

**Save the date! CSGNA 2017
National conference**



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2016 National Conference

With 2016 National conference coming to a close, we can reflect on some of the great times had with these pictures to remind us of the event. Thank you to ALL of those involved who made it a great success.

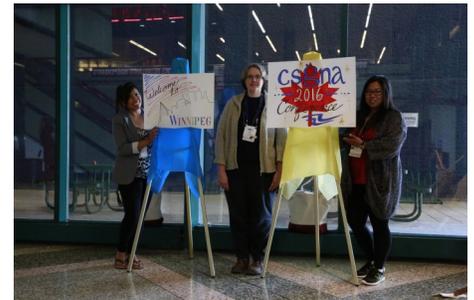
2016 Conference Planning Committee



2016 National Board members



Outgoing President;



Valerie Cade



Patricia Raymond



Incoming President: Connie Wescott

President Message

Welcome,

We find ourselves at the beginning of a new year and a new chapter.....

We have many challenges to face as an organization and below are our three main focuses. The National Board comes to you united and eager to help you, the members. We want you, the members, to experience a better website, better learning, and better networking. We will be striving to provide you with better educational opportunities via the website, our National Conference, the new Timed Right website and grants. We will continue in our efforts to provide a bilingual website and a bilingual conference where warranted.

Lastly,

We want your input! Help us make this association more about you! Let us know your needs and wants and together we can improve this association to become more strong and dynamic!

Connie Wescott, RN (CGN)

CSGNA President Elect Director's Report

My Success stories since last report: I attended the CANIBD National conference in Toronto November 4th-5th as the board liaison for CANIBD. Approximately 50 IBD Nurses were in attendance.

My Challenges since last report: I am just learning the new role and the responsibilities that go with it.

New Initiatives: Working on Speaker guidelines with Jody Hannah and Gail Mason

Timeline for new initiatives.: After input from the board at the teleconference we should have them ready within 2 weeks.

Cathy Arnold Cormier

Public relations Director Report

Thanks to the Winnipeg Organizing Committee, all Sponsors, Innovative Conference and Communication (event planners) and the delegates, the CSGNA National Conference was a success.

It has always been in my experience, pleasant and refreshing to attend this wonderful event.

Looking forward to next year in Victoria, BC!!!

Projects!!!!

Have you ever wondered what the job description of an endoscopy nurse should be? What does he/she do A to Z? Work trail through Endoscopy, EUS, EBUS and ERCP?

Sylvie Nadeau, RN, from the Montreal Chapter is putting together a document on Endoscopy job descriptions with my collaboration and **Rose Aliette Francois, RN** from her department.

If anyone has "JOB description" documents regarding Endoscopy to share from their institution please send them to me.

This is a precious and important project to me. Remember that statement: What is documented is what is done! (When charting) What we do every day needs to be documented.

GI NUSRES ROCK!!!!

Mildred Clement Rn CGN (C)

Reports

csгна Synopsis for 2016 Winnipeg, Manitoba Conference Face to Face Board Meetings

Attendance (Pre & Post Board Conference):

15 Incoming and Outgoing CSGNA board members were in attendance.
1 outgoing CSGNA board member was absent.

Review / Additions / Adoption of Minutes:

No additions were made to Pre-Conference /Annual General Meeting/ or Post Conference meetings. Motions were passed and minutes were circulated.

Welcomed New In-Coming Board Members for 2016-2018:

In-Coming Board of Directors:

Miranda Boyer: **Executive Assistant**
Jody Hannah: **Practice Director**
Gail Mason: **Education Director**
Linda Gandy: **Membership & Grants Director**
Carina Kirk: **Multi-Media Director**

Continuing Board of Directors:

Connie Wescott: **In-Coming President**
Cathy Arnold Cormier: **In-Coming President-Elect**
Jacqui Ho: **Treasurer**
Joan McKechnie: **Canada Centre Director**
Mildred Clement: **Public Relations Director**
Stephanie Carr: **Canada West Director**
Paula Triantafillou: **Canada East Director**
Suzette Lloyd: **Secretary**

Said Goodbye to Out-going CSGNA Board Members:

Out-Going CSGNA Board Members:

Lisa Westin: **President**
Maria Clarke: **Website Director**
Dana Letto: **Practice Director**
Donna Bremaud: **Awards & Research Director**

Reports

Bylaw Changes/Revisions:

Bylaws will be reviewed and revised for 2016-17.

Financial Reports:

CSGNA financial terms with Revenue Canada were changed from May to April 30th in 2015. All accounts were reviewed by treasurer:

Operation Accounts: \$76,132.26
Conference Accounts: \$153,140.80
Education Accounts: \$191,750

CSGNA Accountant: Sandy B. Scholfield, CPA will continue to aid CSGNA through 2016-2017.

All attending members were in favor of accepting CSGNA Financial Report for 2016.

New CSGNA Administrative Assistant:

CSGNA hired a new Executive Assistant (Miranda Boyer) August 8th, 2016. Hours of operation will be from **11:30-16:30 EST Monday-Thursday**. This role will encompass office management/ secretarial roles such as: answering phones, emails in regards to membership, website activities, and aiding with organizational events during national conference times. Central phone line/fax has been changed along with CSGNA's current head office address. Please refer to website for current information. Industry Canada will be contacted immediately for this current status change.

CSGNA Membership for 2016

CSGNA Membership has grown from 2015. Membership status has been strongly affected by the website e-commerce button during on-line registrations in the last year. CSGNA cannot undo the unfortunate events from those incidences but can only learn and improve to keep members informed and happy in the future. New membership packages will be updated for 2017 and all guidelines for chapter executive have been reviewed.

Future goals presented from East, Centre and West Directors are to make a stronger presence and to find innovative ways to engage new members within rural areas and remote hospitals across Canada. For 2017, Board Members and National Executive are collaboratively seeking for new membership and communications with those who wish to become more involved in CSGNA. By getting potential members involved with processes of CSGNA planning, members will not only become more engaged but also be motivate & intrigued with improving nursing practice in Endoscopy.

Overview of CSGNA Winnipeg, Manitoba Conference 2016

"Muddy Waters" National CSGNA Conference in Winnipeg, Manitoba had 166 delegates in attendance. The planning committee was pleased with the program and Convention Centre. Members offered lots of positive feedback of the excellence in choices of Keynote speakers, GI accredited content and vendor participation. "Folkarama" entertainment was a huge success having 90 people in attendance for this event.

In the future, CSGNA is going "GREEN" and all syllabuses will be provided in a printed format for a small fee during the registration process at all future national conferences. The syllabus will also be accessible within the website if members choose to print off their own individual packages. New CSGNA Brochures were updated and distributed to members attending the CSGNA booth in Winnipeg. Banners will also be refreshed for 2017. All banners and brochures are available upon request for chapter events and worksite locations.

