Gastro '99 Update

Gastro '99 is drawing closer and it promises to be one of our best meetings yet. As you are aware this is a special conference with educational opportunities of a greater magnitude than we have ever been able to offer at one Conference. As well we will be offering a one day Conference fee for those that cannot attend the entire Conference. This will be a $100.00 fee in Canadian funds for members of CSGNA. When you send in your registration to Chateau Travel just add a note stating that you are a CSGNA member (they have our membership log) and which day you wish to attend. As well the fee for the Conference will be in Canadian dollars for Canadian nurses who are members of CSGNA throughout the registration period. The planning Committee is working hard to bring you many added attractions to make this not just a great learning experience but a great deal of fun as well! Watch the CSGNA Web Page for any additional news about Gastro '99. I hope to see you all there.

Respectfully,
Cindy Hamilton, President CSGNA

Gastro '99

VANCOUVER, CANADA
August 30 - September 2, 1999

Consisting of:
- 26th Pan American Congress of Digestive Diseases
- 13th American Congress of Digestive Endoscopy
- 4th Canadian Digestive Disease Week
- 15th Canadian Society of Gastroenterology Nurses & Associates Annual Conference
- 12th International Course on Therapeutic Endoscopy
- ASGE Postgraduate course

Plan to attend and take advantage of the early bird registration fee of $200 by December 31, 1998. For your investment you will have the opportunity to participate in all congress education events.

For more information contact:
Congress Office; c/o Chateau Travel
759 Victoria Square, Suite 105, Montreal, Quebec H2Y 2J7
(514) 288-9889, 1-800-363-9130 Fax (514) 288-1123
EMAIL: gastro99@odysee.net
Website: http://www.cag.ucalgary.ca/gastro99/index.html

INSIDE THIS ISSUE:
Gastro '99 Update .................. 1
Developing a Poster Presentation .. 2
Notes from the Editor ............... 2
Membership Recruitment .......... 3
Research at the Q.E. II ............ 4
Helicobacter Pylori ................. 5
CSGNA Chapter Executive List .... 6
Tools for Certification ............ 7
Reports .......................... 8
Mini Quiz ........................ 12
Position Statement ............... 14
Barrett's Esophagus ............... 15
CSGNA 1989-99 Executive ........ 24
DEVELOPING A POSTER PRESENTATION

Poster presentations are one method of presenting articles, projects or research at a professional conference which the CSGNA have included in their curriculum. There have been very informative displays at our previous conferences and we are encouraging chapters to submit a presentation for the 1999 CSGNA conference in Vancouver. With the “long winter nights” this would be a good time to start your project!

The poster can be of a research nature, information or project. All posters should include an abstract which would include author’s name with credentials, place of employment and current position.

Research poster to include research question(s) or hypothesis, methodology, data analysis findings, implications for practice and conclusions. New programs or projects include introduction and purpose, principal theme of subject, implications to practice and summary. Information posters can be done with chart and/or graph form display including objectives.

Posters should be of uniform size-Bristol board - 22 x 28 in. Application of material can be glued on or written directly on posters, color of your choice. The posters will be displayed at the conference.

Suggested topics may include but not limited to:
- Diagnosis and treatment of Achalasia
- Celiac Disease
- Electrosurgical Safety
- Support Groups for the GI Patient
- Lynch Syndrome
- Bowel preps for colonoscopy – what are the choices?
- Hemochromatosis

For further reference reading on developing a poster presentation one can refer to:
* Clinical Nurse Specialist vol. 8, no. 3, 152-155, 1994

Submitted by
Linda Feltham

NOTES FROM THE EDITOR

I would like to take this opportunity to thank the people that have contributed to this newsletter. This is the first time that I have not had to rustle the bushes for contributions to the newsletter. In fact I was not able to put in all the articles that were sent to me in this issue. They will however be in the next issue of The Guiding Light.

I have great faith that this trend will continue and people will begin submitting more and more information that they would like to share with the other members. It is a true delight to see such active participation.

In this issue we have a great article on Barrett’s Esophagus, along with an update on the research currently going on at the Queen Elizabeth II Health Sciences Centre in Halifax. Also please note the outline for poster presentations. This is available to you as a guideline for each annual convention. There is also an updated list of the Chapter Executive List.

Once again thank you for the contributions and I look forward to seeing you in Vancouver.

Lorie McGeough

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.
Membership Recruitment

In the November issue of “The Guiding Light” you were informed of the Board of Directors Strategic plan for the future of CSGNA. Membership is our top priority. The continued success of CSGNA is dependant on our ability to attract new members and retain all members.

I would like to review with you the Membership Recruitment and Retention information contained in your chapter package.

MEMBERSHIP MARKETING

Marketing is crucial to the continued success of any organization. The CSGNA is no different. First we need to educate ourselves on the benefits of belonging to the CSGNA. The opportunity to network with other Gastroenterology Professionals, The Newsletter, Annual National Conference, Regional Conferences, Chapter Membership, Standards of Care, Position Statements and Scholarships to attend educational events.

Next we must identify our target market – nurses and other health care workers who are looking for an organization such as ours and who would benefit from the services we provide.

Identify the areas where potential members work; Medical Units, Surgical Units, Pediatric Gastroenterology Services, Cancer Clinics, Infection Control and Operating Room Staff. Associate members such as Dietitians, Respiratory Therapists and Sales representatives from equipment and drug companies.

Then we must make potential members aware of the benefits of joining the CSGNA.

RECRUITMENT

Set up a membership committee and ensure each institution in your chapter area has a contact person to distribute information. Set realistic goals. Create a plan to attract new members and monitor progress at regular intervals.

Have membership applications and current issues of “The Guiding Light” available at each meeting. Acknowledge members who recruit new members or bring back long-absent members. Ensure all new members receive their Membership Package. Maintain contact with all potential members.

RETENTION

The CSGNA publishes a yearly membership list and distributes it to all Chapter Presidents and to any member on request. Utilize this document to maintain contact with your members and to monitor the retention of members in your area. Contact former members and find out why they are no longer a member. If they are dissatisfied with the services provided by CSGNA be prepared to listen to their concerns. Maintain contact with your Regional Representative so she/he can bring members concerns to the CSGNA Board of Directors for discussion and resolution.

TIPS FOR A DYNAMIC CHAPTER

• Notify members at least three weeks in advance of meetings and other events.
• Follow a planned agenda, keep meetings short.
• Plan interesting and current educational programs.
• Alternate meeting locations.
• Involve all chapter members in the activities of the chapter.
• Make everyone feel welcome and acknowledge all members for their contributions.
• Be receptive and responsive to the wishes of all members.

