra and post phases for gastroscopy, colonoscopy, rectoscopy and sigmoidoscopy as well as recovery room. To guide the preceptor, a detailed day by day summary of the different subjects and activities to cover was created. We based the entire program on the principles of preceptorship and a competency-based approach.

Results: To evaluate the new approach, we asked the orientees to answer a few questions in order to better understand their orientation experience with the program. In general, nurses were satisfied with the new approach and felt they had achieved the competencies necessary to be functional in each type of procedure.

Conclusions: Tools were created to support preceptors as well as the learning experience of new nurses in a specialized environment. This innovation served a needed standardization of the orientation of new nurses and practical nurses in endoscopy to improve security of care and efficiency of the process.

Endoscopy Patient Flow: A Study in Efficiency

Barbara Harbers RN BN CGN(C)

Corrie Forbes RN CGN(C)

Merrill Wight RN CGN(C)

Chinook Regional Hospital, Lethbridge, AB

Background: Prolonged wait times for outpatient endoscopy causes frustration on the part of patients and staff. There are many time aspects to endoscopy that can influence the flow of patients through an endoscopy department. Type of procedure and physician timing are not amenable by nursing staff. History taking, patient scheduling and patient preparation are areas where nurses can have an impact to improve patient flow. This study was undertaken to evaluate the flow of patients through the Chinook Regional Hospital endoscopy unit in Lethbridge, Alberta.

Methods: A simple quantitative study was undertaken by which all times pertinent to individual endoscopy procedures were recorded during the period of November 16, 2009 through December 16, 2009. The study was based on booked outpatients only. No emergency or on-call procedures were used for data collection. Procedures included colonoscopy, gastroscopy, gastro/colons and sigmoidoscopy. Data was then analyzed to determine mean times of various aspects of the endoscopy visit along with the ranges of times seen in each aspect.

Results: Findings showed that history taking was equivalent and relatively short in all four procedures but that the patient preparation time to get to the endo room was longest for colonoscopy patients. Recovery to discharge times all fell within 7 minutes of each other. One area of longest time was the arrival time to appointment time. Patients had longer waits due to this factor almost more than any other reason. Length of wait after arrival to the endo room prior to procedure starting was relatively reasonable but varied with physician.

Conclusion: We expected to find that our history taking and the early arrival times of patients were the biggest factors in the wait. This data supports the early arrival but the next greatest impact is the arrival of the physician to the endoscopy room to perform the procedure. Adjusting scheduling of procedures as well as the arrival time of patients should help to reduce the wait time within the department and hopefully improve the overall flow of the unit as well as patient satisfaction.

Efficient, Effective and Well Tolerated : Unsedated TransNasal Gastroscopy

*Kathy Korner RN CGN(C)
Royal Alexandra Hospital,
Edmonton, AB*

The “Aklavik H. Pylori Project” (February, 2008) was the initial phase of the Canadian Helicobacter pylori (CANHelp) Working Group in northern Alberta. Its purpose is to investigate H pylori infection in northern Canada. Eight Edmonton endoscopy RN’s joined a group of health officials, researchers, GI Doctors and NWT community members on a one week trip to scope residents of a northern hamlet of Aklavik, NWT. The goal was to address the concerns of the 600 residents who perceived an increase in diagnoses of stomach cancer among their community members, with the possibility of H. pylori infection contributing to this high incidence.

“Unsedated Transnasal Gastroscopy” was the key tool by which the majority of the adult residents were scoped. The challenge of this project was magnified by the remoteness of this northern community (accessible only by plane and ice river roads) and the need to scope a large number of people in a safe and yet efficient manner (all supplies needed to be brought along with the team). This project also gave a unique opportunity to research and document efficiency and procedure times for this type of endoscopy. Using ultra thin nasal gastroscopes, under the leadership of Epidemiologist Dr. Karen Goodman and GI Research Fellow Justin Cheung from the University of Alberta, a team of 25 members were able to successfully scope 194 residents.

Biopsies showed that 65% of the total residents scoped were positive for the H. Pylori Infection. Those testing positive were followed up with antibiotic regimes specific to their antibiotic resistant findings on the biopsies. The “Unsedated Transnasal Gastroscopy” appeared to be an efficient, effective and well tolerated procedure to evaluate the upper gastrointestinal tract.