Reports

CSGNA National Conference 2017 (Victoria, British Columbia)

Planning stages for the upcoming National conference held in Victoria, B.C. is well on its way. For 2017, new members and attendees will be celebrated and showcased at the registration booth and at the beginning of each conference day. All keynote speakers will have GI Related content which will be added to ones CNA accredited hours. CSGNA encourages present members to seek out newcomers and help them network with nurses and associates across the country. Not only does it get members involved with the processes of CSGNA, but it will also give these members the motivation to participate in making change within their practice. CSGNA also strongly encourages members to apply for scholarships if they wish to attend the National Conference in Victoria, B.C. There are so many advantages in being a member so start applying!

Website Development and Future Strategies for Improvement

Difficulties were noted during on-line registrations while CSGNA was launching the website in 2015. Members were able to navigate through registration but were unable to pay for memberships **ONLINE**. Although this was an unfortunate event, it has now be rectified by the website developer and members can now activate the **E-Commerce "Check-Out" Feature** during the registration process.

All members are encouraged to use "**Google Chrome**" to receive the best view while accessing the website. Members must submit their original email address during registration to access the **MEMBERS ONLY SIDE** of the CSGNA Website. The executive assistant and present Multi-Media Director will add this information for the login process to help members access with ease.

Future Strategies added to CSGNA Website

Frequently asked questions will be added for members within the website. A Trouble Shooting Guide will be developed for early 2017. Stay Tuned!

The Home page will be changed frequently adding a "**What's New**" section to keep members interested in upcoming events and featured articles will be showcased on the front page of the website. Translations of all content will continue to be of high importance for our French speaking members.

The "Timed-Right" Platform will also continue to be offered to all members who wish to utilize this communication tool. This is an excellent service that CSGNA offers to all members. Many discussion threads have been created within this platform and new groups are growing every day. Check it out!

CNA Certification Program Update:

Applications to write the CNA GI Certification and Re-Certifications are at an "**All-Time**" low. This may be attributed to a high percentage of retired nurses working in Endoscopy. Other contributions may be related to poor understanding and support from hospitals behind the value of certification. Other members have disclosed the lack of notification to Re-Certify given by CNA whether through email or through Canada Post. Due to these absent notifications, many members have missed the deadlines for GI Re-Certification. CSGNA Board of Directors are aware of the issues and are presently working collaboratively with CNA to alleviate these challenges in the future.

2016 is the year in which the GI CNA Certification questions were revised. 5 GI Certified nurses were invited to help with the development of GI related questions. All core competencies and reference lists will be update for 2017. The new GI CNA exam will be offered live in November 2016.

For 2017, CSGNA National Conference in Victoria, British Columbia will have a few changes in what was previously offered in preparation for CNA GI Certification sessions. Instead of an allotted time of 45 minutes for members to navigate through possible test questions, CSGNA will be offering a longer time slot of 1.25 hours to help members feel more prepared. This extension in time was a direct result from member feedback.

The goal for 2017/2018 is to have all CSGNA members certified across the country. Not only will this knowledge give CSGNA members a stronger voice in our practice but it will also protect our job security and team satisfaction.

Reports

CANIBD Report 2016:

Terms of Reference for Communities of Practice:

CANIBD was the first Communities of Practice to join CSGNA in 2015. A core group of IBD nurses within the CANIBD community have established 5 core nurse liaisons to strengthen the concepts of Communities of Practice. This core IBD group is helping establish annual education days, support research projects and IBD nurse fellowship programs.

CSGNA is developing the "Terms of Reference" outlining the Communities of Practice, membership and development of CANIBD as a core group within CSGNA. This will be added to the bylaws for Communities of Practice. This movement will take high precedence within the CSGNA umbrella and will ensure the future development/on-going initiatives. The IBD Canadian National Conference "Meeting of the Minds" was held in Toronto November 4th, 2016. CSGNA is trying to capture new Communities of Practice to join CSGNA. Not only will it give a revitalized membership to CSGNA but it may also offer future collaborations with new Communities of Practice.

Online Applications for Grants/Scholarships:

Congratulations to all CSGNA Scholarship Winners for 2016. On-line Grants & Scholarships are now offered within the website for 2017. All necessary documentations will need to be attached to the application process. Good Luck!

Timed-Right Contract:

CSGNA continues to adopt the concept of this new communication tool that has been discovered and introduced at the 2015 Annual General Meeting in Moncton, New Brunswick. Timed-Right is very similar to LinkedIn and members can create profiles, participate in discussion groups, hold webinars, add chapter discussion group threads, etc. The processes are endless.

New Guidelines are presently being developed that will support the use of this platform. Timed Right has also been the medium for launching website packages within the IBD fellowship program. CAG is interested in working within this platform to launch education modules, and speaker notes to gain hours in Certification. Calibri (CSGNA Website Developer) will be implementing a website tracking system to see how many people are using this platform. CSGNA encourages all members to try it out and become active users for learning and sharing current knowledge in Gastroenterology.

Background and Understanding of a Quorum: (AGM)

Only **77 Active CSGNA members** attended the Annual General Meeting in Winnipeg, Manitoba. Current CSGNA membership for 2016 reveals **382 Active members across Canada**. Within the bylaws, a quorum of 30% of active members must be present at the AGM in order to validate all decisions and fully represent CSGNA members. In order to conduct business, CSGNA would need 114 eligible members to vote/conduct business. Due to the decrease in attendance at the AGM, business will be placed on hold and an electronic poll will be conducted to verify the efficacy of future decision making. Thus, abiding by to the non-profit bylaws and Industry Canada.

Nominations for CSGNA Multi-Media Directors Position:

6 open CSGNA Board Positions were available to membership for 2016. Canada Centre, Public Relations, Education, Practice and Membership & Grant Directors were all acclaimed before the nomination deadline. A vacant position within the board (**Multi-Media Director**) was offered to all active CNA Certified CSGNA members who attended the Annual General Meeting. Two members offered their nominations. One from Halifax and one from Winnipeg. A ballot system was used for the vote by all attending members during elections. Carina Kirk from Winnipeg was nominated to be the new Multi-Media Director for CSGNA 2016-2018. Both members were thanked for offering their nominations and taking part in the elections.

Reports

SGNA President's Message

Kirstine Barman, current SGNA President of the United States attended the CSGNA National Conference in Winnipeg, Manitoba 2016. She informed the entire attending membership during the Annual General Meeting of an open Editorial Position through the American Journal of Gastroenterology. If there are any interested individuals wanting to take on such a role, one can contact SGNA/CSGNA Board Members for more details.

