

## SUDDEN ACUTE RESPIRATORY SYNDROME S.A.R.S.



### ETIOLOGY:

Severe Acute Respiratory Syndrome (SARS) is a condition of unknown cause recognized in patients in Asia, North America, and Europe.

The disease came out of the Guangdong Province in China, which is home to both High-Tech Industries as well as a rural community reliant on agriculture.

From specimens obtained post mortem, a virus sporting a crown-like of spikes was identified, the unmistakable sign of a viral family called the Coronavirus.

The Coronavirus is responsible for a number of illnesses in animals, including diarrhea in cattle, chicken and cows and hepatitis in mice but has always been far down in the list of dangerous viruses for humans. At some stage, the virus somehow "leapt" the species barrier, probably from pigs and became a virus with the ability to infect man.

The Coronavirus grows in the throat, nose, and lungs. An infected person sneezing or coughing expels the virus through the air.

The mortality rate of S.A.R.S. is approximately 4-5%, much below that of influenza or pneumonia.

### PRESENTING SIGNS & SYMPTOMS:

- ◆ High fever has been reported in ALL cases
- ◆ Non-Productive Cough
- ◆ Sore Throat
- ◆ Severe Headache
- ◆ Malaise
- ◆ Myalgia
- ◆ Decreased Oxygen Saturation on room air
- ◆ Incubation period of 2-10 days
- ◆ Severity of illness is highly variable
- ◆ Treatment regimes have included a variety of antibiotics and often antiviral agents such as Ribavirin.

### THE HISTORY OF S.A.R.S.:

- ◆ The first case of SARS originated in the Guangdong Province in China on November 16, 2002.
- ◆ Chinese Authorities suppressed the news of the outbreak, fearful of trade relations and tourism
- ◆ A physician Dr. Liu treating cases in Guangdong traveled to Hong Kong on February 15 to attend a wedding. He was feeling unwell when he left for Hong Kong.
- ◆ The theory is that Dr. Liu infected at least seven others while waiting for an elevator in the Metropole Hotel. They included:
  - A 78 year old Toronto women and her husband who were checking out of the Metropole hotel (Mr. & Mrs. Kwan)

- A man from Vancouver
- An American Businessman
- Three women from Singapore
- A 26 year old man who had visited someone of the 9<sup>th</sup> Floor (Dr. Liu's floor)

- ◆ The next day Dr. Liu fell so ill he went to the hospital. He informed all at the hospital that he was highly infectious and demanded a mask, and an isolation room with double sealed doors
- ◆ Dr. Liu gave stunned doctors a brief history of the illness, before falling very sick. He later died.
- ◆ S.A.R.S. soon began hitching rides on airplanes to Hanoi, Singapore and Canada
- ◆ On February 11, 2003 the Guangdong Provincial Health Bureau gave its' first news conference stating that between Nov. 16, 2002 and February 9, 2003, 305 people had been infected with an unknown respiratory illness. Five

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patients had died. **S.A.R.S. is finally public!**

- ◆ The World Health Organization (W.H.O.) alerts all countries about the mysterious outbreak
- ◆ Health Canada immediately sends warning notices to all hospitals in Canada. Unfortunately, few of these warning notices reached the front line workers in Toronto and no one is aware of the virus
- ◆ Vancouver is prepared and quickly isolates their first S.A.R.S. patient
- ◆ February 25<sup>th</sup>, Toronto hospitalizes their first patient
- ◆ A link is made to Mrs. Kwan, recently returned from Hong Kong\*

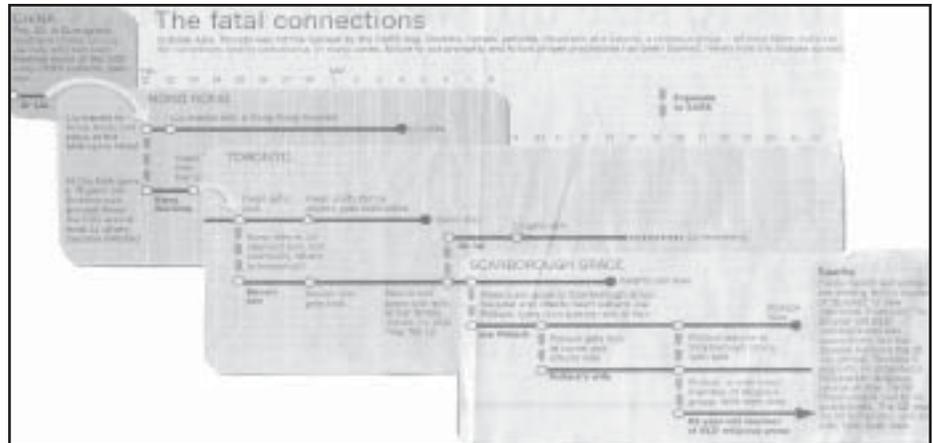
\* Please see Figure #1

- ◆ April & early May warning bells related to a second S.A.R.S. outbreak were raised by Drs. & Nurses at North York General Hospital (N.Y.G.H.). These concerns went largely ignored. Patient's with S.A.R.S.- like symptoms were not isolated as it was felt the S.A.R.S. crisis was over.
- ◆ Early May, The W.H.O. places a Travel Advisory for Toronto stating that there were still active S.A.R.S. cases. The advisory is lifted within a week with strong lobbying by all three levels of government
- ◆ Mid-May the World Health Organization (WHO) lifts the Travel Advisory for Toronto.
- ◆ Several days later, a new cluster of S.A.R.S. emerges with no apparent link to the previous "cluster" of S.A.R.S.
- ◆ May 23<sup>rd</sup>, the link is found between the two clusters

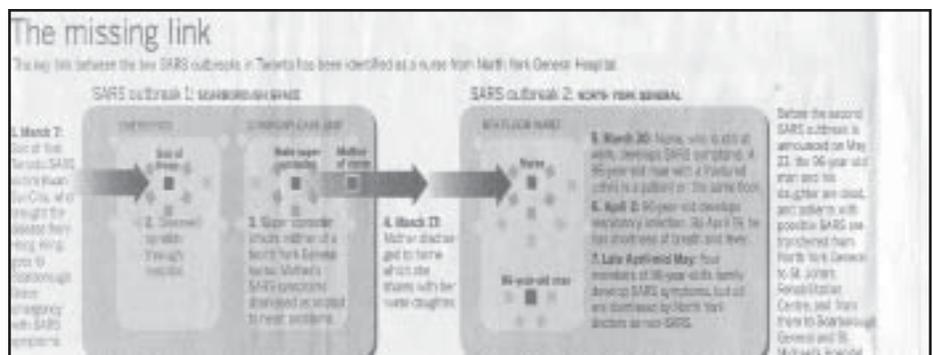
\* Please see Figure #2

- ◆ Toronto has presented no new S.A.R.S. cases since June 21 and will be given a "clean bill of health" the first week of July
- ◆ **June 27<sup>th</sup>**, The W.H.O. says the **world** should be free of the S.A.R.S. virus within 2-3 weeks
- ◆ June 28<sup>th</sup> the first healthcare worker in Toronto dies of S.A.R.S., a nurse at N.Y.G.H.

### S.A.R.S. TRAVELS TO TORONTO (CLUSTER ONE-MARCH 7, 2003)



### THE SECOND CLUSTER: FINDING THE LINK (MAY 23, 2003)



### IS IT SAFE TO VISIT TORONTO?

**YES**

There are many things we have learned from the S.A.R.S. outbreaks, most of them are very sad. We have learned the hard way not to relax protocols and to listen to colleagues at all levels. Our Health Care System was not prepared for this epidemic. A new system must be developed to keep Canadians free from future epidemics of this proportion.

The Toronto statistics show 251 reported cases of S.A.R.S. and 39 deaths. We sincerely mourn for those victims and their families.

Toronto has been affected both economically and politically. The Travel, Tourism and Hospitality Industries, the hardest hit by the lack of travelers to Toronto have been forced to lay off thousands of employees.

Toronto, once the beautiful is now the "City with S.A.R.S.". Foreign tourists as well as Canadians are staying clear of the city for fear of contracting the virus.

We average Torontonians do not wear masks and don't avoid doing all of the things we have always done. We know the risk of contracting S.A.R.S. outside a hospital setting is miniscule. We try to go back to our lives having lived through a nightmare we will never forget.

Toronto is starting to rise from the rubble. At this writing, it has been 21 days, or two incubation periods since any new cases of S.A.R.S. have been reported.

The Toronto Municipal Government is busy trying different methods of bringing tourists back to Toronto.

On July 30<sup>th</sup>, Toronto is staging a benefit concert featuring the Rolling Stones, AC/DC, The Guess Who and Justin Timberlake to name just a few. If these people are willing to make the trip to Toronto to re-start our economy, I question why others wouldn't join their efforts.

Briar Harris, R.N.

# REASSESSING WORKPLACE WELLNESS: PAST VISION, FUTURE DIRECTIONS

BY BELINDA THAM, RN.

National competition, rising patient demands and satisfaction, on-going technology upgrades and competition for specialty and general nurses are creating challenges for the Health Care Facilities. Focusing on effectiveness and efficiency to increase access availability, they strive to maintain a high quality standard of care and competitive edge.

As fiscal restraints tighten around the Canadian Health Care sector, Administrators and Human Resources Managers are often overwhelmed by conflicting pressures. As a result, they give a low priority to an escalating cost of giving services and care – lost time. Absenteeism, sick leave, workers' compensation and short and long term disability can all add significant cost, and are becoming increasingly difficult to manage.