SUMMARY

In 1988 I became a member of CSGNA because someone left an application form in my unit. I was not familiar with the organization but I was looking for an organization that was promoting the Specialty of Gastroenterology Nursing. I have been an active member ever since. Every time you promote the CSGNA to your colleagues you are attracting new members.

Chapters are the backbone of our organization and it is through your work locally that the CSGNA will continue its growth and success.

Submitted by Lorraine Miller Hamlyn, BN, RN, CGRN, President Elect

---

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!
Research at the Q.E. II

The Queen Elizabeth II Health Sciences Centre Dalhousie University in Halifax has exciting things going on in Research. The Gastroenterology Research team has grown over the past few years to five full time nurses, (soon to be six) two part time research assistants, one of whom does the shipping of the various specimens we send out daily. We are currently involved in about 30 clinical trials in the Gastroenterology Division and at present have about 100 patients in various treatment trials.

Our oldest research project is a registry of all the patients that we have seen over the past seven years with Inflammatory Bowel Disease (IBD). We record their diagnosis, medications, how old they were when diagnosed, whether they have had surgery for their IBD or been pregnant since their diagnosis. We are also interested in how many of them have other family members with IBD. We currently have about 2,300 patients with Crohn’s disease, Ulcerative Colitis, and Ulcerative Proctitis in the Nova Scotia registry.

We are looking at bone density in patients with Crohn’s disease and whether smoking effects frequency of exacerbation of the disease.

We are involved in a large project gathering blood samples from 200 families across Nova Scotia and Newfoundland who have multiple members with Crohn’s disease or Ulcerative Colitis in an attempt to determine if there is a genetic component that predisposes a person to develop IBD. We have set-up clinics across NS and NFLD and a few thousand tubes of blood. In each family we took blood from all first degree relatives of the patients.

At the Q.E. II we are also establishing the Maritime Hereditary Gastrointestinal Cancer registry. The first step has been to identify patients with hereditary nonpolyposis colorectal cancer and set up a counselling and surveillance program for them and their families.

We are involved in a trial using a new immune system modulator, Interleukin-10 in steroid dependent patients with Crohn’s disease to see if it will enable them to wean off cortico steroid medication. In Crohn’s patients with terminal ileal disease, we are involved in a trial looking at comparing Budesonide alone to Budesonide in combination with antibiotics (Metronidazole and Ciprofloxacin) in inducing remission.

Irritable Bowel Syndrome (IBS) accounts for about 20% of the new referrals to our out-patient clinics. We have a number of clinical trials ongoing for patients with diarrhea, predominant IBS and one study looking at constipation in the elderly.

Over the last 18 months we have been involved in a study of, Clostridium Difficile infection, a new binding agent to the toxin that causes the disease. Our laboratory processes about 6,000 positive specimens for Clostridium Difficile a year. About 20% of these patients who are treated will get a recurrent infection often the initial treatment. This has been a particularly busy trial because some of the patients are in veterans or nursing care facilities and so the research nurse is in fact going to the patients in their homes.

Research on Helicobacter is another important branch of our activities. We are involved in studies looking at new treatment to cure the infection, the resistance of Helicobacter to antibiotics and the mechanism by which this may occur; development and validation of urea breath test to diagnosis the infection, new serological test for and new stool test for diagnosis.

We are currently looking at symptom relief in Gastroesophageal Reflux disease comparing a proton pump inhibitor to an H2 Blocker and we do many treatment trials for duodenal ulcers, gastric ulcers, non-ulcer dyspepsia and Helicobacter pylori eradication therapy.

The increased prevalence of Hepatitis C in the Atlantic provinces has resulted in increased clinical trials activity. In the past year a Hepatitis C clinic has been established where over 400 patients are seen annually. In the past two years, at the Q.E. II Health Sciences Centre we have enrolled over 100 patients in studies treating and collecting data in patients infected with this virus.

We have been on the leading edge of trials involving the use of induction doses of Interferon as well as long acting Interferons.

Submitted by
Jennifer Stewart, Research Nurse, Q.E. II Health Sciences Centre
Helicobacter Pylori

Helicobacter pylori is a bacteria that lives in the lining of the stomach (body and antrum). It can lead to an infection in the stomach (gastritis) and ulcers (gastric and duodenal). Approximately 85 to 90% of people who have an ulcer have Helicobacter pylori in the stomach. The infection may cause such symptoms as pain or discomfort just below the breast bone, heartburn, excessive burping or belching, nausea or feeling full or bloating in the upper stomach.

Other things that may cause an ulcer include drugs, such as, ASA’s (Aspirin), non-steroidal anti-inflammatory drugs (NSAID’s), taken for arthritis, stomach acid, family history or stress. Smoking, age (the risk increases as you get older) and gender (men are more likely than women) may influence your likelihood of getting an ulcer.

In order to find out if you have this bacteria you can undergo different tests. The most accurate of course is the gastroscopy or upper G.I. endoscopy. It involves your doctor looking into your stomach with a flexible tube with a light at the end of it. He will take biopsies which will be sent to the histology and microbiology lab to be read.

One of the newest and most accurate tests to diagnose the H. Pylori infection today is the C13-urea breath test (UBT). It is a non-radioactive, non-invasive test used to detect and confirm that the infection is gone. Helicobacter pylori scorers an enzyme called urease which breaks down into carbon dioxide and ammonia when it makes contact with the gastric enzymes. The C13-urea test targets the CO2 from the urease break down.

The C13-urea test is a very simple test and involves collecting 2-3 breath samples. All you have to do is blow into a plastic tube that collects a sample of your breath. Then you will be asked to drink a glass of ensure or apple juice and then some C13 urea mixed with a small amount of water. This is a tasteless and a non-radioactive solution. Breath samples will then be taken at baseline, 30 and 60 minutes if ensure is used as the meal; baseline and 30 minutes, if apple juice is used as the meal. The breath samples will then be analysed for the amount of CO2 they contain. Depending on the amount of CO2, will indicate if you have H. Pylori.

The preparation for this test is important:
1) No food or drink for at least 4-hours before taking the test.
2) No proton pump inhibitors (eg. Losec) 2 weeks prior to the test.
3) No antibiotics (eg. Penicillin, tetracyline, biaxin, metronidazole) in the last 4-weeks.
4) No bismuth preparations (pepto-bismol) in the last 4-weeks.
5) No smoking before or during the test.

If you are diagnosed with H. pylori it is important to discuss the results and treatment with your doctor. To get rid of the infection your doctor may prescribe antibiotics to get rid of the bacteria as well as medication that lowers the amount of acid in your stomach. Two of the most widely used treatment recommendations are:
1) Losec 20mg., metronidazole 500mg., and olaritromycin 500mg.; all three medications b.i.d. for 7-days.
2) Losec 20mg., Amoxicillin 1,000mg., and claritromycin 500mg.; all three medications b.i.d. for 7-days (1-week).