Marketing & Membership Strategic Plan for 2017

CSGNA's core strategies are to focus on increasing membership for 2017. Secondly, improving support and communications to all executive chapters across the country will be of high importance. CSGNA will continue to foster strong partnerships with CANIBD, vendors, CAG and CNA.

Upcoming Events

Face to Face CSGNA Board Meeting:

February 3-5th, 2017 (Toronto, Ontario)

Respectfully Submitted by:

Suzette A. Lloyd (CSGNA Secretary)

CNA Certification and Recertification

Join the growing network of more than 18 000 CAN-certified RN's at the leading edge of Health care. CNA is pleased to announce that certification examinations will be moving to computer-based testing. To make exam applications more convenient and accessible, the registration process will be completely online for 2016. We're proud to make obtaining certification more convenient and accessible for all nurses.

Certification deadline: 2016 exam application process is now closed. 2017 certification exams and application dates will be announced shortly.

Recertification Deadline: November 30, 2016

Go to nurseone.ca

- See more at: <https://nurseone.ca/en/certification/get-certified#sthash.YS4ImoRS.dpuf>

Canada East Director Report

The Eastern Chapters have all held educational events over the past year and some are already preparing for 2017! These are excellent educational opportunities at the local chapter level and all are encouraged to attend. I would like to thank the Winnipeg chapter for hosting a great National Conference.

Quebec City Chapter: We had our Chapter conference September 27 2016. According to the evaluations received it was a success.

The power points will soon be available on our site.

We have already put together the program for next year November 2017.

Looking forward to seeing everyone again.

Alain Marcoux, Quebec Chapter President

French version: Comment vas-tu ?

Nous nous sommes rencontrés le 3 novembre pour le suivi de notre journée du 27 sept 2016.

Que des points positifs selon les réponses des questionnaires pour l'accréditation.

Les Power Pointe seront bientôt disponibles sur notre site. Nous avons déjà établi les conférences pour l'an prochain,

Attendons les réponses des différents intervenants, pour voir si l'on doit modifier quelque chose.

Le 4 novembre 2017 à retenir!

Alain Marcoux, Président Chapitre de Québec

New Brunswick/PEI Chapter: Fall of 2016 is quickly flying by. The NB/PEI CSGNA Chapter saw a great attendance at the National CSGNA 2016 Conference in Winnipeg . The conference was very informative and had a lot of great topics! The executive for the NB/PEI Chapter will be moving to Saint John NB for 2017, Heidi Hanlon will be taking on role as President .

Season's Greetings Carla Martin! Outgoing President

Newfoundland Chapter: NL chapter continues to be a very active chapter, meeting regularly and successfully recruited several new members. We also sadly said good-bye to Maria Clark and Jessica Robar as they moved to other provinces. Both were very involved with chapter as well holding positions on the local executive or national board.

The date for our annual GI Education Day has been set for April 1st, 2017. We were able to send two members to the National conference in Winnipeg, which they thoroughly enjoyed. In October the majority of our members attended a full day work shop on ERCPPs. The Chapter also arranged an evening education session on November 9, 2016. Presented by a local endoscopist on the topic of GI Bleeding and difficult polyps.

In closing, the NL chapter is hoping to be considered to host the National conference either in 2018 or 2019. We would love to warmly welcome all of our fellow GI nurses to our historic, beautiful province.

Respectfully Submitted, Sandy Stone

Paula Triantafillou,
Canada East Director



Canada Center Director Report

The CSGNA 2016 Winnipeg Planning Committee provided an excellent National Conference for us! Thank you for all your hard work in organizing this annual event in beautiful Manitoba. The program offered plenty of topics to choose from and the speakers were exceptional. I really enjoyed networking at the Chapter Executive Dinner and our guest speaker Anne Marie Fuchs.

Greater Toronto Area Chapter: I attended the conference in Winnipeg and it was nice to see some familiar faces and get to meet new people as well. The venue was fantastic and since I arrived early on Wednesday, I had the opportunity to visit the Human Rights Museum and it was worth it!

Kim Dooner, Chapter Treasurer is planning to retire this year and has offered to stay on the Chapter Executive until we find a replacement. I am currently recruiting Katherine Mansfield from St. Michaels Hospital for the Executive of the Greater Toronto Chapter next year. I spoke with Catherine Goodenough from the Golden Horseshoe Chapter and we will try to coordinate an education day with her Chapter to encourage both Chapter members to attend. I am not sure if it will be in April but I will let you know when we decide on a date.

Daysi Sandino, GTA President

Golden Horseshoe Chapter: Linda Gandy and I, Jody Hannah accepted positions on the National Board as of the Winnipeg Conference. Linda is the new Awards and Research Director and I am the new Practice Director. I have enjoyed being the Golden Horseshoe Chapter President for the past 5 years. Linda and I wish the new Executive all the best working with Cathy Goodenough. Her experience and enthusiasm will carry them through the transition. We will notify members about the new Executive when the official turnover has taken place.

Those of us who attended the 2016 Winnipeg National Conference had a wonderful time and hope to see many more delegates from the Golden Horseshoe Chapter next year in Victoria, BC.

Jody Hannah, outgoing Golden Horseshoe President

Central Ontario Chapter: President Janet Young-Lauren attended the National Conference in Winnipeg. Liz Robins, outgoing Chapter Treasurer will soon be replaced by Donna Bremaud, incoming Chapter Treasurer. Thank you Liz for your commitment to CSGNA and to Donna for agreeing to assume a Chapter Executive role once again! Your dedication is greatly appreciated.

Ottawa Chapter: The Ottawa Chapter Executive did not attend CSGNA 2016 Winnipeg. President Jennifer Lainez informed me recently that she will be stepping down and is actively recruiting a new Chapter President. The Chapter is planning an education event in the near future.

London & Area Chapter: A few members of the London & Area Chapter attended the National Conference this year. The Chapter does not have a Chapter Executive at present. Please contact Joan McKechnie, Canada Centre Director if you are interested and/or know someone who might be interested in forming a new Chapter Executive. A few members of the Chapter are interested in organizing an education event in the near future. If you have any suggestions and would like to volunteer to plan a Chapter evening meeting, email Joan McKechnie at CanadaCentreDirector@CSGNA.com

Submitted by

Joan McKechnie RN CGN(C)
CSGNA Canada Centre Director

Canada West Director Report

STICKING TO YOUR GOALS AND GOING FOR IT!

The best motivation for love in one's chosen career is to **REALLY WANT** something, get excited about it, and to be passionate about it. As the CSGNA Canada West Director, my goal for my term 2015-2017 is to be as informative and inspirational as I can about CSGNA and CNA GI Certification.

I ask each one of the CSGNA members one question, "What about your GI practice excites you and how do you keep your motivation going to attract others to do the same?" I was fortunate to have a GI nurse (my mentor) interject her love for GI and show me that my journey in GI is important.

