Health Benefits of Plant-Based Diets

Elliot Alexander, Physiotherapist

“Now some people scoff at vegetarians, but they have only 40% of our cancer rate. On average they outlive us by about 6 years.” – W. Castelli, Director, Framingham Heart Study, National Heart, Lung and Blood Institute.

Canadians are fortunate. We are a wealthy nation where most of us have a home to live in, we have access to a seemingly endless variety of foods to eat, and we have socialized medicine where our citizens get the health care they need. We are equally fortunate to have nurses to educate diabetic patients on insulin injection and wound care, physicians to prescribe medications to reduce our hypertension and hyperlipidemia, surgeons to perform coronary artery bypass grafts, and physiotherapists to help reduce the pain from rheumatoid and osteoarthritis. We are also fortunate that our taxes pay for the millions upon millions of dollars used to fund the in-patient and out-patient care needs related to our poor diets – specifically, our high consumption of meat.

There is an abundance of research that shows that vegetarians (those who consume no animal flesh) and vegans (those who consume no animal flesh or byproducts, e.g. milk, cheese, eggs) have improved lipid profiles and diabetic control, reduced blood pressure, lower Body-Mass Index (BMI), decreased risks of many cancers, fewer impairments associated with rheumatoid arthritis, and live longer than those who choose to eat meat.

**DIABETES & OBESITY**

32% of Canadian adults are overweight and 15% are obese(1). Being overweight is a significant risk factor for developing adult-onset diabetes. The World Health Organization estimates that 90% of those with diabetes are overweight (2). The evidence is clear that vegetarians have lower BMIs than omnivores, resulting in improved efficiency of endogenous insulin. The BMIs of vegans are even lower still (3,4).

Research is also showing improved control of diabetes by switching to a vegan diet. Improvements in fasting serum glucose (a marker of diabetes risk) were found after 4 weeks in a community-based lifestyle modification program, that included exercise and a primarily vegan diet (4). Additionally, a pilot study demonstrated a significant reduction or elimination of the use of oral hypoglycemic medication in non-insulin dependent diabetics, as well as a reduction of insulin need for those who were insulin dependent. These results occurred without the addition of exercise (5).

**CANCER**

It is now a well established fact that diets that are high in fiber result in reduced incidence of many diseases, including cancer. Amongst the best sources of fiber are fruits, vegetables and grains, whereas animal foods are void of fiber. Research shows that a vegetarian diet can reduce your risk of dying from cancer by almost 50% (6). Women who consumed higher amounts of phytoestrogens (compounds found in plant foods) had lower risk of endometrial cancer (7). Other studies, one of which looked at over 90,000 women, found those who consumed the most red meat and/or high-fat dairy products had a higher risk for breast cancer (8,9). A cohort study of close to 35,000 Seventh-Day Adventists (a religious group of which most are vegetarian or vegan) showed reduced rates of cancers of the colon, prostate, pancreas and lung amongst those who ate more fruit and legumes and ate the least amount of beef (10). Daily consumption of soy milk has been shown to decrease the risk of prostate cancer by 70% (11).

**CARDIOVASCULAR DISEASE**

Vegetarian diets prevent and can even reverse cardiovascular disease. It is thought that many of these effects are related to improved blood lipid profiles and lower BMIs of vegetarians, as they consume less saturated fat and cholesterol.

continued on page 2

**INSIDE THIS ISSUE:**

Health Benefits of Plant-Based Diets ............... 1
Do You Know Your HLD? ....................... 4
SIGNEA, Call for Abstracts ...................... 5
In Praise of our Colleagues ....................... 6
Minimal Requirement .......................... 7
Stimulating Grey Cells – Gourmet Style ........ 8
Reports ........................................ 10
terol. Vegans consume no cholesterol as plant-based foods are naturally cholesterol free-cholesterol is only found in animal products.

A large study in Britain found “the incidence of coronary heart disease may be 24% lower in lifelong British vegetarians and 57% lower in lifelong vegans than in meat eaters” (12). The same study concluded that vegetarians have lower total cholesterol and low-density lipoproteins than meat eaters. These results were also echoed in other studies often citing total cholesterol and ratios of total to HDL-cholesterol being even lower in vegans than in vegetarians (3,12,13).

A randomized controlled study lead by Dr. Dean Ornish showed that a low fat vegetarian diet combined with lifestyle modification resulted in a reversal of stenosis of coronary arteries as measured by coronary angiography. The differences became even more pronounced the longer participants adhered to the program, despite the fact that none of the experimental and all of the control groups used lipid-lowering medications. In comparison, the control group experienced an increase in both coronary artery stenosis and cardiac events. The ability to reverse coronary artery stenoses and maintain their patency is something that even costly, invasive angioplasty can not claim to do. The experimental group in this study showed both reductions in the rate of angina comparable to angioplasty in the short term, as well as the ability to maintain the reversal of coronary artery stenosis (14).

**CEREBRAL VASCULAR DISEASE AND HYPERTENSION**

It is postulated that the pathogenesis of ischemic stroke is similar to that of cardiovascular occlusive disease, with the development of atherosclerosis and development of clot that lead to cerebral vascular occlusion. Hence, it is believed that for the same reasons that vegetarian and vegan diets are helpful for coronary artery stenosis they should also be protective against stroke. There have been studies linking increased fruit and vegetable intake with a decreased risk of stroke (15,16). Although some have postulated that this may be mediated by antioxidants the addition of antioxidants in the diet as supplements compared to whole fruits and vegetables has not led to similar improvements (17,18).

In addition, blood pressure is a known risk factor for both ischemic and hemorrhagic stroke. It has been estimated that for every 5mmHg increase in systolic blood pressure there is a 34% increased risk of stroke and 21% increased risk of coronary heart disease (19). Vegetarians, especially vegans, have lower systolic and diastolic blood pressures, as well as lower prevalence of hypertension than omnivores (20).

**FRACTURE RISK**

It is commonly accepted that calcium intake is positively correlated with bone mineral density. However, diets that are high in animal proteins can increase calcium loss from bones via excretion through urine and feces (21), resulting in heightened risk of osteoporosis, hip- and forearm fracture. These effects are not seen with the consumption of adequate amounts of plant-based calcium and protein.

In a study of 77,761 women, those who drank “two or more glasses of milk per day had a 45% higher incidence of hip fracture and 5% higher incidence of forearm fracture when compared with women consuming one glass or less per week” (22). A study of 85,900 women showed that those who consumed more than 95g of protein per day, had a 22% greater risk of forearm fracture, compared to those who consumed less than 68g per day. A similar increase in risk was noted for higher consumption of animal protein, but not for vegetable protein. “Women who consumed five or more servings of red meat per week also had a 23% increased risk of forearm fracture compared with women who ate red meat less than once per week” (23).

Numerous studies examine the relationship between calcium and protein consumption and their effects on bone health, however the results are mixed. It appears that consuming sufficient sources of vegetarian protein and calcium may decrease, but will not increase the risk of osteoporosis or fractures.