Development of Advanced Nursing Practice (ANP) In Nurse-Led Inflammatory Bowel Disease (IDB) Support Service

*Lisa Westin, RN, MN, CGN(C)
Alberta Health Services, Red Deer, AB*

BACKGROUND: The development of an ANP framework in a Nurse-Led IBD support service was the final project for my Master’s of Nursing (Advanced Practice Leadership) Degree at the University of Victoria, granted in November 2009. The purpose of the project was to formalize the scope and parameters of my ANP role and to incorporate best practices that positively impact the experiences of illness, healing, and health for patients living with IBD.

METHOD: The project incorporated an integrative literature review of thirty peer-reviewed articles pertaining to the experience of living with IBD, an examination of best practices in three APN-led programs, and the development of an ANP practice framework for IBD.

RESULTS: The issues facing people with IBD were evident in the qualitative and quantitative research. The examination of best practices led to an awareness of the similarities and key aspects of the ANP role in three nurse-led programs. The project culminated in the development of a role description, a patient assessment tool, goals and objectives for an IBD Support Service and a teaching outline for patients with IBD.

CONCLUSIONS: This project reinforced the need for focused ANP in working with people who live with IBD. The experiences of this population were evident in the literature and congruent with my practice experiences. The framework documents and best practices developed as a result of this project, are now the written foundation of my ANP role.

Chocolate Zucchini Cake

1 cup oil
1 ½ cups sugar
½ cup milk
1 teaspoon vanilla
2 cups shredded zucchini
2 ½ cups flour
½ cup cocoa
1 teaspoon baking soda
½ teaspoon baking powder
½ teaspoon salt
½ teaspoon cinnamon

Method:

Mix ingredients in order given. Put mixture in a greased and floured 9" x 13" pan. Bake at 350 degrees for 45-50 minutes.

Note:

This is a very moist cake that freezes well.

BOARD POSITIONS AVAILABLE

The following Board positions are up for re-election this year:

**Treasurer
Education Director
Canada East Director
Canada West Director
Secretary**

These are two-year positions commencing in the fall 2011. Please submit your nomination to the CSGNA President via mail or email, 150 days before the next annual business meeting. Please consider stepping out of the box and submitting your nomination. You will grow as a person, not to mention the wonderful experiences and friendships you will gain.

