

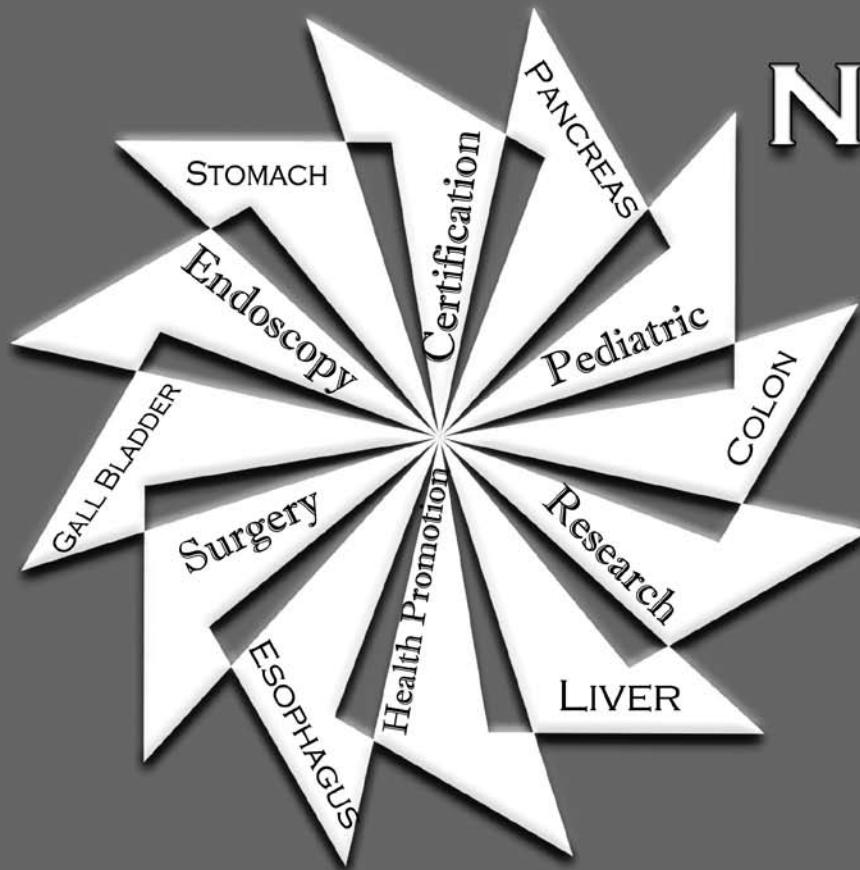
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Canadian Society of Gastroenterology Nurses & Associates
Société canadienne des infirmières et infirmiers en gastroentérologie et travailleurs associés

Guiding LIGHT

MARCH 2009 VOL. 18 #66

GI
NURSES'
DAY



CELEBRATING
THE MANY FACETS OF
GI NURSING

GI Nurses Theme / Logo: The Entries

A call went out last fall to chapters and individual members for ideas of a theme to help CSGNA celebrate GI Nurses Day. Three of our members did us proud! Judy Spencer from Edmonton, Judy Klaus from Central Alberta and Sherry Wardley from Central Alberta, all came up with their own representations of what GI nursing is.

With our CSGNA's 2009 winning idea, Judy Spencer's poster, at a glance, captures GI nursing in its entire approach.

"The best way to a GI Nurses heart is through the stomach!"

With this ingenious play on word, Judy Klaus simply states the very reasons that so many of us love GI nursing. It is not hard to look past the anatomy, patient and our stamina to know why we get involved and remain in GI nursing.

"GI Never Knew... Opportunity 2 Share 2009". Sherry Wardley also represented her idea in script. It evolved from the new language seen in text messaging among the younger generation. This message is conveyed using a few words and symbols. Sherry hoped to show a general concept that would encompass a GI nursing approach familiar to any GI nurse at a clinical,

research or educational level. This is a great reflection of what CSGNA is all about.

Judy Spencer will be awarded a complimentary CSGNA membership, and her poster will be displayed on the cover of this month's *Guiding Light*. Judy Klaus and Sherry Wardley each will be presented with a gift of appreciation for their submissions.

Three different approaches ... three great ideas!

Respectfully submitted by,
Yvonne Verklan, RN, CGN(C)
Public Relations Director *

President's Message

As 2009 is unfolding quickly, the National Executive has been busy with projects to keep our association current. Our Policies and Procedures document is under revision. It will be ready for review when the Board meets in late February, along with a revised Conference Planning Binder. The education committee is revising our Standards. These documents are all being reviewed and revised in preparation for availability to our members on our updated website. We have taken the feedback provided by the membership on their website needs and preferences, and the website task force has prepared the RFPs (request for proposal) which will be reviewed by the Board. RFPs will be sent out to a number of website providers. Based on these responses, we will select a provider with plans that the new website will be ready for unveiling at the CSGNA's 25th annual conference in October.

At this time of year, we ask our membership to think about joining the national executive by considering a role at the national level. Positions for nomination are noted in this issue. The nomination form is available in all issues of *The Guiding Light* and, this year, forms must be received by May 5th. All national positions are open to all active members who are registered nurses, with the exception of the regional director positions, which must be filled by a member from that region.

Friday May 17th is GI Nurses Day. I'd like to commend Judith Spencer, of the Edmonton chapter, for her creative GI Nurses Day poster. This year, as National Nurses Week is celebrated, plan to promote GI nursing in your place of work. When you do, remember to share your celebrations with the entire CSGNA membership by sending your photos and anecdotes to our newsletter and website director.

As you will read in this issue, our 25th annual conference will be providing some educational opportunities presented in new and innovative ways. The planning committee has endeavoured to provide a diverse program to meet the needs of our membership. I would encourage all members to consider forwarding an abstract for an oral or poster presentation. We all have much to learn from each other and there is no better way than by networking and sharing at our national event.

As always, we ask our membership to contact us with any concerns or ideas they have. CSGNA relies on the participation of its membership to thrive and move us forward in the ever-changing environment of nursing and, more specifically, gastroenterology.

Respectfully submitted by,
Elaine Burgis, RN, CGN(C)
CSGNA President 2008 - 2010 *

The Guiding Light

Attention CSGNA Members!

Do you wish you could attend conferences and education sessions?

Are you trying to complete your education hour requirements for recertification?

Have you ever applied for a CSGNA scholarship?

Did you even realize there is money available for you?

Just page through this edition of The Guiding Light or visit CSGNA's website to download an application and send it in.

You could be the lucky recipient of one of our scholarships to help you attend our 25th Anniversary Annual Conference in Toronto.

Check it out and good luck to everyone!

Please contact me about any comments you may have about this newsletter or any ideas for future issues.

Helga Sisson, Newsletter Editor.

Email hsisson99@rogers.com

Future CSGNA[®] Conferences

**TORONTO, ONTARIO
OCTOBER 1 – 3, 2009**

**EDMONTON, ALBERTA
2010**

**OTTAWA, ONTARIO
2011**

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In the Spotlight

St. Boniface General Hospital – The Little Engine That Could

St. Boniface General Hospital, which is situated at the junction of the Red and Assiniboine Rivers in Winnipeg's French Quarter, stands as a symbol of the past because of its history as the first hospital in western Canada. The province of Manitoba is only one year older than the hospital. Having been established by the Grey Nuns in 1871, the hospital has always had the reputation of efficiency, economy, ethical practice and endurance.

The Not For Admission (NFA) Department, located in a small area of the main floor of this ever-expanding facility, is a prime example of its endurance. The practice of endoscopy was established in the hospital in the mid-1970s and it has survived and expanded steadily since then.