Staying competitive in the Health Care sector involves assuring patient satisfaction and quality of care. More-with-less has tremendously expanded the role of nurses as caregivers. The expanding role that nurses are required to fulfill in maintaining quality care for patients includes full dedication of the nurses beyond their call. "Caregivers can be so dedicated to the welfare of their patients that they tend to ignore their own health and safety."<sup>1</sup>

If hospital administrators are to satisfy the expanded range of patients needs, wants and expectations, assessing patient satisfaction cannot be ignored. Assessing and understanding patient satisfaction is still at an early stage of development. To understand patient satisfaction with care would require focusing on nursing staff who comprise the vast majority of hospital staff and who have the greatest contact with patients. Nurses provide the main connection with patients, act as patient advocates with other disci-

plines, give physical care and offer emotional support to both patients and families. In their teaching capacity, nurses also play a major role in health promotion and care coordination in term of post-hospital adjustment. The goal of assuring patient satisfaction may best be reached by providing a supportive work environment that promotes meaningfulness of work and reduces or prevents burnout.

## ***HISTORICAL DEVELOPMENT OF WELLNESS***

Health promotion has been a major topic in Canada since the publication of Lalonde's "A New Perspective on the Health of Canadians: A Working Document."<sup>2</sup> Health Promoting Hospitals can date back to the late 1970s when health promoters in North America and Australia indicated the need for a better distribution of resources and services to promote health of the community including the hospitals.<sup>3</sup>

The WHO European Center for Integrated Health Care Services fostered the idea of a hospital network composed of hospitals which have incorporated in a large or small scale the idea of health promotion into their practice. The European office together with Health Promotion Hospital (HPH) Network developed a conceptual framework. This later developed the Budapest Declaration of Health Promoting Hospitals. (WHO, 1991) By 1997, The Vienna Recommendation of HPH has taken account of the needs of health promotion interventions in the hospital/health settings.

## ***THE NURSE'S ROLE***

Hospitals are important settings for Health Promotion. Health care professionals, especially nurses have frequent contact with patients in times of acute crisis or chronic illness, where one

to one health promotion interventions are most effective. The nursing profession has a substantial impact on the transition from a disease-oriented to a health-oriented system of health care. Nurses are well placed to develop their health promoting roles. They understood the important of health promotion and disease prevention. 80% of direct patient care is provided by nurses and their interventions affect patient outcome. (Kitson, 1997). Nurses are in position to do more than any other discipline group to provide a healthy environment in which patients, staff and everyone who come in contact with them are supported by care and work structure that are conducive to health. If nurses are well positioned and able to promote health, why does it have such a low priority and profile in most health care facilities?<sup>4</sup>

A nurse approaching an individual or community for health promotion will need to know what to plan and what actions to take. It is important to have a clear outline of health promotion management available for the nurse regarding the difference between illness prevention and health promotion. The challenge rests in the fact that health promotion is a concept that is outside the medical model. For decades, the effective definition of health in Canada has been derived from the medical model and is often described as "the absence of abnormalities in pathological function caused by specific diseases" or "lack of sickness" rather than health.<sup>5</sup> However, health is more than not being sick; it is a social economic resource, it is the ability to participate effectively at work, at home, and in the community. This not applied only to patient but to nurses. If we want to improve the level of health, we have to examine our own behavior and lifestyles values. The nurses must get to

know themselves better in order to be able to incorporate the concept of health promotion into nursing.

### **SURVEY EVIDENCE**

A survey of 650 U.S. Hospitals revealed that hospital workers are the most unhealthy employee population and the largest consumers of health care. In hospital environments, the causal factors are due to strict schedules, limited break times, and working in critical and emergency situations. These health risk factors increased stress, poor nutrition, increased weight and high smoking rates especially among nurses and respiratory therapists.<sup>6</sup>

70% of the cost of illness in Canada is due to preventative disease.<sup>6</sup> In 1992, a survey of 829 Canadian health care institutions, less than 50% of the respondents offered programs to prevent illness and monitor the health of their employees, and less than 10% offered stress management programs or mental health assessment and counseling.<sup>1</sup> Many factors have negatively influenced occupational and safety services, these are cost restraint, and hospital staffing reductions. It is unreasonable and unsafe to consider diminishing worker health and safety services, in fact health care workers are likely to need these vital services more now than ever before. Occupational Health & Safety Department must identify the infrastructure risk factors and be corrected in support of individual health, safety and wellbeing of employees. "It is better for the employees if they are aware of and proactive about their health."<sup>7</sup>

According to Statistics Canada in 1998, each full time worker missed an average of 7-4 days of work due to illness, disability and family responsibility. National evidence – an organization with 1,000 employees with an average income of \$190.00/day cost the employer \$1,400/year due to absenteeism. Absenteeism cost businesses \$14 million per annum. One community hospital in Toronto paid a total of \$84,937 for sick times to 1,200 full-time employees and workman's compensation paid 200 days to 2,000 employees.

Health care workers face significant risk of injury on the job. 38% of nurses endure back injuries and musculoskeletal disorders caused by repetitive stress e.g. lifting patients during their career. Nearly 600,000 needle-stick injuries are reported each year with potentially debilitating or fatal results for those who contract hepatitis or HIV as a result.<sup>8</sup> Burnout is not a problem of people but mostly of the workplaces in which people work. When the workplace does not recognize the human side of work or demands superhuman efforts, people feel overloaded, frustrated and burned out. Societal problems have become workplace problem e.g. violent assaults, increased family responsibilities – elder care, use of drugs and alcohol. Self-improvement alone will not beat it.

Workplace stress can be attributed to a wide range of health effects:

- Increase risk of cardiovascular disease
- Psychological disorders such as depression and burnout
- Gastrointestinal disorders e.g. IBS
- Workplace injuries

Fatalities from occupational diseases are frequently overlooked because they tend to occur long after workers are exposed to harmful chemicals or physical agents. (The latency period – the time between exposure to a hazardous chemical and the onset of disease may be decade long.)<sup>8</sup>

### **FUTURE IMPLICATIONS**

With change being constant in Canada's health care system, nurses' role appear to be redefined with different and expanded responsibilities. One key role is in health promotion, a field where nurses have created a unique identity for themselves, whether in the hospital or the community. Before advocating, the concept of health promotion must be fully understood. The term 'Health Promotion' defined a broad range of ideas, depending on a nurse's training and work background

In recent years, health promotion has various definitions. The Ottawa Charter for Health Promotion (World Health Organization, 1986) defines health promotion as "the process of

enabling people to increase control over, and to improve, their health." To appreciate and develop resources, the nurse needs to learn new ways of seeing and doing; in direct term, to draw out, to embrace education. Education can obtain beyond the formal classroom lectures, occur through reading a book, being involved with others, seizing new experiences. Another way is to have employers provide in-house education. Multiple approaches are necessary for improving the delivery of health promotion and preventative services.

Health promotion can influence and encourage alteration of personal habit or/and the environments which people live and work in. Full time workers typically spend more than one-third of their weekday waking hours at work. The conditions under which they work can have a major effect on their lives.<sup>8</sup> Education facilitates alteration of personal habits or a person's decision for change. For example, to stop smoking takes personal commitment, a supportive environment, and information about both the effects of smoking and what to expect when quitting.

While there is common understanding among definition of health promotion, there are disagreements as well. Few definitions state that health promotion requires a "stable" health status initially. If "stable" health were required, then health promotion could not include dealing with acute phases of illness. Defining health is a continuum process of health for either individuals or a community. Health promotion requires self directed behavior from the individual or community, which directly influences the role of the nurse. The role of the nurse may be to coordinate activities toward alteration of personal or communal habits. Individual or community then follow nursing ideas and are self-directed in arriving at options. This nursing idea and behavior foster dependence on authority, and the individuals or the community do not experience "self-analysis", in the education sense, and do not realize new or

widen their scope of capabilities. When an individual works toward an idea of what is good without submitting to, rebelling against or fighting a nurse's idea, the individual is more committed to change.<sup>9</sup>

Current definition of health promotion does include self directed behavior. However, it is important for individual or community to improve or define it and has a sense of ownership of this process. Health promotion according to Wolczuk (1990) is not prescribing a healthy lifestyle – it is creating the conditions that make it easier for everyone to do what they need to do to be healthy. A clear outline of health promotion in management should be clearly created to define health promotion approach guideline for the nurse and a management process for planning. This may create a foundation on which the field of health promotion grows. Effective counseling requires an appreciation of the full spectrum of the public's perceptions, their health concerns and the health determinant factors influencing their lifestyles.

Care coordination with health promotion is still evolving, there are much discussion over as to who will be the most appropriate professionals for the role. Experienced nurses are moving into new roles with different responsibilities and competencies to practice. Nurses with these skills and attributes are more appropriate to take the lead in this role as health promoter. They have clinical knowledge and holistic perspective, provide 24 hour care and are knowledgeable about the services that other disciplines provide. In order for the nurses to collaborate health promotion into their practices, they may need further education and training in clinical health promotion and preventative guidelines. To have nurses extended health promotion role come to fruition, key practice guidelines need to be implemented. It is important and necessary that senior management, education services and work environment be structured and supported for health improvement and promotion in

our health care system. Nurses have the ability to control health care costs, however, nurses do not have the automatic right to be case manager in care coordination or health promotion.

Increased job responsibility and accountability of nurses are overwhelming. They cannot perform all these tasks and coordinate care effectively. This may lead to prevalent burnout of nurses. Burnout has many physical and psychological consequences for individuals, and manifests itself in problems such as absenteeism, lack of productivity and low morale. Professionals like nurses must become accustomed to the role of providing expertise without assuming that they have all the answers. Kickbusch states that "health is more than not being sick, it is a social and economic resource – the ability to participate effectively at work, at home, and in the community. To remain competitive in the new millennium, healthcare management strategy will have to improve or maintain the organization wellness and personal wellness. Human Resources managers need to implement employee health programs and activities among their own workforce and human capital. They'll also be required to work with the government and other public bodies to raise the general of health. Developing a current concept of health promotion is challenging but necessary.