At our center now we have a number of active studies concerning Pos-Hp patients.
1) A dyspepsia study for patients who are Hp-pos, treated for 1-week and followed-up for one year.
2) A study for pos-Hp patients with a history of peptic ulcer disease or non-ulcer dyspepsia, treated for one week and followed-up for 12 weeks by 2 breath tests.
3) We are the analysis center for 30 centers across Canada for a study enrolling neg-Hp patients with dyspepsia. We are using the LARA UBT Machine from Alimenterics to analyze the samples.
4) We also have a number of Quality of Life Questionnaire studies on the go.

This is an extremely interesting field of research in which to be involved. We have 4 new studies to start within the next month or two. There is always room to learn.

Submitted by Joan Falkenham, Research Nurse, Q.E. II Health Sciences Centre

MINI QUIZ ANSWERS

PHARYNX
TRACHEA
ESOPHAGUS
LIVER
G.B.
DUODENUM
T. COLON
A. COLON
CECUM
APPENDIX
STOMACH
SPLEEN
PANCREAS
D. COLON
SMALL INTESTINE
S. COLON
RECTUM
ANUS
CANADIAN SOCIETY OF GASTROENTEROLOGY NURSES AND ASSOCIATES CHAPTER EXECUTIVE LIST

Vancouver Regional Chapter
President: Gail Whitley
5520 Lackner Cres.
Richmond, BC V7E 6A3
(604) 875-4155
Secretary: Judy Deslippe
Treasurer: Nala Murray

Manitoba Chapter
President: Sylvia Dolynchuk
1503 - 55 Nassau St. N.
Winnipeg, MB R3L 2G8
(204) 237-2249
Secretary: Wanda Gembarsky
Treasurer: Olivene Jessop

London Area Chapter
President: Cheryl Parsons
401 Sunnyside Cres.
London, ON N5X 3N4
(519) 646-6000 Ext. 4355
Secretary: Lynnette Elliott
Treasurer: Laura Mason

Okanagan Chapter
President: Linda Frandsen
3320 Jackson Court
Kelowna, BC V1W 2T6
(604) 864-4000 Ext 4427
Secretary: Arlene Schroeder
Treasurer: Debb Devine

Ottawa Chapter
President: Nicole Millaire
1700 Teakdale Ave.
Orleans, ON K1C 6M4
(613) 737-8383
Secretary: Jean Macnab
Treasurer: Monique Travers

New Brunswick Chapter
President: Carolyn Lewis
47286 Homestead Rd.
Steeves Mountain, NB E1G 2P4
(506) 857-5270
Secretary/Treasurer: Mary Anne Jones

Calgary Chapter
President: Debbie Taggart
#102 - 1800 26th Ave. SW
Calgary, AB T2T 1E1
(403) 209-0217 (H)
(403) 291-8922 (W)
(403) 291-1599 (Fax)
Secretary: Darlene Pontifex
Treasurer: Evelyn Hilderman

Golden Horseshoe Chapter
President: Judy Searay
55 Wellington St. S. #3
Hamilton, ON L8N 2P9
(905) 521-2100 ext. 6094
Secretary/Treasurer: Sharon Thomas

Newfoundland Chapter
President: Ellen Coady
19 Forde Dr.
St. John’s, NFLD A1A 4Y1
(709) 737-6481
Secretary: June Peckham
Treasurer: Mabel Chaytor

Edmonton Chapter
Co Chairs: Sonia Shaw and Judy Langner
9336 - 82 St.
Edmonton, AB T6C 2X5
(403) 492-6741
Or
129 Greenoch Cres.
Edmonton, AB T6L 1W6
(403) 450-7323
Secretary: Doris Strudwick
Treasurer: Patti Ofner

South Western Ontario Chapter
President: Jane Addison
255 Shorehaven Wynd.
Windsor, ON N8S 3C8
(519) 255-2100 Ext. 125
Treasurer: Marbeth McLean
Vice President: Diane Gray

Nova Scotia/PEI Chapter
President: Elizabeth Hendsbee
284 Ross Rd.
Westphal, NS B2Z 1H2
(902) 473-6541
Secretary: Donna Cook
Treasurer: Theresa McKinnon

Greater Toronto Chapter
President: Sheila Yearwood
21 Willowlea Dr.
West Hill, ON M1C 1J4
(416) 431-8178
Secretary: Jean Hoover
Treasurer: Kay Rhodes

Vancouver Island Chapter
President: Irene Ohly
642 Cairndale Rd.
Victoria, BC V9C 3L3
(250) 727-4234
Secretary: Brenda Stevens
Treasurer: Wendy Heater

Saskatchewan Chapter
President: Elaine Fehr
195 Edenwold Cres.
Regina, SK S4R 8A6
(306) 766-2441
Secretary: Shannon Cote
Treasurer: Dianne Ryan

“I have never been especially impressed by the heroics of the people convinced that they are about to change the world. I am more awed by the heroism of those who are willing to struggle to make one small difference after another.” – Ellen Goodman
TOOLS FOR CERTIFICATION

Gastroenterology Nursing: A Core Curriculum 1997

Designed to meet the needs of all members of the gastroenterology nursing team, this volume reviews the body of knowledge that underlies the gastroenterology nursing practice. It is designed to serve as a primary source for nurses and associates preparing for the gastroenterology nursing certification exam. By nature an overview, the Core Curriculum contains reference for further study, and is intended to be used with complimentary texts to provide additional depth of information.

Available solely from the publisher. All requests must be made to Mosby-Yearbook, c/o Pat Newman, 11830 Westline Drive, PO Box 46908, St. Louis MO 63146-9806. Phone: 1-800-426-4545.

Presenting the Core: 1995

This collection of slides, developed by SGNA with a grant from Olympus America, is designed to complement A Core Curriculum. It is intended to be used with the accompanying outline and objectives as the basis for a presentation of The Core Curriculum as a continuing education offering and/or in preparation for the gastroenterology certification exam. The slides are available for rent: you provide the faculty. Additional information and an application are available by calling SGNA Headquarters at 1-312-644-4267.

Member rental fee $85
Non-member rental fee $120.

GASTRO '99

CHAPTER CHALLENGE

SCHOLARSHIP/PRECEPTORSHIP PROGRAM

Special thanks to Vancouver Chapter and Saskatchewan Chapter for their contributions. How about your chapter?

A combined donation may be enough to bring a physician/nurse team from South/Central America or the Caribbean to Gastro '99.

Together we can make a difference. Let’s make this an event to remember!