**ARTHRITIS**

One of the theories behind the development of rheumatoid arthritis (RA) is a malfunction of the immune system and the permeability of intestines. A multitude of studies have examined the impact of fasting, fruit and vegetable juice, vegetarian, and vegan diets on symptoms of RA.

“All measures of RA symptomatology decreased significantly except for duration of morning stiffness” by participants who followed a low-fat vegan diet for 4 weeks (24). These included improvements in degree of pain, limitations in functional abilities, joint tenderness and swelling scores, and severity of morning stiffness. Another study found an improvement in 40.5% of experimental subjects who followed a gluten-free vegan diet for 1 year, compared to 4% of controls, according to the response criteria of the American College of Rheumatology (25).

Though there are no specific research studies, vegan and vegetarian diets are also likely to result in an improvement in osteoarthritis symptoms as a result of decreased pressure through weight-bearing joints, secondary to a lower body weight.
WHAT ABOUT THE HIGH PROTEIN/LOW CARBOHYDRATE DIETS?

The premise of this type of fad diet is based on the individual’s ability to maintain a state of ketosis, which occurs when there is a paucity of carbohydrates from which to derive energy and an overabundance of fat for metabolism. As a result, the body then begins to metabolize fat instead of carbohydrates while preserving muscle tissue.

Though not advertised as such, the reason people lose weight on high protein/low carbohydrate diets such as “The Zone” and “The Atkin’s Diet” is because they are low calorie diets. In addition, the World Health Organization (26), the American Heart Association (27), and the American Institute for Cancer Research (28) are all opposed to low carbohydrate, high protein and fat diets due to adverse health consequences. It is overtly clear from both randomized controlled studies (29) and observation of low levels of obesity in populations from other countries (26) that high carbohydrate diets are healthy and result in weight loss (3,4,5,6,13,14).

It is the position of the American Dietetic Association and Dietitians of Canada that “appropriately planned vegetarian diets are healthful, nutritionally adequate, and provide health benefits in the prevention and treatment of certain diseases” (30). Plant-based diets result in weight loss, reduced blood pressure and cholesterol and improved diabetic control. They also help prevent and reverse cardiovascular disease, reduce your chances of developing cancer or sustaining a fracture, and result in longer lives. We would be amiss not to prescribe vegan or vegetarian diets, and refer our patients to a registered dietician, considering the negligible side effects of this intervention, the prevalence of these ailments, and the potential to offset costly or unpleasant procedures.

REFERENCES
1. Canadian Community Health Survey, Statistics Canada, 2002/03
15. Acheson, Williams D: Does consumption of fruit and vegetables protect against stroke? The Lancet 1983; May 28; 1191-93
DO YOU KNOW YOUR HLD CIDEX OPA?
Karen McNevan, RN, CPN(C), Clinical Education Consultant, Johnson & Johnson Medical Products

INGREDIENTS:
Active ingredient ortho-phthalaldehyde 0.55%
Other ingredients 99.45%
  Buffers to maintain a neutral PH
  Corrosion inhibitors to prevent rusting
  Water and green/blue dye

FEATURES AND BENEFITS:
Used to process heat sensitive medical devices.
Fast acting – high level disinfects in 10 minutes at 20 degrees C. monitoring temperature and time.
High level disinfects in automatic reprocessor in 5 minutes at 25 degrees C. monitoring temperature and time.
Has no surfactant beneficial to flexible scopes.
Excellent compatibility with many metals, plastics, elastomers, adhesives and flexible scopes.
Requires no activation, no mixing and no dilution.
  Bactericidal
  Fungicidal
  Virucidal including HIV, Hep B
  Tuberculocidal

IMPORTANT FACTS:
Follow the directions for use for CIDEX OPA diligently.
Follow the Manufacturers recommendations for cleaning, disassembly, and high level disinfection for their reusable medical devices.
Follow the policies and procedures of your facility.

CONTRAINdications:
1. Do not use urological instruments processed in CIDEX OPA on patients with bladder cancer.
2. Do not use instruments processed in CIDEX OPA on patients with a known sensitivity to CIDEX OPA.
3. CIDEX OPA should not be used to sterilize medical devices.

PRECAUTIONS:
CIDEX OPA is a chemical therefore standard precautionary measures should be used when handling.
Personal Protective Equipment should be worn.
Eye protection, mask, fluid resistant gown, nitrile or butyl rubber glove latex gloves should be doubled or changed frequently.
Avoid contact with eyes, skin or clothing – stains protein and is an eye irritant.
If eye splashing occurs rinse with water for 15 minutes and seek medical advice.
If skin contact occurs wash off immediately staining may last up to 24 hours.
Use in well ventilated area in a closed container.
Recommendation for ventilation is 10 air exchanges an hour.

STABILITY:
Unopened container has a shelf life 2 years expiration date on the bottle.
Opened container resealed in original container unused portion good 75 days
  – label container with the date opened and the discard date.
Poured Solution in another container reuse life 14 days if above the MEC
  (minimum effective concentration)
  – label container CIDEX OPA, the date poured and the discard date.
  – do not use poured solution after 14 days.

TESTING CIDEX OPA FOR MEC:
(MINIMUM EFFECTIVE CONCENTRATION)
Test prior to each use and document in a log book.
1. Dip test strip into CIDEX OPA solution for 1 second.
2. Keep test strip vertical.
3. Read in 90 seconds not more or less as results could be incorrect.
4. Observe color change from blue to purple.
5. If blue color appears discard solution.

TESTING THE EFFICACY OF THE TEST STRIPS (TEST STRIP CONTROLS)
Bottle of CIDEX OPA test strips after opening is good for 90 days keep tightly sealed
  – label container with the date opened and the discard date
  – do not use after 90 days
On opening a new bottle of test strips a negative and a positive control test must be done
Positive control – small container of full strength CIDEX OPA.
Negative control – small container of equal parts of 1/2 water and 1/2 CIDEX OPA.
Test three strips separately in the positive control result should be purple.
Test three strips separately in the negative control result should be blue or incomplete color change.

CLEANING, RINSING AND DRYING BEFORE DISINFECTION:
Thoroughly clean all instruments according to manufacturers recommendations and hospital policy. An enzymatic soap with a neutral PH is recommended. Improper cleaning could result in staining of the device.
Rinse all surfaces including lumens with large quantities of fresh water. Residual detergents could cause loss or change of properties in the CIDEX OPA.
Remove all excess moisture from lumens and exterior surfaces. Excess moisture can cause dilution of the CIDEX OPA.
**DISINFECTION:**
Submerge instruments completely.
Fill all channels with solution eliminating all air pockets.
Immerse for 10 minutes in a tray system at 20 degrees C.
monitoring temperature and time.
Immerse in an automatic reprocessor for 5 minutes at 25
degrees C. monitoring temperature and time.
If 25 degrees C. cannot be reached immerse for 10 minutes
at 20 degrees C.

