



# The Guiding Light

CANADIAN SOCIETY OF GASTROENTEROLOGY NURSES & ASSOCIATES

APRIL 1999 VOL. 9, #36

## 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 oppor-

tunities 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](mailto:gastro99@odysee.net)  
Website: <http://www.cag.ucalgary.ca/gastro99/index.html>

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# 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:

- \* "Developing a Poster Presentation", Gastroenterology Nursing; volume 16, no. 4, Feb. 1994.
- \* "The Poster Session: An overlooked management tool", Journal of Nursing Administration. 18[7,8]29-33, 1988.
- \* Clinical Nurse Specialist vol. 8, no. 3, 152-155, 1994

Submitted by  
Linda Feltham

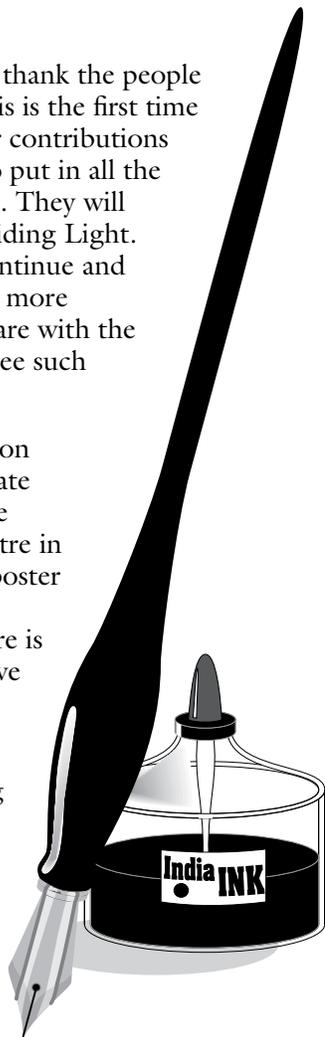
## NOTES FROM THE EDITOR

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 ileac 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 under go 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* secretes 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 CO<sub>2</sub> 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 CO<sub>2</sub> they contain. Depending on the amount of CO<sub>2</sub>, 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, tetracycline, 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:

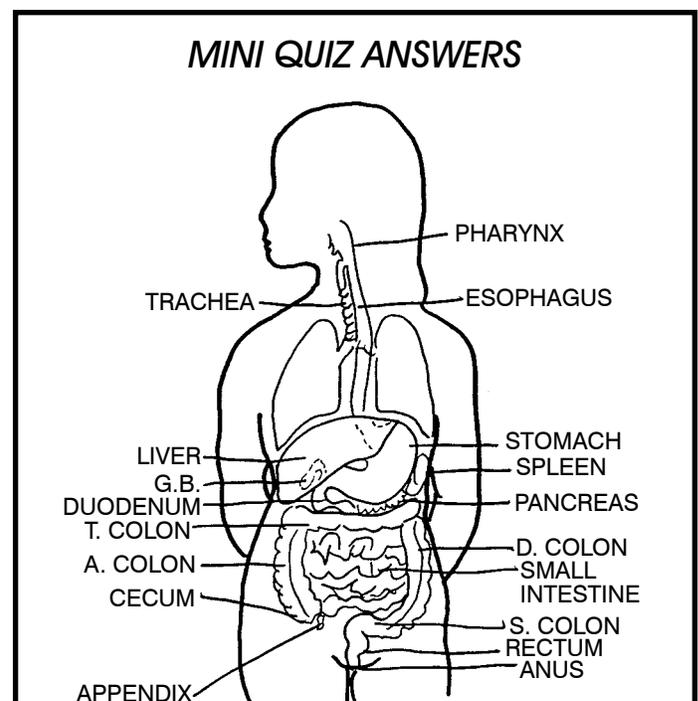
- 1) Losec 20mg., metronidazole 500mg., and omeprazole 500mg.; all three medications b.i.d. for 7-days.
- 2) Losec 20mg., Amoxicillin 1,000mg., and clarithromycin 500mg.; all three medications b.i.d. for 7-days (1-week).