The NFA department was originally a day surgery area staffed by operating room nurses. Endoscopic procedures were only a minor part of the daily slate at that time. After undergoing many staff changes and reorganization and amalgamation, the NFA department is now primarily an endoscopy unit. The

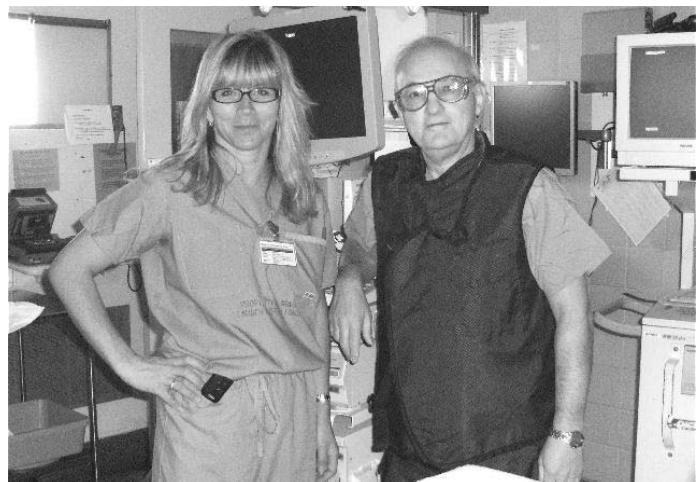
actual size of the department has remained unchanged over the years. The unit is comprised of two small endoscopy theatres, a reprocessing room and a minor procedure theatre where ENT, plastics, and gynecological procedures are performed. The preparation and recovery room is located close to the procedure rooms on the main floor. In order to maintain the flow of patients on schedule, patients undergoing more complicated procedures, such as ERCPs, are recovered in the day surgery area on the sixth floor of the hospital. ERCP procedures are performed in the one lead-lined procedure room. Procedures are facilitated by a C-arm with support supplied by diagnostic imaging technicians. ERCPs are performed every morning as well as on an emergency on-call basis. After the morning slate is completed, the staff members remove the x-ray equipment and rearrange the equipment in the room in order to prepare for the general endoscopy procedures which are slated for the remainder of the day.

Staffing of the department is comprised of one full-time clinical resource nurse who holds

certification as a CGN(C) and who acts as the backbone for all the NFA activities. Five additional nurses, who are part of a sixteen member day surgery staff, rotate through the unit on a regular basis. The nurses are all trained in endoscopy and scope reprocessing. They are required to participate in a regular quality assurance program in order to maintain certification in scope reprocessing. The nurses who rotate through the department all participate in an active 24-hour emergency on-call program. A full-time certified operating room technician who reprocesses the endoscopes during the day shift is also on staff. In addition, one male health care aide is responsible for transferring patients to other units and general assistance in order to facilitate the flow of patients in an efficient manner.

SBGH is the home of Dr. M. Alfa, the internationally acclaimed and respected expert on infection control issues in the reprocessing of flexible endoscopes. The NFA department has often been involved in research projects done by Dr. Alfa.





In spite of its small size, the department regularly accomplishes an amazing amount of work. Approximately 6000 endoscopic procedures were performed in 2008 including approximately 900 ERCPs. A total of 11 specialists, five surgeons and six gastroenterologists, regularly perform endoscopy in the unit. Dr. Allan Micflikier, a gastroenterologist who has practiced in endoscopy since the 1970s, performs the majority of the ERCPs. Dr. Micflikier works at an amazing pace in a number of settings in Winnipeg. He is the primary practitioner in Canada who was involved in trialing the short wire rapid exchange system for ERCPs for Boston Scientific. As a result, the SBGH ERCP practitioners and nurses are experts in this practice. While he presents the picture of a quiet and

unassuming man, this endoscopist has been instrumental in positively affecting the lives of countless patients, as well as maintaining the reputation of the SBGH endoscopy unit as an important referral centre in Canada.

SBGH is home of the state of the art Bergen Cardiac Care Centre. As a result of this, there has been an increased demand for endoscopic investigation and care in order to diagnose and treat co-morbidities in the cardiac population. The recent implementation of an acute care surgical service department at SBGH has further increased endoscopy activity in the NFA department. More complex and acute cases are being handled. The staff of the department has developed a close collegial atmosphere in order to meet this increased demand.

The interaction and cooperation of the departments of medicine, surgery and nursing is amazing. The staff are capable, well trained and accommodating to all the new challenges presented to them by the ever-changing face of endoscopy. St. Boniface General Hospital is a facility that remains firmly planted in Canada as a founding father and innovator in health care and research. Just like the little engine that could, this endoscopy department is small, has a vision, remains focused on the job at hand, and remains firm in the commitment to continue to perform beyond the physical limitations of its environment.

Respectfully submitted by,
Susan Drysdale, RN, BA, CGRN,
CGN(C) *



REPORTS

CANADA WEST DIRECTOR REPORT

Vancouver Island Chapter

Chapter president, Corrie Osborne, reports that the chapter held their Eat, Meet, and Learn meeting on November 17, 2008. The educational part of the evening included instruction in abdominal pressure techniques. After a Christmas season that was hampered by excessive snowfall, the members will emerge in the New Year to attend their next chapter dinner and meeting on February 17, 2009, at the 4 Mile. The agenda is yet to be announced.

Vancouver Regional Chapter

Chapter president, Judy Deslippe, reports that the winter education meeting will take place on February 5, 2009 and the topic will be Flexible Endoscope Construction, Care, and Handling. Olympus will sponsor the evening. Judy is also pleased to announce that the chapter has a new secretary, Judy Robinson. Judy was involved in the planning of the conference in September and she was also a presenter for the ERCP education day.

Kamloops Regional Chapter

Chapter president, Maryanne Dorais, reports that the chapter meeting on December 8, 2008, was well attended and included a presentation by Stephanie Carr entitled What Do You Mean Pain in the Arse? The presentation was a talk on Proctalgia fugax or Anal Pain Syndrome.

The first meeting of the New Year was scheduled for the January 12, 2009. The chapter is having an all-day conference this spring. It will be held on May 9, 2009 and the chapter members are working hard to make the day a success.

One of the members is studying to write the certification exam and the members who frequently hold study sessions in order to help her study are supporting her efforts. Maryanne reports that she has a group of enthusiastic and hard working members. She further reports that four members plan on attending the CSGNA 25 year celebration in Toronto. Maryanne also reports that one chapter member has submitted an article to The Guiding Light. The chapter is working on an abstract to submit to CSGNA for the national conference.

Okanagan Chapter

Chapter president, Bethany Rode, reports that in the fall, their group was busy with their involvement in a LEAN review in order to increase efficiency in their endoscopy unit. She also reports that of the four members who attended the national conference in Vancouver, one member, Arlene Schroeder, presented the sphincterotomy portion of the ERCP workshop. The chapter has had representation at two interactive conference link sessions on biologics in IBD and GI motility. She further reports that the chapter is planning on participating in the Kelowna Digestive Diseases Weekend educational event in the first weekend in May 2009. Bethany also reports that the chapter plans on starting their involvement on a small scale, but increasing their participation on a larger scale in the future.

Calgary Chapter

Chapter president, Connie Wescott, reports that her chapter held their latest meeting on January 28, 2009. She reported that the chapter would hold an education day on November 7, 2009. The nurses are considering numerous options for activities for GI Nurses Day. The development of a journal club

was discussed, and the club is in the early planning stage. The next chapter meeting will be held on February 2, 2009.

Central Alberta Chapter

President Audrey Pennycook, reports that the most recent chapter meeting was held on January 21, 2009. She also reports that the chapter will be hosting their second annual conference on April 25, 2009. The event is entitled The Colon: the long and short of it. The brochure for the all day session is now available on the Canada West website www.csgnawest.com. Registration will be limited to 110, so everyone is encouraged to register early.