**RINSE AFTER DISINFECTION:**
Rinse instruments thoroughly by immersing in large vol-
umes of fresh water. Use sterile water unless potable water
is acceptable. Flush all lumens and channels with copious
amounts of fresh water. Repeat the rinse process two more
times for a total of three rinses. Use fresh water each rinse.
Rinse for at least one minute each time.
Select rinse cycles in automatic reprocessors that are vali-
dated for Cidex OPA. Ensure that each rinse cycle is one
minute in duration and large volumes of water are used
each rinse.

**TEE PROBE SPECIAL REQUIREMENTS:**
Follow probe manufacturers recommendation.
1. Use protective sterile sheath on probe during proce-
dures.
2. Do not leave soaking for any longer than 1 hour in
Cidex OPA.
3. Three fresh water rinses must be done diligently to pre-
vent any adverse reaction to patient’s GI tract.

**SPILLS**
Wear appropriate PPE to clean up spill.
One gallon or less – use spill pads or spill sheets, clean area
thoroughly with soap and water.
More than one gallon – neutralize spill with glycine, sprin-
kle over spill let stand for 5 minutes, cleanup spill and clean
area thoroughly with soap and water.
Dispose of cleanup materials according to hospital policy.
Do not put rags or cleanup sheets in laundry, laundry will
stain.

**DISPOSAL:**
Cidex OPA is environmentally safe.
Check provincial and local disposal regulations.
Pour down the drain if no restrictions, neutralize with gly-
cine if required.
Flush drain thoroughly with large amounts of water.
Do not reuse container, rinse and dispose of according to
hospital policy.

**REFERENCES:**
1. Advanced Sterilization Products , Cidex OPA
   Material Safety Data Sheet
   Issue date: 4/20/04
2. Advanced Sterilization Products, Cidex OPA
   Instructions for Use
   ASP 2004

**CALL FOR ABSTRACTS FOR
WORLD CONGRESS 2005**
SIGNEA and CSGNA are hosting the Nursing
Program in conjunction with the World Congress in
Montreal Canada in September 2005. Hundreds of
gastroenterology nurses and GI associates internation-
ally will be exploring the many facets of nursing prac-
tice that make a difference to the health outcomes of
the patients we care for in our endoscopy and/or GI
departments.

Abstracts are invited for but not limited to the
following themes:
• Development of orientation tools for endoscopy
departments
• Creative strategies for evaluating and
implementing innovations to nursing practice
• Occupational Health issues in endoscopy units
• Creative teaching strategies – for patients and
staff
• Amalgamating units from different hospitals –
successful change strategies
• Developing a care philosophy for
gastroenterology units
• Staffing competencies – how do you develop,
implement and evaluate in high tech
environments
• Staffing Mix – the whys of your units
• Technology and caring – is this a paradox
• Evaluation process
• Ethical issues and strategies that result in a win/
win scenario
• Research related to practices, and economic
considerations
• Barriers to staff development
• Inventory management
• New procedures
• Computers and GI Nursing

Basically, this is an opportunity for you to share
with colleagues what you do well and/or what pro-
vides challenges in your practice.

Those wishing to send in abstracts are welcome
to send them to
SIGNEA Executive Director
Tel: 847.297.5088
Fax: 847.297.5088
E-mail: signehq@aol.com

**NOMINATIONS FOR CSGNA
EXECUTIVE POSITIONS ARE
ACCEPTED ALL YEAR ROUND.**
IN PRAISE OF ALL OUR COLLEAGUES WHO DID NOT WRITE THE CNA GASTROENTEROLOGY EXAM

I would like to extend my heartfelt thanks to all those nurses who chose not to write the Gastroenterology certification exam. Thanks, and my apologies to all those colleagues who stood by those of us who did write. Thank you for your tolerance, your understanding and your never-ending support. None of us who wrote the exam could possibly understand what we put you through.

At the facility where I work, 5 of us elected to write the inaugural CNA certification exam. We are a staff of 11 RNs. The other 6 were doomed from the beginning.

One bright, sunny day in May someone (?) suggested that all of us who qualified to write the upcoming exam do so. We would have each other for support. We would form a study group. We would succeed. After all, this was what we did every day! We were full of bravado and the five of us signed up.

By December we decided, half heartedly, to start our study group. Our six supporters rooted us on. “Oh, it’s Thursday, study group, right?” they’d encourage. We would respond reluctantly, “Yeah, but that anatomy of the biliary system is tough! And the parasympathetic and sympathetic nervous system – boy this is heavy stuff”.

We met every Thursday at 4pm after work in the library of our hospital. We stayed until 6:30, long after the library closed. We were met with suspicious encouragement by the library staff. After we showed up for 4 weeks in a row the librarians took us seriously. They would look for and welcomed us. We shared retirement teas with them, they brought us candies and fruit, and they would just happen to be going to the coffee shop “if we wanted anything”. They adopted us.

By the time March rolled around, we were well into our studies. Serious studies. We would call to each other “There’s a Zenker’s in Rm 2”, and like a swarm of bees the other four would zoom into the room to witness what we may need to be prepared for. And our supporters were left behind wondering what was going on. We were so thoughtless.

The five of us tested each other continuously; after all, we had polished up this new vocabulary. Everyone now had dyspepsia and dysphagia, needed H2 blockers and proton pump inhibitors. There was no living with us. We diagnosed and could prescribe treatment. A couple of our doctors were bullied into ordering meds for our patients on our new found and consistent knowledge. We were, however, an immediate source of reference: “What is a normal INR?” they would ask. “0.8 to 1.2” any of us would answer in a flash. At any time did our non-writing co-workers complain? Never. They stood there in amazement.

The five of us would gather in the hall, full of excited discussion of something really great. Our cohorts would come up expecting juicy gossip only to be disappointed that we were energized over yesterday’s ERCP with a pancreas divisum. How we had let them down.

As the exam approached, the personalities of the exam writers were exposed. Gloria highlighted the entire textbook, because “Everything is important”. Her book glowed from afar. Where else do we find a profession where we will support each other until we bear the stress of the other ourselves? Nowhere but in nursing.

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The five of us would gather in the hall, full of excited discussion of something really great. Our cohorts would come up expecting juicy gossip only to be disappointed that we were energized over yesterday’s ERCP with a pancreas divisum. How we had let them down.

Eight weeks later, our results slowly trickled in. One after the other, we had positive results. Our colleagues were so relieved. They rejoiced in our success. They knew we could do it. Even the librarians kept tabs on us, asking regularly if we’d heard any results. I think they missed us.

It was only at this time did our fellow nurses convey what they had gone through for us. They told us there were times we were unbearable. We exhausted them. We never stopped. Their stress was relieved when we got our results.

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Where else do we find a profession where we will support each other until we bear the stress of the other ourselves? Nowhere but in nursing.

On behalf of all my co-writers, I cannot thank you enough for your patience, support, commitment and tolerance. And these supporters, what’s in their future? A couple of them are writing the certification exam next year. Sounds like payback time to me!

We will strive to support them as strongly as they supported us.