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



# 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

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

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## *Edmonton Chapter*

**Co Chairs:** Sonia Shaw and  
Judy Langner  
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Or  
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(403) 450-7323  
**Secretary:** Doris Strudwick  
**Treasurer:** Patti Ofner

## *Saskatchewan Chapter*

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**Secretary:** Shannon Cote  
**Treasurer:** Dianne Ryan

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(204) 237-2249  
**Secretary:** Wanda Gembarsky  
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**Secretary:** Jean Macnab  
**Treasurer:** Monique Travers

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Sharon Thomas

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**Treasurer:** Marbeth McLean  
**Vice President:** Diane Gray

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**Treasurer:** Kay Rhodes

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**Secretary:** Lynette Elliott  
**Treasurer:** Laura Mason

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(709) 737-6431  
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**Treasurer:** Mabel Chaytor

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Steeves Mountain, NB E1G 2P4  
(506) 857-5270  
**Secretary/Treasurer:**  
Mary Anne Jones

## *Nova Scotia/PEI Chapter*

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**Secretary:** Donna Cook  
**Treasurer:** Theresa McKinnon

## *Vancouver Island Chapter*

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642 Cairndale Rd.  
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**Secretary:** Brenda Stevens  
**Treasurer:** Wendy Heater

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**“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**

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# TOOLS FOR CERTIFICATION

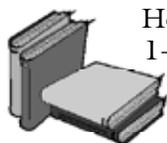
## Gastroenterology Nursing: A Core Curriculum 1997

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 *Mosbey-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

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

Announcements from the Education Committee

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

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



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

In the middle  
of difficulty lies  
opportunity.



L. to R. –  
Eileen Widmier, SGNA;  
Gurlinda Wiellguny, 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 ground work is being laid. The C.N.A. has targeted CGSNA 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 McKinnon from Chilliwack, BC for her hard work and dedication in the preparation of our Standards.

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### 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 correspondences 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	Gloucester, ON
Roxanne McBride	Gloucester, ON
Donna Pratt	London, ON
Ruth Ann Thompson	London, ON
Mary Lou Domingo	North York, ON
Lynn Duce	Hamilton, ON
Valerie James	Kitchner, ON
Mary Bentley	Waterloo, ON
Arlene Cover	Nepean, ON
Debra Hummell	Fenwick, ON
Giselle Marrella	Etobicoke, ON
Judy Ryan	Fonthill, ON
Brenda Self	Scarbor, ON
Jackie Thangness	Niagara Falls, ON
Frances Tonnies	Port Colborne, ON
Priscilla Wooder	Mississ, ON
Myrna Harley	St. Cath, ON
Shirley Samms	Weston, ON
John Henderson	Scarbor, ON
Deborah Michalowski	Mississauga, ON
Christina Sibley	Mississauga, ON

Shelly Bible	Edmonton, AB
Susan Penner	Lethbridge, AB
Linda Wilks	Peace River, AB
Lorene Syrnk	Lloydminster, AB
Olive Dirks	Saskatoon, SK
Shirley Loewen	Saskatoon, SK
Maureen Gordon	Winnipeg, 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	Vancouver, BC
Paula Cramer	Vancouver, BC
Pat Savage	Victoria, BC
Carla Service	Victoria, BC
Jeanette Prosegger	Vancouver, BC
Louise Steen	Port Coquitlan, BC
Belva Sutherland	Burnaby, BC
Anita Tang	Coquitlan, BC
Phillis Cheung	Vancouver, BC
Jeanette Prosegger	Vancouver, BC
Paula Cramer	Vancouver, BC
Barbara en Boer	Winnipeg, MB
Judy Thakrar	Winnipeg, MB
Ken Danyluk	Winnipeg, MB

Sincerely, Edna Lang,  
Western Director Report

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### 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

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### 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.

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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.

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### 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 Dolynchuk, 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 Danlyluk – Pentax representative, new member

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

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#### Judy Langner, Western Director

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### 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.