My mentor demonstrated her passion for GI nursing each day within our unit. She was instrumental in creating "The Future Factor in GI". This visionary GI nurse for-casted the importance of GI CNA certification and believed this national acknowledgment would build belief in tomorrow's vision to GI excellence. This nurse proclaimed that acquiring this national recognition will only enhance each GI nurses' credibility because it demonstrates specialized knowledge and commitment to live-long learning. Her name is Maryanne Dorais R.N, CGN, Retired Endoscopy Nurse, and I am proud to say my mentor in GI Nursing.

Showcasing GI nursing excellence is my monumental focus for the next two years as the National CSGNA Canada West Director. Clinical nursing expertise is essential to quality patient care and administrators, physicians and nurses within GI need to focus on CNA certification.

I am proud to say I will continue the legacy that my mentor has shown to me each day that we had worked together. I am currently taking an active role in dispersing my knowledge and best practices in GI locally, provincially and nationally by mentoring many nurses along my GI nursing journey. I believe that the collaborative nature of mentoring within this position develops individuals and interpersonal links between individuals. This sharing ultimately increases engagement. This sense of engagement will only build membership and build a stronger sense of CSGNA GI community.

To Maryanne Dorais: You had inspired me to do the things I am meant to do. I THANK YOU AND CSGNA!!!!!!

Sincerely Submitted,
Stephanie Carr, R.N., BScN, CGN
CSGNA Canada West Director

Vancouver Island Chapter Greetings from Vancouver Island!

It has been busy since the last report. Chapter membership is down slightly since last quarter but we are encouraging nurses to take advantage of the 18 Month Membership. Six of our chapter members attended BC Digestive Diseases Day Victoria on September 10, 2016. We have a couple members planning to write the CNA-GI certification exam and at least one re-certification. Five members could attend GI Forum in Vancouver, British Columbia scheduled on October 13 & 14, 2016. Three members attended CSGNA National Conference in Winnipeg, Manitoba. We are honored to be hosting CSGNA 2017 in Victoria, September 21-23, 2017. We hope that all executives will encourage attendance to this wonderful opportunity. WE are brainstorming and planning for a fantastic conference!

Respectfully Submitted,
Shelley Dosso
Vancouver Island Chapter President.

Okanagan Chapter

First of all – on behalf of our Chapter, we would like to again express a big "Thank-you" to the wonderful job everyone did with organizing the Annual Conference in Winnipeg, Manitoba. This really was a wonderful event and such great information to bring back to our members.

It has been a busy summer and continues to be a busy fall for the Okanagan. Bethany, as the Okanagan Chapter president has been able to attend a couple of educational events in Vancouver and Toronto. She will be providing a talk on some of her IBD learnings in late November.

With the excitement of Winnipeg over, we set our sights on Victoria this coming Fall. Our chapter goal is recruitment and hope to increase our current members. We would love to have an excellent showing and support our West Coast CSGNA family's hard work in putting this next Conference together.

Respectfully Submitted,
Bethany Rode
Okanagan Chapter President

Canada West Director Report

Calgary Chapter

Thanks to the generosity of our city- wide GI leadership, we were able to send three extra people to the Winnipeg Conference. This meant that Calgary had five people attend the annual conference – everyone had a great time and they also learned a great deal. Thanks so much to the conference organizers!

The Calgary Chapter held our annual education day on October 15. WE had a great turnout and some awesome speakers. We recruited 4 new members as well!

We are planning another Dine and Learn event in January.

Submitted by Bobbi Sheppy, Calgary Chapter President

Edmonton Chapter

The Edmonton Chapter has been extremely busy these last few months. Unfortunately, due to particular circumstances a report could not be submitted at this time. Please stay tuned for the next submission in the guiding light.

Central Alberta Chapter

We started the new chapter year with elections for our Executive. Joanne Glen finished as chapter President, with myself Koralee Kovacs stepping into the role. Shannon Beaudoin is our new secretary, and Maria Vetter has stayed on as our treasurer for one more year. We had six delegates go to National this year in Winnipeg, and reported on a fantastic conference. Congratulations to Bev Herzog, Brenda Perla, Audrey Boyce and Shannon Beaudoin for winning scholarships this year. Our own Lisa Westin completed her reign as National president and our chapter is very proud of her! We are planning four education evenings throughout the year, with our first taking place in November on Hepatitis C. Look forward to a great year.

Koralee Kovacs
President
Central Alberta CSGNA chapter

Alberta Southwest Regional Chapter

Hi to everyone from the AB SW Regional Chapter in Lethbridge. We have had a very exciting year and are thrilled to tell all about it. We have grown in numbers to 12, with a few on the sidelines helping out. The group is very creative and works well together and is thrilled to be able to provide education for all the nurses in the area.

We have had two evening sessions this year on Hepatitis C and Liver Disease in general and both were attended very well by all of our staff. We have just finished our full day education event on October 21 st . This was the first year that we held it outside of the hospital. We were so crammed in there last year, that we felt it was time to move out.

We hosted 121 people including attendees, committee members and vendors at one of our hotels and the title of our conference was: "Aargh!! Shiver Me Liver". You guessed it, we had a pirate theme and covered Liver 101, Hepatitis C, Hepatocellular Carcinoma, Low Risk NAFLD and the Hepatitis Support program out of Edmonton. We also had an audio patient testimonial from one of our liver patients and we ended our day with a recent liver transplant sharing his story with us. Without a doubt, the testimonials were a big hit.

I am so completely proud of the group that we have here and hope that all of you are having the same successes that we are. We have already started to brainstorm for ideas for next year and are excited about it. Here in Lethbridge, we are starting a GI clinic that will treat in patient and out-patient liver disease as well as IBD. This new program should open up even more teaching opportunities for us as well.

Best of luck to you all this fall, and best wishes for the holiday season.

Sincerely,
Barb Harbers
President, AB SW Regional Chapter of CSGNA

Canada West Director Report

Regina Chapter

Beautiful fall everyone.

We held our annual GI Day on October 28. It was a great success. We ended the day with a patient sharing their personal experience with having Crohn's. This patient's experience expressed the importance of what we do. Two nurses trained in performing esophageal motility testing displayed an educational booth on motility. Thank-you to all of the Endoscopy and GI Unit members that put this educational day together. Thank-you to all the great speakers for their time and expertise.

On the evening of November 14, 2016, Jennifer Taylor is presenting on EUS. This is sponsored by Pentax. We look forward to this educational outing.

Marie Turton MT, RN
President of CSGNA, Regina Chapter

Manitoba Chapter

The Manitoba Chapters National conference planning committee is relieved that all their hard work paid off for a successful 3 day conference. We didn't hear of any glaring issues occurring and have since been resting on our laurels.