### **IN SUMMARY**

The work environment is a key venue for promoting health among large segments of the population. It can be a center of excellence for the development of concrete health promotion programs. The keys to success are to implement effective programs and high employee participation and committee. This does not mean that facility has to change its main function from curative to health promoting. It can incorporate into its culture and daily activity the idea of health promotion of its staff, the patients, their relatives and the community.

The variety of possible programs could range from:

- Provision of health promotion services on healthy lifestyles to staff, patients and their relatives.
- Provision of health education programs for chronically ill patients and relative including psychological aspects of patient rehabilitation programs.
- Open facilities for physical exercise.
- To reduce environmental pollution through better control of hospital waste.

Why should an employer care about whether employees can cope with stress especially that which came from home rather than work? "Employee fitness makes more than good sense, it makes good business."<sup>10</sup>

Canadian health care employers are increasingly aware that effective employee health programs and activities can effectively reduce absenteeism and disability costs while enhancing productivity. Health promotion costs money. There is no easy answer to cost containment problems. Programs have been and may be devised that encourage healthy behaviors among health care workers. What is needed more are workplace environments that support safety and healthy practices. It is not a question to being able to afford comprehensive health promotion programs. It is a matter of recognizing that hospital administrators can no longer afford not to initiate such changes. The future of wellness programming rests on the CEO's and other senior manager's agenda.

They should demonstrate a commitment to their most valuable resource – their people. Educating employees to take care of his/her own health is not just a trend, it is the answer. Despite other challenges inherent in any new role, the potential benefits of nurses involving and participating in health promotion are well worth pursuing. Happy people are healthy people.

"Clearly no knowledge is more crucial than knowledge about health. Without it, no other life goal can be successfully achieved." (Boyer, 1983)

# Dietary Protectors that Decrease Colon Cancer Risk

Colorectal cancer (CRC) is the third most common malignant neoplasm worldwide. More than 50% present with advanced disease. For localized disease, the 5-year survival rate approaches 90% for cancer of colon and 80% for cancer of rectum.

A study named EPIC (European Prospective Investigation of Cancer and Nutrition) was done over a 15 year period with more than 400,000 participants. The participants were divided into 5 groups according to the amount of fiber in their diet thus allowing evaluation of the efficacy of various levels of fiber consumption. The study was coordinated by Professor Sheila Bingham of the Dunn Human Nutrition Unit at Cambridge University in England.

The risk of colon and rectal cancer was reduced by as much as 40% in the group with the highest fiber intake. Rather than specifying the grams of fiber, the study recommended the inclusion of 5 portions of fruit and vegetables daily.

A second aim of the study assessed the role of the red meat in the causation of colon and rectal cancer. The study required participants to remain in a controlled environment for 3 months while the effects of red meat versus chicken and fish in the diet were measured by means of biochemical tests. The outcome was that there was a high level of carcinogens with high red meat intake. This level was lowered to normal when the subject returned to a diet of fish and chicken as the protein source.

This study confirmed that countries with high beef consumption had the highest rates of colon and rectal cancer.

To conclude you should eat your veggies and your fruits and follow the colonel's advice about eating more chicken (and fish).

## **DIETARY PROTECTORS THAT DECREASE COLON CANCER RISK:**

- Physical Activity – Promotes movement of intestinal content and decreases risk of colon cancer.
- Vegetables and fruits – Provide fiber.
- Soy – Inhibits colon cancer.
- Pecans and nuts (specially almonds) – Protect against colon cancer.
- Fiber – Provides bulk.
- Garlic and onions – Inhibit growth of colon cancer cells.
- Olive oil and fish oil – Slow growth of colon cancer.
- Flax Seed – High in fiber and contain oil that converts to omega 3-fat.
- Folate – Protects against DNA.
- Calcium and Dairy Foods – Binds bile acids preventing irritation to colon.
- Fluids – Provide movement of bowel content.
- Tea – Inhibits colon carcinogens.
- Coffee – Accelerates rate the colon expels waste.
- Aspirin – May cut colon cancer risk.
- Vitamins – Folate found in oranges and leafy green vegetables and Vi-

tamin E protect cells against damage. Calcium and selenium reduce risk of colon cancer.

## **FACTORS THAT INCREASE RISK OF COLON CANCER:**

- Obesity – Colon cancer may be related to excess calories, insulin over stimulation from carbohydrates and physical inactivity.
- Red Meat – Not digested as completely as other foods.
- Alcohol – Interferes with folate absorption leading to damage DNA.
- Carbohydrates – Crowd out more nutritious foods.
- Fat – Stimulates excessive bile acids which irritate the bowel and stimulate tumor growth.

## **REFERENCES:**

Dietary Protectors that Decrease Colon Cancer Risk: Donna L. Weihofn, R.D.M.S  
Ostomy International Vol. 24 No 1 page 12  
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**Submitted by:**  
**M. Paquette**  
**Education Director**

## **FUTURE NATIONAL CONFERENCES**

**2003 TORONTO, ONTARIO**

**2004 CALGARY, ALBERTA**

**2005 MONTREAL, QUEBEC**

**WORLD CONGRESS**

# C.S.G.N.A. CONFERENCE SEPT. 18 TO 20, 2003

On behalf of the Conference Planning Committee, I would like to welcome everyone to Toronto. The planning committee is working hard to make this one of the best conferences; our success is based on you making a commitment to join us in September.

I would like to give you an update on the SARS outbreak. We have had two clusters of SARS cases and it appears that this second cluster was last diagnosed on May 30th. According to the Toronto Public Health department: "Four individuals are currently under investigation for SARS. These patients are all being treated in hospital, and full precautionary measures are in place." "Please keep in mind that the risk to the general public of contacting SARS is **very low**. SARS is not in the general community. The current SARS situation is contained in hospital settings."

I can assure you that all of your colleagues in Toronto will and continue to monitor themselves.

I would like to quote Health Canada: "Health Canada reminds Canadian travellers that the risk of acquiring SARS from travel to the Greater Toronto Area **remains low**. At this time, the only risk factors identified with SARS cases in Canada are recent travel to affected countries in Asia, or close contact with a person who has SARS. Close contact includes living in the same household, providing health care to someone with SARS, or having direct contact with respiratory secretions of a person with SARS. Health Canada continues to strongly endorse travel into and throughout the Greater Toronto Area as safe and encourages travellers to maintain their business and/or person travel plans to the GTA. Ca-

nadian travellers are reminded to practice good personal hygiene while travelling. Thorough hand-washing – using hot, soapy water and lathering for at least 20 seconds – is the single most important procedure for preventing infections."

Health Canada provides weekly updates on SARS cases, visit [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca) 11. Welcome to Health Canada Online. You can source several articles on this site.

**BOOK NOW** to show support of your association, we will welcome you with open arms, but no hand shakes.

If you have any questions or concerns you can page me at (416) 685-9395, or any member of the executive.

See you in September.

**Gail Stewart  
Conference Chair, 2003**

## GUIDELINES FOR SUBMISSION to "THE GUIDING LIGHT"

- white paper with dimensions of 8 1/2 x 11 inches
- double space
- typewritten
- margin of 1 inch
- submission must be in the possession of the newsletter editor 6 weeks prior to the next issue
- keep a copy of submission for your record
- All submissions to the newsletter "The Guiding Light" will not be returned.

## C.S.G.N.A. DISCLAIMER

The Canadian Society of Gastroenterology Nurses and Associates is proud to present The Guiding Light newsletter as an educational tool for use in developing/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.

## CHANGE OF NAME ADDRESS/NAME

Name: \_\_\_\_\_

New Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_



**MOVING?  
LET US KNOW!**

Remember to send in your  
change of address!

# The Minimal Requirement

**Lorie McGeough, President CSGNA**

Do you contribute the minimal requirement to your association? Or, are you brave enough to step outside of the box? Often, stepping outside of the box involves giving more, receiving more and stretching further ... taking a risk. Are you ready for that?

What about choosing what might be better in your professional life? Your personal life, enrichment and growth?

It takes discipline, energy and commitment to consistently choose something better. Making things better can be demanding and includes living by higher standards, and achieving something a little bit better than what you already have.

Are you someone who sits back and watches the same leaders carry the load year after year, conference after conference, program after program and meeting after meeting? Or, could you be someone who would like to share the load, contribute your ideas, your time, your energy, your expertise and your commitment?

During times of stress and demand, it is very easy to sit back and say: I don't

have the time, no way, not this time or not now. It is easy for people to depreciate themselves by saying: I don't have any good ideas, or, no one will listen to me. It would be nice if we could inspire ourselves to think differently, to give ourselves credit, to step outside of our perceived limitations, to actively participate and be noticed.

One thing I have learned by being an active volunteer is that mistakes will be made, and one should not be afraid of making mistakes. Being an active volunteer for the CSGNA is a balancing act within three orbits. Home, Work and the CSGNA. It is challenging to say the least and one must be tolerant of the efforts and commitment that we as volunteers demonstrate. I have been blessed to work with some of the most innovative and inspiring people in our profession. It is this involvement that has kept me motivated, current and inspired.

It is well worth the effort to explore new horizons and become a little more active within the association. Each new year positions become avail-

able on the National Executive, please make it your business to know what they are and how you may contribute to the success of the association.

Make a positive difference in your future, your character, your profession and our specialty.

You cannot control  
the world outside,  
but you can choose what  
you will bring into yourself.  
If you do not see anything  
of value in your life,  
begin by finding one thing  
of beauty every day until  
it becomes a habit.