Edmonton Chapter

Chapter president, Yvonne Verklan, submitted the following report:

Our chapter boundaries extend from Edmonton east, west and north to the provincial borders. We have a few active members in out-lying areas such as Fort McMurray, McLennan (Peace River) and Camrose. Although unable to attend meetings and educational events due to the distance from Edmonton, these members stay involved with current chapter news via email, and actively seek networking opportunities. Edmonton hopes to have a position added to the ad-hoc committees, which will liaison with our distant members. Thank you to Kim Bernard, Sharon Peters, Valerie Gagnon and Karen Jans for your dedication!

The Edmonton Chapter is proud of our eight members who are studying for the GI certification exam. This is the highest number to register at one time. We wish them all the best.

Rev'd to the Core is our educational segment in our meetings and our sponsored evening educational events. This is meant to augment the studying of our nurses writing the exam. The topics presented cover as many aspects as possible on GI nursing as per the Core Curriculum book and other GI resources. We have drawn from experts from within our chapter, as well as physicians and nurse practitioner's to give us these many inservices.

Thank you to AMT Endoscopy, who gave us an in-depth evening dinner and a presentation on Electrocautery safety in November. This inservice was then taken up to our members in Fort McMurray.

Chapter members, Pam Blakely and Judy Langner, each have given inservices on photodynamic therapy ablation in Barrett's Esophagus and on infection control in the GI setting, respectively.

A lot of planning and teamwork went into our GI Nurses Update conference in October. We presented a new format look to our program, and received supportive comments from the delegates. Our event was well attended by nurses from Alberta, Saskatchewan and Manitoba. We were very pleased with our day, except for the 100-km winds that came through the city that day!

Regina Chapter

October 24, 2008, the Regina Chapter held our annual gastroenterology day for nurses. It was a huge success with over 100 people attending. Jennifer Taylor, one of our staff nurses did an excellent presentation on small bowel enteroscopy. Michelle Classen, one of our dieticians, spoke on Eating out in the 21st Century. We had many other

excellent presenters and some fun-filled activities such as GI Jeopardy and ended the day with a local comedian.

Ten Mysteries of Inflammatory Bowel Disease was one of the topics discussed at our November journal club. With the addition of some wine and appetizers, it made for a fun filled evening.

On January 10, 2009, two nurses attended the gastrointestinal conference in Saskatoon. It was an excellent conference. Dr. Enns from Vancouver spoke on quality assurance in colonoscopy and new gastrointestinal techniques.

The Regina General Hospital is in the midst of incorporating hydrogen breath and urea breath tests, endocapsule, motility studies and pH monitoring. The new technology has arrived and we are starting at full speed ahead.

Dorothy Bateman has agreed to accept the position as treasurer for our chapter. We welcome you Dorothy and thanks so much for accepting the position. We would also like to thank Susan Latrache for her hard work in keeping our finances in order for the past few years. You did an awesome job Susan.

Now that the weather has warmed up slightly we plan to get together soon and plan for our May GI day and discuss dates to continue our journal club and plans for 2009.

Manitoba Chapter

Sue Drysdale, president of the Manitoba chapter, reports that the chapter is alive and kicking. The meetings are well attended. The educational sessions are interesting, varied, and the vendors are supportive. The spring conference planning is well under way. The

chapter held their December journal club on An Overview of intestinal and Multivisceral Transplantation.

The December chapter meeting was well attended considering that we were in the middle of a blizzard. Dr. Chris Andrew spoke on gastric banding. The January Journal club was held on the Management of patients after bariatric surgery. The chapter's most recent meeting was held on January 29, 2009 and the topic was Sphincter Says What? Dr. Cliff Yaffe, a well-known surgeon in Manitoba and a staunch supporter of the CSGNA presented the talk. Dr. Yaffe presented information relating to sphincter function and what happens when things go wrong. Sue Drysdale acted as Dr. Yaffe's 'Vanna' and discussed how anal sexual activity can lead to irreparable damage of the sphincters. A number of examples of devices commonly used to dilate, relax and penetrate the anus were displayed. Lively discussion took place about the health issues related to these practices. This topic was certainly beyond the comfort zone of many of the members but Dr. Yaffe offered us important education and the opportunity to discuss potential endoscopy room scenarios related to the effects of these practices. This information will serve to help the nurses be prepared for exposure to this segment of the GI patient population.

Discussion at our business portion of the meeting included varied topics such as the benefits of membership, registration fees and the future financial status of the chapter. The chapter also discussed the importance of sharing information in relation to our journal club. There are a number of chapters in the western region who are starting up journal clubs and who are interested in expanding their GI knowledge on a

regular basis. We have, therefore, decided to send our articles to the chapter members as well as to the presidents of the other chapters on our email list. We could increase the number of articles for review to one every month and members could choose which of the articles they want to review either alone or in-groups. That way, the articles should be available to all members of the CSGNA. We invite suggestions and comments to this proposal. The incidence and safety of manual reprocessing of endoscopes was another topic discussed. The members are interested to know whether or not this practice still occurs on a regular basis in Canada. We invite anyone in the membership to respond to this question. Carsen Medical and Jeff Grech sponsored the evening. Tim Muller presented a short informational session on the advantage AER.

The chapter will be holding an all-day educational session on May 2, 2009. Our speakers and venue have been confirmed and planning is proceeding well. The brochure for the meeting will soon be available on the website, www.csgnawest.com.

I would like to commend the chapter presidents for the efforts they are making in order to keep our region active and up to date.

Respectfully submitted by,
Susan Drysdale, RN, BA, CGRN, CGN(C)
Canada West Director

DIRECTOR OF CANADA CENTRE REPORT

2009 has arrived in full force with plenty of snow and many of us are hoping for an early spring. The local presidents send these reports:

Ottawa Chapter

The Ottawa Chapter has recently elected a new executive. The chapter is planning an education day for April 25, 2009.

Rachel Thibault-Walsh, President

London Chapter

The London Chapter has also recently elected a new president. She works in the endoscopy unit at London Health Sciences University Campus.

Debbie Holmes, President

Greater Toronto Chapter

The Greater Toronto Chapter is planning an educational evening on February 19. The Scarborough Hospital is sponsoring three nurses to attend the Society of Gastroenterology Nurses Association (SGNA) annual conference in May 2009. This should be a lot of fun and a great experience.

Jacqueline Ho, President

Golden Horseshoe Chapter

The Golden Horseshoe Chapter held an educational evening in November 2008 in Kitchener. The topics were on GAVE and Celiac Disease. The speakers were excellent and the event was well attended. Conmed sponsored this event. There is an education day planned in Hamilton for April 2009. Details haven't been finalised yet. Several nurses in the Golden Horseshoe area will be writing their certification exam in the spring and I'm sure that they are very busy studying. We wish them well.

Alma Smith, President

In September 2007, the Ontario Government introduced the Nurse Performed Flexible Sigmoidoscopy as a pilot project as part of colon cancer screening in an average risk person. It was to be for a period of 18 months. The government is now deciding if it will move forward for another year. Six different centres in Ontario were chosen to be the pilot sites. Twelve nurses from these sites had didactic and clinical training at the Michener Institute in Toronto. They then went back to their respective sites and had hands-on training with a physician trainer. There have been obstacles and challenges along the way, but several sites have been quite successful where some nurses have already been assessed to be independent in their practise.

Respectfully submitted by,
Betty Kennah, RN, CGN(C)
Canada Centre Director

CANADA EAST DIRECTOR REPORT

What a cold, snowy winter. Burr! What a great time to submit an article to The Guiding Light.

The March deadline for poster abstracts in Toronto is fast approaching. If you need anything, just contact your friendly, helpful CSGNA board member.

The eastern chapters, Newfoundland and Labrador, Nova Scotia, New Brunswick and Prince Edward Island have all surpassed their required educational hours, thanks to the teamwork of the chapter executives and members. We will keep you posted on upcoming 2009 Events.