Elaine Burgis, CGN(C)
With co-writers Gloria Hanna, CGN(C), Jean Hoover, CGN(C), Lorraine Majcen, CGN(C), and Mary Woods, CGN(C). In appreciation of Shafina Bandali, Brenda King, Anne Norona, Cora Ong, Carol Rudkin and Helga Sisson.
The Minimal Requirement

Lorie McGeough, RN., CGN(C), 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 deprecate 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 available 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.

I was the only GI Nurse in my Unit to commit to the C.N.A. Certification Exam for Gastroenterology. At first, I was a little apprehensive about divulging that information to my colleagues but as I got more comfortable with the idea, I enlisted my colleagues to help me study. Once they all got on board I was inundated with little notes taped to the area around the desk of our Nurses station. Each note had a question on it and the intent was for me to answer those questions. Questions like What is Encoparesis? What is a Null Hypothesis?

I probably answered about 80 questions that were all made up by my colleagues. It was a great review and everyone got involved including the Docs, some questions even they couldn’t answer!

Everyone got into it and many went in search of the correct answer. It was wonderful to get that support and everyone learned as I did. I was most appreciative when my Docs offered to pay for my Exam fee. All in all it was a very good experience and I encourage everyone to take on the challenge.

I got by with a lot of help from my friends!

Nala Murray RN, CGN(C)

WE DO NOT REMEMBER DAYS, WE REMEMBER MOMENTS.

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!
Our study group preparing for the GI Certification examination consisted of four (4) experienced GI minds, all from different GI units with varied practices.

After making the decision and signing up for the exam we commenced our preparation in early December 2003. We set our objectives and goals for the supposedly gruelling months ahead with April 3rd, 2004 our target date.

Firstly our agendas were being filled with our consensus of frequency of our study sessions. We agreed on a plan that each member of the dynamic foursome with a mission, would be assigned one or two chapters of our GI bible, “The Core Curriculum”, and share the pertinent hi-lighted information with the group with discussions and a question and answer component.

Secondly and most importantly our own GI tract had to be reckoned with as we were meeting after work, the agreement was for each of us taking turns in providing a meal fit for GI queens that would be nourishing to our grey cells, while stimulating our gut to produce some gastric juices and pancreatic enzymes for digestion and absorption. These renditions of gourmet style meals were as appealing and appetizing as you would find in any fine dining restaurants.

One our GI needs were met, we settled down to a couple hours, sometimes more of intense grey cell stimulation, and the search for that part of the brain that helps memory as it’s function seemed to fail more often than we thought it should.

As the examination date, which a few months ago seemed far away was closing in on us at a fast pace, too close for comfort, the panic buttons and intensity increased tenfold. If we never experienced G.E.R.D. before this was the time!!!

In retrospect we ate well, studied hard and stayed focused, while we increased our GI knowledge, which has only improved our practice and our self confidences and personal growths. We were rewarded by CNA, (Canadian Nurses Association) offering us a title CGN and a certification pin which we will wear proudly.

Now that it is over and cooking seems like a chore some nights, I wonder whose turn is it to do the meal tonight?

We are grateful to each other, as we shared our strengths and fed off each other for our weaknesses and will have a memory for a lifetime if that memory part of our brain work for only a bit longer!!!

Submitted by
Sandy Saoud, CGN(C) and
Kay Rhodes, CGN(C)

CSGNA MEMBERSHIP FEES ARE
NOW $50.00 PAYABLE BY JUNE.

STIMULATING GREY CELLS – GOURMET STYLE

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

SCHOLARSHIP REQUESTS SHOULD BE SENT TO THE EDUCATION CHAIR BEFORE THE DEADLINE ON APPLICATION FORMS.

GUIDELINES FOR SUBMISSION to “THE GUIDING LIGHT”

• white paper with dimensions of 8½ 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.
SYNOPSIS OF CSGNA BOARD OF DIRECTORS MEETING
WINNIPEG APRIL 16-18 2004

1. REVIEW/ADDITIONS/ADOPT THE AGENDA A motion was passed to adopt the agenda with addition- Usha/Branka

2. APPROVAL FOR THE NOVEMBER EMAIL MEETING A motion was passed to adopt the minutes of the November email meeting Michelle/Branka

3. REPORTS: CANADA EAST, WEST AND CENTRE Directors did not have much to report due to number of nurses otherwise pre-occupied studying for the GI certification exam which was April 3, 2004. Local chapter educational events are planned for mid to late spring. These events will be acknowledged in each director’s report.

4. MEMBERSHIP: Currently there are 620 active members. The membership form in The Guiding Light will be revised to make it user friendly. Duplicated and unnecessary information will be deleted.

5. NEWSLETTER: The sponsor for The Guiding Light for the next two years is Pentax. Suggestion was made to have CSGNA logo printed on the envelopes for easy identification of The Guiding Light delivery.

6. EDUCATION: Goal of the Education Director is to develop a Canadian certification guide and have it available for the Calgary conference. All chapters that held study groups for the current exam year please forward your study guide to Michelle. Flexible endoscopy manual will now printed and will be available at the annual conference. The cost for the manual will be $90.00.

7. PUBLIC RELATIONS: We need to make some changes to the website by having a discussion forum and advertising the marketplace. In the marketplace section of the website manuals, cookbook and guidelines can be sold.

8. MARKETPLACE – Joan has come up with innovative ideas to generate money for CSGNA. Money raised from marketplace will go towards scholarship fund. One of the suggestions was to collect recipes from GI nurses across Canada which will become visible in the new CSGNA cookbook. This will be ready by the Calgary annual conference.

9. PRACTICE DIRECTOR: Current guidelines on infection control will be revised based on the recommendations by Health Canada.

All guidelines will be revised and updated to reflect current practice. New guidelines for endoscopy staff apparel will be developed.

10. TREASURER: CSGNA budget needs to be revised to include website maintenance and development of marketplace.

11. BYLAWS These were presented by Nancy President-Elect. They were discussed prior to deletion and modification of current bylaws and introduction of new bylaws. These will appear in the annual report please exercise your right to vote on the bylaws and forward them to Nancy.

12. GUEST SPEAKER: Pentax as the new sponsor for The Guiding Light presented ideas to improve The Guiding Light publication from the current level to a higher level. They would collaborate with CSGNA with innovating ideas to generate money for the organization as well as have a journal of a higher class. The suggestions will further addressed at future board meeting.

Submitted By Usha Chauhan, CSGNA Secretary.

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Best Ever Banana Muffins

3 lg bananas
3/4 cup white sugar
1 egg
1 tsp. baking soda
1 tsp. baking powder
1/2 tsp. salt
1 1/2 cup all purpose flour
1/3 cup melted butter

Mash bananas. Add sugar and slightly beaten egg. Add the melted butter. Add the dry ingredients and bake 375 for 20 min.

Loaves … 350 for about 45 min.
**DIRECTOR OF PRACTICE REPORT**

At the present time I am working on reviewing our current Guidelines and Position Statements. After updating is completed then they will be presented to members at the 2004 General Meeting in Calgary.

Submitted by Branka Stefanac

**ENSURING OUR MEMBERSHIP’S PRIVACY**

Some members have expressed concern that companies have been able to access their personal information from CSGNA for advertisement purposes. I would like to address these concerns.