## GET MOVING AND MOTIVATED

Let us help each other to get moving and motivated to commence studying for our certification exams!!! Spring 2004 will be here before you know it.

Invite and circulate and share the registration form for our national meeting to others who might be interested and does not work in our GI circle.

If you or anyone you know would like to donate a gift for our silent auction or door prizes. If you have a contact for such donations kindly share the information with one of the executives. You can bring your treasure/s to the meeting and give it to someone at the registration desk. We thank you in advance.

[www.csgna.com](http://www.csgna.com)

Our website has a new look. Deb Taggart has been working with Primed, Webray and Flolite to update and make some changes. Check it out!!!!

## SCHOLARSHIP AWARD 2003 CAG

Cindy Hamilton, Burlington

### CSGNA ANNUAL

Janice Slack, Windsor, Ontario

Irene Ohly, Victoria, British Columbia

Linda Feltham, St. John's, Newfoundland

Marcella Tobin, Bay Bulls, Newfoundland

Beverley Burns, Regina, Saskatchewan

Connie Bender, Regina, Saskatchewan

Nicole Millaire, Orleans, Ontario

Muriel desVignes, Yarmouth County, Nova Scotia

Judy Langner, Edmonton, Alberta

Linda Benoit, Regina, Saskatchewan

Shelley Cochrane, Regina, Saskatchewan

Doreen Reid, Calgary, Alberta

## SYNOPSIS OF CSGNA NATIONAL BOARD MEETING FACE TO FACE IN WINNIPEG MAY 31ST – JUNE 2ND, 2003

1. REVIEW/ADDITIONS AND ADOPTION OF AGENDA. A motion was passed to adopt the agenda with additions as presented. Edna/Joan.

2. APPROVAL OF DECEMBER E-MAIL MINUTES. A motion to adopt the minutes for December 9-12 by e-mail was passed. Belinda/Joan.

3. BYLAWS: These were presented by Nancy President Elect. They were discussed by all prior to adjustments, which included deletions, additions, and new bylaws. These will be presented as an insert in the Annual Report. Please exercise your right to vote on them and return the form to Nancy.

4. REPORTS: Education. There were twelve scholarship applications received so far. All Chapters met their education requirement. The Chapters should inform their Directors of all their education events to allow the Director an opportunity to attend when possible. The Chapter Education year begins from June 2002 to June 2003. Chapter annual financial summary period begins from January 1st to December 31st.

For year 2004 chapter education events should be sent to Michele Paquette, Education Director. The form must be submitted no later than June 30th. The orientation manual is under revision and will sell for \$25.00 in 2004, when they are completed.

5. PUBLIC RELATIONS: Debbie Taggart our Public Relations Director updated our website. She has done an excellent job with this, and had many positive feed back.

6. NEWSLETTER: Kay continues to request articles for the Guiding Light. They do not necessarily have to be G.I. related, but should be interesting and educational. SCICAN our sponsor will have completed their term in September, therefore we will need a new sponsor.

7. NOMINATIONS: Positions open in September are Secretary, Treasurer, Education, Practice, and West Director. Applications and C.V. should be sent to Lorie our President no later than June 30th.

8. WORLD CONGRESS: This will be held in Montreal 2005. Our three CSGNA members on the planning committee are Lorie

MeGeough, Michele Paquette, and Nancy Campbell.

9. MEMBERSHIP: There are 556 members at present. Numbers decreased in Alberta, but the numbers usually increase where the Nationals are held.

10. TREASURER: Operational A/C as of May 25, 03 \$22,741.11. Educational total as of May 25, \$7,009.63. Cook has made their contribution already. Our focus will be more contributions to our education funds in future.

11. DIRECTORS REPORTS: These are already in our Guiding Light.

12. STRATEGIC PLANNING: Lorie presented us with plans for the future. The responsibility of the Board will involve a wider roll. Where we are, where do we want to go, and how do we get there? Board members all have extra responsibilities, and deadlines to achieve these goals for the future of CSGNA.

**Submitted by, Elaine Binger,  
CSGNA Secretary**



*GI Nurses Day, May 16, 2003 – Pictures taken at Royal Victoria Hospital, Barrie, Ontario.*

# CSGNA ANNUAL CONFERENCE

## PLANNING COMMITTEE

**Cathy Bidwell, R.N.,**  
St. Michael's Hospital,  
Toronto, Ontario

**Elaine Binger, R.N.,**  
Markham-Stouffville Hospital,  
Markham, Ontario

**Elaine Burgis, R.N., CGRN,**  
The Scarborough Hospital,  
Toronto, Ontario

**Eduarda Calado,**  
St. Michael's Hospital,  
Toronto, Ontario

**Maria Cirocco, R.N., BScN,**  
St. Michael's Hospital,  
Toronto, Ontario

**Bev Gilley-Yannuzzi, R.N.,**  
Humber River Regional Hospital,  
Church Site, Toronto, Ontario

**Cindy Hamilton, R.N., CGRN,**  
Halton Health Services,  
Oakville, Ontario

**Jacqui Ho, R.N., BSc.,**  
The Scarborough Hospital,  
Toronto, Ontario

**Jean Hoover, R.N.,**  
The Scarborough Hospital,  
Toronto, Ontario

**Donna Joncas, R.N.,**  
The Scarborough Hospital,  
Toronto, Ontario

**Brenda Lach, R.N.,**  
The Scarborough Hospital,  
Toronto, Ontario

**Lorraine Majcen, R.N.,**  
The Scarborough Hospital,  
Toronto, Ontario

**Barb McCullough, R.N., CGRN,**  
Humber River Regional Hospital,  
Church Site, Toronto, Ontario

**Pat Michelutti, R.N.,**  
Sunnybrook and Women's College  
Health

Sciences Centre, Women's College  
Ambulatory Care Centre,  
Toronto, Ontario

**Seta Prashad, R.N.,**  
The Scarborough Hospital,  
Toronto, Ontario

**Kay Rhodes, R.N.,**  
Sunnybrook and Women's College  
Health

Sciences Centre, Toronto, Ontario

**Shirley Samms, R.N.,**  
Humber River Regional Hospital,  
Church Site, Toronto, Ontario

**Gail Stewart, R.N.,**  
St. Michael's Hospital  
Toronto, Ontario

**Belinda Tham, R.N.,**  
Toronto East General Hospital,  
Toronto, Ontario

**Anne Thurber, R.N.,**  
Trillium Health Centre,  
Mississauga, Ontario

## Registration

CSGNA Annual Conference  
September 18-20, 2003

### Please Print

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Affiliate Hospital/Agency: \_\_\_\_\_

**Please make cheque payable (in CDN funds) to  
CSGNA and mail this form to:**

C.S.G.N.A. Conference Registration  
c/o Edna Lang

27 Nicholson Drive, Lakeside, Nova Scotia B3T 1B3

### Contact Persons

**Gail Stewart**

Phone: 416-685-9395 (pager)

E-mail: gailstewart1@sympatico.ca

**Elaine Burgis**

Phone: 416-431-8178

E-mail: burgis@rogers.com

### Please circle your choices:

Fees	Members	Non-Members
Thursday Sept 18th Foundation in Gastroenterology	\$60.00	\$110.00
Conference Fee received before Aug 15	\$240.00	\$300.00
Conference Fee received after Aug 15	\$300.00	\$360.00
One Day Fee:		
Friday Sept 19th	\$120.00	\$175.00
Saturday Sept 20th	\$120.00	\$175.00
CSGNA Membership	-	\$40.00
Additional Dinner Tickets:		
Thursday	\$60.00	\$60.00
Saturday	\$60.00	\$60.00
<b>Total Amount Submitted</b>	_____	_____

*GST & PST included in price  
Receipts will be given at time of conference*

**I have selected for Saturday Concurrent Program**

*please circle your choice*

**SESSION A - ENDOSCOPY OR  
SESSION B - FUNDAMENTALS**

Please indicate which evenings you will be attending:

- Thursday Evening** - Dinner & Caribbean Night  
 **Saturday Night** - Dinner and Show

**OKAY, SO WHY IS KERMIT LAUGHING?**

An unnamed gastroenterologist reports that these are actual comments from his patients, made while he was performing colonoscopies:

1. "Take it easy, Doc. You're boldly going where no man has gone before."
2. "Find Amelia Earhart yet?"
3. "Can you hear me NOW?"
4. "Oh boy, that was sphincter-rific!"
5. "Are we there yet? Are we there yet? Are we there yet?"
6. "You know, in Arkansas, we're now legally married."
7. "Any sign of the trapped miners, Chief?"
8. "You put your left hand in, you take your left hand out.  
You do the Hokey Pokey ..."
9. "Hey! Now I know how a Muppet feels!"
10. "If your hand doesn't fit, you must acquit!"
11. "Hey, Doc, let me know if you find my dignity."
12. "You used to be an executive at Enron, didn't you?"
13. "Could you write me a note for my wife, saying that my head is not in fact up there?"

**Breakout Sessions**

Breakout Sessions for Friday Sept. 19th require no selection; all sessions will be available to all registrants.