I'd like to take this opportunity to welcome all of the new chapter executives and new members.

Happy retirement to all those who have retired over the past year.

Good Luck to those writing their GI certification exam in April. Congratulations to all members who, like myself, have been re-certified.

Respectfully submitted by,
Mabel Chaytor, RN, CGN(C)
Canada East Director

Newfoundland Chapter

The chapter would like to acknowledge two members who have retired from the nursing profession: Lil Batstone and Lorraine Miller Hamlyn. We wish them both a happy retirement. As new staff is introduced to GI endoscopy, we introduce CSGNA as part of their orientation.

On December 4, 2008, the chapter held a pre-Christmas dinner and presentation. The guest speaker was Sandra Adams, RN, Study Coordinator in GI research. Her presentation on acute gastrointestinal bleeds was both informative and interesting.

Our next meeting will include discussing upcoming conferences, funding and education sessions. We hope to see some old and new faces.

Respectfully submitted by,
Linda Feltham
President Newfoundland Chapter

New Brunswick / PEI Chapter

We are presently planning our next education day and business meeting. It is to be held on May 26, 2009.

Nova Scotia Chapter

On behalf of The Nova Scotia Chapter, I would like to wish everyone all the best for 2009. Our chapter held an education day on November 15, 2008. We had an

excellent turn out, with members from all over the province. The topic was on stenting the GI tract. I would like to thank our excellent speakers, Dr. Rob Berry, Dr. Drew Bethune, Dr. Jim Ellsmere, Liz Hendsbee and Dr. Steve Gruchy.

Thanks very much to our vendors from AMT/US Endoscopy, Boston Scientific, Cook Canada, Johnson and Johnson, Olympus and Primed for their support. Without your help, our annual education day would not be possible.

During the business meeting, we had an election of officers. The new executives of the Nova Scotia chapter are Edna Lang, President, Sandra Marshall, Secretary and Lisa McGee, Treasurer.

Evelyn McMullen, past president of the Nova Scotia chapter, retired in September 2008 after many years of nursing, including the last 12 years in endoscopy. Evelyn was very committed to the CSGNA both locally and nationally. Evelyn was on the planning committee for both national conferences held in Halifax in 1997 and 2007.

Liz (Elizabeth) Hendsbee, past president of the Nova Scotia chapter, has retired this February. Liz has been a member of the CSGNA since its inception. Liz was also very active both locally and nationally. After working in endoscopy for many years, Liz transferred to Infection Control and for over 4 years she became the first infection control practitioner in charge of teaching, certifying and recertifying staff in scope cleaning and reprocessing.

Enjoy your retirement Evelyn and Liz. You truly deserve it. The Nova Scotia chapter thanks both of you for all your help and commitment over the years.

The annual meeting of the Atlantic Association of Gastroenterology (AAG) is being held in NL June 18-20, 2009. Please plan to attend. Contact Dr Tony Tavenor or Mabel Chaytor for information regarding this meeting.

Respectfully submitted by,
Edna Lang
President Nova Scotia Chapter

OPPORTUNITY KNOCKS... Will You Answer?

There is an opportunity open to every CSGNA member: to serve on the national board. For me, this has been a gateway for expanding my GI world. I have made so many contacts and friends. Whenever I have a question about practice, the resources are there to find the standard and to discuss the issue. I have had the privilege of attending national conferences and visiting many chapter activities over these past three years.

This opportunity comes with a commitment of time, which we all feel short of these days. The rewards however are well worth it!

Each member of the board is expected to attend the national conference and associated business meetings, including a face-to-face meeting in the spring and e-mail or teleconference meetings as deemed necessary. Reports are written for meetings and each issue of *The Guiding Light*. You will be repaid many times over for the effort.

The board positions that are up for re-election in 2009 include Treasurer, Education Director, Canada East Director, Canada West Director and Secretary.

Please submit your nomination to Elaine Burgis, CSGNA President, c/o The Scarborough Hospital, General

Campus, 3050 Lawrence Avenue East, Toronto, Ontario, M1P 2V5, or email at president@csgna.com.

Respectfully submitted by,
Joanne Glen, RN, CGN(C)
CSGNA President-elect

NEWSLETTER EDITOR AND WEBSITE DIRECTOR REPORT

I would like to take this opportunity to wish everyone good health and wellness for this New Year. Thanks to everyone that submitted articles for The Guiding Light. They are all excellent and have made for interesting reading. Olympus currently sponsors our newsletter. We are presently in the process of updating our website. Once a website provider is decided on, we will then begin to rebuild our website based on the needs of our membership. We plan for a more up-to-date and interactive website. Currently, there is access to national executive contacts, chapter executive contacts, upcoming local events, information on the annual conference, access to forms and applications for scholarships, and job postings, to name a few. I encourage you visit our website at www.csgna.com and have a look. Please send any comments or suggestions you may have regarding The Guiding Light and our website to hsisson99@rogers.com.

Respectfully submitted by,
Helga Sisson, RN, CGN(C)
Newsletter Editor and Website Director

THE DIRECTOR OF AWARDS AND RESEARCH REPORT

I am extremely delighted to report that Usha Chauhan and Joanne Glen have been awarded the Canadian Association of Gastroenterologists (CAG) Nurse scholarships for attendance to the annual Canadian Digestive Diseases Week (CDDW)

2009 meeting. By the time you receive this newsletter, they will have attended the conference which was held February 27 to March 2, 2009, in Banff, Alberta. I know that they will gain valuable knowledge pertinent to their respective jobs.

Hopefully everyone has survived the cold and snowy winter that we have experienced this year. Now is the time to turn our thoughts to furthering our education through attendance of educational events. A number of our scholarships are available to help with expenses to educational opportunities other than the Canadian Society of Gastroenterology Nurses and Associates (CSGNA) annual conferences.

CSGNA Professional Development Scholarship Award

This award is available to any CSGNA member for costs related to any educational course/program other than a CSGNA event.

CSGNA Chapter Executive Professional Development Award

This award has been designed to allow a chapter executive to attend a professional development course/program other than a CSGNA event.

CSGNA Annual NEW MEMBER Scholarship

This scholarship is awarded to a new member who has become a member of CSGNA in the year prior to the conference. This means new members who registered for the 2008/2009 year.

CSGNA ANNUAL Scholarship Award

This scholarship is awarded to an active member to attend the annual conference.

Michele Paquette CERTIFICATION/RECERTIFICATION Award

This award will be provided to the selected applicant who is a certified, motivated CSGNA member, committed to improving practice and demonstrating excellence in the nursing care of the GI patient.

All the relevant information and requirements can be found in this issue of The Guiding Light.

I would love to have the tough challenge of evaluating a record-breaking number of applications, and announce winners for every scholarship (and anyone who knows me, knows that I LOVE to spend other people's money!) So get your applications in as soon as you can. You will never have the chance of winning, if you don't apply.

Respectively submitted by,
Donna Bremaud, RN, CGN(C)
Director Awards and Research

EDUCATION DIRECTOR'S REPORT

Where did the year go? Time has passed very quickly!

The certification exam date, April 4, 2009, is quickly approaching. Please visit the Canadian Nurses Association (CNA) website at www.cna-aiic.ca. They have a wonderful resource manual, free of charge, to help you prepare for this exam. As a reminder for all of you, through CNA, you can join NURSE ONE. Once you are registered, you can access this library. This is a wonderful resource for information. The www.endoatlas.com has a library of endoscopic images. It is easier to remember a disease process with an image. I hope your studying is going well. If any of you need any help, we are here to support you. Good luck to all of you writing this year.

Congratulations to all Canadian nurses who successfully fulfilled their continuous learning hours and renewed their gastroenterology certification. For those who will be renewing their certification in the future, guidelines and requirements for recertification can be found on CNA's website.