CSGNA maintains a database of members that is overseen by the Membership Director. In this role, I record contact information about members from their membership forms. We treat all information from the forms as private, and the disposal of this information is treated as classified.

The membership database is forwarded to each member of the National Executive in April and in September. The database for each chapter is available to the President of that chapter upon request. This is done to ensure that members can be notified of chapter events and their membership status can be confirmed.

The Guiding Light is mailed out from our printer three times a year. The addresses of current members are forwarded to the printer prior to each mail out to ensure any new members are not missed. The printer handles our mailing list as confidential – it is not given out. If a company requests to mail information to our membership, permission is first received from CSGNA and our printer does the mail out. We do not provide our mailing list to companies.

CSGNA will continue to keep its membership information private. If you have any concerns regarding GI related promotional material from any source, please do not hesitate to contact any member of the National Executive to express your concerns.

Elaine Burgis
Membership Director

**MEMBERSHIP DIRECTOR’S REPORT**

The annual membership renewal forms have been sent out, and if anyone has not received their form, please contact me or print a form from the website to forward in order to keep your membership active. Please remember that your renewal was due June 30. As always, when filling out forms – please print! Handwriting can be difficult to read. If you do not renew, your membership will be considered expired and you will lose the continuity of your membership. This becomes important when applying for scholarships and bursaries available from CSGNA, at both the national and local level. At present, we have 663 members. We have seen growth in many areas, especially in Ontario this past spring.

Now that CNA certification in gastroenterology is available, please encourage those who are interested in writing the exam to join CSGNA. We provide educational support through our standards, guidelines, position statements and study materials. Chapter meetings allow for networking between members.

If anyone has any questions regarding membership, please do not hesitate to contact me. Have a wonderful, safe summer, and see everyone in Calgary.

Elaine Burgis
Membership Director

**CANADA CENTRE REPORT**

CONGRATULATIONS to those who have successfully earned the CNA GI Certification. This achievement has taken the GI profession in Canada to a higher level. We join with over 14 nursing specialties to a national standard and I am proud to be one of those nurses!

It is great for my personal achievement and professionally my patients and institution will benefit from this credential too. It also provides the annual requirements for me in professional competency mandated by the College of Nurses of Ontario. With this note I will encourage all GI nurses to upgrade themselves with Certification. Further information is available in www.can-nurses.ca or CSGNA website www.csgna.com.

The 20th Annual Conference in Calgary is looking forward to celebrate with all members and non-members GI enthusiasts. Lookout for information and registration in the mail or the website.

**CENTRAL ONTARIO CHAPTER**

April 26th Education evening held in Town & Country Restaurant, Barrie, Ontario.
Topics: 1) Crohn’s / Ulcerative Colitis. Given by Dr. R. Petroniene
2) Argon Plasma Coagulation by Sheri McQueen. (AMT)
   Evening sponsored by AMT

**GOLDEN HORSESHOE CHAPTER**

May 29th Education day held in Waterloo Inn, Kitchener/Waterloo.
Topics: 1) ‘ABC’s of ERCPs’. Dr. Pace
2) Nutritional Requirements of Patients Post Bowel Surgery. Dr. Ahuja
3) Care, cleaning and infection control in GI Unit. Sandy Saioud, Carse Group.

**GREATER TORONTO CHAPTER**

June 12th Education day held in Scarborough General Hospital
Topics: 1) Celiac Disorder.
2) Foot Care. JD Cowen, Chiropodist.
3) CCFC on IBD
   Event sponsored by Carse Group.
   Have a safe and warm summer. See you in Calgary.

Sincerely,
Belinda Tham, RN, CGN(C)
Director Canada Centre

**CANADA WEST DIRECTOR REPORT**

As Canada West Director a part of my Job Description is to collect and
submit Chapter reports. It is so enlightening to receive news about the innovative, educational and social events that occur throughout the Provinces, at CSGNA Chapter Meetings. I am encouraged and proud to hear of the resourcefulness of each of these groups. When I see words such as “Pioneering,” “Successful,” and “Congratulations,” it’s awesome.

It is all about Volunteering to be involved with the CSGNA. I hope that you will see the excitement, creativity and dedication that other Gastroenterology Nurses across this country have by reading the Guiding Light and that you will be encouraged in your own Nursing Practice.

The CSGNA has reached a welcome milestone, with C.N.A Certification in Gastroenterology. Congratulations! to all who volunteered to write the Exam.

REGINA CHAPTER

The Regina Chapter held elections in February at a dinner meeting. Welcome to the new Executive! Linda Buchanan is President and Dianne Ryan is Secretary. Returning as Treasurer is Alison MacDonald. A special thanks goes out to Past-President Shirley Malach and Past-Secretary Linda Benoit for all their dedicated work with the Chapter. Recent meetings have been held to discuss and plan their Annual GI Education Day in October, as well planning has begun for The National Conference in 2006.

The Regina General Hospital Endoscopy Unit held an Open House. Staff and visitors were invited for coffee, punch and cake. A picnic basket was also raffled. Many people also toured the unit. Linda Benoit gave a presentation focusing on CNA Certification. The Pasqua Hospital, GI Unit set up an information booth for the day and raffled a Spa basket. Both site events were well attended and enjoyed. The Chapter wishes to congratulate all of their members who wrote the Certification Exam.

EDMONTON CHAPTER

President Shelley Bible, reports that the Edmonton Chapter continues with their fundraising and professional development through informative talks presented at their regular Chapter meetings.

MANITOBAN CHAIR

Janet Shymanski, Manitoba Chapter Secretary, reports that their 23 active members are also enjoying the educational sessions that are offered in conjunction with their meetings. A video presentation, “A Bug’s Life” was arranged by the St. Boniface Endoscopy Staff, at their March meeting. Scope Reprocessing was attended in May.

VANCOUVER ISLAND CHAPTER

Irene Ohly, Vancouver Island Chapter President reports that they are working on getting 4 of their members to the Calgary Conference in September.

Their group is acquiring new knowledge and skills as their region takes on Endoscopic Ultrasound (EUS). Having done twelve cases for staging of esophageal, ampullary, and rectal tumors, they say, “Pioneering along the way,” with assistance from Leighton Friesen and Bob Enerson, both from Pentax.

OKANAGAN CHAPTER

Okanagan Chapter President, Karen Parchmochuk announces that their big news is that the 3 members who wrote the CNA Certification exam were successful. Congratulations! Several more are planning to write next year.

The GI Nurses at Kelowna General Hospital attended an interesting talk on “The pros and cons of the Low-Carb diet”.

On June 2nd the Okanagan Gut Club hosted Dr. Sherman from Toronto who spoke on the Updates in treatment of Celiac disease.

VANCOUVER REGIONAL CHAPTER

Vancouver Regional Chapter wishes to acknowledge Fely Meade who retired from Nursing at Richmond General Hospital, GI Unit, in March. Fely was a very active and dedicated member of the Chapter and contributed greatly for many years. We will miss her, she says she is ready to give up Nursing but not the CSGNA. She hopes to join us in Calgary. If not in a Golf Championship at that time!