**Concurrent Program**

Select either the Endoscopy or the Fundamental concurrent program

***This must be selected at time of mailed registration.  
Choices will be granted on first registered, first served.***

**SESSION A: ENDOSCOPY**

- \* Endoluminal Treatment for GERD  
**M. Cirocco, R.N.**
- \* Endoscopic Ultrasound: the role of the Nurse  
**S. Saioud, R.N.**
- \* Endoscopic Management for Obstructive Jaundice  
**I Rasul, M.D.**
- \* Abdominal Pressure during Colonoscopy  
**K. Fulton, R.N.**

**OR****SESSION B: FUNDAMENTALS**

- \* The ABCs of Hepatitis: A Nursing Impact  
**K. Madala, M.D.**
- \* IBD: Facts and Fiction – **D. Baron, M.D.**
- \* Bariatric Surgery – **P. Sullivan, M.D.**
- \* The Critical Importance of Staging GI Cancers  
**A. Smith, M.D.**

**A NURSE IS MORE**

**Richard G. Shuster**

*A Nurse is more, Why?*

*Though nobody can say why, for sure.*

*Nurse's desire, for service, is pure.*

*Not for themselves, it has to be for others.*

*A life dedicated, to their sisters and their brothers.*

*A Nurse is more, How?*

*Through reserves, of strength, care and love,*

*Nurses take their lead, from the power above.*

*Above and beyond, their duty comes first.*

*Their patient's needs paramount,*

*before even hunger and thirst.*

*A Nurse is more, When?*

*When we need them the most, at our times of ill,*

*Nurses come through, with their care and goodwill.*

*When we feel we can't go on, and wish,*

*to give up the ghost.*

*That's when our Nurses, give it their most.*

*A Nurse is more, Where?*

*In the hospital, the battlefield, the clinic,*

*the home and hospice.*

*Nurses are there, in the ER, the OR,*

*the workplace, and medical office.*

*Where we are, to go for our care,*

*thankfully, we find Nurses there.*

*Aging, sick, fearful, weary, we turn to Nurses,*

*and know they care.*

*A Nurse is More,*

*A Nurse is more, much more than all we've said,*

*or all we can say,*

*other than, to acknowledge the Nurses,*

*who so brighten our day.*

*In gratitude, we thank Nurses,*

*their willingness to serve, we find so appealing,*

*bringing to us, their comfort, wisdom,*

*compassion and healing.*



# The Scope of Toronto: Top to Tottom

## CSGWA 19th Annual Conference

### September 18-20, 2003, Toronto, Ontario

#### Objectives

- To encourage exchange of information with colleagues
- To provide current information in the field of Gastroenterology
- To provide opportunity to view current endoscopic equipment and accessories
- To promote membership and obtain support from fellow colleagues
- To plan future direction and growth of CSGNA
- To encourage participants to share and exchange information of clinical and research interests
- To foster collaboration between nurses and other members of the health care team

#### Education Program

Thursday September 18, 2003

##### 08:00-08:45

Registration for Foundations in Gastroenterology (\$60.00 members, \$100.00 non-members)

##### 09:00-16:00

Foundations in Gastroenterology  
Review of Gastroenterology Nursing/Preparation for certification (Includes breakfast and lunch)  
**C. Hamilton, R.N.**

##### 16:00-18:30

Conference registration

##### 19:00-22:00

Dinner and Caribbean Evening  
Casual fun with Caribbean flavour

Friday September 19, 2003

##### 07:15-08:15

Registration  
Continental Breakfast/View Exhibits

##### 08:20-08:35

Opening Ceremonies

##### 08:35-09:10

Gastrointestinal Pharmacotherapeutic for Dummies  
**B. Bartle, Pharm.D.**

##### 09:10-09:45

What are we doing when we do what we do:  
Conflicts of Meaning in Health Care Delivery  
**R. Williams PhD (cand.)**

##### 09:45-10:45

Nutritional Break/View Exhibits

##### 10:45-11:20

Probiotics in health and disease  
**D. Kreaden, M.D.**

##### 11:20-11:55

Management of Non-Variceal GI Bleeding  
**D. Pardy, M.D.**

##### 11:55-12:30

Business Meeting

##### 12:30-14:00

Lunch/View Exhibits

##### 14:00-15:10

Breakout sessions – 40 minutes each

- Motility and Ph Studies: their role in surgical assessment  
**L. Miller, R.N.**
- Endoscopic Mucosal Resection (EMR) as Simple as ABC  
**L. Pinches, R.N.**
- CNA Certification program: Committed to Nursing Excellence in Gastroenterology  
**J. Mann, R.N.**
- Finding Your Voice in Print: The Joy of Sharing What You Know  
**K. Mezei, PhD**

##### 15:10-15:40

Nutritional Break/View Exhibits

##### 15:40-16:50

Breakout Sessions (continued)  
Evening at your leisure

Saturday September 20, 2003

##### 07:30-08:30

Registration  
Continental Breakfast/View Exhibits

##### 08:35-11:55

Concurrent Session A or B  
as selected at time of mailed registration

Session A Endoscopy:

- Endoluminal Treatment for GERD  
**M. Cirocco, R.N.**
- Endoscopic Ultrasound: the role of the nurse  
**S. Saioud, R.N.**
- Endoscopic Management for Obstructive Jaundice  
**I. Rasul, M.D.**
- Abdominal Pressure during Colonoscopy  
**K. Fulton, R.N.**

OR

Session B Fundamentals:

- The ABCs of Hepatitis: A Nursing Impact  
**K. Madida, M.D.**
- IBD: The Facts and Fiction  
**D. Baron, M.D.**
- Bariatric Surgery  
**P. Sullivan, M.D.**
- The Critical Importance of Staging Gastrointestinal Cancers  
**A. Smith, M.D.**

##### 09:45-10:45

Nutritional Break/View Exhibits

##### 12:00-13:30

Lunch/View Exhibits

##### 13:30-14:00

View Posters

##### 14:00-14:40

Endoscopy: What's Down the pipe?  
**L.M. Wong Kee Song, M.D.**

##### 14:40-15:10

Infection Control and GI Endoscopy:  
The New Scoop on some Old Poop  
**M. Alfa, PhD.**

##### 15:10-15:40

Nutritional Break/View Exhibits

##### 15:40-16:10

Liver Transplantation 2003: Who, Why and When  
**L. Lilly, M.D.**

##### 16:10-17:10

Taking Charge of Change  
**A. Benson, M.A.**

##### 17:10-17:30

Closing Ceremonies

##### 19:00-22:00

Dinner and Show  
Casual fun with La Cage entertainment

#### Official Airline

Air Canada is the Official Airline  
for our CSGNA Conference

Contact Air Canada at 1-800-361-7585 and  
quote # CV0031182 for discounted airfares

#### Hotel Reservation

Holiday InnSelect Toronto Airport  
970 Dixon Road, Toronto  
1-800-HOLIDAY

CSGNA Conference rate: \$122.95 plus 15% tax

**BOOK BY AUGUST 10th**

Group rate will be honoured 3 days  
pre and post conference

Parking \$5.00 per day at hotel

Complimentary Shuttle service to and from  
Pearson Airport

Complimentary shuttle service available  
Friday Sept 19 to Square One Shopping Mall  
from 5:00 to 6:30 pm and 8:00 to 9:30 pm.

#### Refund Policy

No refunds will be issued after  
September 2, 2003.

**"Fragrance Free Conference"**

*continued next page*

continued from previous page

Faculty

- Michelle Alpha, Ph.D., FCCM,**  
Assistant Director Microbiology Lab,  
St. Boniface General Hospital, Winnipeg, Manitoba
- David Baron, M.D., FRCP(C),**  
Chief of Medicine, North York General Hospital,  
Assistant Professor of Medicine, University of Toronto,  
Toronto, Ontario
- Bill Bartle, Pharm.D., FCSHP,**  
Clinical Coordinator, Pharmacy Dept.,  
Sunnybrook & Women's College Health Sciences Centre,  
Associate Professor Clinical Pharmacy,  
University of Toronto, Toronto, Ontario
- Arabella Benson, M.A., NLP,**  
Masterpiece Corporation  
Maria Cirocco, R.N., BScN.,  
St. Michael's Hospital, Toronto, Ontario
- Kathy Fulton, R.N., CGRN,**  
University of Rochester Medical Center,  
Webster, New York
- Cindy Hamilton, R.N., CGRN,**  
Halton Health Services, Oakville, Ontario
- David Kreaden, M.D., FRCP(C),**  
Division of Gastroenterology,  
Humber River Hospital, Toronto, Ontario
- Les Lilly, M.D., FRCP(C),**  
Medical Director of Liver Transplants,  
University Health Network,  
Assistant Professor of Medicine, University of Toronto,  
Toronto, Ontario
- Kiran Madala, M.D., FRCP(C),**  
Gastroenterology/Hepatology, The Scarborough Hospital,  
Toronto, Ontario
- Janet Mann, R.N., MEd.,**  
Manager, Certification Program,  
Canadian Nurses Association, Ottawa, Ontario
- Linda Miller, R.N.,**  
Toronto General Hospital, Toronto, Ontario
- Darrell S. Pardi, M.D.,**  
Consultant, Division of Gastroenterology and Hepatology,  
Director GI Bleeding Team, Mayo Clinic and Foundation,  
Rochester Minnesota
- Linda Pinches, R.N.,**  
St. Michael's Hospital, Toronto, Ontario
- Imran Rasul, M.D., FRCP(C),**  
Gastroenterology and Therapeutic Endoscopy,  
Credit Valley Medical Arts Centre,  
Mississauga, Ontario
- Sandy Saioud, R.N.,**  
Product Specialist, The Carsen Group,  
Markham, Ontario
- Andy Smith, M.D., FRCS(C),**  
Head, Division of General Surgery,  
Sunnybrook & Women's College Health Sciences Centre,  
Assistant Professor of Medicine, University of Toronto,  
Toronto, Ontario
- Paul Sullivan, ALD FRCS(C),**  
General & Laparoscopic Surgery,  
Toronto East General Hospital, Toronto, Ontario
- Robert Williams, PhD(cand),**  
The Scarborough Hospital, Bioethicist,  
Faculty of Medicine & The Joint Centre of Bioethics,  
University of Toronto, Toronto, Ontario
- Louis-Michel Wong Kee Song, M.D., FRCP(C),**  
Consultant, Division of Gastroenterology and Hepatology,  
Assistant Professor of Medicine, Mayo Clinic,  
Rochester, Minnesota