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#### Monique Travers, RN, Director of Canada Centre

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### 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.

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#### 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

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**"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**

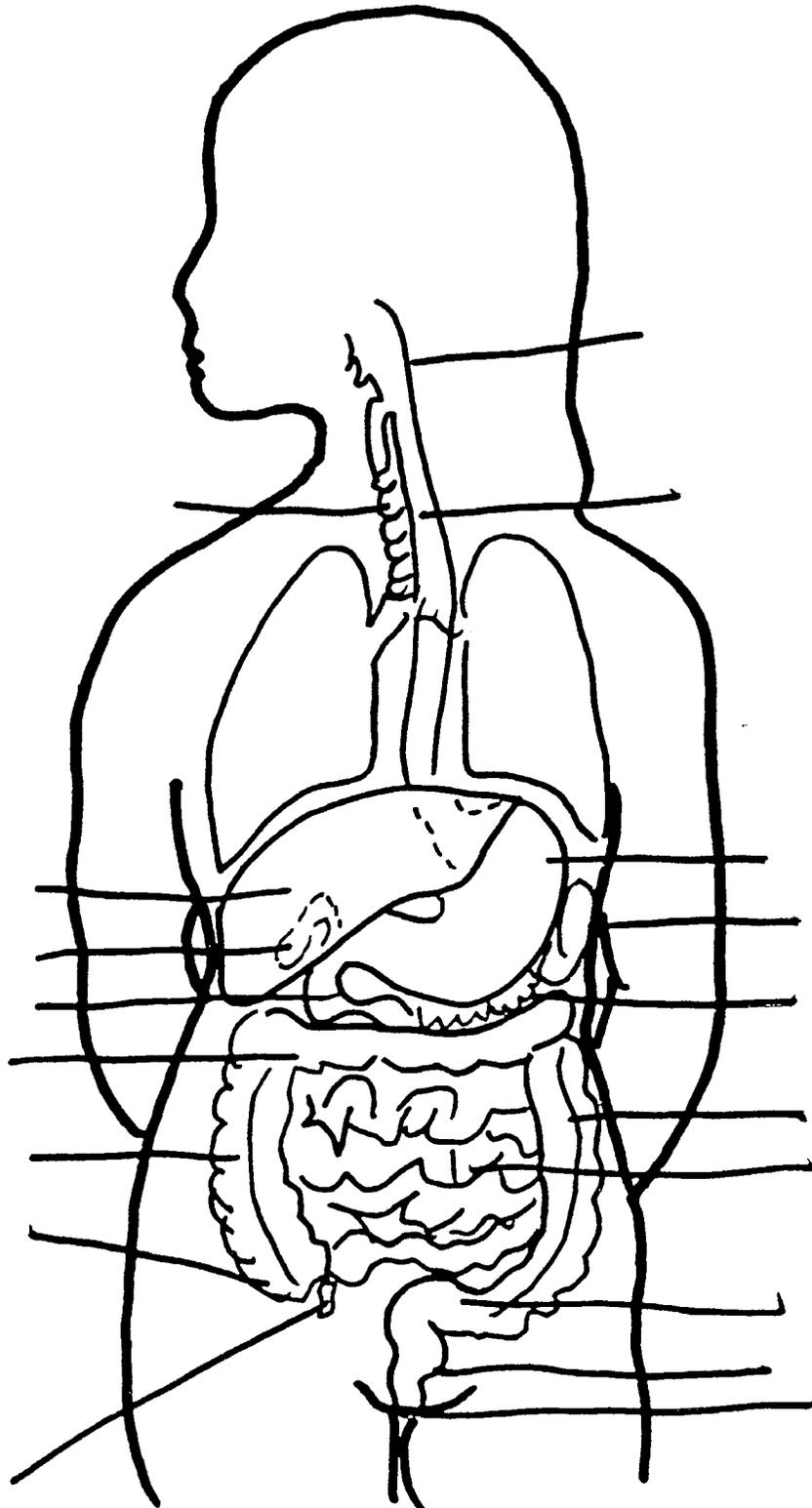
**Motivational Speaker – Lynn Davies**  
*Understanding Others at Work and  
Working with Others You Don't Understand*