We are proud to have Carina Kirk as a new executive on the board. She is the new multimedia director.

One of our new members won the Victoria registration fee for the National next year in Victoria, B.C. and he is very much looking forward in attending.

There is now a group of nurses thinking about getting their gastroenterology certification from Winnipeg. I will encourage them all I can!!

We will start up again with one more educational evening before Christmas. Speaker and sponsor are yet to be determined. Then we usually do an educational evening every six weeks.

At this point as the President, I am trying to decide whether we should put on a spring conference to raise funds for our chapter, since the Chapter putting on the conference doesn't receive any financial benefit other than the satisfaction well done. We will keep you posted as we decide on a spring conference!

Respectively submitted by

Carol Reidy RN, CGN© credidy@sbgh.mb.ca





CSGNA Booth Representation at the 15th Annual GI Forum in Vancouver, B.C.

On behalf of the Canadian Society of Gastroenterology Nurses & Associates, we would like to personally thank the GI Forum planning committee for allowing National CSGNA representation at this conference.

The primary focus of our presence as CSGNA representatives was to educate all disciplines of healthcare attendees. Throughout the conference, our mission was to increase awareness to the benefits of membership & CNA GI Certification. Other affiliations within CSGNA were highlighted such as: Communities of Practice with CAG, CANIBD, ECCO, SGNA, vendors and other interested support groups.

We are proud to represent such an active Canadian Nursing Body. As Nursing leaders in Gastroenterology, it is essential to become politically active and motivate others within GI.

2017-18 CSGNA Strategies are to promote/attain CNA Certification as a job requirement within all hospitals across Canada. Not only will these requirements solidify a level of excellence, but it will also give job security to nurses within this specialty.

Many professionals who attended the GI Forum Conference were unaware of the CSGNA Association and what membership could offer to their practice. The CSGNA booth table had an unexpected and overwhelming attendance by doctors, nurses, MDR affiliates, vendors and other GI associations. A common theme emerged within our communications. **Most individuals did not know about CSGNA.** This information proved that marketing needs to be strengthened within the Association. Marketing must be at the forefront of our strategies for improving membership, and CNA Certification.

The CSGNA booth created a buzz within the conference. This awareness was crucial and confirmed that our presence was valid as CSGNA spokespersons. Open discussions created a sense of community, professionalism and transparency.

CNA certification was a **"Hot topic"** during many of the discussions surrounding the CSGNA Booth. One of the many GI specialists who were present for these discussions was instrumental in sharing the importance CNA Certification brings to her endoscopy unit located in the Interior of British Columbia. This gastroenterologist, stressed the expectation that each endoscopy nurse must acquire and sustain GI CNA Certification within their workplace.

"All but one nurse is GI Certified and all have maintained their Re-Certification status. It is an expectation." quotes Dr. Taralyn Picton. This statement peaked interest not only in nurses but physician groups as well.

The booth created open dialogue showcasing education, practice standards, position statements, industry partnerships, research, and patient quality care improvement tools.

As the Canada West Director & National Secretary of CSGNA, this representation at the Annual Interdisciplinary Forum in GI Medicine was timely. Advocating on behalf of CSGNA enabled us to network with potential new members.

We demonstrated that CSGNA provides a comprehensive community of GI support to all members. We also gave potential members a "Sneak Peek" into the "Members Only" side of the CSGNA website. Nurses who got a glimpse of the member's side only were intrigued with the quality of position statements, affiliations, and the amount of financial support just to say a few. Nurses couldn't wait to share this information and bring the brochure back to their workplace.

As representatives of CSGNA, our message was clear. With healthcare climates changing and the decrease in nursing educational support, it is key for endoscopy nurses to join our membership for guidance and bring value within their specialty.

A Gastroenterologist has been instrumental in ensuring that GI certified nurses are required to write the CNA Certification exam. The expectation within the job description are to sustain a Level of Excellence (GI Certification) within two years of the hiring date.





Dr. Taralyn Picton (Gastroenterologist) writes:

"The best preparation for tomorrow is to do today's work superbly well – William Osler"

The field of Gastrointestinal Endoscopy has exploded over the last 25 years. It has moved from a fiber-optic platform, where the physician could see what is going on, to video technology where all in the endoscopy suite can now visualize the gut. It is no longer a matter of only being able to make diagnosis with limited therapeutic options – now we have the technology to provide interventional therapy throughout the entire GI tract. New technology in the field continues to come fast and furious. Along with these new technologies has come a need for nurses with specialized skills in GI Endoscopy.

The Canadian Society of Gastroenterology Nurses & Associates has long recognized the need for specialized registered nurses and has been setting nursing GI standards for many years.

In our unit within Kamloops, British Columbia, majority of the nurses have completed their specialized training and completed the CNA GI Certification of Excellence. We, meaning administration and fellow GI physicians felt a need to make this certification a must within our unit. Introducing this idea almost 12 years ago has exponentially launched the quality of the endoscopy work within our unit. Patient care has improved tremendously.

As they gain more knowledge, the nurses become confident and develop an increased passion for their work. It is my impression that job satisfaction increases as well and it shows in their day to day work. We now have a team approach to procedures and the nurses are essential in making this level of expertise showcased within our unit.

As a physician, I strongly encourage nurses in Endoscopy units across the country to follow in our footsteps and take part as a member in CSGNA and acquire their GI Certification. I applaud the CSGNA for their leadership in this area and hope that going forward, they continue to set high standard for training and quality in GI Endoscopy Nursing.

"Expertise and teamwork prepare all of us for tomorrow's Challenges"

Respectfully Submitted,

Dr. Taralyn Picton,

Kamloops, British Columbia

The CSGNA booth at the GI Forum in Vancouver proved to be a huge success. This medium allowed for an overwhelming amount of discussion with back to basic communication. This face to face time with many potential members and physician support proved that the interest in CSGNA was apparent. From the information collected at this event, we now know CSGNA must have a stronger presence across Canada. It was a pleasure to showcase CSGNA at the GI Forum in Vancouver, B.C. We are pleased to announce our invitation back as representatives for 2017. We would like to thank Dr. Robert Enns and the planning committee for allowing CSGNA to represent at this venue. We would also like to thank Dr. Taralyn Picton for her contribution to this article. Both Stephanie and myself (Suzette Lloyd) feel we accomplished our goal. The goal was to become more visible to all disciplinary levels and to showcase CSGNA as an Association. Let us make our love for Endoscopy known across the Provinces. Let membership with CSGNA support and prove that GI is recognized as a specialty and with certification comes excellence to our units and patient care.