On October 25, 2008, Joanne Glen, President-elect, Susan Drysdale, Canada West Director and myself, attended the Edmonton GI Nurses Update Conference. This conference was well attended! Nurses traveled from British Columbia, Manitoba and from throughout Alberta to attend this conference. It was a very informative day! It was an event thoroughly enjoyed by all delegates. It was a great workshop organized by Yvonne Verkan and the Edmonton CSGNA chapter.

The annual conference will be held in Toronto this year from October 1 – 3 inclusive. This will be **CSGNA's 25th anniversary!** The Toronto planning committee has a wonderful conference planned for you. We have expanded our program to three days! You won't want to miss this conference! Start now to make your plans to attend.

We would also like to encourage you to present abstracts. This is an opportunity for you and/or your chapter, to share with colleagues, a presentation on what you do well and/or what provides challenges in your practice. Share with us some of your knowledge and expertise. We look forward to your submissions. The deadline date for abstract submissions is March 31, 2009.

What can the education committee do for you? At the Vancouver conference, we had a questionnaire available to the members regarding educational requirements. We need your feedback on what you need from us. For those of you

who were not able to fill out the questionnaire, please give us your suggestions. Our mandate is to serve you the best way we can.

Presently, we are working on reviewing and revising our standards.

See you in Toronto.

Respectfully submitted by,
Maryanne Dorais, RN, CGN (C)
CSGNA Education Chair

PRACTICE DIRECTOR REPORT

The recommended guidelines for the reprocessing of endoscopes are presently under review and revision. Part two of this guideline will appear in a future issue of The Guiding Light once the revision is completed.

Respectfully submitted by,
Pauline Porter
Practice Director

PUBLIC RELATIONS DIRECTOR'S REPORT

The Crohn's and Colitis Foundation of Canada (CCFC) had a conference last fall in Edmonton. Although this information was directed to the community, I had the pleasure of meeting a member from their Youth Advisory Council. Their target group is the 15 to 24 year old, who is seen in each of our pediatric and adult GI unit. There are posters and business cards available to us for our patients seeking to access this support. Go to the website www.thegutsgeneration.ca.

The CDDW is in Banff this year. The Canadian Association of Hepatology Nurses (CAHN) has their annual conference at this event every year, along with CAG and the Canadian Association of Study of the Liver (CASL). CSGNA and CAHN are looking forward to networking opportunities. This is a new approach for each of our organizations. I will have an

opportunity to meet with them at their annual meeting.

The International Transplant Nurses Society has chapters in Ontario and Alberta. A recent conference in Edmonton, had information that would be of definite interest to a nurse in any GI subspecialty. Some of the CSGNA members that had attended are ones that are writing their GI certification exam this April. Their website is www.itns.org.

I was delighted to receive a message from the head office of one of our companies asking for information on upcoming CSGNA educational events for 2009. They would like to continue their support with us. By submitting your chapter's plans to me, I would be happy to forward the information as opportunities arise.

My thoughts and best wishes are with those preparing to write the GI certification exam in April. We are just an email away, if you need help.

The CSGNA membership is at 710. As we are moving toward the end of our membership year, let's look at how we grow. GI is seen on every unit and in every area of nursing – urban and rural. All of these subspecialties are valuable to our networking system. A full-bodied membership will give valuable insight and support to those preparing for the GI certification exam. It will give us all a broader understanding of our patients and offer us more learning opportunities. Our annual conference would expand by offering more specific information to entice all GI facets and exclude none. Judy Spencer's poster on the front page is the perfect example of what GI nursing is about. CSGNA is about GI nursing.

Respectfully submitted by,
Yvonne Verkran, RN, CGN(C)
Public Relations Director *

What Do You Mean Pain in the ARSE? What is Proctalgia Fugax?

Submitted by Stephanie Carr, RN, CGN(C), Royal Inland Hospital, Kamloops, B.C.

Proctalgia fugax is also known as anal pain syndrome or levator syndrome. Whether you call it by one name or another, its overall meaning is fleeting rectal pain. This condition typically affects 14% of the population and is more common in women (17.3%) than in men (8.8%) (Thompson & Heaton, 1980). Typically patients do not seek medical advice primarily because the pain is usually brief, infrequent and there is a fear that these symptoms may be considered irrelevant.

In my readings on this particular topic, there appears to be a lack of understanding, knowledge and research that fully describes how and why this condition develops or occurs. Its etiology remains unclear. Some of the written articles suggest a few management techniques to support these patients with Proctalgia fugax. However, little is written on this condition. The articles available suggest family physicians are often unaware this condition even exists, thus resulting in unnecessary diagnostic evaluations.

As a gastroenterology nurse, I have been involved with patients during consultation with their physicians. These patients have described their symptoms as a sudden sharp or gripping knife pain in the rectum, extreme muscle cramp deep within their bottom and even feeling as though they were dying from cancer. Their pain typically occurred at night and often awoke them from sleep. According to Hassan Ibrahim (1961), during these painful attacks, patients have revealed they usually feel sick, perspire freely and syncope is marked (p. 138). These symptoms occasionally lead these

patients to be quite emotional and severely embarrassed. In some articles, patients with Proctalgia fugax are quite reluctant to disclose symptoms for fear of a potential serious condition. So what causes Proctalgia fugax?

In the research, many articles describe the possible physiological mechanism to this condition. According to Thompson (1981), the external anal sphincter or the voluntary striated muscles of the anorectum goes into spasm which (p. 1121) causes the rectal pain. Although the information isn't conclusive, the ideas surrounding the clinical manifestations seem to support this train of thought. Associated precipitating factors for this condition include anxiety, stress, heat, cold or fatigue, as stated by two gastroenterology experts (Dr. Picton & Dr. Stabler, Royal Inland Hospital, 2008).

In one doctor's experience with patients with this condition, he has noticed this condition is often seen in lawyers, nurses and professional persons in stressful positions (Dr. S. Gorman, RIH, 2008). As in Dr. Gorman's experience, Ibrahim's (1961) findings collaborate with this view suggesting "there are more frequent occurrences in the sophisticated and higher social grade of patients" (p. 139).

Some of the literature suggests that Proctalgia fugax may be associated with a low-fiber diet and irritable bowel syndrome, but again, nothing appears conclusive. According to Ibrahim (1961), this condition may exacerbate the rectal pain due to "certain foods or drugs that induce loose bowel movements: i.e. broad-spectrum

antibiotics, sulpha drugs, shrimps, eggs and chocolate" (p.139). Two of our gastroenterology specialists strongly implicated that it was important to rule out any other differential diagnosis that may present with similar features like Proctalgia fugax. As a patient, what would that entail?

The first step to a diagnosis is to visit a physician or gastroenterologist and have an anorectal examination in conjunction with a sigmoidoscopy or colonoscopy. Tests such as anal manometry and radiology procedures may also be performed. Literature suggests that gastroenterologists will also assess if the patient has not responded well to conservative treatments, namely a high fiber diet. Withdrawal of drugs that cause constipation, such as narcotics and calcium channel blockers, may be considered. Also, medications that may cause diarrhea, such as quinidine, theophylline and antibiotics, could be removed. Dr. Stabler (2008) suggested that the new research states patients, who are taking sedatives and muscle relaxants with non-narcotic analgesics, have been shown to have effective results. He also suggested that with some particular patients who suffer frequent, severe, or prolonged episodes, the use of inhaled salbutamol have been shown to reduce their duration of an attack. Perineal strengthening exercises, rectal massage or warm baths may also helpful, but does not eliminate this condition. Once a diagnosis of Proctalgia fugax is established, where does the gastroenterology nurse fit within the scheme of things?

