Family Information Card:

a Strategy to Reduce Family Members Anxiety

Many of the patients that we see in our therapeutic endoscopy unit at St. Michael’s have been referred from other healthcare facilities where they have either had a failed procedure due to post surgical anatomy or require therapeutic intervention to deal with large polyps, cancerous lesions of the GI tract or bleeding disorders.

Fear and anxiety regarding the procedure and the potential procedural findings are displayed by both the patient and the family when speaking to the nurse during the pre-procedure interview and admission process. Often the patients requiring therapeutic intervention may experience longer than normal wait times for their scheduled visit due to procedural delays.

Registered Nurses Association of Ontario’s best practice Guidelines of Establishing Therapeutic Relationships (ETR) and Professionalism in Nursing (PIN) have been implemented by the Therapeutic Endoscopy Unit at St. Michael’s to enhance the communication between the nurses and their patients. By engaging in therapeutic relationships with our patients, we have decreased some of the fears and anxieties regarding the endoscopic procedure and the procedural wait times and delays for both the patient and their families.

Unexpected procedural occurrences can cause delays and increased wait times for family members. Insufficient or delayed communication between staff members in the procedure area and families waiting in the reception area may also cause an increase in anxiety and stress resulting in frustration that may be directed at the clerical and nursing staff. (Muldoon et al., 2011)

Communication with patients and their families highlighted the need for a consistent source of information that they would receive upon arrival to the endoscopy unit. The information that the patient received from the physician’s office does not routinely include the total time of the procedural visit and many families were surprised by the wait times they experienced.

As part of a quality improvement initiative, the team decided that we needed to develop a source of information that family members would receive upon arrival at the reception desk. Meetings with the key stakeholders including the nursing staff, clerical staff and the families of patients waiting in our reception area highlighted the information deficiencies. Questions were asked regarding what information was needed, the type of communication tool required and how the information would be distributed.

The three most common complaints discovered through the meetings were that families felt that they were missing an estimated time range of the procedural visit which included the procedure and recovery, a phone number to make

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inquiries about the patient and the locations of amenities within the hospital. Families wanted to receive the information when arriving at the reception area and the source of information would be in a form that they could easily accommodate into a pocket or purse if they chose to leave the reception area.

The immediate goal was to design an information source in the form of a “Family Information card” to meet these needs. Several draft copies of the card were developed and given to family members to evaluate for ease of use, readability and comprehension. Verbal discussions and evaluation forms were given to family members to evaluate the effectiveness of the card to relay the proper information. Changes were made to the document and the card was finally printed in a pad formation to allow for ease of distribution by the clerical staff and ease of use by the recipients.

The following information is displayed on the card:

- That many physicians are performing procedures & their case loads and procedural times will vary.
- A table showing the estimated procedural and recovery times which allows the clerical to highlight the procedure the patient is having done.
- An area for the clerical to write or stamp in the physician’s name.
- A phone number for inquiry if the family leave the reception area.
- The amenities within St. Michael’s Hospital and the locations.

Surveys were done over several months and the results showed that over 70% of families found that the information on the card reduced their anxiety while waiting. Clerical staff found the card easy to distribute and both the nurses and clerical have stated that the number of questions asked by the families waiting have been reduced. Patient satisfaction surveys (Picker scores) have shown an increase in the patient and families satisfaction with the care given since the introduction of the family information card.

The introduction of the family information card within our endoscopy unit has improved the quality of patient care and allows for a consistency of information to be given out to family members and the patient. Family members who are properly informed show a lower level of frustration and anxiety while waiting for the patient to be discharged post procedure. As a result they can offer the proper support and comfort that the patient may require post procedure.

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

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**Therapeutic Endoscopy Unit 16CC Family Information Card**

Welcome to St. Michael’s Therapeutic Endoscopy Unit. Please note that there are many physicians performing procedures today and their case loads and procedure times will vary.

- Patients who have arrived after you may be taken in before you, depending on their physician /procedure.
- We will do our best to keep you informed of any procedural delays

Please refer to the following for procedure and recovery times:

<table>
<thead>
<tr>
<th>Estimated Procedure Time</th>
<th>Estimated Recovery Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronchoscopy</td>
<td>1-1.5hrs</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>45min -1.5hrs</td>
</tr>
<tr>
<td>Gastroscopy (ERG)</td>
<td>30min -1.5hrs</td>
</tr>
<tr>
<td>ERCP</td>
<td>1-2hrs</td>
</tr>
<tr>
<td>Flexible Sigmoidoscopy</td>
<td>15-60min</td>
</tr>
</tbody>
</table>

Please note that these are estimated times.

- If you have accompanied the patient by ambulance today from another hospital/home and will be returning with the patient after the procedure, please inform the receptionist.
- At least one family member /friend should be available to accompany the patient home at discharge.

If you leave the waiting area, you can call the following number to inquire about your family member or friend: 416-864-5536

**Patient’s Physician:**

**Coffee shops/Cafeteria:**

- Second Cup - B1 Queen Street Entrance
- SMH Cafeteria – 6th floor Cardinal Carter Wing
- Tim Horton’s – 1st floor Cardinal Carter Wing (Victoria Street Entrance)
- Gift Shop – 1st floor Cardinal Carter Wing (Victoria Street Entrance)

**Shopping Locations Nearby:** Toronto Eaton Center

**We appreciate that you have involved us in your care.**
The Queen Elizabeth Hospital, located in Charlottetown, Prince Edward Island, is the province’s largest acute care hospital and referral centre for specialized hospital services.

Welcome to our Endoscopy Suite at the Queen Elizabeth Hospital in Charlottetown, Prince Edward Island. Spearheaded by Dr. Don Clark, gastroenterologist, and Heather Ford, nurse, the first endoscopy unit at the Queen Elizabeth Hospital (QEH) opened in 1994.

Prior to 1994, endoscopic procedures were conducted with the assistance of the Operating Room (OR) Department, who provided the space and staff necessary to facilitate gastroscopy, colonoscopy and ERCP procedures. It was soon evident that a larger space and more resources were required as the number of physicians utilizing the service, and subsequent number of endoscopic procedures, was quickly growing.