Scholarship applications from Chapter members should be sent to Chapter Secretary, Monica Brennan by August 1st. This award is to be used to assist members to attend the National Conference in Calgary.

CALGARY CHAPTER

All the final details for hosting the upcoming CSGNA National Annual Conference on September 23-25 are coming together as Conference Coordinator and Chapter President, Evelyn Mathews reports. The chapter members have been meeting monthly over dinner, which have been sponsored by their Vendors.

On May 6, an educational session sponsored by Carseen was held. Dr. Carla Nash gave a talk on Endoscopic Ultrasound and her experience of being in New York City on September 11, 2001. They congratulate their members who recently achieved their CGN(C) designation.

Respectfully submitted by Nala Murray RN, CGN(C)
CSGNA Canada West Director

REPORT FROM PUBLIC RELATIONS DIRECTOR

Patient care and safety issues, nursing practice, new technology and infection control are in the news daily. No where are these concerns more evident than in our respiratory and GI endoscopy units. Do you want to compare your practice with others in the country? Do you want to know the CSGNA position on these and other
practices? Do you want to have fun while learning? Do you want to meet some of Canada's first CGN(C)s? The 20th annual CSGNA conference to be held in Calgary, Sept. 23-25, 2004 will provide you with these opportunities and more. The Calgary Conference planning committee has put together an interesting event, celebrating our Certification. Your Board and the local group look forward to seeing you in September!

Debbie Taggart CGN(C),
Public Relations Director, CSGNA

PRESIDENT ELECT REPORT
Congratualtions to all who wrote the first Canadian National Gastroenterology Certification nursing exam in April. Buoyed by the success and personal satisfaction attained by your peers, I encourage those of you who have not written to take up the challenge this year. We will all be better nurses, employees and people by having written.

One of our focuses this year in CSGNA is the World Congress, being held in Montreal September 10th-14th, 2005. Work has already begun on the program and it is going to be dynamite! If you are working in GI it is a conference you won't want to miss. In Calgary this September at our National conference we are going to be raffling a free registration to this conference. You could be the winner! Looking forward to seeing old friends in Calgary this September!

Yours in CSGNA,
Nancy Campbell RN, CGN(C)
President Elect CSGNA

REPORT FROM EDUCATION DIRECTOR
On April 27, 2004 I was invited on behalf of CSGNA to speak at a first Certified Endoscopy Reprocessing Trainer Program to be held in Markham, Ontario. I discussed our CSGNA role and infection control and use of reusable medical devices recommended guidelines. I also discussed Microbiology and Infection control principles as well as our recommended quality assurance program in processing of flexible endoscopes.

This program was put together by Sandy Sâoud clinical application coordinator and Fred Bergeron clinical application specialist and I would like to congratulate them for an excellent professional program.

The course was 2 1/2 days followed by 1/2 day for people using the Medivator reprocessor. It provided information, training and useful tools to put in place as a quality assurance program in our facility. This course is offered at the company’s headquarters and the attendees can practice disinfecting all models of scopes. An experience well worthwhile.

It is wonderful to see a company recognizing the value of continuing education and quality assurance program. Keep up the good work

Michèle Paquette
CSGNA Education Director

CERTIFICATION UPDATE:
Congratulations to all the nurses who voluntarily experienced the certification challenge. You are troopers and deserve all the respect from your coworkers. Regardless of the results, you should feel a tremendous sense of personal pride and professional accomplishment. You have taken your specialty to a new level of professionalism. Earning a national credential confirms your commitment to nursing excellence and shows your employer, peers and clients that you are a dedicated professional. It is also a great way to meet ongoing competence requirements of your provincial registering body. For those who were not successful, I would like to encourage you to remain positive and consider the option of rewriting this exam. It is important to consider the challenges faced when you write an exam. Keeping in mind some of us may have not written an exam for over 25 years. This is not an easy task, but rather a window of opportunity to do better. You should be proud of your efforts in preparing for this exam and of the knowledge you have gained from studying and reviewing material. As mentors, the CSGNA wishes to support and/or assist you with preparing for certification. Study groups can be organized by various individuals in your area. Just let us know if you need help.

Once again sincere congratulations on your achievement and best wishes for your continued success.

Michele Paquette CGRN, CGN(C)
CSGNA Certification Chair

MONTREAL CHAPTER
We are pleased to welcome our first chapter in Montreal, Quebec. We, the CSGNA, are happy to have that province represented in our group as the 17th chapter formation. Georgina Walter, the president and her team, are to be commended in taking the step to come aboard the CSGNA. We wish them a huge GI welcome and success in the future. This is exciting, first we had our GI certification and now the chapter formation in Quebec. You, our members, should be thrilled to see us grow and witness progress in our organization. The WCOG (World Congress) meeting in Montreal in September 2005, it is timely that we now have the province of Quebec on board.

I would like to take this opportunity to congratulate all you newly Canadian GI certified nurses – your hard work has paid off. I ask that you assist and encourage your working colleagues to prepare and write the 2005 exam. The self growth and improvement of our GI knowledge can only improve our practices and our patients will undoubtedly reap the rewards.

Those that were unsuccessful at this writing should be encouraged to try again as we all know how difficult it is to get back in that saddle again. Some of us who have not studied or written an examination of this caliber for many years understand it is not easy but can be achieved if not the first then the second try.

Submitted by,
Kay Rhodes, RN CGN(C)
CANADA EAST REPORT

The summer is upon us already and for most of us, a welcomed relief after a long, cold winter. For those who wrote the certification exam, the spring saw many of us waiting anxiously for the results. Congratulations to all who took up the challenge.

NEWFOUNDLAND CHAPTER

As I write this report, we are only a few days away from hosting the nursing portion of the Atlantic G.I. meeting. Thirty-six delegates are registered, with the majority coming from within the province. The program offers a wide variety of topics from both a medical and nursing perspective. Cathy MacDonald (BARD) will be doing a presentation on PEG’s, while Michele Paquette, our CSGNA Education Director, will be talking on infection control. We would like to say thank-you to the Atlantic Gastroenterology Physicians and their sponsors for giving us this opportunity.

NOVA SCOTIA CHAPTER

Things have been quiet with the Nova Scotia chapter. The new executive will soon be planning upcoming activities.

NEW BRUNSWICK/P.E.I. CHAPTER

The chapter held their annual meeting and education day on May 29, 2004. In attendance were thirty-five delegates and vendors. Eight hospitals were represented, including Prince County Hospital, QEH in Charlottetown, Moncton, Fredericton, Saint John, Bathurst, Tracadie and Miramichi. Coffee and lunch were provided by Boston Scientific and Pentax. Door prizes donated by Johnson & Johnson and Carsen. Great discussions were held around how each hospital is running their G.I. unit; i.e. number of procedures and physicians, staffing, cleaning procedures. All found these discussions very beneficial. The day ended with a tour of the new Prince County Hospital, which opened April, 2004. The chapter has a new president in Bonnie Greydonis. Congratulations Bonnie. Thanks to outgoing president Paulette Bassett for all her hard work.