WORD SEARCH

N	S	E	P	O	C	S	H	Y	A	D	I	L	O	H
I	U	Y	C	E	L	I	A	C	U	M	E	D	I	A
L	R	F	R	A	D	E	N	O	M	A	N	N	I	S
U	G	L	O	V	E	S	D	L	D	N	D	R	Y	E
S	E	M	Y	Z	N	E	W	I	D	A	O	E	L	S
N	R	O	W	I	N	D	A	V	I	T	S	T	I	R
I	Y	U	F	U	L	B	S	E	A	I	C	U	M	U
V	O	N	M	Y	E	L	H	R	G	O	O	P	A	N
L	D	I	E	T	I	C	I	A	N	N	P	M	F	E
U	C	T	E	I	W	P	N	V	O	A	Y	O	W	E
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S	C	N	R	B	A	M	Q	I	S	O	L	A	T	E
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Q	R	E	M	M	U	S	T	R	A	V	E	L	W	S

- |           |             |           |
|-----------|-------------|-----------|
| ADENOMA   | CANCER      | CELIAC    |
| COMPUTER  | DIABETES    | DIAGNOSIS |
| DIETICIAN | DUODENUM    | ENDOSCOPY |
| ENZYMES   | FAMILY      | FUN       |
| GLOVES    | HANDWASHING | HOLIDAY   |
| INSULIN   | ISOLATE     | LIVER     |
| LOVE      | LUNGS       | MEDIA     |
| MEDICINE  | MEETING     | NATIONAL  |
| NEEDLES   | NURSE       | NURSES    |
| OBESITY   | RESPIRATOR  | SCOPES    |
| SUMMER    | SURGERY     | TRACHEA   |
| TRAVEL    | UNITS       | VILLI     |
| WATER     |             |           |

*Pearls of Wisdom*

# Survival Tips in Organizational Chaos and Change

*“What is now will not be in the future – the future is now”*

Right-sizing, integration, merger, consolidation, reorganization, “outside the box” (Who decided there is a box?), re-engineering, position name change, expanded scope of supervisory breadth, non-nurses directing nurses – these are realities in the current state of the healthcare system. The new terms, intent, mandates and behaviours can have a deep impact on the hearts and souls of many people. The resulting anger, apathy, insomnia, loss of self-confidence and self-esteem, insecurity, and other emotional, mental and physical responses are all part of the resulting stresses. Job loss, being fired, being let go, and hearing “you don’t fit anymore” are all part of a new world of nursing. The personal and professional trauma can be great – don’t let it happen to you!

Develop some strategies and techniques now that will help you be an agent of change rather than a resistor of change. the “heat-in the kitchen” has been turned up – we have to learn to deal with it or get out of the kitchen. the “heat” may be fired by personal, political or financial issues; new time lines; or altered outcomes, benchmarking, or agendas. If you accept the challenge then stay and help create the recipe for the future.

- Accept that “What is today cannot be; what was in the past must stay there; the future is ours to creat.” Do not waste your time and energy longing for supposed good old days. Remember, they were not always so good – we only remember the good things while forgetting the bad! Take a short time to grieve for the past and then get on with life!
- Look for new creations – accept that there is zero tolerance for inertia and develop new ideas for change.
- concentrate on something you have always believed could be

changed and bring it forth in a new format as a new creation. Keep some ideas in your back pocket for the right moment. Remember timing is everything!

- What is and what was seem to only stand in the way of new leaders and are believed to be the reason for many of our current problems. The responsibility for this situation rests on some staff and leaders, particularly the negative, apathetic individuals who are stuck in the past.
- Embrace the rapid and exponential growth of technology, knowledge and driving forces. Accept that we are in permanent white water and that even more skills will be required to meet the challenges of tomorrow.
- Accept that planning in complete detail, along with firm and final conclusions, is a thing of the past. They are obsolete before they are completed. Fast-track planning, fast-track thinking, filling in the details later, and dealing with problems as they arise are common traits among the new leaders. If you are obsessive about detail you will not survive as a leader today. Remember though, you need detailed people to handle the detailed elements of the work or serious errors will occur.
- Don’t expect emotional hand-holding – it is ruthless out there. Learn to manage the stress of this type of environment by creating your own support system outside of work. Do not let it eat you up! Toughen-up, blow it off, and learn to let things go – if it won’t matter in two years then don’t burden yourself with the baggage.
- Develop a personal tool to assess which battles you will fight – and be selective. Determine where the “war front” really is – it may not be the most obvious battle that is

in front of you. Remember “war” always takes a massive toll, even on those who survive it.

- Develop a sense of “black humour” so that you laugh heartily when the going gets really tough. But be sure you only use it with safe people. Occasionally looking at the “dark side” can be good stress relief!
- Embrace the future; nobody has been there, so nobody has all the answers, contrary to the rhetoric. Looking ahead for clues, instead of behind you, will serve to minimize trauma and reduce negative impact.
- Determine who are the real players in the game. Who is writing the rule book and where is the game really being played? Do not be naive! Ask yourself “can I play this game, enjoy it, and survive it?” If not, find a game that you are comfortable with.
- Become political at all levels. Be aware of where and when information or contacts can be leveraged. Be sure you are involved in the “real discussions” or at least be cognizant that there are other arenas of strategy. Make sure you know who is in the decision-making rooms and who the power brokers are, and then ensure they have the information you want them to have. Information is power!
- Accept that there are very few low stress work environments that will still exist a few years from now. Determine how you will be apart of the future and the creation of the new world.

Treat the “New World” as Florence Nightingale did in 1867 when she said *“This is the beginning; we shall get what we want in time.”*

**By Muriel Shewchuk**

# Working as an LPN in our Endoscopy Unit

## *MY POINT OF VIEW: THE UPS AND DOWNS OF MY JOB*

I consider my role as an LPN in our very hectic endoscopy unit to be very important, and I know that I am a valuable member of the team.

Our day begins with setting up our two procedure rooms and hanging the first scopes of the day for the first patients on a very long list of 35 to 40 procedures, and sometimes even more. We have two procedure rooms in our unit doing cases all day. Everything in our Reprocessing Room has to run smoothly for our unit to function properly. (Heaven forbid if one of our washers was to break and we had to cancel patients from any list!)

One of the doctors says the Reprocessing Room is the heart of our unit, which is a nice way to describe it. To me, it is like the kitchen in a house; it is a beehive of activity. We have two full time LPN's and one part time LPN. The doctors bring the scopes out to our room where each scope is cleared and disinfected and made ready for reuse. The doctors or nurses call us if they need assistance to snare a polyp or do biopsies. We try to make sure all the scopes are cleaned and disinfected as quickly and efficiently as possible without the doctors waiting for their scopes. We are also called for troubleshooting if there is a problem with the equipment, or the air/water, or the monitor, or the printer – the list goes on and on. The LPN's are expected to know how to fix all of these things and more besides.

Along with the list, each doctor has their own little idiosyncrasies. All the doctors want video scopes. Also, there are certain doctors who want pediatric colonoscopes, certain doctors like the new sigmoid scopes; other doctors like

the jumbo ERCP; and one other doctor wants only the regular ERCP scope ... Let's not get into hemorrhoid banders and proctoscopes, plastic and metal. Oh dear! Try to organize that!

Oh, yes! I should mention that we also have surgical residents who do their endoscopy rotation every 3 months. Now that's great fun. I am usually a nervous wreck watching them handle the scopes, meanwhile trying to impress upon them the cost of a repair. Some of them haven't scoped before and they enjoy the new experience, so the list runs slow and we run late. Oh joy!! By the time their 3 months are up I hope they have learned not only about scoping procedures but also something about the scope itself and replacement costs!

So I am an LPN first, then a polyp snarer, a biopsy biter, a Mrs. Fixit and even a coach. Many times we are called to help with a patient, or hold someone's hand. So we are trying to do all this plus organize our scopes to coincide with our list and the demands of each doctor. Being organized also goes along with being efficient at this job. In the midst of all this madness there is a lot of humor and laughter that rounds out the day.

Each day is hectic as you can imagine and trying to keep each doctor happy is not always an easy task. Don't get me wrong, I love my job. I figure that when the doctors are happy, everybody is happy. And one doctor surprised me by saying "The doctors think it is important to keep you happy!"

We consider our jobs to be very important because not only are the doctors and nurses relying on us to provide a disinfected scope, but each

patient is also relying on us to ensure their health and safety by providing clean scopes for their procedure.

Everybody in the unit trusts the LPN's to be able to perform their duties to the best of their ability. If our "kitchen" isn't running smoothly, then the whole day and the whole list is in total confusion. To me, this makes my job of the utmost importance I feel I have a responsibility to the staff and our patients to ensure this occurs.

We take great pride in our work knowing we have done our best to help the doctors, nurses, and especially the patients during the day. We feel very involved at our unit. We don't consider ourselves merely scope cleaners.

One of our most treasured doctors says, "We are all part of a team," and I do consider myself a good member of the team. I feel I have a good relationship with the doctors. I usually joke with them and there is good rapport between us. Of course, there is a lot of teasing about sending me on a vacation every 3 months! I am beginning to wonder if they are joking, or if they truly mean it when they say they will give me a sick note for the next 8 years until my retirement date!

So, at the end of the shift when I drag my aching bones home after an exhausting day, I know I have done my best. Where can you get all this enjoyment and satisfaction for the salary I am being paid? I started out working here in endoscopy 12 years ago as a sane person, but I may not retire in 8 years as one. In the meantime, after the doctors read this, I just may be able to retire early after all!