Respectfully,

Stephanie Carr R.N, BScN, CGN,

(CSGNA, Canada West Director)

Suzette Lloyd R.N., BScN, CGN

(CSGNA, National Secretary)



Duodenoscopes & CPE Risks

No one can deny that endoscopes are complex medical devices that require skill and expertise to ensure that they are effectively cleaned and disinfected. Has their physical design become so complex that they are almost impossible to get clean? That very question is being repeatedly asked as reports of Carbapenem Resistant Enterobacteriaceae (CPE) outbreaks associated with duodenoscopes are being reported in the literature and the mainstream media. Gastrointestinal endoscopy, particularly endoscopic retrograde cholangiopancreatography (ERCP) has been found to be an emerging risk factor for the spread of CPE and other Antibiotic Resistant Organisms (ARO).

More bacterial and viral outbreaks have been linked to endoscopes than any other medical device. The causes of virtually all of the outbreaks were attributed to some form of infection control breach such as improper cleaning, lack of drying of endoscope channels and other breaches. Over the last 5 years outbreaks of multidrug resistant bacteria, particularly CPEs have been associated with duodenoscopes. These outbreaks have occurred despite reported adherence to best practices for endoscope reprocessing. In March of 2015 the FDA issued an alert regarding the design of ERCP duodenoscopes and particularly the cleaning of the elevator mechanism. In some newer models of duodenoscopes the elevator is fixed and it is impossible to reach the elevator channel with a brush. Manufacturers are working to correct this design issue.

CPEs are a very real concern because:

- 1) They are resistant to numerous classes of antibiotics and in fact some are resistant to all antibiotics;
- 2) They can share genetic material with other bacteria enabling them to become resistant; and
- 3) Mortality rates with these organisms is relatively high. For example a CPE bloodstream infection can have a mortality rate as high as 40-50%. When a patient has an infection with a CPE there are very limited options for treating infections caused by gram-negative bacteria and there are very few new antibiotics being developed.

Risk factors for CPEs include:

- 1) Prior treatment with Carbapenem antibiotics
- 2) Treatment in an ICU
- 3) Mechanical ventilation
- 4) Immunosuppression
- 5) Central line placement
- 6) Diabetes
- 7) Elderly
- 8) Undergoing GI endoscopy especially ERCP; and 9) medical tourism. In healthcare settings these bacteria can be spread on the transiently colonized hands of healthcare workers who acquire it from patients or after handling contaminated equipment and from contaminated medical devices.

The prevalence of CPE in Canada is currently relatively low but the numbers are increasing and vigilance is required. There are core prevention measures that healthcare settings should have in place to prevent the spread of CPE. These include Routine Practices, surveillance or screening of patients (particularly patients who have received healthcare outside of Canada), isolation of carriers and antibiotic stewardship.

As numerous outbreaks have been linked to duodenoscopes, initiatives are also required to reduce the risks in this setting. There are conflicting recommendations in the literature and limited evidence about the efficacy of some recommendations but at a minimum it is critical to ensure that the best practices for reprocessing and manufacturers guidelines are followed. Infection Prevention and Control and Endoscopy should also set a schedule for regular audits of practice and ensure identified gaps are corrected. Additional guidance on minimizing the risk of bacterial transmission when using duodenoscopes is expected to be released by Public Health Ontario this fall.

Anne Bialachowski, RNBN ,MS CIC. Manager Infection Prevention and Control & Outpatients St Joseph's Healthcare Hamilton.

Duodenoscopes

References

Antibiotic resistance threats in the United States, 2013. Retrieved from: <http://www.cdc.gov/drugresistance/threat-report-2013/>

Centers for Disease Control and Prevention (CDC). Vital signs: carbapenem-resistant Enterobacteriaceae. MMWR Morb Mortal Wkly Rep. 2013;62:165-170.

Food and Drug Administration. *Medical Device warning*. Infection associated with duodenoscopes. Retrieved from: <http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/ReprocessingofReusableMedicalDevices/ucm454630.htm>

Guidance for Control of Carbapenem-resistant Enterobacteriaceae (CRE, 2012) (USA). Retrieved from: <http://www.cdc.gov/hai/organisms/cre/cre-toolkit/>

Muscarella LF. Investigation and prevention of infectious outbreaks during endoscopic retrograde cholangiopancreatography. *Endoscopy*. 2010; 42:957-959.

Muscarella LF. Risk of transmission of carbapenem-resistant Enterobacteriaceae and related "superbugs" during gastrointestinal endoscopy. Retrieved from: <http://www.wjgnet.com/1948-5190/full/v6/i10/457.htm>



CSGNA has recently set up an online community where our members can:

- Exchange Knowledge With Peers
- Share Experiences
- Ask Questions
- Post Solutions
- Collaborate on Projects
- And more!

This new community is very exciting, as it will help bring our members together more often, no matter where they are located. As we know, CSGNA is made up of professionals from all across Canada and having a central place to share, discuss, learn, and enhance education is a huge asset.

We've already started to use a number of online CSGNA community spaces, including knowledge exchange groups for All Members, a CANIBD nursing fellowship program, and collaborative spaces for our teams, boards, and chapters. We would love to hear other ways you think the community will help CSGNA, and how it can benefit our events and programs! Visit CSGNA's Member Group to post your ideas and read what others are thinking.

Create an account at:
<http://csgna.timedright.com>

2nd Annual CANIBD Report

The second annual CANIBD Nursing Conference was held in conjunction with the Meeting of the Minds (Mentoring in IBD and Future Directions in IBD) conference in Toronto on November 5, 2016. The conference was well attended by IBD nurses from across Canada and registration reached capacity.

The conference was opened by Karen Frost and Lisa Westin who reported on the many achievements of the CANIBD community of practice and the number of initiatives that are underway and supported by CSGNA and CCC. These include travel awards, a research award, and committees comprised of Steering Committee members and volunteers from the IBD Nurse CoP.

Three renowned speakers provided the presentations, beginning with Dr. Karen Kemp, IBD Nurse Practitioner and Honorary Lecturer from Manchester, UK. Dr. Kemp spoke on how to begin a research project, identify research priorities, conduct research activities and to transform the research into practice.

The second presenter Dr. Allan Gordon, MD, Neurologist, Director of the Mount Sinai Pain Management Centre spoke about Treatment of Pain in Inflammatory Bowel Disorders. He discussed why patients with IBD experience pain, the assessment of pain, the treatments used to alleviate the pain, and self-management strategies.

The final presenter was Dr. Arie Levine from Israel who spoke on Diet and IBD. He discussed current dietary therapies used to address IBD symptoms and research that is underway to identify the role of diet in the development of and remission of IBD. He also provided information for nurses on screening IBD patients for malnutrition.

The pdf. PowerPoints from each of these presentations will be posted on the CANIBD CoP section of the member's own section of the CSGNA website for your viewing.