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

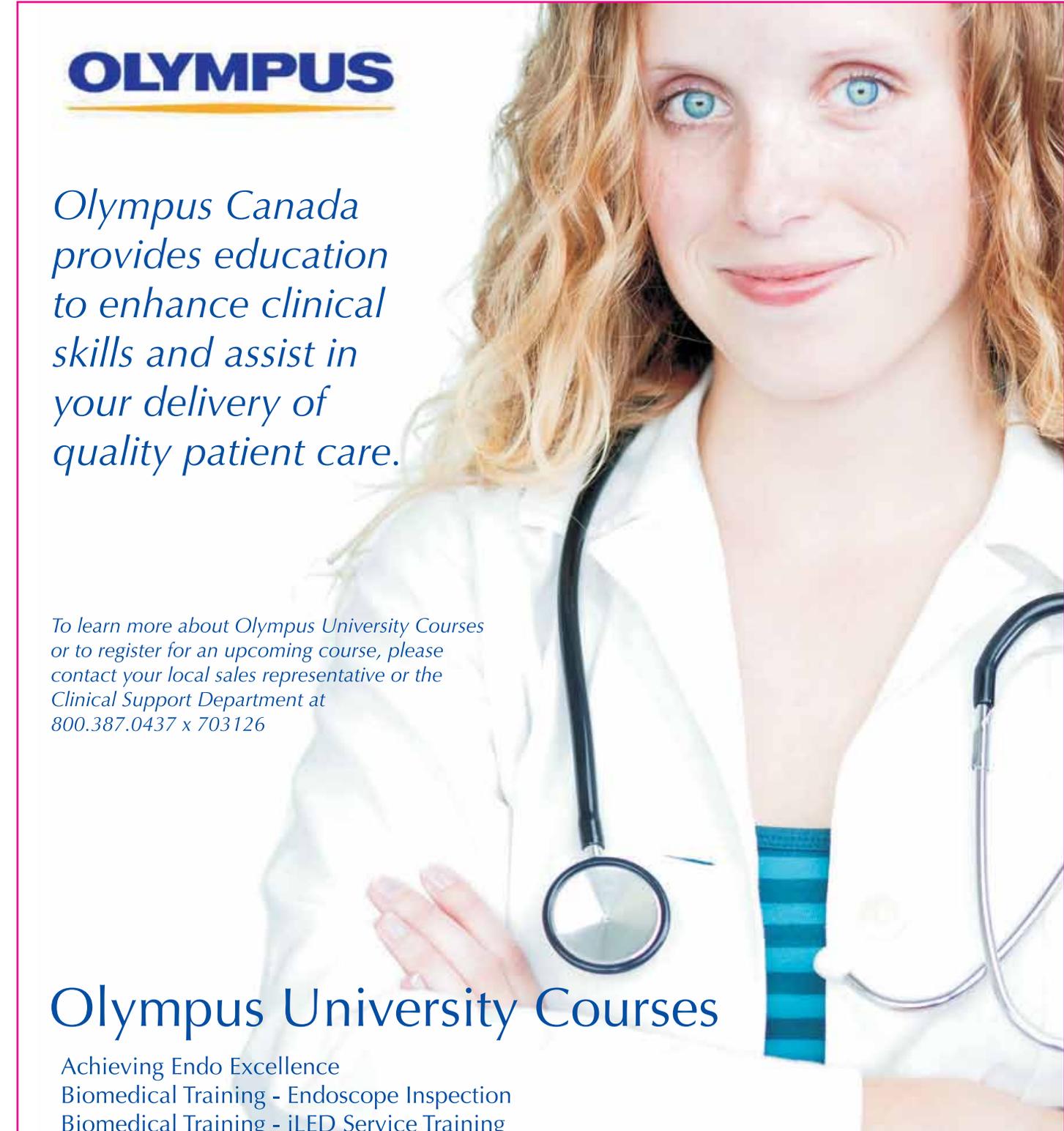
REMINDER

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

FUTURE CSGNA CONFERENCES

OTTAWA, ONTARIO / September 29 - October 1, 2011

MONTREAL, QUEBEC / 2012



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Liver Logic

Did you know that your liver has over 500 functions?

CSGNA Okanagan proudly presents
Barb Bancroft, RN, MSN, PNP for this
1 day education seminar.

Barb has a wealth of knowledge in pathophysiology, physical assessment, nutrition and pharmacology. She has won numerous awards for excellence in teaching and is a published author of multiple humorous medical-related books. Her presentations are not only informative, but she is able to make the materials interesting and relevant to medical practice and daily life.

Who should attend? This Seminar is open to everyone as the Liver affects overall health. Nurses in all areas of expertise including GI, Acute and Critical Care, Community and Geriatric Care would directly benefit from this information. Educators, Managers and even Doctors would also find this session refreshing.



Thursday April 28th, 2011 at the Coast Capri Hotel from 0830-1530. Registration and contact information on reverse side.

The liver synthesizes proteins, stores blood, secretes bile, metabolizes hormones, drugs and alcohol, and it even has the capability to regenerate! Barb will discuss the signs and symptoms of liver disease, diseases specific to the liver, and the liver as an innocent bystander in conditions such as heart failure and autoimmune disease.

This seminar provides 6 education hour credits and certificates will be presented the morning of the event.

Please submit this registration form and payment to:

CSGNA Okanagan c/o GI Unit @ KGH
2268 Pandosy Street Kelowna, B.C. V1Y 1T2

Registration Fees: Early Bird (before February 15th) \$130
CSGNA Members (until April 15th) \$125
Regular Cost (closes April 20th) \$160

These fees include Conference, lunch, coffee break snacks and presentation handouts. Spaces are limited so please register as soon as possible to secure your place.

Name:

Title:

Specialty:

Organization:

Home Address:

City:

Province:

Postal Code:

Home Phone:

Questions? Please contact us via email @ csgnaokanagan@shaw.ca

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Canadian Society of Gastroenterology Nurses & Associates

Société canadienne des infirmières et infirmiers en gastroentérologie et travailleurs associés

CSGNA Membership ends May 31st each year

CSGNA, #224 - 1540 Cornwall Road, Oakville, ON L6J 7W5

MEMBERSHIP APPLICATION (CHECK ONE)

ACTIVE \$100.00

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

AFFILIATE \$100.00

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

RETIRED \$50.00

Open to members not actively engaged in gastroenterology nursing practice.

LIFETIME MEMBERSHIP

Appointed by CSGNA Executive.

FORMULE D'APPLICATION (COCHEZ UN)

ACTIVE 100,00\$

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

AFFILIÉE 100,00\$

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

RETRAITÉ 50,00\$

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

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Nomme par l'exécutif.

APPLICANT INFORMATION / INFORMATION DU MEMBRE

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

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CHAPTER NAME / NOM DU CHAPITRE _____

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

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

Language: English _____ French _____ Bilingual _____

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