To accommodate the growing demand, the endoscopy service was relocated from the OR Department to another vacant space. Additional staff – a registered nurse and a licensed practical nurse (LPN) – joined Nurse Ford and Dr. Clark. The new location offered space for a patient preparation and recovery area that could accommodate up to three patients at one time, two endoscopic procedure rooms and a dedicated reprocessing room. The endoscopic service had officially become its own self-sustaining and independent unit.

With the human resource needs addressed to properly operate the service, the focus was on the physical resources – scopes, light sources, monitors, washers and other additional equipment. It was thanks, in large part, to the Queen Elizabeth Hospital Foundation and their dedicated fundraising efforts that the necessary equipment was purchased for the Endoscopy Unit. To this day, the Queen Elizabeth Hospital Foundation continues to fundraise for and support the purchase of equipment for this well-used service.

As with most high-demand services, space eventually becomes a challenge. Once again, with the ongoing demand for the service, the Endoscopy Unit was in need of more physical space to increase capacity for procedures and patient preparation and recovery. A solution was on the horizon as the Queen Elizabeth Hospital embarked on a redevelopment project that would see several new extensions built onto the hospital, including a new 80,000 square feet Ambulatory Care Centre of which a new shared Patient Preparation and Recovery Unit and Endoscopy Suite were to be included.

On October 5, 2012, after years of planning, design and construction, the unit was able to relocate to the new Ambulatory Care Centre. The following week, staff began seeing patients.

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At approximately 6,000 sq. ft., the combined new Patient Preparation and Recovery Unit and Endoscopy Suite area is nearly six times larger than its previous space. Filled with natural light, airy colours, improved patient privacy and patient safety measures, the new Patient Preparation and Recovery Area includes five patient preparation spaces, ten patient recovery stretcher bays, an isolation room and a private room. The patient preparation and recovery area also has its own dedicated staffing team comprised of a scheduler, three nurses, a licensed practical nurse and dedicated housekeeping. Previously, endoscopy unit staff looked after patient preparation and recovery in addition to assisting with procedures.

The new Endoscopy Suite is outfitted with state-of-the-art equipment, greater infection control measures, and features four procedure rooms, a negative pressure fluoroscopy room with a C-arm for Bronchoscopy and ERCPs. A dedicated reprocessing area was included in the new suite that has three sinks and three Olympus washers. The reprocessing area is connected to a dedicated scope storage room with six storage cabinets and future space for a seventh.

In addition to upgrading the size of the patient care and staff work areas, plans also included upgrading the equipment being used in the Endoscopy Suite. Twenty-six scopes, five light sources and eleven 26” monitors were updated to the Olympus 190 series. Over the course of the next month the older scopes will be decommissioned and replaced by newer models.

The Endoscopy Suite is used by a variety of medical specialists including two gastroenterologists, three surgeons, two respirologists and two internists. This is in addition to the dedicated staff of five nurses and two respiratory therapists, along with two LPNs who look after reprocessing.

We continue to offer a full range of endoscopic services that includes gastroscopy, sigmoidoscopy, colonoscopy, bronchoscopy, transbronchoscopy, EBUS, ERCP, stenting, PEG tube feed placement, Argon treatments, banding and dilations. Currently we perform, on average, twenty scopes per day. We anticipate the number of procedures increasing as we become more familiar with the new work environment and are fully operational.

While the Patient Preparation and Recovery Unit and Endoscopy Suite have evolved over the last eighteen years, both in terms of physical space and scope of service, some things have remained the same. During this recent relocation to the new space within the hospital’s Ambulatory Care Centre, two physicians asked if they could keep their old chairs as they just fit right!

Submitted by
Paula Triantafillou RN
QEH Endoscopy Service

Endoscopy Reprocessing area

Endoscopy Nursing Station

QUE Endoscopy Nursing Team:
Paula Triantafillou RN, Celia Ferguson RN
Debbie Campbell RN & Carla Martin RN.
Synopsis of Annual Conference Meeting in Montreal 2012

ATTENDANCE: Executive board members and conference planner.

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

CONFERENCE PROGRAM – FLOW AND PLANS: Heather Reid our conference planner outlined and summarized the highlights of the Montreal conference program and flow.

DIRECTOR REPORTS: were sent out to the board prior to the meeting and reviewed.

CANADA WEST: Most chapters in the western region are meeting their education requirements. There were some concerns expressed about the Kamloops chapter because experienced nurses are retiring and nurses are needed to step into executive positions, to keep the chapter viable. The Okanagan Chapter continues to provide educational events as required.

CANADA CENTRE: Membership numbers have declined for various reasons. The strategic plan is expected to provide some recommendations. The value of GI certification and how members benefit from it was discussed. South Western Ontario chapter is now officially closed with our National President and Treasurer tying up the loose ends with them.

CANADA EAST: The Nova Scotia Chapter has standing members but none of their executive will be returning for reasons of retirement and other matters. They are in need of executive to run the chapter.

PUBLIC RELATIONS: Lisa Westin our outgoing Public Relations Director attended the CNA annual convention in Vancouver. As our CSGNA representative for special interest groups, Lisa was able to gather information related to moving CSGNA forward, with our strategic plan in mind. Lisa also connected with the CNA certification leader with the intent of developing a position statement, regarding certification for CSGNA members. The Not for Profit Act (NFP) requires that CSGNA comply with revised standards by Oct 2014, in order to maintain our NFP status. There is a lot of work to be done to move CSGNA forward in this area. There will be a member’s survey in the near future.

RESEARCH AND AWARDS: The wording of scholarship applications has been revised. All scholarship winners would receive their scholarships at the conference and their names will be posted on our website. We did not receive applications for the certification or research scholarship. There were no nominations received for the GI Professional Nursing Award for 2012. Overall the response for scholarship application could have been better.

PRACTICE: The bronchoscopy, infection control and radiation therapy guidelines will be finalized by the outgoing and incoming practice directors and then posted on our website.

SECRETARY: The synopsis of meetings will continue to be included in the Guiding Light until a decision is made through our strategic plan to post them instead on our website.

PRESIDENT ELECT: Our first attempt at online bylaws voting had its glitches, and did not operate as smoothly as was anticipated. We are hoping for a better response and result next year, with some improvements from our web company.