Marlene Scrivens
Scholarship/Preceptorship Program

CSGNA Education Corner

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 NetNet website www.hepnet.com.

Education Committee Members:
Lorie McGeough, Dianne Ryan,
Elaine Fehr, Ann-Marie Urban
Marlene Scrivens, Education Chair
FAX 306 766 2513

In the middle of difficulty lies opportunity.

L. to R. – Harriett Kunz and Sheila Yearwood.

L. to R. – Eileen Widmier, SGNA;
Gurinda Wielguny, Austria;
Joylene MarCom, SIGNEA;
Marilyn Schaffner, SGNA;
Cindy Hamilton, CSGNA.
**PRESIDENT’S MESSAGE**

What Makes Gastroenterology Nursing Unique?

This is the question asked of us by the Canadian Nurses Association. I invite all members to write to me expressing what they think makes us unique. What sets GI nursing apart from other specialties? The CSGNA Executive will review all your suggestions and incorporate those suitable into the revision of our Standards.

As you are all aware the CSGNA Executive has been working with the Canadian Nurses Association to make Canadian Certification in Gastroenterology Nursing a reality. This has, at times in the past few years, seemed a slow and tedious process. A proposal was sent to the C.N.A. in the spring of 1998 and was reviewed by their board in September. I am happy to announce that CSGNA received a positive reply from the C.N.A. in January 1999. They congratulated us on our proposal and have stated “The overall quality of the information in the proposal is very good and has met most of the criteria for specialty designation. A consensus was achieved by Council and the decision to designate Gastroenterology in principal with some revisions to the initial proposal.” This does not mean we will have an exam in the immediate future but the groundwork is being laid. The C.N.A. has targeted CSGNA as one group to be considered in the development of a new business plan to develop Certification for smaller specialty groups. The CSGNA executive will be working to revise the proposal to the specification felt necessary, and will be working closely with the C.N.A. as they develop their new plan for smaller specialty groups. For the short term the C.N.A. has advised us that those seeking Certification now “should write the American exam”.

The C.N.A. has also expressed the desire to meet with the CBGNA in the U.S. regarding their certification exam. This leads us to believe that the possibility of reciprocity could become a reality for the future. As we progress with the Certification process we will keep you informed every step of the way. For now I would like to request that anyone interested in taking the American exam this fall to write, fax or phone me ASAP. This will enable us to pick appropriate sites in Edmonton and Toronto. I would like to invite those CGRN’s to send their names to Lorie McGeough CSGNA Newsletter Editor so that we can print them in the Certification corner. Congratulations to all who took the exam!

Respectfully Cindy Hamilton
CGRN, President CSGNA

---

Dear Nurse Colleagues,

The Canadian Society of Gastroenterology Nurses and Associates is supporting a scholarship/preceptorship program for Latin American and Caribbean nurses to attend Gastro ’99. Financial support to attend the conference is of vital concern. Nurses from the Caribbean, South, Central, and Latin America may only be paid $125 US per month and some physicians receive even less. A fund-raising initiative to raise $250,000 to create a scholarship/bursary for nurses is underway. Your support will help to fund airfare, hotel, registration, medical insurance, and expenses for our nurse colleagues. If you, your unit, your Chapter, your region, or any other individual or company would like to contribute to this very worthwhile project, please complete the form below and forward your donation to:

Marlene Scrivens
Gastro ’99 Nurse Scholarship/Bursary
GI Unit, Pasqua Hospital
Regina, Saskatchewan, Canada S4T 1A5

If you have any questions contact Marlene at (306) 766-2441 or Fax (306) 766-2513.

**GASTRO ’99 NURSE SCHOLARSHIP/BURSARY DONATION**

Name: ____________________________________________
Address: ____________________________________________
City/Town: ____________________________ Province/State: ____________________________
Country ____________________________ Postal Code/Zip Code: ____________________________
CSGNA Chapter: ____________________________ SGNA Region: ____________________________
I would like to make a donation to the Gastro ’99 Nurse Scholarship/Bursary in the amount of $_________.
A tax deductible receipt will be issued. Please make your donation payable to Gastro ’99 Nurse Scholarship/Bursary.
Thank you for your contribution.
The CSGNA Executive would like to give special thanks to Cheryl McKin-wick, BC for her hard work and dedication in the preparation of our Standards.

**TREASURER/MEMBERSHIP REPORT**

Once again it is almost time to renew your membership. Reminders will be sent out in April for renewal by June 30, 1999. Please fill out membership application and send it along with your renewal to my address (27 Nicholson Dr., Lakeside, NS B3T 1B3) as this helps me keep up with any changes. **Also please note that we are no longer using the Toronto address.** Any other correspondeces can be sent to any member of the executive, all addresses are on the back of The Guiding Light.

I would like to welcome the following new members.

- Donna Joncas Newmarket, ON
- Celine Peladeau-Sidock Winchester, ON
- Donna Chamberlain Oakville, ON
- Shirley Samms Weston, ON
- Nancy Leeson Glouchester, ON
- Roxanne McBride Glouchester, ON
- Donna Pratt London, ON
- Ruth Ann Thompson London, ON
- Mary Lou Domingo North York, ON
- Lynn Duce Hamilton, ON
- Valerie James Kitchener, ON
- Mary Bentley Waterloo, ON
- Arlene Cover Nepean, ON
- Debra Hummel Fenwick, ON
- Giselle Marrella Etobicoke, ON
- Judy Ryan Fonthill, ON
- Brenda Self Scarbor, ON
- Jackie Thanness Niagara Falls, ON
- Frances Tonnis Port Colborne, ON
- Priscilla Wooder Mississauga, ON
- Myrna Harley St. Cath, ON
- Shirley Samms Weston, ON
- John Henderson Scarbor, ON
- Deborah Michalowski Mississauga, ON

Shelly Bible Edmonton, AB
Susan Penner Lethbridge, AB
Linda Wilks Peace River, AB
Lorene Syrnyk Lloydminster, AB
Olive Dirks Saskatoon, SK
Shirley Loewen Saskatoon, SK
Maureen Gordon Winnipe, MB
Wanda Sawa West St. Paul, MB
Susan Drysdale Winnipeg, MB
Dianne Laird Surrey, BC
Darlene Stewart Burnaby, BC
Godfrey Chan Vancouver, BC
Phillis Cheung Victoria, BC
Paula Cramer Vancouver, BC
Pat Savage Vancouver, BC
Carla Service Victoria, BC
Jeanette Prosseger Vancouver, BC
Louise Steen Coquitlan, BC
Belva Sutherland Burnaby, BC
Anita Tang Coquitlan, BC
Phillis Cheung Vancouver, BC
Jeanette Prosseger Vancouver, BC
Paula Cramer Vancouver, BC
Barbara en Boer Vancouver, BC
Judy Thakrar Winnipeg, MB
Ken Danyluk Winnipeg, MB

Sincerely, Edna Lang, Western Director Report

**WESTERN DIRECTOR REPORT**

**Okanagan**

Chapter President Linda Frandsen reports the following highlights from a recent meeting:

1. Registration of three spots at the Gastro '99 conference. Four nurses will share these spots to ensure that they are able to attend at least some of the events. They also hope to host some visitors at their hospital following the conference.
2. The G.I. Unit at Kelowna General Hospital are hosting a G.I. Fair to show the rest of the hospital what they do. They plan to hold this in the afternoons of Feb. 23 and 24. They will create displays utilizing videos, pamphlets and equipment. Areas they will focus on include; PEG feeding tubes, hepatitis C, esophageal motility, ERCP's and general G.I. topics such as polyps and colitis.