**Saturday, April 24th, 1999**

**Ottawa General Hospital Amphitheatre**

**For more info contact Ottawa Chapter President  
Nicole Millaire at 1-613-733-8385**

# MINI-QUIZ



# WORD SEARCH

Lorie McGeough

- ARTICLE
- CONFERENCE
- CERTIFICATION
- CERTIFYING BOARD
- CLINICAL NURSE
- CHAPTER
- DIGESTIVE WEEK
- FUNCTIONAL GROUP
- INSPIRE
- EDUCATION
- CSGNA
- CANADA
- EXHIBIT
- EXECUTIVE
- EVOLUTION
- LEARN
- TODAY
- SHARE
- ANNUAL
- FUN
- BYLAWS
- AUGUST
- A GREAT NURSE
- NATIONAL
- OVERTIME
- OTTAWA
- PARTY
- POSITIVE
- POSTERS
- REGISTER
- HOTEL
- SERVICES
- HOST
- POSITION
- REACTIVE
- REGISTRY
- TOOL

C	O	N	F	E	R	E	N	C	E	N	O	L	S	S	I	M	B	U	S
E	E	Z	N	O	I	T	A	C	U	D	E	2	O	O	O	R	A	E	Y
R	Y	R	E	T	P	A	H	C	A	N	A	D	A	T	P	O	N	T	T
T	S	P	T	I	B	I	H	X	E	N	Y	A	D	O	T	R	U	T	R
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B	C	S	W	A	L	Y	B	S	N	N	M	X	E	D	H	G	B	E	F
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STANDARD OF CARE  
SUBMISSION  
VANCOUVER

YEAR 2000  
WEARY  
COSTS

VENDORS  
PACIFIC  
POOR

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



## **Position Statement**

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### **STAFFING FOR THERAPEUTIC ENDOSCOPY PROCEDURES ON ADULTS**

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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 columnar 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 and Prevacid 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**



*Cindy Hamilton at Gastro '99 Booth,  
World Congress, Vienna.*



*L. to R. – Nicole Millaire, Nancy Campbell. Period costume  
fashion show Chateau Frontenac, Quebec City November 1998.*



# Canadian Society of Gastroenterology Nurses & Associates

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P.O. Box 366, Adelaide Street East, Toronto, Ontario M5C 2J5

## CSGNA EDUCATION COMMITTEE POINT SCORING SYSTEM FOR AWARDED 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



# Canadian Society of Gastroenterology Nurses & Associates

C/O EDUCATION CHAIR: MARLENE SCRIVENS, 2107 BONNEAU PLACE 4, REGINA, SASK. S4V 0L4

## 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: \_\_\_\_\_



# Canadian Society of Gastroenterology Nurses & Associates

C/O EDUCATION CHAIR: MARLENE SCRIVENS, 2107 BONNEAU PLACE 4, REGINA, SASK. S4V 0L4

## 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.

**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: \_\_\_\_\_



# Canadian Society of Gastroenterology Nurses & Associates

546 Kenmarr Cres., Burlington, Ontario L7L 4R7

## 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.

Check Membership Level/Payment		1 year	2 year	3 year
Individual Membership		\$10 <input type="checkbox"/>	\$20 <input type="checkbox"/>	\$30 <input type="checkbox"/>
Affiliate Membership		\$50 <input type="checkbox"/>	\$100 <input type="checkbox"/>	\$150 <input type="checkbox"/>
National G.E. Nursing Membership	up to 100	\$50 <input type="checkbox"/>	\$100 <input type="checkbox"/>	\$150 <input type="checkbox"/>
	101 - 400	\$200 <input type="checkbox"/>	\$400 <input type="checkbox"/>	\$600 <input type="checkbox"/>
	401 - 1,000	\$400 <input type="checkbox"/>	\$800 <input type="checkbox"/>	\$1,200 <input type="checkbox"/>
	Over 1,000	\$750 <input type="checkbox"/>	\$1,500 <input type="checkbox"/>	\$2,250 <input type="checkbox"/>
Corporate Membership		\$1,000 <input type="checkbox"/>	\$2,000 <input type="checkbox"/>	\$3,000 <input type="checkbox"/>