**Submitted by: Patsy Gosse**

## ADVERTISING

The CSGNA Newsletter "The Guiding Light" welcomes requests for advertisements pertaining to employment. A nominal fee will be assessed based on size. For more information contact the editor.  
**Kay Rhodes – kay.rhodes@sw.ca**

## WORLD CONGRESS OF GASTROENTEROLOGY

**Lorie McGeough**  
President CSGNA

On behalf of the CSGNA I would like to take this opportunity to announce with pleasure the World Congress of Gastroenterology in Montreal in the fall of 2005.

This is a unique experience for Canada and International Countries to join together in one very special Conference.

The CSGNA and SIGNEA are pleased to announce their plans for a collaborative conference which will include local and international nurses and associates. Together the Associations will embark upon a unique international educational program which promises to have something for everyone. Both Associations are working closely with the COC (Canadian Organizing Committee) and the WCOG (World Organizing Committee) to bring a great conference to fruition. The CSGNA will be collapsing their annual conference that year in order to participate in the World Congress.

I am pleased to announce the Chairpersons for the World Congress, Cindy Hamilton (SIGNEA Rep) and Nancy Campbell (President Elect, CSGNA). Under their expertise, guidance and team work the Nursing program of the World Congress is sure to be spectacular.

On behalf of the CSGNA membership I'd like to thank both Cindy and Nancy for their undertaking of this major event.

## UPDATE ON CERTIFICATION

Just a note to tell you that we are on target, thanks to a group of dedicated nurses. It started with the Chapters who devoted their time in January, February 2003 to review the list of Gastroenterology Competencies. You did a super job and we appreciate your wonderful work.

The Chapters involved were Vancouver Regional, Greater Toronto, Edmonton, Regina and Newfoundland. The Quebec group was also asked to participate. The Chapter came up with 73 recommendations which were then reviewed by the Competency Development Committee in March 2003 by teleconference. Each participant had to review the competencies, and for each competency, answer how important was the competency for the safe practice of gastroenterology, and how frequently would a gastroenterology nurse use this competency.

In April a teleconference was held with the members of the exam committee in order to look once more at the competencies and to review the Blueprint of the examination.

In May C N A held two sessions on item writing. This was an intense training to learn step by step how to develop questions. Twelve nurses split in two groups, spent 5 days at C N A and developed 140 questions. That's impressive don't you think?

Throughout the summer this same group will be working on developing more questions but this time the work will be done at home and they will be given step by step instructions for online Item-Writing.

Anyone interested in writing the exam in April 2004 should start studying for it. The best reference material will be the Gastroenterology Nursing: A core curriculum (2nd ed) and I would recommend you to purchase it. You should also review your Anatomy

and Physiology and could use any manuals that you have.

When you apply to write the C N A Certification exam, you will receive a prep guide to help you understand the type of questions you could see on the exam. This is just a guide and is not sufficient to prepare you to write the exam. So I encourage you to start studying and to join us in Toronto on Thursday September 18 for the Certification preparation. It will be very helpful.

We will keep you posted. Don't forget to check our website for updates.

**Michele Paquette CGRN**  
Certification Chair  
CSGNA Education Director

**CSGNA Education Corner**

SCHOLARSHIPS  
FOUNDATIONS  
SPEAKERS BUREAU  
POSITION STATEMENTS  
CHAPTERS  
TOPICS  
POSTERS  
GUIDELINES  
CEU'S EVALUATIONS

Announcements from the Education Committee

- CAG/CSGNA Scholarship applications in this and every issue.
- Criteria for scholarships in this issue.
- Orientation package for GI units being developed.
- Check out the HepNet website [www.hepnet.com](http://www.hepnet.com).

Education Committee Members:  
Deb Taggart – Calgary  
Evelyn McMullen – Halifax  
Jean Macnab – Ottawa  
4 members at large  
Education Chair, Michele Paquette  
Phone: 613-737-8384

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 Treasurer: Heidi Furman

## THE WEBSITE AND YOU

By Debbie Taggart, Public Relations Director

Revision of the website is a work in progress. With support from our sponsors Primed, FLOLITE, and Webray we've been able to see significant changes over the past months with minimal cost to the Association to this point. I appreciate the response Mary Carbonneau and her assistant, Chantal, have given to my requests for changes and attention to detail.

Your national representatives are committed to creating a useful tool for our members, enabling you to network, to have practice statements and guidelines and links to relevant websites. You are just an e-mail away from any executive member about any question or practice issue. You can contact your Regional Director who can

refer you to the appropriate person or you can contact any one of us directly. The more often we dialogue and share information, the greater our success in helping you meet your own learning needs to provide the best care to your GI patients.

Advise your Director or Public Relations Director about upcoming education events!! Email me at [dctaggart@shaw.ca](mailto:dctaggart@shaw.ca) for suggestions to improve or better utilize our website tool for sharing information. A few members have asked about a question and answer forum and I am looking into that. We are looking at posting pictures from education/fun CSGNA sessions. I need to know what works for you!

Don't forget the Guiding Light! Each member receives it and it is currently the most effective way for reaching all members. You don't have to be an author to write an article and have it published. Besides sharing practice issues, or whatever, with colleagues nationwide, this is a significant accomplishment to add to your resume.

I plan to be quite visible in Toronto and hope you'll approach me with ideas you have for the Website. This is **your** CSGNA and an organization of which we all can be very proud but your representatives need input from you.

Wishing everyone a relaxing and warm, summer.

---

### EDITOR'S REPORT

This first week of July, the public and all the Health Care Workers in Toronto, Ontario and probably across the country were informed of the death of one of our own. A nurse working on the front line of the SARS epidemic at the sight of the second cluster in the city passed on due to a SARS related illness. She is the first victim of the health care team to succumb to this illness.

This event saddens and also heightens our awareness of how much we as nurses give of ourselves every day in the line of duty. Our vulnerability is immeasurable while we care for our patients. We all go into nursing with ideals and dreams and high expectations. Our employers and our education give us knowledge and arm us with all the protection we might need with all the scenarios we might face in our daily working routines, but none can prepare us for something like this. The nurses in Toronto that have had first contact working with SARS patients have put their lives on the line working in extreme conditions wearing gowns, masks, face shields and of

course gloves. It is not easy working a full shift dressed like a space martian. This could be any of us.

SARS came on us so suddenly and the education about this infection was learnt as we went along. Many changes and updates and theories were done on a hourly basis as our infection control team learnt more about this disease, while the front line workers were in the trenches living it. My respects to this young lady's family and friends. She will always be in our thoughts.

What a way to make history or to be the first of anything?

**Submitted by Kay Rhodes,  
Newsletter editor**

---

### CANADA EAST REPORT

In March the Nfld chapter were treated to dinner and inservice sponsored by Altana. Dr. Redmond, ENT specialist gave a talk on "Esophagitis and Treatment." The inservice was well attended, dinner followed at Pasta Plus. A chapter meeting was held in early May. Three members have applied for scholarships to attend the national conference in September.

Little news coming from the Nova Scotia chapter. The New Brunswick/PEI chapter are planning an educational session for Sept. A reminder to chapters to get your 4 educational hours in before year end.

The Board's face to face meeting was held the end of May in Winnipeg. As this was my first full meeting as a board member I would like to say how impressed I was at the dedication and commitment of the members. They are a hardworking group who share a common vision. I'm excited to be a part of the group.

I would like to wish all members a safe and happy summer and look forward to seeing you in Toronto in September.

**Respectfully Yours,  
Joan Rumsey  
Canada East Director**

---

### DEAR COLLEAGUES

The financial report enclosed for the year 2002 was submitted to and prepared by our accountant at PricewaterhouseCoopers LLP Chartered Accountants for our annual review.

The majority of our funds are kept in Term Deposits to earn as much interest as possible. These Term Deposits are guaranteed with no risk to our funds. We keep a minimum balance in both our operational and educational account to maximize our return. The term deposit are returned to the appropriate account as required

The funds in our operational account come from:

- Membership dues
- National conference registration
- Exhibitor booths
- Support from our sponsors

The funds in our educational account come from

- 25% profit each chapter submits after educational events
- Scholarships from our sponsors

Any questions or concerns regarding **YOUR** money please contact myself or any member of the Executive.

**Sincerely**

**Edna Lang**

**CSGNA National Treasurer**

### *CANADA CENTRE*

Another winter has passed by, summer is here accompanied with lots of rain. Surrounded by greens and busy bodies running around getting ready for summer fun, the name-of-the-game around the city.

As you all know, the certification will happen in spring of 2004. It is progressing timely and some of us have had the opportunity to participate in meeting some of the timelines and mandates. It is challenging and fun at the same time. The team will continue to progress accordingly.

The chapters' executives have organized some outstanding education sessions during the past few months. Please keep up the excellent work and have some fun too in the summer.

The Central Ontario Chapter under the leadership of Daniela Abbruzzese has held two education sessions, one on Infection Control and another Overview of ERCP. Coming sessions will be on Colorectal Screening and GERD.

The Ottawa Chapter's President Monique Travers writes: "On February 18, 2003 there was an evening education session on "Endocinch." On June 7, 2003 we will have two speakers, one on Migraine and another M2A Capsule. Work is still ongoing for the poster titled "On The Road To Certification - All you need to know and more ..." which will be presented at the CSGNA National Conference in Toronto."

The Golden Horseshoe Chapter. Jennifer Belbeck, a leader in organizing successful education sessions for her chapter's members throughout the year. "More Winning and Dining the GI Tract" held in Jordan, Ont. Inn on the Twenty Restaurant and Winery was another successful well-attended day program.