One important role that the gastroenterology nurse can play is to reassure patients about the diagnosis. This condition is not life threatening, yet this condition can cause severe distress to the sufferer. The gastroenterology nurse should try to offer updated information regarding this condition while reminding the patient of the importance of a high fiber diet and fluids to keep their stools soft. Relaxation techniques such as ti chi or yoga, the importance of taking prescribed medication and seeking medical help for any questions or concerns, will all contribute to reducing painful attacks. In the end, the more information and support a gastroenterology nurse can give to the management of Proctalgia fugax, the more patients will learn to cope with their "*pain in the arse*".

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Pipe Cleaner Muffins

1 pkg. low fat brownie mix (Betty Crocker)
3 cups All Bran
3 cups hot water poured over the All Bran
3 tsp. baking soda into All Bran mixture

Combine by adding Brownie mix to All Bran mixture.

Spray 24 muffin tins with cooking oil.

Bake at 375 degrees F for 18-20 minutes.

1 muffin equals 1 point in Weight Watchers.

Variations include the addition of bananas or strawberries.

Submitted by:

Chris Wanlin
CSGNA Manitoba Chapter Treasurer

BOARD POSITIONS AVAILABLE

The following Board positions are up for re-election this year:

Treasurer
Education Director
Canada East Director
Canada West Director
Secretary

These are two-year positions commencing in the fall 2009.

Please submit your nomination to the CSGNA President via mail or email, 150 days (May 5th) before the next annual business meeting. Please consider stepping out of the box and submitting your nomination.

You will grow as a person, not to mention the wonderful experiences and friendships you will gain.

From Newfoundland to Florida and Back, A GI Nursing Experience

Submitted by Rayleen Hogan, RN, Health Sciences Center of Eastern Health, St. John's, NL.

As a fresh new graduate in 1993, I was faced with the challenge of finding a job in a time when RN positions in Newfoundland were few and far between. With my diploma in hand, I left my family and jumped on a plane to the warmer climate of Vero Beach, Florida. As I submitted resumes and slept on a friend's spare bed, I landed a full-time position in the GI unit of Healthsouth's Indian River Surgery Center. This was an area I had no experience in whatsoever.

Working with a fellow graduate and three fabulous doctors, I found a place in nursing that I truly enjoy. With patience, Jeannie taught me the basics and beyond. After returning to Newfoundland and working in various other avenues in nursing, I have now returned to my first and favorite area, GI at The Health Sciences Center of Eastern Health, St. John's, NL.

While there are many similarities, after all a colon is a colon, there are some differences between working in the US and Canada.

The first and foremost difference is the availability of equipment, supplies and dollars. In the US, healthcare is a business, a service provided to the public, a public who can pay big bucks for five-star service. Imagine a Newfoundland graduate used to sharing commodes and cracking bars of soap between patients, to go to a facility where the resources are plentiful, where everything is automatic, top of the line equipment. A Canadian nurses dream! Staffing levels are higher so that no patient waits. Patient discharge teaching and follow-up phone calls 24 hour post colonoscopy and gastroscopy

procedures are standard. To a patient that can pay, it is no doubt the best service money can buy. But not quite so great for those who can't afford the price tag. Jump back to Canada where, albeit the budget is limited and sometimes non-existent, rich patient or poor patient will receive the same service and the best our staff can give.

Working in Vero Beach, I followed the SGNA standards of care in my practice in a day care surgery setting. We performed screening endoscopy and colonoscopy procedures and symptomatic diagnosing for cancer, IBS, Ulcerative Colitis and Crohn's Disease. Any high or increased risk procedures that related to chronic underlying disease, age, or impactions would be performed at the nearby private hospital GI unit. Now, working in St. John's, I am following the CSGNA standards of practice in a hospital setting and gaining experience in ERCPs, bleeds, impactions and high risk procedures, as well as the routine screenings. One of the differences in the standards of practice is the use of 3 lead EKGs during colonoscopies. This is standard in Florida but not here in Newfoundland. The medications are similar with the use of Fentanyl and Versed for endoscopic procedures.

The educational opportunities and incentives in Vero Beach far outweigh those of St. John's. As a staff nurse in Florida, any course, conference, lecture or training I wished to pursue was available and encouraged with full compensation of course costs including travel expenses and paid leave as well as a salary increase with each course completed. The opportunities to further your education and stay

current were just too good to pass up. Sadly, here in Newfoundland, we are very much behind the times.

As for similarities, the respect for the GI nurse is universal. I find that I am treated with respect from my patients and colleagues both here and in the US.

As for differences, I could land a full-time position of my choosing, with full benefits, very quickly in Florida. But even with 17 years of nursing experience, in order to work in this chosen field here in Newfoundland, I have had to take a casual position with very little hope of ever obtaining full-time permanent status with benefits. A very big difference to a nurse with a family.

At the end of the day, my decision to move home to Newfoundland and start my family is one that I have never regretted. I am so thankful to be working here with a staff of doctors and nurses who excel at their profession. It is a happy, hardworking unit. Even though I may not have all the luxuries and benefits of a US RN position, I am enjoying every minute of my time at the Health Science Center, learning from the best. *

**MEMBERSHIP
RUNS FROM
JUNE 1ST
TO MAY 31ST
ANNUALLY**

CSGNA 2009

OCTOBER 1 – 3, 2009

METRO TORONTO CONVENTION CENTRE & INTERCONTINENTAL TORONTO CENTRE HOTEL TORONTO, ONTARIO

Join hundreds of gastroenterology nurses and professionals from across Canada, at CSGNA 2009, to celebrate 25 years of CSGNA! "Celebrating our Past: Inspiring our Future", the theme of this milestone event, captures the excitement of both the anniversary celebrations being planned and the exploration of future directions and challenges.

Leading-edge educational opportunities are an integral component of this year's

conference, and CSGNA members are invited to participate! Abstracts for oral and poster presentations, focused on a variety of topics of interest to the GI professional, are being accepted until March 31, 2009. Consult the CSGNA 2009 Call for Abstracts published in this newsletter or the CSGNA website, for further details.

CSGNA 2009 is being held in the heart of downtown Toronto, at the state-of-the-art Metro

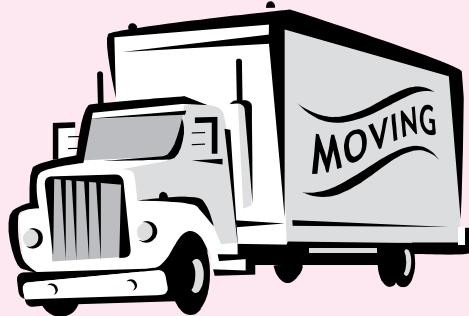
Toronto Convention Centre, with accommodations provided at the adjoining and luxurious InterContinental Toronto Centre Hotel. Further details about both venues are provided on www.csgna.com.

The Planning Committee of CSGNA 2009 and the CSGNA Board of Directors invite you to celebrate with them! Mark your calendars today (October 1 - 3, 2009)...and plan to attend! *

REMINDER

As per Bylaw 22.12 all CSGNA Chapters shall submit to their Regional Director by December the 31st the Chapter's financial report.

CHANGE OF NAME/ADDRESS



NAME: _____

NEW ADDRESS: _____

CITY: _____ PROV.: _____ POSTAL CODE: _____

PHONE: _____ FAX: _____

E-MAIL: _____

(Send change of name/address to the CSGNA Executive Assistant)

Why Certify?

Sandra Stone, RN, CGN(C), St.Clare's Hospital, St.John's, NL.

Certification, as defined by the American Board of Nursing Specialties (ASNS), is the formal recognition of the specialized knowledge, skills, and experience demonstrated by the achievement of standards identified by a nursing specialty to promote health outcomes.