They are inviting and encouraging anyone in the hospital to attend these sessions.

**Vancouver Island**

Chapter President Irene Ohley reports that the Chapter is busy fundraising for the Gastro '99 education fund. They are planning a Valentine’s and Easter draw to help raise money. They hope to offer a G.I. day this Spring to provide an opportunity for networking and education for interested personnel working in the field of Gastroenterology in their region.

**Vancouver Regional**

Chapter President Gail Whitley reports that the education half day held November 21 was very informative. A big thank you to all the vendors for their continued support. Two regional members will have their registration to Gastro '99 paid by the Chapter. The Chapter has donated $1500.00 to the Gastro '99 scholarship fund. We urge all Chapters across Canada to make a donation to this fund with the goal of bringing many of our South, Central and Latin American colleagues to this event. Chapter members are working diligently on the Gastro '99 planning committee and are looking forward to participating in this unique educational event. We look forward to meeting all of you in September!

Respectfully submitted,
Cheryl McDonald, Director West

**CALGARY CHAPTER**

The executive for the upcoming 2 year term is as follows:

- President: Debbie Taggart
- Secretary: Darlene Pontifex
- Treasurer: Evelyn Hilderman
- Education: Meiwan Loh/Gail Hill

An education evening November 5, 1998 sponsored by AMT with a presentation from David McCrory of the ERBE electrosurgical unit was very informative. We thank AMT for supporting this social/educational event.

**Attitudes are contagious … is yours worth catching?**
Thank-you Deb

Members of the Calgary Chapter CSGNA wish to thank Deb Erickson for her six years as President of the chapter. Deb’s tireless efforts in promoting the CSGNA and excellence in gastroenterology nursing practice has been an inspiration and motivating factor for many of us. She encouraged us to be the best we could be in GI nursing, for our patients as well as ourselves. We wish you well, Deb, in your Gastro ’99 endeavors.

CANADA WEST REPORT
Alberta/Manitoba
Edmonton

Edmonton Chapter held a general meeting November 9, 1998. It was very exciting to have 17 people present – the largest number ever for a general meeting. Sonja Shaw, Co-Chair of the Chapter has moved away so Co-Chair Judy Langner is looking for a member to share this position. The executive also includes Secretary, Doris Strudwick and Treasurer, Patti Ofner. Judy Langner gave a review of the National Conference held in September 1998. An extended discussion about Gastro ’99 included areas of fundraising, room sharing, general information and education programs.

Another meeting was held on February 2, 1999. Dr. Connie Switzer presented “Updates from Therapeutic Endoscopy”. This was a very informative meeting for members and guests alike. A short business session followed. The main discussion concerned the National Conference in 2001 as Edmonton will be hosting this conference.

Judy Langner, RN
Winnipeg

A special thank you to Sylvia Dolychnuk, Chapter President who keeps me updated with a written report from each chapter meeting held by the Manitoba Chapter. On November 2, 1998, the guest speakers included:

Tim Steven – Valleylab

Janet Ridgedale – Equipment and supply, Advisor for Surgery Program

Enid Suderman – Territory manager, Microvasive/Boston Scientific

evening sponsor

Ken Danyluk – Pentax representative, new member

A business session followed. A spring conference is being planned for April 10, 1999.

Judy Langner, Western Director

REPORT FROM THE DIRECTOR OF CANADA CENTRE

I would first like to wish everyone and yours a Happy New Year for 1999. Next I would like to congratulate all those members who passed the American certification exam in October. We are very proud of those members who worked hard to achieve their goal. Gastroenterology is a specialty in a field by itself and we as Canadians are working to have it recognized as such in our country. I would like to encourage more members to apply for their certification as I feel it will enhance our education and interest in this distinct area. After completing a very busy year in 1998 everyone is off to a fast start for this new year.

The Golden Horseshoe Chapter is planning for a four hour educational conference in April. I would like to remind everyone that this coming November the Chapter will be electing their new Executive. In April, the London and Area Chapter will be hosting a four hour education session on “Scope Cleaning” sponsored by Fibertech.

Also in April, the Southwestern Chapter is planning a four hour conference. Details for this event are not finalized at the present time.

The Greater Toronto Chapter is organizing an educational session for November followed by an election for their new Executive.

I would like to remind everyone of the importance of becoming active with the functions of your Chapter.

When more people become involved in the Chapters activities the more successful the outcome will be. Let us not forget that the main objective of this association is to improve and educate its members.

Monique Travers, RN,
Director of Canada Centre

OTTAWA CHAPTER

Nicole Millaire, President of the Ottawa Chapter, and myself attended a conference in Quebec City of the Association Quebecois Des Infirmieres et Assistantes en Gasterologie from November 20th to the 22nd. This association has 72 members and this was their 8th conference. The Friday night was comprised of the annual business meeting, a period costume fashion show followed by a wine and cheese where we met the president Judy Ann Boyer and her executive. Saturday was a full day with several presentations in conjunction with the physicians. We very much enjoyed the interactive video machines that tested our knowledge throughout the conference.

The Ottawa Chapter, in its continued support of education, is hosting a Day seminar with a motivational speaker on April 24th, 1999 in Toronto. I am presently revising the Chapter package and would like to thank all of you who gave me your input. Congratulations to all those who wrote and successfully obtained their CGRN. Your commitment to GI nursing is to be commended.

Yours in CSGNA, Nancy Campbell
Director of Canada Centre

The New Brunswick Chapter’s Annual Education day 1998 was held on November 8th at The Moncton Hospital. It was an informative and enjoyable learning session for the thirty nurses in attendance. Bard, Carsen Medical, Cook Canada and Pri Med sponsored the day. Lunch and nutrition breaks were provided by Boston Scientific. President Carolyn Lewis conducted a

“Luck is a matter of preparation meeting opportunity.” – Oprah Winfrey
tour of the G.I. Unit for the curious among us. Thank-you Carolyn for that thoughtful gesture.