NEWSLETTER AND WEBSITE: As the year ends with Olympus sponsoring the Guiding Light, we are searching for a new sponsor. It is our hope that we can have multiple sponsors. Articles for the Guiding Light have been slow in coming in; we need some enthusiasm from our members in providing articles for publishing.

TREASURER: Financially the Association is relatively stable at the present time. With decreasing membership enrollments, we have to be cautious of our finances moving forward.

EDUCATION: One of our vendors is working with the education director to have education modules sponsored by them, to be posted on our website. This is another means of achieving educational hours for re-certification. We are still working out the logistics of where we stand with future educational opportunities, in partnership with our vendors. Our strategic plan will be addressing this need.

CONFERENCE PLANNING BINDER: will be posted online in the members only section, for everyone’s viewing.

CSGNA COMMITTEES – BOARD AND MEMBERSHIP REPRESENTATION: We are looking at strategies for how we can use our members at large more effectively. We have had
an outstanding response for volunteers.

**STRATEGIC PLAN:** We are in the process of formulating a strategic plan for CSGNA, with the assistance of a consultant who has a nursing background and has some understanding of the needs of the association.

**CHAPTER OF THE YEAR AWARD 2012:** Congratulations to Alberta Southwest Regional Chapter.

**2012 MONTREAL CONFERENCE:** The planning committee worked hard, with the assistance of the conference planner in making the conference a successful event. The opening ceremony had the planning committee members walk in with the board, in Montreal “Habs” hockey jerseys, to the Hockey Night in Canada theme song and waving their cheerleading pom-poms, this got a resounding round of applause from the delegates.

One of the conference lunches was informally dubbed, the “naughty” lunch, with boar meat in batter on a stick, and Montreal’s famous frites and poutine and smoked meat on rye sandwiches. It was delicious and enjoyed by all the attendees. The social evening was held with great entertainment from a family group that got a few of the attendees involved in their acts; this was a lot of fun.

As for the educational portion the speakers were exceptional and we even had French to English and vice versa, translation. Thank you to Millie Clement, Sylvie Nadeau and their wonderful team of super enthusiastic nurses, who excelled in hosting a wonderful conference in Montreal.

**CHAPTER EXECUTIVE LUNCHEON:** It was well attended by our invited guests, the chapter executives, who work hard to keep our chapters thriving and growing. The luncheon was hosted in the hotel restaurant and provided an opportunity for the members to get to know chapter executives from other parts of our country. Lisa Westin did a presentation about our evolving strategic plan. Each member received an appreciation gift, of a book on philosophy for change.

**2013 CONFERENCE:** In Banff Alberta, at the Banff Centre, September 26-28, 2013. The theme of the conference is, “Summit of Inspiration: All trails lead to the Summit”. There will be two chapters combining their efforts in planning the conference. Best wishes to you.

**NEXT MEETING:** Teleconference meeting Wednesday November 28th 2012.

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

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

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**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.

**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.
President’s Message

It is amazing the changes and the evolution of CSGNA since 1984. It is truly an honour and privilege to take on the role of President of CSGNA. I would like to personally thank the outgoing President, Joanne Glenn, for her commitment and dedication towards gastroenterology nursing. Joanne’s knowledge and expertise has been invaluable.

Thank you to all the outgoing board members. It has been a pleasure both professionally and personally to have worked with all of you over the last two years. Your involvement and dedication keeps CSGNA strong from coast to coast.

Montreal “La vie en rose” certainly covered everything from head to toe. The warmth and dedication of all of those involved in the planning was truly motivational. It has been an absolutely wonderful experience and I am looking forward to future endeavors. A sincere thank you to all for your dedication to CSGNA.

The CSGNA National Executive 2012-2014 and staff are a hardworking and enthusiastic team. Our commitment is to make a difference in the future direction of CSGNA. Together, we will work on the challenges and the needs of our membership. What are the challenges? What needs to be done? Is it evidence based practice, standards and guidelines or education opportunities?

The key to setting CSGNA goals and priorities is to ask our members. Please discuss and share your ideas as it will benefit you and all of the members. Together we can make a difference. Help continue to shape CSGNA.

“This is the beginning; we shall get what we want in time.”

Florence Nightingale

Thank you I look forward to meeting many of you over the next two years.

Submitted by
Mabel Chaytor RN CGN(C) *

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

REMINDER

As per Bylaw 22.12 all CSGNA Chapters shall submit to their Regional Director by November 30th the Chapter’s financial report.

GI Certification 2013

Apply now online at cna-aiic.ca. It’s one of the best career moves you will make. The exam date is April 20, 2013. The certification application deadline is November 14, 2012 and the certification renewal due date is December 3, 2012. Don’t forget to apply for the CSGNA Michele Paquette Certification / Recertification Scholarship.

The Guiding Light
OUTGOING PRESIDENT-ELECT REPORT

Fall is always a busy time of year and this is the end of my two year term as President-Elect.

Bylaw ballot Results: Voting online for the bylaws occurred for the first time this year.

The votes in the members’ only section did not have chapter identification.

The Bylaws will be posted on the website, not printed in the November issue of the Guiding Light.


A nursing call to action: The health of our nation, the future of our health system

Everything you need to know can be found at http://www.cna-aiic.ca/expertcommission/

SIGNEA Report: (Society of International Gastroenterological Nurses and Endoscopy Associates)

Gastro 2013 SIGNEA’s Quadrennial Congress will be held in Shanghai, China from September 21-24, 2013 in conjunction with Gastro 2013 APDW/WCOG Shanghai. There is still time to register.

If interested please visit the website at www.gastro2013.org or contact Caroline Bernero at execdirector@signea.org for more information.

Submitted by
Mabel Chaytor RN CGN(C)
CSGNA President 2012-2014

CANADA EAST DIRECTOR REPORT

I would like to extend a great big “Thanks” to the Montreal Chapter for a wonderful conference. It was well attended, a great time to see old friends and meet a lot of new ones, as well as a lot of great educational events. Thanks again.

With summer over, it’s now time to get back into the swing of things for all the Eastern Chapters. Newfoundland has not wasted anytime and has already had their first Educational meeting on Sept. 17th. They had a great representation in Montreal at the National. I would like to extend a warm welcome to Sandy Stone to the National Board and look forward to working with you. They have elected a new Provincial Executive and a welcome to you all. Nova Scotia Chapter plans on holding their Educational Day later in the fall. They are looking for members to fill Executive positions that will be vacant this fall.