Wishing everyone a safe and happy summer. To those attending the Calgary conference in September, keep watch for the CSGNA marketplace. Please stop by the booth to say hello and offer your support.

Submitted by:
Joan Rumsey
Canada East Director

MARKETPLACE

To help support the Scholarship Fund, the CSGNA, as part of it’s strategic plan, has developed a marketplace. The purpose of this marketplace is to generate revenue that will be put towards our annual scholarship awards. The marketplace will be held annually at our National Conference. The format may differ from year to year; i.e. merchandise for sale, ticket draws, etc. Promotion of the marketplace will occur throughout the conference. All members will be encouraged to drop by the booth and give their support. Look forward to seeing you all in Calgary in September.

Joan Rumsey

SCHOLARSHIPS AWARDS 2004

CAG: Regretfully no request

CSGNA:
Micheline Lafriance – Limoges, Ontario
Cindy Hamilton – Burlington, Ontario
Jean Macnab – Dunrobin, Ontario
Tracey Walsh – St-John’s, Newfoundland
Ellen Coady – St-John’s, Newfoundland
Mabel Chaytor – Conception Bay, Newfoundland
Jean Hoover – Oshawa, Ontario
Margaret Hackert – Elmira, Ontario
Francine Nyentap – Russell, Ontario
Elaine Binger – Markham, Ontario
Rachel Thibault-Walsh – Ottawa, Ontario
Lynn Duce – Hamilton, Ontario

Please contact myself about any comments you may have about this newsletter or any ideas for the future.

Email: kay.rhodes@sw.ca
WORD SEARCH: DENTAL CARE

BREATHE  GUMS
CAVITIES  MOLAR
CHEW  MOUTHWASH
CUP  PERIODONTAL
DENTAL SURGEON  ROOT CANAL
DENTIST  SMILE
ENAMEL  TEETH
EROSION  TOOTH FAIRY
FILLING  TOOTHBRUSH
FLOSS  TOOTHPASTE
FLUORIDE  TOOTHPICK
GINGIVITIS  WHITENING
GUMLINE

Markham Stouffville Endo opening.

FUTURE NATIONAL CONFERENCES
2004 CALGARY, ALBERTA
2005 MONTREAL, QUEBEC – WORLD CONGRESS
2006 REGINA, SASKATCHEWAN
Redefining “Great Service” – Daily

It really is just that simple.

In the past eight years or so, more than 230* hospitals in Canada have switched to PENTAX for their endoscopy equipment and service needs. You might think we have technology that blows away our competition. Well, we do, but that really isn’t it!

Or perhaps you’d think that our success is the result of better pricing. No. In fact these days our equipment often costs about the same or even slightly more than our competition. What about free service? Do we give that away? No, it’s not that either.

It’s actually much simpler than all of these. And it’s the same thing that continues to define us as a company.

It is all about plain, old-fashioned, great service.

Lowering your operating costs, supplying guaranteed loaner equipment, providing customized education and training, and building productive, trusting relationships is hard work and requires great people. And, in the end it’s about performing, day in and day out, and actually delivering on our commitment to provide “great service”.

By the way, if you’re wondering how many of our customers have switched the other way, let’s just say you won’t be needing both hands!

For more information as to how we can begin serving you, please give us a call at (800) 750-5558 and ask to speak with the territory manager in your area. We’ll even bring you a free gift from PENTAX just for mentioning this ad!

*hospitals (or endoscopy departments within hospitals) that have completely or partially switched.
CSGNA CHAPTER EXECUTIVE LIST

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Treasurer: Donna Gramigna

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Treasurer: Lisa McGee

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E-mail: ellencoady@hotmail.com
Secretary: Mabel Chayter
Treasurer: June Pekham
CELEBRATION 2004
G.I. NURSING:
PEAKS AND VALLEYS

CSGNA 20th Annual National Conference
September 23-25, 2004 • Calgary, Alberta

CAUTION
MEN AT WORK

Women work all the time
– Men have to put up signs
when they work.

Now I know why they call it ICU!
APPLICATION FORM
FOR CSGNA REGIONAL SCHOLARSHIPS AWARD

The Regional Conference award of $400.00 is to be used for travel and accommodation to a Regional Conference in Canada. Six scholarships will be awarded yearly.

EXCEPTIONS:

1. Applicant cannot have received THIS award in the previous two years.
2. Current members of the Executive and Conference Planning Committee are not eligible for this award.
3. Scholarships are available only to active members.

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION:

1. A written summary of how this scholarship and attendance at the proposed meeting would benefit you in your work.
2. A current Curriculum Vitae.
3. Please specify your past involvement in the CSGNA: e.g., acted as speaker at a meeting, actively recruited new members for CSGNA, aided in the formation of a local Chapter, served on an Ad Hoc Committee, and any Newsletter articles submitted. Describe your current involvement with your Chapter: e.g., fundraising or planning Chapter conferences.
4. Outline projected financial needs to attend this meeting.
5. Geographical location and related travel expenses will be taken into consideration by the Education Committee when scoring applications.

APPLICATION FORM AND SUBMISSIONS MUST BE RECEIVED BY THE EDUCATION CHAIR AT THE ABOVE ADDRESS AT LEAST 8 WEEKS PRIOR TO THE EVENT.

NAME: ________________________________________________________________________

CIRCLE ALL THAT APPLY: RN  BSN  BAN  MSN  OTHER _______________________

HOME ADDRESS: __________________________________________________________________________________________________________________

CITY: ____________________________  PROV: ____________________________

POSTAL CODE: ___________________  HOME TELEPHONE: (_____) ________________

FAX: (_____) ______________________

NAME OF THE MEETING YOU WISH TO ATTEND: ________________________________

DATE OF THE MEETING: _________________________

CITY WHERE PROPOSED MEETING WILL BE HELD: ______________________________

JOINED THE CSGNA IN ____ (year).

SIGNATURE ___________________________  DATE ___________________
APPLICATION FORM  
FOR CSGNA ANNUAL SCHOLARSHIP AWARD

The Annual National Conference award of $700.00 is to be used for travel and accommodation to the Annual National Conference in Canada.

EXCEPTIONS:

1. Applicant cannot have received THIS award in the previous two years.
2. Current members of the Executive and Conference Planning Committee are not eligible for this award.
3. Scholarships are available only to active members.

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION:

1. A written summary of how this scholarship and attendance at the proposed meeting would benefit you in your work.
2. A current Curriculum Vitae.
3. Please specify your past involvement in the CSGNA: e.g., acted as speaker at a meeting, actively recruited new members for CSGNA, aided in the formation of a local Chapter, served on an Ad Hoc Committee, and any Newsletter articles submitted. Describe your current involvement with your Chapter: e.g., fundraising or planning Chapter conferences.
4. Outline projected financial needs to attend this meeting.
5. Geographical location and related travel expenses will be taken into consideration by the Education Committee when scoring applications.
6. Copy of CSGNA Membership Card.