Discussion with P.E.I. members resulted in a unanimous decision to join the N.B. chapter. This puts them geographically closer to the Chapter Executive and will enable them to attend more chapter functions.

The N.S. Chapter Executive held a meeting on January 12th. Business discussion took place including consideration of several fund raising ideas. The report from the National Executive’s telephone conference was reviewed as well. All present at the January 12th meeting were pleased with the topics that were discussed and decisions that had been made during the conference call.

The 1999 Annual East Coast Regional C.S.G.N.A. Conference will be held on June 18 and 19th at the Loyalist Inn at Summerside, P.E.I. Much of the planning has been completed and we anticipate a busy spring finalising our program.

CANADA EAST REPORT

The Newfoundland Chapter

The chapter held a meeting on February 10 with 10 members in attendance. The first item of discussion was the possibility of hosting the national CSGNA Conference in 2002. It was a positive response but further information will be made available to the members before a final decision is made by the association and chapter. Criteria for scholarships were reviewed and members were encouraged to apply. Poster presentation for the 1999 CSGNA conference in Vancouver will be submitted from the endoscopy unit staff of St. Clares. A half day information session on scope maintenance with Carson Medical is hoping to be arranged within the next month. We will notify other areas that have interest in this area when this information becomes available. Our next chapter meeting will be held after the Easter break.

Linda Feltham

Don’t Judge Too Hard

Pray don’t find fault with the man who limps,
Or stumbles along the road;
Unless you have worn the shoes he wears,
Or struggled beneath his load.
There may be tacks in his shoes that hurt,
Though hidden away from view;
Or the burden he bears placed on your back,
Might cause you to stumble too.
Don’t sneer at the man who’s down today,
Unless you have felt the blow;
That caused his fall, or felt the shame,
That only the fallen know.
You may be strong, but still the blows,
That were his, if dealt on you;
In the selfsame way, at the selfsame time,
Might cause you to stagger too.
Don’t be too harsh with the man who sins,
Or pelt him with words or stones;
Unless you are sure, yea, doubly sure,
That you have no sins of your own.
For you know perhaps, if the tempter’s voice,
Should whisper as softly to you;
As it did to him when he went astray,
T’would cause you to falter too.

Canadian Society Gastroenterology Nurses and Associates

Ottawa Chapter

Motivational Speaker – Lynn Davies

Understanding Others at Work and Working with Others You Don’t Understand

Saturday, April 24th, 1999

Ottawa General Hospital Amphitheatre

For more info contact Ottawa Chapter President Nicole Millaire at 1-613-733-8385
CALL FOR NOMINATIONS

The following positions will be up for nominations for The CSGNA National Executive and Board positions. Please send all nominations to the chair of the Nomination Committee (President of CSGNA) by April 1, 1999.

Positions open:
Secretary, Director Canada East, Director Canada Centre, Director Canada West, Education Chair

GUIDELINES FOR SUBMISSION to “THE GUIDING LIGHT”

- white paper with dimensions of 81/2 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.
Therapeutic endoscopy procedures involve advanced knowledge and technical skill in order to safely perform/assist with procedures to achieve desired patient outcomes. Therapeutic endoscopy procedures may include but are not limited to: Bronchoscopy, Colon Decompression, Guidewire Dilatations with Hydrostatic or Pneumatic Balloons, Emergency Endoscopy, ERCP (diagnostic and therapeutic: i.e. stent, sphincterotomy, nasobiliary catheter drainage), Esophageal Banding, Esophageal Prosthesis Placement, Foreign Body Removal, Heater Probe/Bicap Coagulation, Laser, Motility Studies, PEG/PEJ, Polypectomy, Sclerotherapy (all types of injections, Gluing).

Most patients undergoing therapeutic endoscopy procedures will require “Conscious Sedation” (see position statement related to conscious sedation).

Gastroenterology nursing has witnessed significant evolutionary changes in the past 15 - 20 years. Factors such as an aging population, advanced technology thus allowing for more complex procedures to be performed, as well as the specialization of gastroenterology medicine have all had an impact on nursing practice.

As Canada undergoes significant health care reform, health care institutions are being mandated to redesign their internal structures to become “leaner” while maintaining quality care standards.

In the specialty of Gastroenterology, the factors that have influenced staffing include the performance of more complex diagnostic and therapeutic procedures, the changes in the physician practice (where one physician often performs the procedure with a nurse assisting, rather than another physician), and the resultant impact on the expanded role of the nurse.

The primary role of the registered nurse during endoscopy procedures is the maintenance of patient safety through continuous assessment of the patient’s condition and intervention as necessary.

The Canadian Society of Gastroenterology Nurses and Associates supports the position that staffing patterns must reflect the responsibilities in the advanced role of the registered nurse in the performance of therapeutic endoscopy procedures.

During therapeutic endoscopy procedures as identified by the Society a minimum of two nurses must be in attendance: one being a registered nurse educated and experienced in gastroenterology and endoscopy nursing in the expanded role and a second (registered) nurse to monitor the patient pre, during, and post-procedure.
Barrett’s Esophagus

**DEFINITION**

Barrett’s Esophagus is an acquired pre-malignant condition in which the normal squamous mucosa in the esophagus is replaced by columnar epithelium through the process of metaplasia (the replacement of one adult type of epithelium by another).

This progressive change is caused by chronic reflux esophagitis (GERD).

**INCIDENCE**

The overall prevalence of Barrett’s Esophagus is approximately 10% in patients with reflux esophagitis. Patients with B.E. have 30-40 times increased risk of developing adenocarcinoma of the esophagus. Prevalence is also higher in 1% of the older population, white males and smokers at an average age of 55 years.

**DIAGNOSIS AND SMOKING**

Endoscopy with biopsy is the most sensitive and specific test diagnosis. Endoscopic diagnosis is based on visual recognition of replacement of the Normal pearly white or pinkish tan squamous mucosa by a reddish, salmon pink velvety metaplastic columnar mucosa. The z-line or squamo柱ar junction is irregular with tongues of reddish columnar mucosa extending into the squamous layer. The extent of columnar segment is highly variable. Often there are patches of squamous mucosa scattered around the z-line. Biopsy specimens should be taken at 2 cm intervals throughout the columnar tubular esophagus, and obtained from any visible lesion.

Smoking and alcohol have been suggested as factors in development of cancer in patients with Barrett’s esophagus. These patients are therefore advised to abstain from use of alcohol and tobacco.