The Provincial Board is a great place to learn more about our GI Industry and make new friends. NB/PEI Chapter is changing their executives and it will now be moving to Bathurst. I wish to express a special thank you to all of the outgoing board members for their hard work and commitment to the CSGNA. They also had a great representation at the National Conference in Montreal. I hope you all had a great summer and look forward to another busy year with CSGNA.

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

CANADA CENTRE DIRECTOR REPORT

Congratulations to the Montreal Chapter for hosting this year’s annual conference. We send many thanks to Mildred Clement and the planning committee, as well as to our event planner, Heather Reid. It was well organized, with a wide variety of educational topics. All your hard work paid off and La vie en rose was a great success.

We want to also send many thanks to our sponsors and vendors, who support the CSGNA at both the local and national levels. Your ongoing support is always greatly appreciated. The Canadian Digestive Health Foundation (CHDF) fundraising event was a success again this year. Thanks to everyone who supported the run/walk to raise awareness for the CDHF.

I have completed two terms as Canada Centre Director and Joan McKechnie will be taking over the position. I have learned a lot in the last four years and have made many new friends. Thanks to everyone who has supported and helped me in my four year journey.

Submitted by
Betty Kennah RN CGN(C)
CSGNA Canada Center Director

CANADA WEST DIRECTOR REPORT

Vancouver Island Chapter

Summer has gone by quickly without a lot of Chapter action, but with the fall here we are actively planning our evening symposium. This year we are having one of our local gastroenterologists speak to us about the quality of colonoscopy and the “Global Rating Scale” currently being used in the UK.
The team from the UK was in Victoria last spring to help with some training and resources for ensuring quality and comfort during colonoscopy. In regards to certification we had one nurse write and pass the exam!! Well done!! We have offered sponsorship for RNs wanting to attend the national conference as well as our health authority has helped so we are happy to say that two of our nurses will be attending the Montreal conference at the end of September. Christine Kunetsky will take over the role of treasurer for the chapter. She has sat on the executive previously as secretary and we feel fortunate to have her on our team.

**Kamloops Chapter**

We have two nurses attending the Montreal conference. Three of us will be attending Kelowna L.I.V.E. as they are opening their new unit in a new tower that was built. Some of our nurses will be going to the GI Forum in Vancouver in Oct. We had another two nurses get their Certification this year and possibly several others preparing and may apply to CNA for next year if they have enough hours. All the best.

**Okanagan Chapter**

Not a whole lot of Chapter activity over the summer as lots of Members on holidays and such a busy time for us getting into the rhythm of our brand new space. We are planning to do a write-up for the Guiding Light with photos and such. Our GI doctors have put together Kelowna LIVE that is taking place in our new Kelowna Endo Unit and is featuring some big International names – there wasn’t opportunity for us to partake as a Chapter but are looking forward to experiencing some wonderful educational days.

**Alberta Southwest Regional Chapter**

We are welcoming the New Year with some exciting news. We have joined together with the Central Alberta Chapter to host the 2013 CSGNA National Conference in Banff, Alberta. Our chapter is thrilled to have this opportunity to work closely with the Central Alberta Chapter and hope to be an example for other chapters to follow in the future. We look forward to learning from the planning team in Montreal and using their example to help guide us. Our chapter has gained a few new members this year and we are excited to have their input and ideas as we move forward.

We have decided to host an evening education event in October at Pincher Creek which is one of our rural hospitals. We are hoping to draw more of the rural staff out to see what CSGNA is all about and also to meet their educational requirements. All the best to the chapters for this new season.

**Calgary Chapter**

The chapter like some others have had a quiet summer. The chapter will be hosting a series of informal educational evenings regarding bullying with DVDs from Valerie Cade CSP. Plans are just in the works for our spring time education day planned for early April 2013. We are pleased to announce that one of the chapter’s newest members has also gotten her certification. Shirley Maltman is a dedicated GI nurse with a vast wealth of knowledge especially in the Motility lab. Welcome Shirley and congratulations. Calgary is pleased to have four of our members going to Montreal. They are excited and anticipating a lot of valuable experiences & fun!

**Central Alberta Chapter**

After a busy spring 2012, our chapter took the summer off. We kicked off our fall with a meeting mid September to recap our year and to elect a new executive. This will be my last report as president of Central Alberta Chapter. Brenda Perlau is stepping up as our new president and Betty Bradford will be filling the vacant treasurer position.

We have planned some educational sessions for our meetings which are supplied by Cook Canada and might think of hosting an evening supper / speaker in the spring. We had great success with our spring educational day in April and will take a break from hosting a big educational day. We have a small group of members attending the national conference in Montreal. One member, Audrey Boyce, will present a poster. We would like to thank Joanne Glen, for all her years of service, not only as a board member, but as National President. We are proud to have her in our chapter. We wish Mabel Boyce, will present a poster. We are excited to have their input and ideas as we move forward.

**Edmonton Chapter Report**

On May 8th, we had an evening supper with presentations session. The topics given to us were: Spyglass Cholangioscopy; EUS; and Nutrition for IBD. Our appreciation goes to: ABBOTT and VANTAGE Endoscopy.

On May 29th our presentation was on “Old Crow, Yukon – Investigating H.Pylori”, followed by our year end meeting. Our appreciation goes to: APTALIS and TAKEDA. Congratulations to Monica Astle, for passing her GI Certification exam in April! Our chapter welcomes Kathy
Korner as Secretary and Kim Bernard as Treasurer. They have been longstanding members who have been very involved and supportive with our chapter. Thank you to our out-going Board members Monica Astle and Guen Kernaleguen for all of their work and support with our chapter! We wish them all the best with their new found commitments with their careers. We had our first fall meeting on September 13th. We are planning on having three evening supper with education sessions this membership year, and a one day spring conference. Our first evening session is being planned for the end of October at the Grey Nuns Hospital. There will be three members attending Montreal.