APPLICATION FORM AND SUBMISSIONS MUST BE RECEIVED BY THE EDUCATION CHAIR AT THE ABOVE ADDRESS BY MAY 1 OF THE CURRENT YEAR.

NAME: ________________________________________________________________________

CIRCLE ALL THAT APPLY: RN BSN BAN MSN OTHER ___________________________

HOME ADDRESS: __________________________________________________________________

CITY: ____________________________________________ PROV: __________________

POSTAL CODE: ____________ HOME TELEPHONE: ( ) ___________________

FAX: ( ) ___________________________ E-MAIL: __________________________________

HOSPITAL/EMPLOYER: ________________________________________________________

WORK ADDRESS: ________________________________

CITY: ____________________________________________ PROV: __________________

POSTAL CODE: ____________ JOINED THE CSGNA IN___________(year).

SIGNATURE ___________________________________ DATE ___________________
APPLICATION FORM
FOR CAG NURSE SCHOLARSHIP PRIZES

The Canadian Association of Gastroenterologists (CAG) scholarship prizes are available to one research nurse and one endoscopy nurse in the amount of $500.00 each, to be used for travel to an appropriate endoscopic gastroenterology or research meeting. The CAG nurse scholarship prize is sponsored by an Educational Grant from the Canadian Association of Gastroenterology.

ELIGIBILITY:
1. You are and have been for two years or more, an active member of the CSGNA.
2. You actively support CSGNA goals and objectives.

PRIZE APPLYING FOR: (please circle one) RESEARCH NURSE ENDOSCOPY NURSE

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION:

1. A two page summary of how this scholarship and attendance at the proposed meeting would benefit you in your research / endo - clinical role in gastroenterology, and what self initiated research projects you are involved in.
2. A current Curriculum Vitae.
3. A letter of reference from your Unit Director.
4. Two letters of reference from CAG members.
5. Copy of CSGNA Membership Card.

APPLICATION FORMS AND SUBMISSIONS MUST BE RECEIVED BY THE EDUCATION CHAIR AT THE ABOVE ADDRESS BY FEBRUARY 15 OF THE CURRENT YEAR. THEY WILL BE FORWARDED TO THE SECRETARY OF THE CAG FOR SELECTION.

NAME: _____________________________________________________________________________________

CIRCLE ALL THAT APPLY: RN BSN BAN MSN OTHER ________________________________________

HOME ADDRESS: __________________________________________________________________________

CITY:_______________________________ PROV: ___________ POSTAL CODE: _______________________

HOME TELEPHONE: ( ) ______________________ FAX: ( ) ____________________________________

HOSPITAL / EMPLOYER: ___________________________________________________________________

WORK ADDRESS: __________________________________________________________________________

CITY: _____________________________ PROV: _________ POSTAL CODE: ________________________

NAME OF DIRECTOR OF UNIT: _____________________________________________________________

NAME OF THE MEETING YOU WISH TO ATTEND: _____________________________________________

DATE OF THE MEETING: ____________ CITY WHERE MEETING WILL BE HELD: _____________

JOINED THE CSGNA IN ______________ (year). E-MAIL: ________________________________

SIGNATURE ________________________________ DATE ______________________________________
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 _______________________________________________________________ & ________________________
CSGNA EDUCATION COMMITTEE
POINT SCORING SYSTEM
FOR AWARDING SCHOLARSHIPS

Each year as a member (cumulative points) 1 Point
Each year served on National Executive (cumulative points) 3 Points
Each year served on Annual Conference Planning Committee (cumulative points) 3 Points
Each year served on Chapter Executive (cumulative points) 2 Points
Each time submitted an article for publication in “The Guiding Light” not reports (cumulative points) 2 Points
Can demonstrate actively recruited members 1 Point
Each time has acted as speaker at a CSGNA conference or seminar (cumulative points) 2 Points
Each time served on an ad hoc committee of the CSGNA (e.g.) Bylaws (cumulative points) 2 Points
Outlines geographical location and travel expenses 1 Point
Actively participates in Chaper events (E.G.) fundraising 1 Point
Each year as a member on the planning committee for a regional conference (cumulative points) 1 Point
CBGNA certification 1 Point
Types format 1 Point

REVISED September 2002
M. Paquette, Education Director
CSGNA Membership runs from June to June of each year.
Elaine Burgis, 102 Tilman Circle, Markham, Ontario L3P 5V3

MEMBERSHIP APPLICATION
(CHECK ONE)

☐ ACTIVE
$50.00
Open to nurses or other health care professionals engaged in full- or part-time gastroenterology and endoscopy procedure in supervisory, teaching, research, clinical or administrative capacities.

☐ AFFILIATE
$50.00
Open to physicians active in gastroenterology/endoscopy, or persons engaged in any activities relevant to gastroenterology/endoscopy (includes commercial representatives on an individual basis).

☐ LIFETIME MEMBERSHIP

Appointed by CSGNA Executive.

FORMULE D’APPLICATION
(COCHEZ UN)

☐ ACTIVE
50,00$ Ouvet 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
50,00$ Ouvet 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
Nomme par l’exécutif.

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 __________________________________________

MAILING ADDRESS
ADDRESS DE RETOUR _________________________________________________________________________________________________

CITY PROV. POSTAL CODE HOME PHONE
VILLE _________________________ PROV. ___________ CODE POSTAL _______________ TELEPHONE ( ) __________________

E-MAIL: _______________________________________________________________________________________________________________

HOSPITAL/OFFICE/COMPANY NAME
NOM DE HÔPITAL/BUREAU/COMPAGNIE ________________________________________________________________________________

BUSINESS PHONE TELEPHONE TRAVAIL ( ) ____________ LOCAL _____________________

TITLE/POSITION _______________________________________________________________

CHAPTER NAME
NOM DU CHAPITRE____________________________________________________________

EDUCATION (CHECK ONE)
ÉDUCATION (COCHEZ UN) ☐ RN ☐ RPN/LPN ☐ TECH ☐ OTHER ((EXPLAIN) ☐ CNA MEMBER YES/NO ☐ CNA CERTIFICATION IN GASTROENTEROLOGY MEMBRE AIC QUI/NON ☐ CENABREMENT EN GASTROENTÉROLOGIE DE L’AIIC MEMBERSHIP (CHECK ONE) ☐ RENEWAL ☐ NEW ☐ nieuveau

WOULD YOU BE INTERESTED IN HELPING ON ANY OF THE FOLLOWING COMMITTEES?
☐ BY-LAW ☐ STANDARDS OF PRACTICE ☐ EDUCATION ☐ MEMBERSHIP ☐ CONFERENCE PLANNING ☐ NEWSLETTER

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

J’ai inclus mon chèque payable à CSGNA. (Envoyez avec cette formule d’application dûment remplit à l’adresse ci-haut mentionnée.)
CSGNA 2003-2004 Executive

PRESIDENT ________________________ NEWSLETTER EDITOR _____________ PRESIDENT ELECT ____________

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