**TREATMENT**

Treatment recommendations are controversial but as per the World Congress Gastroenterology 1990 are:
1. No dysplasia or cancer-endoscopy with biopsy of B.E. every 1-2 years.
2. Dysplasia on one surveillance endoscopy repeat endoscopy and confirmation with further specimens.
3. High grade dysplasia – surgery to resect affected area of the esophagus.
4. Low grade dysplasia – intensive anti-reflux therapy with proton pump inhibitors. i.e. Omeprazole, Pantoloc andPrevacid administered for 8 - 12 weeks, then repeat endoscopy and biopsy.
   a) if improvement of histologic findings then endoscopy every 6 months until no dysplastic epithelium found.
   b) persistent low-grade dysplasia – continue intensive treatment and surveillance.

**SUMMARY**

Barrett’s esophagus is an increasing health concern in most Western Countries. Diagnosis is usually made when patients with symptoms of GERD are being assessed. Antireflux procedure performed on properly selected patients can provide symptomatic relief in 80-90% of patients. However to date neither medical treatment with lifestyle changes and anti-secretory drugs or anti-reflux surgery has shown convincing evidence of regression of metaplastic epithelium or decrease cancer risk in Barrett’s Esophagus.

Submitted by
Ms. June Peckham and Ms. Ellen Coady
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 a content 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 a speaker at a CSGNA conference or seminar (cumulative points). 2 Points
- Each time has 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 Chapter events (e.g.) fundraising 1 Point
- Each year as a Member on the planning committee for a regional conference (cumulative points). 1 Point

REVISED June 04, 1998
M. SCRIVENS, EDUCATION CHAIR
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.

EXEMPTIONS:

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 BY JUNE 1, 1999 TO THE ABOVE ADDRESS.

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: ___________________ JOINED THE CSGNA IN 19__

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 APPL YING 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.

APPLICATION FORM AND SUBMISSIONS MUST BE RECEIVED BY THE EDUCATION CHAIR BY FEBRUARY 15, 1999 TO THE ABOVE ADDRESS. 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 19________

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 ______________________ 19____. Signed ____________________

Nominated by __________________________ & _______________________________
SIGNEA MEMBERSHIP
MEMBERSHIP APPLICATION
SOCIETY OF INTERNATIONAL GASTROENTEROLOGICAL NURSES AND ENDOSCOPY ASSOCIATES

Individual Membership
Individual Memberships for Gastroenterological Nurses and Endoscopy Associates are available for $10.00 annually ($US).

Affiliate Membership
Individuals interested in joining SIGNEA, such as physicians, other medical professionals, and non G.E. nurses, pay affiliate membership fees of $50 annually ($US).

National G.E. Nursing Organization Membership
Membership in SIGNEA is available to national nursing organizations. Membership inquiries may be sent to the SIGNEA Secretariat. National G.E. Nursing organization dues are dependent upon the number of national members in each organization. Membership applications should be accompanied by payment and the name of the organization’s official contact person.

Corporate Membership
SIGNEA welcomes corporate memberships by companies which supply G.E. products, drugs, general medical equipment and any service that would be utilized by G.E. nurses. Detailed corporate membership information may be obtained from: Pat Pethigal, Chair, fax: 206.223.6379, phone: 206.223.6965 or the SIGNEA Secretariat.

WORKPLACE
☐ Endoscopy Unit/Hospital
☐ Endoscopy Unit/Clinic
☐ Inpatient/Outpatient

POSITION
☐ Administrative/Director
☐ Consultant Nurse
☐ Head Nurse
☐ Staff Nurse
☐ Supervisor/Coordinator
☐ Technician (Patient Care)
☐ Clinical Specialist
☐ Educator
☐ Researcher
☐ Technician (machine)
☐ Nurse Practitioner
☐ Manufacturer Representative
☐ Corporate nurse Consultant
☐ Other__________________

Please add an additional $15 for those checks that are drawn off Non-US banks. $________ Total Pymnt.

First Name (Given Name)

Last Name (Family Name)

Address for Mail             City

State/Province                        Country                        Postal Code

Telephone                        Fax                        Email address

Employing Organization

Send completed form to:
Kimberly Svevo, SIGNEA
401 N. Michigan Ave., Suite 2200 Chicago, IL 60611 USA
Phone: 312.644.6610 Fax: 312.321.6869 E-mail: kimsvevo@sba.com
SGNA Membership Application

CONTACT INFORMATION (Please print or type.)

First Name:
MI
Last Name:

Nickname:

Hospital/Office/Company Name:

Social Security Number:
Date of Birth:

Please provide both addresses and check your preferred mailing address:

☐ Work
Street Address:
City:
State/Province:
Zip:
Country:
Phone:
Fax:

☐ Home
Street Address:
City:
State/Province:
Zip:
Country:
Phone:
Internet/E-Mail Address:

REFERRED BY
(If applicable)

CREDENTIALS

Nursing:
☐ RN
☐ LPN
☐ LVN

Education:
☐ PhD
☐ MSN
☐ MS
☐ BSN
☐ BS
☐ ADN
☐ PhD

Certification:
☐ CCRN
☐ CGN
☐ CGA
☐ Other:

Certification Date:

Other Training:
☐ Technician
☐ Nursing Assistant

PROFESSIONAL PROFILE
1.) Professional Setting (Check one.)
☐ Free Standing/Ambulatory
☐ Equipment Sales
☐ GI Clinic
☐ GI Nursing Floor
☐ Inpatient Only
☐ Outpatient Only
☐ Inpatient/Outpatient Combination
☐ Manufacture
☐ Physicians Office
☐ Other:

2.) Position (Check one.)
☐ Administrative/Director
☐ Clinical Specialist
☐ Consultant
☐ Educator
☐ Head Nurse
☐ Researcher
☐ Staff Nurse
☐ Nurse Practitioner
☐ Supervisor/Coordinator
☐ Sales
☐ Technician (patient care)
☐ Technician (machine)
☐ Other:

3.) Memberships in Other Nursing Organizations (Check all that apply.)
☐ ANA/SNA
☐ AACN
☐ ENA
☐ ASHAN
☐ AORN
☐ Sigma Theta Tau
☐ Other:

PAYMENT INFORMATION • dues subject to change

A. Membership (SGNA membership runs on a calendar year and is renewable by January 1 of the following year.)

Check the category of membership for which you are applying:

<table>
<thead>
<tr>
<th>Voting Status</th>
<th>Type</th>
<th>Definition</th>
<th>Annual Dues</th>
<th>Prorated Dues</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Voting</td>
<td>Licensed Nurse</td>
<td>Limited to Registered Nurses and Licensed Vocational/Practical Nurses involved in, or associated with gastroenterology and/or endoscopy nursing practice</td>
<td>$105.00</td>
<td>($60.00)</td>
</tr>
<tr>
<td>☐ Voting</td>
<td>Associate</td>
<td>Limited to Assistive Personnel - technicians, technologists, assistants involved in, or associated with gastroenterology and/or endoscopy nursing practice</td>
<td>$105.00</td>
<td>$60.00</td>
</tr>
<tr>
<td>☐ Non-Voting</td>
<td>Affiliate</td>
<td>Includes, but is not limited to, physicians, consultants, industry representatives, educators involved in, or associated with, gastroenterology and/or endoscopy nursing practice</td>
<td>$90.00</td>
<td>$45.00</td>
</tr>
</tbody>
</table>

SUBTOTAL A

B. Regional Societies
All voting members (licensed nurses and associates) residing in the U.S. are required to affiliate with an SGNA regional society.