**Regina Chapter**

For G.I. Nurses Week in May, the Regina General Endoscopy unit invited Shannon Cote (Nurse Navigator for Colorectal Screening) to provide a display with pamphlets and discussions on Colorectal Screening. It was well received by all. A dinner meeting was held on May 31st to discuss the upcoming Annual G.I. Education Day in Regina. Future Planned Events: We are pleased to have Joan Heatherington from the University of Calgary speaking about IBD on October 19th for our Journal Club. This year’s Annual G.I. Education day will take place on October 19th at the Ramada in Regina.

**The Manitoba Chapter**

We had a great spring conference April 28/12 with many attendees and vendors. The conference concentrated on reprocessing and most responses were positive. The conference was supported by Olympus and we thank Sandy Saioud RN, CGN(C). We were also honored to have reprocessing guru Dr. Michelle Alfa speak at our conference on HLD and Sterilization. Many questions were asked for good dialogue between Dr. Alfa and the attendees, which comprised of RNs, managers, and ORTs (operating room attendants) trained in reprocessing.

Our first fall gathering October 18 is a membership drive which will be sponsored by Cook Endoscopy. The educational component will be about GI bleeds & the speaker is courtesy of Cook Endoscopy. Our next gathering is Nov.8/12 and being sponsored by Abbott. Our speaker will be our own esteemed member Barb Den Boer RN. Barb travels across Canada for Abbott to speak about their product Humira and shares her vast experience in dealing with patients requiring Humira as the treatment for their inflammatory bowel disease. The last gathering before the New Year will occur on Dec.11/12 and our speaker & sponsor is yet to be determined. We typically wear Christmas colors and do a secret Santa gift exchange for those interested in doing so. Unfortunately none of our executive or members were able to attend the Montreal Conference but it is by no means a reflection of our member’s enthusiasm for GI. We plan on being there next year and will have the opportunity to network.

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

The winner of the CAG scholarship was Elaine Bourne of the Central Alberta Chapter.

The winners of the scholarships to be handed out at our annual conference have all been posted on the website and will be awarded at the Annual General Meeting. In spite of highlighting the scholarships, we had a very poor response. There were only enough applications to fulfill the annual scholarships. We did not even have an application for the Certification award. I am not sure how we can build more enthusiasm among the membership. I will have all the applications revised for the 2013 conference for the Board meeting in September. There were no indications of interest in the research grant this year. I will endeavor to do more promotion of this in the coming year.

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

**OUTGOING PUBLIC RELATIONS DIRECTOR/INCOMING PRESIDENT ELECT REPORT**

I am pleased to hand over the responsibilities of Public Relations to Dana Letto who has wonderful experience and enthusiasm to apply to the role. She will be continuing my efforts to provide new and strengthen existing linkages to professional organizations and create strategies to provide an essential network of resources that will support members in their respective fields of GI care.

In my new role as President Elect, I will be working on a number of projects including development of the strategic plan, identifying Communities of Practice in GI Nursing, Support for CNA
Certification and compliance with the Not for Profit act changes. This will be an intense time for renewal and rejuvenation for CSGNA. However, I am looking forward to the future growth of our organization and its impact on our membership and their practice.

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

PUBLIC RELATIONS REPORT

I had the opportunity of attending my fifth CSGNA conference in Montreal Sept. 26, 2012. Congratulations to the Montreal chapter for organizing an outstanding three day conference! This is my first year on the National Board and I am excited to learn my new role and hope to network with nurses and other professionals across Canada. Thank you Lisa and Joanne for encouraging me to step up to the plate!

I attended an Inflammatory Bowel Disease working group in Calgary in mid-September and it was exciting to see the collaboration between industry and CSGNA in providing a comprehensive educational program for nurses in the field of IBD. Educational programs play an important role in preparing and helping GI nurses maintain their CGN(C) credentialing. It is my hope in the future that we are able to reach out to the GI subspecialty groups to identify and provide educational needs for them too.

In the coming weeks I am going to be networking with the associations that support us such as the CNA, the provincial legislating bodies for registered nurses, gastrointestinal support groups and our vendor industry. The network we create plays a valuable part when developing guidelines, policies and competencies for gastroenterology nurses.

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

SECRETARY’S REPORT

A year has passed since I was elected as Secretary to the Board of CSGNA. I have learned a lot from my predecessor, Usha Chuahan and our President, Joanne Glenn and I have received a great deal of support and encouragement from the rest of the Board members, for which I am grateful.

I have purchased a 2010 Office program, to assist in my duties as secretary and I am still learning more about its many uses. I have tried to continue the minutes in the format of the previous secretary, but if there are any suggestions for change I am open to receiving them.

The Annual report was seamless and completed as previous, with voting for board positions done by mail and bylaws done online. The CVs were in keeping with one to two pages as specified. Thank you to the board members for their prompt reports. I submitted synopses of board meetings, for publishing in the Guiding Light, with a proposed plan to post them online in the future. I plan to be mindful in the future of sending out the Action plans, involving the board members that are established at the meetings, in a timely manner.

I have updated the secretary’s duties and timelines and will send a copy to Joanne and Mabel for them to look over and when approved I will convert them to a PDF document. Seeing that Palma plays a fairly key role in the organization of CSGNA I would like to recommend that she be invited to our Face to Face meeting in the Spring, so that we can meet with her and communicate with her in person.

I also feel it would be beneficial to the association if she was trained by the web company to handle the intricacies of the program as she is a constant in the organization. I plan to continue to do my due diligence, in serving the Board and the membership of CSGNA.

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

NEWSLETTER EDITOR & WEBSITE DIRECTOR REPORT

Thank you Olympus Canada for you ongoing support sponsoring the CSGNA Guiding Light newsletter for 2013.

The CSGNA Standards are posted on the website under Guidelines, Statements and Standards. Chapter educational events are now advertised on the website. They are no longer published in the Guiding Light. New photos have been added to the website. Send us your favourite photos of CSGNA members, conferences and events to post on our website.

There were a few glitches with online voting for bylaw amendments in the spring. Next year, the process will be smoother and National Executive elections will be available online as well. I encourage members to submit articles for the Guiding Light newsletter. Write about a disease
you have researched or an interesting clinical case you were involved with or a new procedure at your facility. Any gastroenterology related articles can be used towards your recertification hours. Your suggestions and comments are welcome and appreciated.