On behalf of the CANIBD steering Committee- Usha Chauhan, Karen Frost, Jennifer Stretton, Joan Heatherington, Barbara Currie, Aida Fernandes and I, we would like to thank those who attended the conference and encourage members to attend the 3rd annual CANIBD conference in November 2017.

Lisa Westin, RN, MN, CGN(C)



The Canadian anti-spam law (CASL) came into effect July 1, 2014.

In order to keep you on our monthly electronic Guiding Light newsletter and electronic mailing list, we need your consent to continue to send these electronic communications to you. If you have not done so already, please confirm your consent by sending a quick reply to Kim Dixon at csgnaexecutiveassistant@csgna.com

"I consent to electronic communication" will appear in the subject line. Please note, you will be able to unsubscribe at any time in the future.

Our members are our greatest resource and we want to keep our communication

CNA Sample Test Questions



Canadian Society of Gastroenterology Nurses & Associates

Société canadienne des infirmières et infirmiers en gastroentérologie et travailleurs associés

Mildred Clement:

1. Choose the statement that is true:
The wall of the digestive tract is stimulated by the
- enteric plexus
 - Meissner's plexus
 - Auer's plexus
 - Vagus nerve
 - all of the above

Answer: E

The reference is the Core Curriculum p.154

Stephane Carr and Suzette Llyod:

2. A 31 year old women arrives in emergency with stomach distress, nausea and vomiting, abdominal pain, fullness and weight loss. On admission she appears extremely anxious, emaciated, significant dental decay, type two diabetic and revealed she suffers from poorly controlled schizophrenia. On examination the gastroenterologist could palpate an evident mass. A gastroscopy was performed and showed an evident abdominal mass. A 3- inch by 5- inch mass of hair-like fibers and decaying food particles were noted. What diagnosis would you consider she has?
- A) Lacto bezoar B) Pharmacobezoars C) Trichobezoar D) Phytobezoar

Answer: C

References: Society of Gastroenterology Nurses and Associates; Inc.: Gastroenterology Nursing; A Core Curriculum, 5th Edition, O'Conner, Nancy, 2013 pg. 148-151.

3. A 72 year old man was admitted into trauma unit. He vomited bright red blood on admission. Skin pallor, Hemoglobin of 57 and Heartrate of 172 beats/min. History revealed bilateral hip replacements, COPD, chronic NSAID use and BMI index over 40. Stat INR revealed 2.7. The gastroenterology performed an emergency gastroscopy and found a visible vessel within an ulcer site in the duodenal bulb. In logical order, what would be the best therapeutic steps an endoscopy team would take to control the bleed?
- Irrigate vessel site using gastric lavage, drug therapy and balloon tamponade
 - Inject 3 cc of 1:10,000 of Epinephrine at the five o'clock position of the vessel site
 - Suction blood from Duodenum, Use hemodynamic clips, and Bi-Polar probe to cauterize site
 - Use Hemo-spray and inject 5 cc of Tromboject 3%

Answer: C

Society of Gastroenterology Nurses and Associates, (2003), A Core Curriculum, Editor, Vanessa Griffin, 342-346.

4. A 22 year old male patient has come into emergency with steak lodged in his throat. The patient has had two other events which resulted in previous hospital visits for the same issue. The patient was given Glucagon IV with no effect. Assessment revealed a history of asthma, psoriasis and arthritis. He is currently a non- smoker, complaints of minimal heartburn, and is a Type One Diabetic. The doctor performed an endoscopy. The foreign body was removed, biopsies were taken in the antrum, mid-body of the stomach, and esophagus. The patient was notified by the Gastroenterologist that he was diagnosed with Eosinophilic Esophagitis. Choose the best recommendation for treatment.

- A) Offer patient a prescription of Ranitidine 75 mg po. B.I.D. and an Upper GI Series
- B) Proton Pump Inhibitor, and Steroid Inhaler
- C) Refer patient for allergy testing
- D) Esophageal Dilation in conjunction with Proton Pump Inhibitor
- E) All of the Above

Answer: B

Reference: The Society of Gastroenterology Nurses and Associates, Inc. (2013). Guideline for Eosinophilic Esophagitis. Chicago, IL: Author (page. 132-133).

Gastroenterology Nursing: A Core Curriculum 4th Edition page 186

5. A gastroscopy was performed on a 27 year old women who was diagnosed with a normal gastroscopy and was prescribed a proton pump inhibitor to treat acid reduction. The gastroenterology ordered a PH monitoring test to confirm acid reflux. What should the patient be instructed to prepare for this procedure?

- A) Avoid Caffeine, NPO six hours prior to test, Avoid Licorice
- B) Continue on with taking your Proton Pump Inhibitors prior to test
- C) No restrictions necessary prior to exam
- D) Stop PPI 72 hours prior to exam

Answer: D

Reference: High Resolution Manometry: Cindy Weekley, BSN, MSN, September 27, 2012 Advanced Tips and Tricks for Difficult Case Studies: PH Testing: Impedance, Catheter and Capsule, CSGNA Montreal, September 27-29, 2016

Paula Triantafillou

EBUS

6. In the upper abdomen, three important reference positions help to identify the anatomical guiding structures:

- (a) pylorus, duodenal bulb, second part duodenum
- (b) cardia, duodenal bulb, Ampulla of Vater
- (c) cardia, duodenal bulb, level of papilla
- (d) fundus, pylorus, level of papilla

Saturday, January 14, 2017

Advances in Nutrition **GUT HEALTH MICROBIOME** and

Toronto Marriott Downtown Eaton Centre Hotel
525 Bay Street, Toronto, ON M5G 2L2



Canadian Nutrition Society
Soci t  canadienne de nutrition



The Canadian Nutrition Society (CNS) has organized a one-day conference on **Advances in Nutrition, Gut Health and Microbiome**. While our knowledge regarding the importance of nutrition in Gut Health and Microbiome continues to grow, so too do the latest scientific discoveries. By attending this one-day conference with leading experts, you will learn about up to date current perspectives on this important topic. This conference is geared towards all health professionals including physicians, dietitians and researchers. **Join us for an exciting day of presentations.**

Delegates will learn about:

- Current perspectives on why gut health is so important
- The relationship between fibre, Omega-3 fatty acids and colon cancer prevention
- The role of Fibre and Prebiotics in relation to GI health
- The army of microbes that manage your health (and how you can help them)!
- Paediatric GI issues
- The aberrant interplay between host and an intestinal microbial dysbiosis in paediatric Crohn's
- The regulation of food intake by the gut-brain axis
- The relationship between Microbiome and obesity



Saturday, January 14, 2017

Advances in Nutrition GUT HEALTH and MICROBIOME

Toronto Marriott Downtown Eaton Centre Hotel
525 Bay Street, Toronto, ON M5G 2L2



Canadian Nutrition Society
Société canadienne de nutrition



This Conference offers delegates an opportunity to listen, learn, network and engage with some of our leading experts on Nutrition, Gut Health and Microbiome.