### 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) \_\_\_\_\_

### # Years Education/Training

- \_\_\_\_\_ 1 Year  
 \_\_\_\_\_ 2 Year  
 \_\_\_\_\_ 3 Year  
 \_\_\_\_\_ 4 Year  
 \_\_\_\_\_ 5 Year

Address for Mail \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Country \_\_\_\_\_

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

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email address \_\_\_\_\_

Employing Organization \_\_\_\_\_

Title \_\_\_\_\_

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 MI Last

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)

## 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:

Voting Status	Type	Definition	Annual Dues	Prorated Dues (If joining after July 1)
<input type="checkbox"/> Voting	Licensed Nurse	Limited to Registered Nurses and Licensed Vocational/ Practical Nurses involved in, or associated with, gastroenterology and/or endoscopy nursing practice	\$105.00	\$60.00
<input type="checkbox"/> Voting	Associate	Limited to Assistive Personnel - technicians, technologists, assistants involved in, or associated with, gastroenterology and/or endoscopy nursing practice	\$105.00	\$60.00
<input type="checkbox"/> Non-Voting	Affiliate	Includes, but is not limited to, physicians, consultants, industry representatives, educators involved in, or associated with, gastroenterology and/or endoscopy nursing practice	\$90.00	\$45.00

### 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:

#### Voting Licensed Nurses and Associates

No additional payment needed  
Included in Annual Dues Amount

#### Non-Voting Affiliate

Optional payment, if interested  
please indicate preferred region above  
and remit an additional \$15.00  
(If after July 1, remit \$75.00)

**SUBTOTAL B** (If applicable):

## Credentials

Nursing:  RN  LPN  LVN

Education:  PhD  MSN  MS  
 BSN  BS  ADN  
 DiPL

Certification:  CGRN  CGN  CGA  
 CGT  CGC  
 Other

Certification Date:

Other Training:  Technician  
 Nursing Assistant

## PROFESSIONAL PROFILE

### 1.) Professional Setting (Check one.)

- Free Standing/ Ambulatory
- Equipment Sales
- GI Clinic
- GI Nursing Room
- Inpatient Only
- Outpatient Only
- Inpatient/Outpatient Combination
- Manufacturer-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
- ASPAN
- AORN
- Sigma Theta Tau
- Other

**SUBTOTAL A**



# Canadian Society of Gastroenterology Nurses & Associates

27 Nicholson Dr., Lakeside, Nova Scotia B3T 1B3

## 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

(COCHEZ 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 \_\_\_\_\_ PRÉNOM / FIRST NAME \_\_\_\_\_  
 MR / M    MRS / MME    MISS / MLLE    MS / MS

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

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

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

TITLE / POSITION \_\_\_\_\_

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

CITY / VILLE \_\_\_\_\_ PROV. / PROV. \_\_\_\_\_ POSTAL CODE / CODE POSTAL \_\_\_\_\_

BUSINESS PHONE / TÉLÉPHONE TRAVAIL (   ) \_\_\_\_\_ EXT. LOCAL \_\_\_\_\_ FAX / TÉLÉCOP. (   ) \_\_\_\_\_

CHAPTER NAME / NOM DU CHAPITRE \_\_\_\_\_ TITLE / POSITION \_\_\_\_\_

SEND MAIL TO (CHECK ONE)    HOME    BUSINESS   ENVOYEZ COURRIER À (COCHEZ UNE)    MAISON    TRAVAIL

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

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

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

- BY-LAW
- 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.)

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

- BY-LAWS
- STANDARD DE PRATIQUE
- ÉDUCATION
- ABONNEMENT
- PLANIFICATION CONFÉRENCE
- JOURNAL

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  
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## PRESIDENT ELECT

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