Submitted by Joan McKechnie RN CGN(C) Outgoing CSGNA Newsletter Editor & Website Director Incoming CSGNA Canada Centre Director

PRACTICE DIRECTOR REPORT

I have very recently assumed the position as practice director and I am busy trying to get familiar with the role, as well as the guidelines that are in the process of been reviewed. Please feel free to forward any concerns or interesting data that you may come across regarding GI nursing standards of practice. I look forward to servicing you as your practice director.

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

EDUCATION DIRECTOR’S REPORT

I have been working this winter on getting the NIICE modules on line for CSGNA members. I have been assisting Abbott to design a pre and post test so nurses needing education hours for their CNA certification can have something to prove the hours claimed.

I was able to attend the NB/PEI Chapter of CSGNA Nurses Education day in April held in Charlottetown PEI. There were over 24 RNs in attendance. A wonderful time was had in the afternoon for a “hands on” skills lab.

Guidelines for determining education hours were completed. Poster preparation/presentation added on. There are a few issues I would like to discuss with the board at our face to face on Wednesday.

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

FUTURE CSGNA CONFERENCE
Banff, AB
September 26 – 28, 2013

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(Send change of name/address to the CSGNA Executive Assistant)
Congratulations to all the scholarship winners for this year. Each year we are given monies from two great companies who feel that it is important to enable our colleagues in gastroenterology to attend our annual conference. Whenever you see one of the sales representatives from Olympus or SciCan remember to give them a great big thank you for their generous support of our contemporaries.

Each year the national Board also awards scholarships to deserving nurses and associates so that they may also attend the annual conference. There are also scholarships that are earmarked to assist our nurses in attending educational conferences outside the annual conference, professional development scholarships, as well as the new research scholarship which can also be used to assist in the production of the posters that we enjoy at the conference. All these scholarships are available to all gastroenterology nurses and associates. All the information regarding these scholarships can be found on the website.

Remember that the funds for the scholarships are raised from your own chapter educational hours whether they are individual meetings or all day seminars. The other fundraising is thanks to the generosity of those chapters who donate articles for our silent auction also held at the conference.

The more you are involved in your organization the more points that you can earn in helping you to qualify for one of the scholarships.

Congratulations again to all our scholarship winners for 2012 and good luck to all those who will be applying for scholarships in 2013. See you in Banff for what will be another amazing conference.

Submitted by Donna Bremaud RN CGN(C) CSGNA Awards & Research Director
St. Joseph’s Hamilton Endoscopy Unit had a very exciting spring at our annual Nurses Week Dinner. Four of our staff members were nominated for individual Nursing Excellence awards. Lisa Karl, Jody Hannah and Shannon Bowery were all nominated for Nursing Leadership awards. Our nurse educator, Linda Gandy, was nominated for Nurse Educator Excellence award and Jody Hannah was also nominated for Surgical Nursing Excellence award. Also our Nurse Flexible Sigmoidoscopy team, led by Shannon Bowery, was nominated for a team Nursing Award.

Our charge Nurse, Lisa Karl, won the Leadership award and Jody Hannah won the Surgical Nursing Award. Six nominations and two winners for St. Joseph’s Endoscopy unit is a tribute to the quality of care and team work provided by everyone. Congratulations to St. Joseph’s and keep up the good work.

Michele Paquette Certification, Recertification Scholarship – Denise Chiasson

Olympus $500 Draw Scholarship Recipients

SciCan Award Recipient – Judy Deslippe

LPN, RPN, Technician Award – Stephanie Nicol
Barb Bancroft
RN, MSN, PNP

“A widely acclaimed national speaker”

Barb is noted for her humorous, entertaining and information packed seminars. She is author of books—her latest, *Kiss My Asparagus: An Essential Guide to Nutrition’s Role in Health and Disease.*

Many people can conduct health seminars, or write books on health, but very few can make them both thoroughly informative and entertaining. Barb Bancroft makes complex health topics easily understandable, appealing and hilarious.

Barb has provided more than 2200 educational and motivational seminars on clinical topics and health maintenance topics to healthcare professionals and corporations throughout the US and Canada. She has been the keynote/plenary speaker for corporate groups such as Smith Barney/Citicorp and the Million Dollar Round Table. She has provided keynote/plenary speeches for healthcare associations including the Association for Practitioners for Infection Control, The National Association of Biology Teachers, The Emergency Nurses’ Association, the American Academy of Nurse Practitioners, the Pacific Coast Dental Association, and the Washington State Dental Association.

Barb has held graduate faculty positions at the University of Virginia and the University of Arkansas. She has provided courses on Advanced Pathophysiology, Pharmacology and Physical Assessment to both graduate and undergraduate students. She is currently the Executive Director and President of CPP Associates, Inc., a continuing education firm for corporations and healthcare professionals based in Chicago, Illinois.

Plan to attend this CSGNA 2013 opening keynote address in beautiful Banff, Alberta!

John Amatt

everest expedition leader
and author

“No Mountain Too High: Challenging Change with The Adventure Attitude”

The challenge of change is forcing us to rethink our values and to rekindle our spirit of adventure. It will take courage, resourcefulness and endurance to meet this challenge— the courage to try, commit and to take more risks; the resourcefulness to be innovative and creative in finding new ways of doing old things; and the endurance to keep moving forward despite all the setbacks.

John Amatt knows about tough times and the value of struggle in bringing out the best in teams of people! After all, he was a leader of an Everest expedition, which suffered four tragic deaths in two unpredictable accidents before putting six climbers on top of the world. His experience on Everest taught him about the danger of falling into the trap of complacency and the importance of always questioning the status quo in seeking new ways of adapting to a rapidly changing world.

An educator by training, he uses the lessons learned from his own life-and-death adventures in the world’s most remote places to articulate down-to-earth strategies for meeting the challenges of change in professional life.

Join the CSGNA 2013 Planning Committee and your GI colleagues for this incredible closing keynote address!
I wanted to write and publicly say “Thank you” to the 2012 National Conference organizing committee. They did an amazing job! Stefanie Nicol, Barb Harbers and I had the opportunity to attend the conference in Montreal at the end of September. We went with notepads in hand hoping to pick up tips and learn what delegates liked and implement those things in the 2013 conference that we are helping to host in Banff. What we experienced was so much more than that!