CONFERENCE PROGRAM

SATURDAY, JANUARY 14, 2017 - 7:00AM - 6:00 PM

7:30 am - 8:45 am	REGISTRATION, NETWORKING, BREAKFAST
8:45 am - 9:00 am	Welcome from the Conference Chair Speaker: Dr. David Ma
9:00 am - 9:15 am	Greetings from the CNS President Speaker: Dr. Sarah Robbins

MORNING SESSIONS

Chair: Dr. Melanie Bourdeau

9:15 am - 10:00 am	KEYNOTE SPEAKER: Why is the gut so important for health? Dr. Richard Fedorak, Interim Dean of Medicine, University of Alberta
10:00 am - 10:15 am	MORNING DISCUSSION PART I Moderated by: Dr. Melanie Bourdeau, University of Sherbrooke
10:15 am - 10:45 am	COFFEE BREAK / POSTER VIEWING
10:45 am - 11:15 am	Role of fibre and probiotics in relation to GI health Dr. Wendy Dahl, University of Florida
11:15 am - 11:45 am	Fibre and Omega-3 fatty acids in colon cancer prevention Dr. Robert Chapkin, Texas A & M University
11:45 am - 12:05 pm	MORNING DISCUSSION PART II Moderated by: Dr. Melanie Bourdeau, University of Sherbrooke
12:05 pm - 1:00 pm	LUNCH

AFTERNOON SESSIONS

Chair: Ms. Lesley Malsay, PhD(c)

1:00 pm - 1:30 pm	Your Gut Microbiota: the army of microbiomes that manage your health (and how you can help them) Dr. Emma Allen-Vorcia, University of Guelph
1:30 pm - 2:00 pm	Paediatrics and gastrointestinal issues Dr. Kelly Graywad, University of Montreal
2:00 pm - 2:30 pm	The aberrant interplay between host and an intestinal microbial dysbiosis in pediatric Crohn's Dr. David Mack, University of Ottawa
2:30 pm - 2:50 pm	AFTERNOON DISCUSSION PART I Moderated by Ms. Lesley Malsay PhD(c)
2:50 pm - 3:10 pm	COFFEE BREAK
3:10 pm - 3:40 pm	Regulation of food intake by the gut-brain axis: role of macronutrient composition and food structure Dr. Nick Ballalima, Ryerson University
3:40 pm - 4:10 pm	Microbiome and obesity Dr. Johana Alard, University of Toronto
4:10 pm - 4:25 pm	AFTERNOON DISCUSSION PART II Moderated by: Ms. Lesley Malsay PhD(c)
4:25 pm	Closing Remarks Speaker: Dr. David Ma

www.cns-scn.ca

Answer is # 3

7. The landmarks for the pancreatic head are

- (a) Iliac vein and artery
- (b) Superior mesenteric vein and artery
- (c) Superior vena cava artery and vein
- (d) Inferior vena cava artery and vein

Answer : B

Reference

Longitudinal Endoscopic Ultrasound- Anatomical Guiding Structures in the Upper Abdomen
www.sciencedirect.com/science/article/pii/S2212097113702206

Joan McKechnie

8. Primary Sclerosing Cholangitis (PSC) is a rare inflammatory process which:

- a) results in multiple strictures of the bile ducts
- b) is associated with ulcerative colitis
- c) affects twice as many men than women
- d) a + b
- e) all of the above

Answer: E

9. Primary Sclerosing Cholangitis may be diagnosed by:

- a) gallbladder biopsy
- b) percutaneous trans-hepatic cholangiogram
- c) ultrasonography + endoscopic retrograde cholangiopancreatogram
- d) b + c
- e) all of the above

Answer: D

10. Clinical manifestations of Primary Sclerosing Cholangitis include:

- a) abdominal pain + fatigue
- b) elevated serum alkaline phosphatase
- c) jaundice + pruritus
- d) a + c
- e) all of the above

Answer: E

Reference:

Gastroenterology Nursing: A Core Curriculum 4th Edition page 186

IBD



Treatment Options Benefits & Risks

The CDHF regularly hosts, and records for future access, FREE on-line education seminars for patients. Our newest addition is an enlightening session with Dr. Talat Bessisow on the benefits and risks of therapies for patients living with IBD.

This empowering session:

- Discusses the basics of IBD
- Outlines the benefits and risks of medications to treat ulcerative colitis and Crohn's disease
- Answers the many questions posed by actual attendees on the session

Help your patients understand their options by referring them to:

www.CDHF.ca/IBDWeb

If you have suggestions of future sessions you'd like to the CDHF to present for your patients in the future, please contact Jeff@CDHF.ca with your ideas.

Also, please review our library of sessions which include GERD, IBS, microbiota and more.



www.CDHF.ca

Living Positively with IBS



5 million Canadians are suffering from the not-so pleasant symptoms of IBS. Offer your patients proactive strategies and treatment options to help them get back to living life, their way.

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H. pylori

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CDHF's newest infographic for patients quickly and clearly highlights the primary differences in **strength** and **length** of time for treatment. Our newest infographic compares current and previous recommendations.



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Understanding Fibre

One of the best ways for patients to protect and enhance their digestive – and overall – health, is to consume the appropriate amount of fibre. The CDHF's fibre animation offers simple shopping and snacking tips to help your patients feed their fibre-famished guts!



www.CDHF.ca/FibreV1

Empowering Canadians to take control of their health.

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Canadian Society of Gastroenterology Nurses & Associates

Société canadienne des infirmières et infirmiers en gastroentérologie et travailleurs associés

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Table with 2 columns: English and French descriptions of membership categories: Member \$100.00, Member 100,00\$, Affiliate \$100.00, and Affiliée 100,00\$.

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Form with fields for: SURNAME / NOM DE FAMILLE, FIRST NAME / PRÉNOM, MAILING ADDRESS / ADDRESS DE RETOUR, CITY / VILLE, PROV. / PROV., POSTAL CODE / CODE POSTAL, HOME PHONE / TELEPHONE (MAISON), HOSPITAL / OFFICE / COMPANY NAME / NOM DE L'HÔPITAL / BUREAU / COMPAGNIE, BUSINESS PHONE / TELEPHONE (TRAVAIL), TITLE / POSTION, EDUCATION / ÉDUCATION, CNA CERTIFICATION, MEMBERSHIP / ABONNEMENT, CHAPTER NAME / NOM DU CHAPITRE, LANGUAGE / LANGAGE, PRIMARY PRACTICE AREA / SECTEUR PRIMAIRE DE PRATIQUE, and I AM INTERESTED IN / JE SUIS INTÉRESSÉ À.