Many people have asked me since I obtained my certification "why did you bother?" To be truthful, while I was studying, I asked myself that exact question many times over. I can honestly answer that it has provided me with a great sense of personal satisfaction, pride and accomplishment. Obtaining my certification in gastroenterology offered me a professional challenge to strive for. In addition, it has enhanced my professional credibility and demonstrated that I have a specialized commitment to gastroenterology nursing. My personal belief is that keeping current, in whatever discipline you happen to be working, is extremely important, especially in the health care field as it is literally changing and advancing daily. If you don't keep your knowledge current, you will be unable to provide your patients with the care that they deserve and expect.

Prior to achieving my certification, while I was assisting the gastroenterologists and surgeons with endoscopic procedures, I realized that I had a limited understanding of the specific disease processes for which my patients were receiving their procedures for. I became more and more interested in developing a deeper understanding for the gastrointestinal system and the diseases that affect its' functioning. After procrastinating for a year, I decided to go for my certification. I felt somewhat isolated studying for the exam, as I was the only nurse from the city, as well as the province, studying for a certification in gastroenterology that year. I was very fortunate to work with a great group of endoscopists that were readily available to answer whatever questions I had. They were a wealth of knowledge. As well, there were two other nurses in my unit that had previously received their certification, so they also provided me with boundless emotional support and proper direction in my studies.

Unfortunately, there are numerous barriers that can deter someone from certifying. There is the financial expense that has to be

incurred to write the exam. Not only the cost of the exam, but the fact that some nurses have to travel to the exam centre can be a barrier. Depending on what institution you are working at, there are limited financial enticements available combined with very little compensation, recognition or rewards after you successfully obtain your certification. I feel that health care organizations should strive to reduce these barriers by providing more incentives. Perhaps more nurses would be encouraged to consider that certification is an extremely worthwhile career accomplishment.

Since becoming certified in the field of gastroenterology, I feel more confident as a GI nurse. As well, I have a greater appreciation and understanding of the gastrointestinal track, how it functions and what diseases can affect this complex body system. I am more comfortable in conversing with the endoscopist regarding the procedures we are performing and the outcomes of specific diseases we are dealing with. Certification provided me with a more in depth knowledge base to function as a preceptor and mentor for new staff and students. Most importantly, I feel that I have the knowledge and skills to provide my patients with the optimum care that they expect, and more importantly, the care that they deserve.

So, if any nurse is hesitant regarding whether they should 'bother to certify', my advice is to GO FOR IT. You will not regret it, only grow from it. *



Synopsis of CSGNA Teleconference Meeting

November 12, 2008

1. The 2008 Vancouver meeting minutes were accepted with minor corrections.
2. **REPORTS:** Reports from the board members were emailed to the board members prior to the teleconference meeting. Information on the SAGE initiative was also sent out to the chapters. In summarizing the reports from directors, overall, most of the chapters are meeting the chapter activities in order to maintain the chapter status. However, concerns were raised that some of the chapters may not be meeting the chapter requirement. We need solid evidence that the chapter requirements are met. In addition, it was brought to our attention that some of the chapter executives are not active CSGNA members.
3. **NEWSLETTER:** At present, The Guiding Light is sponsored by Olympus. In the spring, an email will be sent to all potential sponsors asking for sponsorship for the years 2010 and 2011. Please send articles to The Guiding Light in a publishable format. Have someone proofread the article before sending it in to the newsletter editor.
4. **WEBSITE:** The website committee has been busy researching different website designs, looking at costs and what CSGNA members want from our website. Bilingual translation is very costly. Before we move forward with the bilingual format, we need to determine what percentage of our membership is French? This year, the membership form will be edited to include this question in order to capture the percentage of French members. The results of the survey conducted at the Vancouver meeting will be reviewed and responses will be collated and presented at the face to face meeting.
5. **EDUCATION:** The Toronto planning committee held a meeting November 2, 2008 to finalise the 2009 CSGNA annual conference program. The only concern raised was the timing of the poster session. It is scheduled for Saturday 9:30 to 10:30 a.m. Having the poster session at this time may not be well attended. A suggestion made was made to move it to Friday evening. Presently, the education director is compiling a list of continuous learning activities required to maintain CNA certification. Once this list is compiled and approved by CNA, this list will be posted on the CSGNA website.
6. **RESEARCH AND AWARDS:** This new CSGNA director's position is replacing the membership director position. Requests for awards and scholarships will be forwarded to Donna Bremaud.
7. **POST VANCOUVER CSGNA CONFERENCE UPDATE:** The conference evaluations were tabulated by Heather Reid. The Vancouver conference was well received by the attendees. Final conference expenses were not available.
8. **2009 TORONTO CSGNA CONFERENCE:** The November meeting minutes were not available, however, there were two questions raised by the planning committee regarding the conference: conference fees and the paper syllabus. The planning committee, event planner and the selected national board members will discuss this issue further at a face to face meeting. SGNA will also be approached to advertise the 2009 CSGNA annual conference on their website. The 2009 CSGNA conference will provide an opportunity for the SGNA members to experience live video endoscopy sessions.
9. **PRACTICE:** The CSGNA standards and policy and procedures are up for revision. They are between five and seven years old. The conference planning binder is four years old. This will also be revised to reflect the current practice.
10. **PUBLIC RELATIONS:** The new public relations director has been meeting with various special interest nurses group including the Crohn's and Colitis Foundation of Canada. All the groups are eager to meet with a representative of CSGNA.
11. **Chapter "Adopt an Ailment":** At the Vancouver conference, a question was raised regarding whether there was a patient support group within CSGNA. One way CSGNA can approach this is if every chapter looks at what GI disease is of interest to them, do some research and compile a list of links which can be posted on the CSGNA website. The chapter can also have a group of nurses who can write an article about the GI ailment, provide resources and, if desired, develop patient education material. Suggestions surrounding this idea are welcomed.
12. **FACE TO FACE MEETING:** The next face to face meeting will be held in Toronto on February 20, 2009.

Respectfully submitted by,
Usha Chauhan
CSGNA Secretary *

Ethics, the Job and CSGNA Membership – One Nurse's Opinion

Submitted by Susan Drysdale RN, BA, CGRN, CGN(C)

In November 2008, I was able to attend an informational session at the offices of the College of Registered Nurses of Manitoba (CRNM). At that meeting, the CRNM representatives reviewed the changes to the Canadian Nurses Association's (CNA) Code of Ethics. Our Code of Ethics has been altered slightly in order to accommodate changes in technology and generally in consideration of changes that have occurred in our society since the Code was last reviewed.

At that meeting, I was struck by how seemingly simple our Code is. My interpretation is also simple. I believe that the Code tells us to be honest and to practice in an honorable fashion. It directs us to do no harm to anyone and it tells us that each one of us is responsible to safeguard the rights, health and safety of those who are placed in our care.

In my personal history as a health care professional, I have had the opportunity to experience many instances when I was faced with ethical dilemmas. These were situations where my conscience and my knowledge of the Code were placed at odds with situations that were occurring at work or in society in general. Ethical dilemmas are not infrequent in our ever-changing world. I am certain that all of us experience them in some form or other, both at work and during our personal interactions outside of the work environment. We are nurses 24/7 and we hold our professional licenses to practice nursing based on our pledge to uphold this simple Code.

I feel privileged to have attended the review of the updated Code, since it gave me an opportunity to review how I felt we were doing in our chapter as members of the Canadian Society of Gastroenterology Nurses and Associates (CSGNA). I asked myself about the dilemmas we face and if we are keeping true to our promise to honor our Code. The answers I concluded were mixed. We seem to walk a very fine line as employees in our modern health care situations. The rules and policies that are in place at work limit us. At times, these clash with our personal desires to uphold our simple little Code.

The CSGNA is an extremely important entity in regards to the adherence to our Code of Ethics. In our activities in CSGNA, our employers do not regulate us. We are a professional group who has the responsibility of assessing our own practice, recognizing areas of concern and recommending improvements in order to maintain and support the ethical practice of our members. We have the reputation as a watchdog in the ever-changing and evolving world of technology and government policy. Although we are not politically motivated or oriented, we do have an influence on government decisions that are made about the practice of medicine.