We met great people who are passionate about education, learning what was best for their patients. We appreciated the opportunity to network on issues that we are dealing with in our department whether or not they were addressed in the educational sessions. We were totally impressed with the information that we learned in the classes we attended, we found the education surpassed our expectations with engaging speakers and solid information that we could take home to make a difference. We enjoyed the mix of plenary sessions with breakout sessions. We loved the comfortable atmosphere that was created and the spirit of Montreal that was offered.

We came home feeling like we have big shoes to fill! As I have reflected on my experience in Montreal I realize that the organizers did indeed put a lot of effort into the Conference. Their planning gave all of us the opportunity to benefit from the CSGNA as an organization and that is what really made it great.

As part of the 2013 conference committee I realized that we have our work cut out for us to make this a great conference but the people that go to these conferences are really what makes the difference. Thank you to all delegates who attended Montreal, I look forward to next year, hope you do too! Here we are initiating the Summit of Inspiration 2013 CSGNA Conference in Montreal with our flags.

Send in pictures of your Chapter waving your own “Summit of Inspiration” flags from all over Canada! We’d love to have your pictures!

Planning Committee Members for 2013 CSGNA Conference

Alberta Southwest Chapter

Central Alberta Chapter

Stefanie Nicol, Barb Harbers and Merrill Wight

Judy Klaus, Maria Vetter, Brenda Perlau
Nouvelle initiative à l’hôpital Montfort : sigmoïdoscopie flexible par infirmière autorisée

Judith Boileau, IA, BSc inf, DESS Andragogie, S.T.
Rachel Walsh IA, BScN, MScN, CGN(C)
Chantal Richard IA

L’Hôpital Montfort est une institution francophone offrant, dans un milieu de travail universitaire, des soins de qualité dans les deux langues officielles. Nous prodiguons des soins d’excellence appuyée selon les meilleures pratiques. L’engagement de l’hôpital Montfort permet à ses infirmières de travailler selon leur champ de pratique complet.


Une équipe multidisciplinaire a été créée et a utilisé plusieurs stratégies pour mettre en œuvre cette initiative. Entre autres, une formation spécialisée a été donnée aux infirmières autorisées afin d’effectuer ces interventions de façon autonome. Après 6 mois d’implantation du projet, plus de 100 patients à risque moyen ont reçu de l’enseignement et ont procédé à une sigmoïdoscopie flexible faite par les infirmières, en collaboration avec les médecins mentors. De ce nombre, nous avons dépisté des polypes chez 20 à 30% des cas et les suivis appropriés ont été initiés. Un sondage a été effectué auprès des patients afin d’évaluer leur niveau de satisfaction avec le projet. Dans l’ensemble, les commentaires reçus jusqu’à maintenant ont été favorables.

Nous prévoyons poursuivre avec ce projet et nous vous encourageons à explorer les possibilités d’établir ce genre de programme dans vos provinces respectives.

Il nous ferait plaisir de partager avec vous notre expérience dans ce projet.

New initiative at the Montfort Hospital: flexible sigmoidoscopy by registered nurse

Judith Boileau, IA, BSc inf, DESS Adult teaching, E.T.
Rachel Walsh IA, BScN, MScN, CGN(C)
Chantal Richard IA

The Montfort Hospital is a Francophone institution that delivers quality care in both official languages, within an academic setting and works with its partners to improve communities’ health. We deliver excellent care supported by best practice. The commitment of the Montfort Hospital allows its nurses work to their full scope of practice.

Ontario posts a rate of colorectal cancer that is very high. The majority of cases of colorectal cancer have a chance of cure when detected early. The availability of doctors who perform flexible sigmoidoscopy screening is often limited. Since 2007, Cancer Care Ontario has established a pilot project where nurses perform flexible sigmoidoscopy. In the fall of 2011, Montfort Hospital has adopted the project to improve education and access to early screening for its clientele.

A multidisciplinary team was created and several strategies to implement this initiative were put in place. Among other things, specialized training was given to nurses to perform these procedures independently. After 6 months of project implementation, more than 130 medium risk patients have received education and a flexible sigmoidoscopy performed by nurses in collaboration with physicians mentors. Of these, we detected polyps in 41 cases and appropriate follow-up were initiated as per protocol. A survey was conducted with patients to evaluate their level of satisfaction with the project. Overall, the feedback received so far has been very positive.

We plan to continue this project and we encourage you to explore the possibilities of establishing such a program in your respective provinces.

We would be pleased to share with you our experience in this project.
Endoscope Reprocessing Renovation Project (Moving in the Right – Direction)

Submitted by:  
Audrey Boyce  
Central Zone Supervisor of Endoscope Reprocessing  
Red Deer Regional Hospital  
Red Deer, Alberta, Canada

Background: The realization for renovations was clear, with the increase in endoscopy patient procedures, the shortage of recovery beds, the addition of a colorectal cancer-screening clinic, and a reprocessing room that didn’t meet CSA standards; this was a prime opportunity for us to design a reprocessing unit that could:

1. Meet our staff Occupational Health & Safety (OH&S) concerns
2. Resolve the Infection Prevention & Control (IP&C) issues
3. Install the Automated Endoscope Reprocessor (AER), with pass thru technology to ensure a one-way workflow
4. Incorporate the Canadian Standards Association (CSA) guidelines to achieve our goal of patient safety

Methods: The key to the success of our renovation project was to include the front line workers to incorporate their suggestions. We planned a mock up with the front line workers, which gave us the opportunity to get their feedback. Our goal, also, was to meet the Canadian Standards Association (CSA) guidelines, and create a one-way workflow through out the entire reprocessing process.

Results: Keeping in mind the goal of patient safety, the design of a one-way workflow was implemented, separating dirty from clean to eliminate the risk of cross-contamination of endoscopes during the reprocessing cleaning process. This achievement was accomplished with the installation of the SciCan Innova® E4 AER technology.

We incorporated the OH&S concerns, providing rubber floors, higher counters, shallow sinks, and one-shot chemistry.

We resolved our IP&C concerns by adding stainless steel sinks, stainless steel countertops, and stainless steel endoscope cabinets with hepa filters.