Regional Society preference (Indicate two-digit code of preferred region from the table listed on opposite page.):

Regional Society Dues:

<table>
<thead>
<tr>
<th>Voting Licensed Nurses and Associates</th>
<th>Non-Voting Affiliate</th>
</tr>
</thead>
<tbody>
<tr>
<td>No additional payment needed</td>
<td>Optional payment, if interested please indicate preferred region above and remit an additional $15.00 (If after July 1, remit $750.)</td>
</tr>
</tbody>
</table>

SUBTOTAL B (If applicable):
MEMBERSHIP APPLICATION
(CHECK ONE)

☐ ACTIVE $40.00

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 $40.00

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

FORMULE D’APPLICATION 
(COCHÉZ UN)

☐ ACTIVE 40,00 $

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

☐ AFFILIÉE 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.

APPLICANT INFORMATION / INFORMATION DU MEMBRE

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

SURNAME
NOM DE FAMILLE

PRENOM
FIRST NAME

☐ MR / M ☐ MRS / MME ☐ MISS / Mlle ☐ MS / MS

HOME ADDRESS
ADRESSE MAISON

Ville ___________________ Prov. ___________________ Postal Code ___________________

HOSPITAL/OFFICE/COMPANY NAME
Nom de l'hôpital / bureau / compagnie

TITLE / POSITION

BUSINESS ADDRESS / ADRESSE TRAVAIL

Ville ___________________ Prov. ___________________ Postal Code ___________________

BUSINESS PHONE
TELEPHONE TRAVAIL ( ) ___________________ EXT. ___________________ LOCAL ___________________

FAX
TELECOPIER ( ) ___________________

CHAPTER NAME
Nom du chapitre

SEND MAIL TO (CHECK ONE)
☐ HOME ☐ BUSINESS ENVOYER AU CORRESPONDANT (COCHER UNE) ☐ MAISON ☐ TRAVAIL

EDUCATION (CHECK ONE)
☐ RN ☐ RNA ☐ TECH ☐ OTHER (EXPLAIN)

EDUCATION (COCHER UN)
IN ☐ I AUX ☐ TECH ☐ AUTRE (SPECIFIEZ)

MEMBERSHIP (CHECK ONE)
☐ RENEWAL ☐ NEW ABONNEMENT (COCHER UN)

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 remplie à l’adresse ci-haut mentionnée.)
### CSGNA 1998-1999 Executive

#### President

**CINDY HAMILTON**  
546 Kenmarr Cres.  
Burlington, Ontario  
L7L 4R7  
(905) 569-8100 Ext. 26 (W)  
(905) 632-4110 (H)  
FAX: (905) 634-0323  
E-MAIL: chamil@netcom.ca

#### Newsletter Editor

**LORIE McGEOUGH**  
G. I. Unit  
Pasqua Hospital  
4101 Dewdney Avenue  
Regina, Saskatchewan  
S4T 1A5  
(306) 766-2441 (W)  
(306) 766-2762 (W)  
FAX: (306) 766-2513  
E-MAIL: lmCGeough@reginahealth.sk.ca

#### President Elect

**LORRAINE MILLER HAMLYN**  
180 Waterford Br. Rd.  
St. John’s Newfoundland  
A1E 1E2  
(709) 722-0294 (H)  
(709) 778-6737 (W)  
E-MAIL: hcc.millo@hccsj.nf

#### Secretary

**JEAN MACNAB**  
Endoscopy Unit - Ottawa Civic Hospital  
3381 Greenland Road  
R.R. #1, Dunrobin, Ontario  
K0A 1T0  
(613) 832-0906  
(613) 798-5555 Ext. 3179 (W)  
FAX: (613) 761-5269

#### Canada East Directors

**LINDA FELTHAM**  
74 Penetanguishene Road  
St. John’s, Newfoundland  
A1A 4Z8  
(709) 753-6756 (H)  
(709) 737-6431 (W)  
FAX: (709) 737-3605

**EVELYN McMULLEN**  
5532 Northridge Rd.  
Halifax, Nova Scotia  
B3K 4B1  
(902) 453-6151 (H)  
(902) 473-6541 (W)  
FAX: (902) 473-4406

#### Treasurer/Membership

**EDNA LANG**  
27 Nicholson Dr.  
Lakeside, Nova Scotia  
B3T 1B3  
(902) 876-2521 (H)  
(902) 473-6541 (W)  
FAX: (902) 473-4406  
E-MAIL: ednalang@hotmail.com

#### Canada Centre Directors

**NANCY CAMPBELL**  
Endoscopy Unit  
Montfort Hospital  
713 Montreal Road  
Ottawa, Ontario  
K1K 0T2  
(613) 746-4621 Ext. 2704  
FAX: (613) 748-4914

**MONIQUE TRAVERS**  
G. I. Unit  
Ottawa General Hospital  
501 Smyth Road  
Ottawa, Ontario  
K1H 8L6  
(613) 737-8383 (W)  
(613) 837-6576 (H)  
FAX: (613) 737-8385

#### Education Chair

**MARLENE SCRIVENS**  
G.I. Unit  
Pasqua Hospital  
4101 Dewdney Avenue  
Regina, Saskatchewan  
S4T 1A5  
(306) 766-2441 (W)  
(306) 789-3305 (H)  
FAX: (306) 766-2513  
E-MAIL: scrivens@sk.sympatico.ca

#### Canada West Directors

**CHERYL McDONALD**  
4644 - 51st Street  
Delta, B.C.  
V4K 2V7  
(604) 940-4432 (H)  
(604) 682-2344 (W) Ext. 2713  
FAX: (604) 631-5048

**JUDY LANGNER**  
129 Greenoeh Cres.  
Edmonton, Alberta  
T6L 1W6  
(403) 463-1934 (H)  
(403) 450-7116 (W)  
or (403) 450-7323 (W)

Website: www.webray.com/csgna