The Southwestern Ontario Chapter. Congratulation to Joan Staddon for taking on the president position of the chapter.

The Greater Toronto Chapter. Members of the planning committee for the upcoming National Conference will meet again in June. March and April have been stressful for all healthcare workers especially in Greater Toronto Area and vicinity due to SARS outbreak however; life as usual outside the healthcare facilities. Nurses week and GI Nurses Day past without much celebration but nurses are not forgotten for their patience and endurance. Kudos to all healthcare workers!

The London Area Chapter. Marilyn Plimmer with her executive team members organizing an Education session on June 12th. Topic: ERCP-rational and technique by Dr. Terry Ponich. Sponsored by Wilson-Cook Canada.

Thank you all for your great effort and energy in organizing all these education sessions. Thank you too to everyone who has referred a nurse or an associate to CSGNA during the past year. A week probably does not pass without GI nurses coming into contact with other GI nurses or associates in the same institution, province or district. We encourage all CSGNA mem-

bers to continue their recruitment effort for 2004.

Your help is needed in recruiting 'authors' for Guiding Light. Our CSGNA expert Editor is looking for articles on a variety of topics related or not related to GI. If you know a member or non-member that could provide an article, please encourage him/her to do so.

Future events will be posted in our website. Have a great summer!

**Yours truly,  
Belinda Tham  
Director Centre**

### *DIRECTOR CANADA WEST REPORT*

Being a Nurse involves dealing with a lot of stress! We deal with our patients' stress, our physicians' stress, our colleagues stress and pretty well everything else as long as it involves stress! And we're good at it!

I would like to speak of the stress that our members in Toronto had to endure. Those of us from the West admire their courage. We can only imagine the stress that they felt in the grim face of SARS. They professionally and compassionately carried out their work when patients needed them, their own fears and anxieties quietly hidden behind their faces and the surgical masks. This year's National theme for Nurses Week is "Nursing, the Heart of Health Care". I'd say it's even more than that!

We look forward to seeing you in Toronto this September.

### *MANITOBA CHAPTER*

President reports that the Chapter held their local Spring Conference on May 3, 2003 at the Norwood Hotel in Winnipeg. Topics included "Metal Esophageal Stents" "Capsule Endoscopy," and "Endocinch". A presentation on "Scope Care, Handling and processing" and on "Health Eating & Exercise to Energize You." Many came away with reviewed knowledge, a bonus as the Certification Exam approaches.

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### EDMONTON CHAPTER

Shelley Bible, the President of the Edmonton Chapter reports they had an excellent and successful Conference also on May 3. The speakers received great reviews from the 60 attendees (an impressive turnout despite the ghastly weather). Time was allotted to promoting new membership and encouraged all to make May 16 National Gastroenterology Nurses and Associates Day fun and informative. Deb Taggart graciously gave an impromptu update about Certification.

Representatives from AARN attended with a Poster on National and Provincial updates.

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### REGINA CHAPTER

Chapter President, reports that plans are in full swing to celebrate G.I. Nurses Day and to promote our CSGNA Organization and C.N.A. Certification.

At the next chapter meeting in June they will award scholarships for the National Conference. They will also finalize the program for their fall Education Day.

---

### CALGARY CHAPTER

Evelyn Matthews, Calgary Chapters' President reports that they have some very enthusiastic members who are volunteering their time in the planning of the 2004 Conference. The Chapter keeps active with Educational sessions, held at various local Restaurants, co-sponsored by several loyal vendors whom include Southmedic, Boston Scientific, Schering Canada and Abbott Laboratories. Dr. Remo Panaccione has been very generous of his time and knowledge, he has presented to the Calgary Chapter as well as other CSGNA Chapters of the West. Six members attended Edmonton's "Spring into Endo" on May 3. Our compliments to the Edmonton Chapter for hosting such a great Education Day!

Deb Taggart manned: a booth, each day of Nurses Week during the noon hour at a different hospital site. A tri-fold poster was displayed promoting Certification and depicting the many facets of Gastroenterology Nursing. Carnations were handed out. Any nurse who visited the booth could enter their name in a free draw for a new Core Curriculum donated by the Calgary Chapter.

---

### OKANAGAN CHAPTER

The Okanagan Chapter has members "on board" to write the Certification Exam in 2004. Karen Parchomchuk the Chapter President reports that their group attended presentations on "Modern approaches to the Treatment of Metastatic Cancer," and on "Post-operative Analgesia" with the focus on post ERCP pain. Most recently a talk called "Your Body Speaks your Mind" allowed a breather for the nurses.

---

### VANCOUVER ISLAND CHAPTER

Irene Ohly, Vancouver Island Chapter President reports that all things are progressing. They have monthly in-services and have another membership drive in progress.

For Nurse's GI Day, they presented a display titled "What is Endoscopy".

Many are looking forward to attending the Toronto Conference in September.

---

### VANCOUVER REGIONAL CHAPTER

The Chapter is looking forward to the continued interest of their members as Adriana Martin takes over as the President from Gail Whitley. Gail has done a remarkable job over the past 7 years. She will continue to be actively involved with the Chapter.

The group meets on May 27 to develop a plan for their Education Day.

**Respectfully submitted by  
Nala Murray  
CSGNA Director Canada West**

---

### DIRECTOR PRACTICE

This year a new Position and Guideline were developed. The new Position Statement is the CSGNA Position on Nurse Performed Flexible Sigmoidoscopy. The Guideline completed is the Guideline for the Patient having a Bronchoscopy. Both of these will be presented to the Executive prior to the Annual Conference in Toronto. If these are both approved they will be published in the Guiding Light in September issue.

Next year we will develop new Positions and Guidelines but we need input from you the members to help us in the process and tell us what is needed to guide you in your practice.

**Jean Macnab**

---

### MEMBERSHIP REPORT

As of June 15, 2003 we have 579 members.

Our year runs from June to June each year.

If you plan to renew (we hope you do) your membership and have not yet done so, please fill out the membership form by printing, so we can transcribe it correctly and mail it as soon as possible. Your continuous membership will be interrupted and you will be considered a new member if your membership is allowed to lapse. That will affect your application for scholarships or bursaries from the CSGNA.

Our dues continue to be a mere \$40.00 per year.

Please do not send cash in the mail.

Thank you and have a lovely summer.

**Evelyn Melfullep,  
Membership Director**



# Canadian Society of Gastroenterology Nurses & Associates

180 Waterford Br. Rd., St. John's, Newfoundland A1E 1E2

## NOMINATION FORM

Please complete this form and submit to the Chair of the Nominations Committee (currently the President of the CSGNA) 150 days before the Annual Meeting for national office. Ballots will be sent to the active members 120 days before the Annual meeting and must be returned within 90 days.

Candidates must be active CSGNA members in good standing.

Name of nominee: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Employer: \_\_\_\_\_

Title: \_\_\_\_\_

Education: \_\_\_\_\_

CSGNA member since: \_\_\_\_\_

Offices held: \_\_\_\_\_

Committees: \_\_\_\_\_

Other related activities: \_\_\_\_\_

Explain what has led you to chose to run for national office? \_\_\_\_\_

I hereby accept this nomination for the position of \_\_\_\_\_

dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_. Signed \_\_\_\_\_

Nominated by \_\_\_\_\_ & \_\_\_\_\_



# Canadian Society of Gastroenterology Nurses & Associates

CSGNA Membership runs from June to June of each year.

Evelyn McMullen, 5532 Northbridge Road, Halifax, Nova Scotia B3K 4B1

## MEMBERSHIP APPLICATION

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

AFFILIÉE  
40,00\$

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

MEMBRE  
À VIE

Appointed by CSGNA Executive.

## APPLICANT INFORMATION / INFORMATION DU MEMBRE

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

SURNAME / NOM DE FAMILLE \_\_\_\_\_ PRÉNOM / FIRST NAME \_\_\_\_\_  
 MR / M    MRS / MME    MISS / MLLE    MS / MS

HOME ADDRESS / ADRESSE MAISON \_\_\_\_\_

CITY / VILLE \_\_\_\_\_ PROV. / PROV. \_\_\_\_\_ POSTAL CODE / CODE POSTAL \_\_\_\_\_ HOME PHONE / TÉLÉPHONE (   ) \_\_\_\_\_

HOSPITAL/OFFICE/COMPANY NAME / NOM DE HÔPITAL/BUREAU/COMPAGNIE \_\_\_\_\_

TITLE / POSITION \_\_\_\_\_ E-MAIL: \_\_\_\_\_

BUSINESS ADDRESS / ADRESSE TRAVAIL \_\_\_\_\_

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EDUCATION (CHECK ONE)    RN    RNA    TECH    OTHER (EXPLAIN)  
ÉDUCATION (COCHEZ UN)   IN   I AUX   TECH   AUTRE (SPÉCIFIEZ) \_\_\_\_\_

MEMBERSHIP (CHECK ONE)    RENEWAL    NEW   ABONNEMENT (COCHEZ UN)    RÉNOUVELLEMENT    NOUVEAU

WOULD YOU BE INTERESTED IN HELPING ON ANY OF THE FOLLOWING COMMITTEES?

- BY-LAW
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- EDUCATION
- MEMBERSHIP
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- NEWSLETTER

I have enclosed my cheque payable to CSGNA.  
(Mail with this completed application to the above address.)

SERIEZ-VOUS INTÉRESSÉS À AIDER EN FAISANT PARTIE DE CERTAINS COMITÉS?

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- JOURNAL

J'ai inclus mon chèque payable à CSGNA.  
(Envoyez avec cette formule d'application dûment remplie à l'adresse ci-haut mentionnée.)

# CSGNA 2002-2003 Executive

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