Conclusion: The goal of this project was to design an Endoscope Reprocessing Unit that provided staff with a working environment that met CSA standards, an atmosphere that would be safe for staff to work in and the technology to reprocess endoscopes using pass thru technology.

Implantation d’un programme de référence accélérée en endoscopie

Conseillère clinicienne en soins infirmiers,  
Soins ambulatoires en médecine.  
Hôpital Maisonneuve-Rosemont

Résumé : L’obtention d’un rendez-vous pour les usagers nécessitant une coloscopie urgente (moins de deux mois) était problématique.

Il était impératif de trouver une solution permettant de mettre en place de meilleures pratiques afin d’assurer une qualité et sécurité des soins et traitements. Le délai entre la demande de consultation traitant et l’examen devait être plus court.

Le programme de référence accélérée en place depuis février 2011 permet à l’usager de subir une coloscope sans avoir vu préalablement un gastro-entérologue. L’objectif était d’instaurer un programme encadré visant à offrir des soins dans les délais de moins de deux mois pour les cas urgents. Un formulaire d’évaluation et d’intervention téléphonique a été construit pour soutenir le comité ainsi que l’infirmière dans la démarche de soins.

Dans un premier temps, le gastro-entérologue effectue le triage des consultations selon des critères de sélection : rectorragies, recherche de sang occulte dans les selles positive, anomalies radiologiques, anémie ferriprive. La demande est acheminée au commis qui effectue le premier contact avec l’usager pour s’assurer de son admissibilité au programme selon certains critères : l’âge (< de 80 ans et > de 18 ans), la mobilité, la compréhension et l’absence de comorbidités importantes. Ensuite l’infirmière effectue une approche téléphonique. Elle évalue la condition médicale, transmet l’information nécessaire, décide la préparation colique à l’aide d’une ordonnance collective, puis donne un rendez-vous. Un suivi spécifique pour les usagers diabétiques et sous anticoagulants est assuré par l’hôpital de jour. Huit plages d’endoscopie par jour sont dédiées à ce programme.

La mesure de plusieurs indicateurs ont permis d’améliorer l’efficacité : analyse du nombre et du temps des appels, tâches cléricales, irritants chez les médecins, nombre de consultations en attente, délai entre la réception de la consultation et la coloscopie ainsi que la satisfaction des usagers.

Objectifs :
1. Présenter le programme de référence accélérée en endoscopie de l’hôpital Maisonneuve-Rosemont.
2. Présenter les impacts du programme selon des indicateurs précis
3. Préciser la contribution de l’infirmière.
Colorectal cancer (CRC) is a leading cause of cancer death in Canada and 75% of those who are diagnosed do not have a family history. In December 2010, the Canadian Association of Gastroenterology (CAG) revised their guidelines to address the screening recommendations for average-risk individuals. It was suggested that colon screening should be delivered in a programmatic regional program and that all individuals should participate in a fecal occult blood test (FOBT). Furthermore, all average risk individuals should be offered a flexible sigmoidoscopy. Colonoscopy is NOT recommended for programmatic screening of the average risk individual.

**Aim:** To educate those in our community about the importance and validity of the Registered Nurse Performed Flexible Sigmoidoscopy Program as a safe, feasible and effective tool that screens average-risk individuals for colorectal cancer.

**Methods:** The eligibility criteria for average-risk individuals were developed and defined by Cancer Care Ontario (CCO). We support the documented CAG position statement on screening individuals at average risk for CRC. We reviewed several trials whose data supports the legitimacy of the program and those that compared the results of FOBT alone and FOBT combined with flexible sigmoidoscopy. Lastly, we examined our community response data in terms of booking rates and the outcomes of the procedure.

**Results:** We performed a total of 549 procedures in a period of twelve months; 104 clients had low risk polyps or no significant pathology and 105 were found to have high risk polyps or significant pathology. We also discovered one client had colitis and two had cancer. Those individuals who had an abnormal exam/pathology, colitis or cancer were referred on to colonoscopy.

**Conclusion:** Medical evidence, large independent trials, as well as our own supporting statistics clearly endorse the use of the Registered Nurse Performed Flexible Sigmoidoscopy project in the programmatic screening of average-risk individuals for colorectal cancer.

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### Chicken Soup for the GI Nurses Soul

This old fashioned chicken stew has become a favorite of mine for years, and it feels like a nice warm hug on those cold fall & winter days. A simple and easy recipe to prepare in less than an hour which makes it perfect for us busy GI nurses. I hope it becomes a favorite of yours as well.

**Chicken Stew with Parsley Dumplings**

- 4 boneless, skinless chicken breasts
- 4 small potatoes quartered
- 2 each carrots and onions quartered
- 2 stalks celery sliced
- 4 cups chicken stock
- 1 ½ cup each of peeled cubed sweet potato and rutabaga
- ½ tsp each of dried thyme, sage and salt
- ¼ tsp pepper
- 1 cup frozen green peas

**Dumplings:**

- 1 cup flour
- 2 TB chopped parsley
- 2 TB butter
- 1 ½ tsp baking powder
- ¼ tsp salt
- ½ cup milk

- In large saucepan, combine chicken, potatoes, carrots, onions, celery, chicken stock, sweet potato, rutabaga, thyme, sage, salt and pepper. Bring to a boil over high heat.
- Reduce heat to medium low: simmer, covered for 20 minutes or until vegetables are almost tender. Stir in frozen peas.
- Dumplings: While stew is cooking combine flour, parsley, butter, baking powder and salt in a bowl and blend together with a fork or pastry cutter until the mixture resembles coarse crumbs. Stir in milk. Drop mixture by tablespoons to make 4 to 6 mounds on top of hot stew. Simmer, covered for 15 minutes (do not boil hard) without lifting lid, until dumplings have risen and are fluffy.
- Serves 4! Enjoy
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Open to nurses or other health care professionals engaged in full- or
part-time gastroenterology and endoscopy procedure in supervisory,
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☐ 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
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FORMULE D’APPLICATION
(COCHEZ UN)

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en temps que superviseurs, enseignants, recherches application
clinique ou administrative.

☐ AFFILIÉE 100,00$
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☐ RETRAITÉ 50,00$
Ouvert aux membres non engagés activement dans la pratique
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MEMBRE AIC OUI/NON

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