In the past, I was again fortunate enough to take a university course called The Sociology of Health and Illness. During the few months involved in studying, reviewing and writing papers related to this

course, I came to the conclusion that ultimately changed my over-all view of groups like CSGNA and the important place that they occupy in our society. I have always been a trusting soul and I always believed that my managers knew what was ultimately the best course of action to take at work. This course taught me a very important thing about the role of management. I learned that their primary mandate is to manage money. Managing money and the bottom line is often at odds with the achievement of excellence in practice or even an attempt to achieve excellence. Often, the smartest money decision relates to accepting the lowest common denominator as the standard of practice since it allows for better numbers on the spreadsheets at the end of the fiscal year. I do not believe that all managers of health care practice are inherently dishonest or unethical. I believe that just like all people in general, people in positions of management walk a fine line along the continuum from lowest acceptable values to aspirations for perfection in practice. This demonstrates the extreme importance of groups like the CSGNA. Even though we are employed by health care facilities that answer to government, we are also able to influence our practice in our roles as nurses as separate and apart from the influence of those facilities. We are responsible to our Code. We are responsible to voice our opinions when we feel the health and safety of our patients are being put at risk if the choice is made to think money first and patient care second.

When I was recently given the responsibility to review the list of benefits of membership in CSGNA, this is one shining benefit that I concluded: we are strong in our conviction as a cohesive group of knowledgeable and honorable professionals. We have a huge responsibility to society in general. We have a choice and we have a voice. We must maintain and uphold our simple Code of Ethics by not being influenced by just the bottom line.

These opinions are my own and they are based on my own education and experience. I do believe that these opinions may be fairly common among the general nursing population and, therefore, I feel compelled to voice them and share them with the membership. *

A lecturer, when explaining stress management to an audience, raised a glass of water and asked, "How heavy is this glass of water?" Answers called out, ranged from 20g to 500g. The lecturer replied, "the absolute weight doesn't matter. It depends on how long you try to hold it. If I hold it for a minute, that's not a problem. If I hold it for an hour, I'll have an ache in my right arm. If I hold it for a day, you'll have to call an ambulance. In each case, it's the same weight, but the longer I hold it, the heavier it becomes." He continued, "And that's the way it is with stress management. If we carry our burdens all the time, sooner or later, as the burden becomes increasingly heavy, we won't be able to carry on. As with the glass of water, you have to put it down for a while and rest before holding it again. When we're refreshed, we can carry on with the burden. So, before you return home tonight, put the burden of work down. Don't carry it home. You can pick it up tomorrow. Whatever burdens you're carrying now, let them down for a moment if you can."

So, my friend, why not take a while to just simply RELAX.

Put down anything that may be a burden to you right now.

Don't pick it up again until after you've rested a while.

Life is short.

Enjoy it!

Here are some great ways of dealing with the burdens of life:

Accept that some days you're the pigeon, and some days you're the statue.

Drive carefully. It's not only cars that can be recalled by their maker.

If you can't be kind, at least have the decency to be vague.

If you lend someone \$20 and never see that person again, it was probably worth it.

It may be that your sole purpose in life is simply to serve as a warning to others.

Nobody cares if you can't dance well. Just get up and dance.

Since it's the early worm that gets eaten by the bird, sleep late.

The second mouse gets the cheese.

When everything's coming your way, you're in the wrong lane.

Birthdays are good for you. The more you have the longer you live.

Some mistakes are too much fun to only make once.

We could learn a lot from crayons... Some are sharp, some are pretty and some are dull. Some have weird names, and all are different colours, but they all have to live in the same box.

A truly happy person is one who can enjoy the scenery on a detour.

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.

Guidelines for Submissions to "The Guiding Light"

- Submit all materials by email to the newsletter editor in word format.
- Submissions must be received by the first of the month preceding each issue i.e.: Feb 1st for March issues, June 1st for July issues and Oct 1st for November issues.
- Include all references using APA referencing.

Introduction to Endoscopic Ultrasound

Submitted by Elaine Yeung, MD, FRCPC, The Scarborough Hospital

Endoscopic ultrasound (EUS) combines ultrasound technology with video endoscopy to provide high resolution images of the gastrointestinal wall and adjacent structures. It is currently the best available technique for locoregional (T and N) staging of esophageal, stomach, duodenal and rectal cancers as well as ampullary, pancreatic and extrahepatic biliary malignancies. It is also used to evaluate choledocholithiasis, pancreatic cysts, submucosal and mediastinal lesions.

EUS Equipment

A miniature transducer is incorporated into the tip of a conventional endoscope. The transducer transmits high frequency sound waves (5-10 MHz) into the tissue of interest. Depending on the tissue composition, these waves are variably absorbed or reflected back to the transducer. The reflected waves are then processed to display an image on the screen. Echoendoscopes are also equipped with Doppler capability to distinguish vascular from non-vascular structures.

A radial echoendoscope is either a forward or oblique viewing scope. It scans in the direction perpendicular to the long axis of the scope. Radial echoendoscopes have a 270° to 360° scanning angle and are useful for obtaining high-resolution images of the GI wall. Adjacent structures such as the mediastinum, pancreas, gallbladder and extrahepatic biliary tree can be seen similar to views seen with cross-sectional CT scans. The greater the ultrasound frequency, the greater the resolution, however, the depth of penetration is reduced.

A linear echoendoscope is a side-viewing scope and provides imaging parallel to the long axis of the scope. It creates images similar to that of a transabdominal ultrasound and provides a 150° field of view. The operator can obtain a fine needle aspirate (FNA) of a lesion with ultrasound guidance in real time. A single pass is often all that is necessary for investigation of cystic lesions. Solid lesions may require up to five passes to obtain a sample that is diagnostic.

EUS technique

Air interferes with the transmission of sound waves. Intraluminal air is suctioned. A special balloon applied over the ultrasound transducer is filled with water to displace intraluminal air between the transducer and the GI wall. Water can also be siphoned directly into the lumen as well. Fluid-filled structures such as cysts or blood vessels appear anechoic or completely dark. Fat or bone are hyperechoic or brighter than surrounding tissue. Tumors generally appear as hypoechoic masses.

Locoregional Staging of Gastrointestinal Malignancies

Esophageal cancer carries a poor prognosis. At frequencies between 7.5-10 MHz, the esophageal wall is seen as four layers, namely, superficial mucosa, deep mucosa, submucosa and muscularis propria. Disease confined to the mucosa (T1) may be cured with endoscopic mucosal resection. T2 tumors (confined to muscularis propria), without lymph node involvement, can go directly for surgical resection. T3 tumors (beyond the muscularis) and/or those with local nodal involvement would benefit

from chemoradiation prior to surgery.

With the radial echoendoscope, the scope is slowly withdrawn from the gastroesophageal (GE) junction as the esophageal wall layers are examined. Nodal staging begins at the celiac axis (where the celiac artery takes off from the aorta). The celiac axis is found 1-2 cm distal to the GE junction. The scope is withdrawn to examine periesophageal and peritracheal lymph nodes. The presence of malignant celiac nodes signifies an unresectable tumor. Malignant lymph nodes are usually greater than 1 cm in diameter, round, hypoechoic and sharply demarcated. A linear scope can then be used to perform a lymph node FNA to increase staging accuracy. Staging of gastric, duodenal and rectal cancers follow similar principles.

Cystic Lesions of the Pancreas

Pancreatic cysts are increasingly diagnosed incidentally due to increased use of CT scans for investigation of GI complaints. To examine the pancreas, the celiac axis is first identified. The pancreatic neck and body begin to appear where the celiac artery bifurcates into the splenic and hepatic arteries. The pancreatic tail is visualized by following the course of the splenic vessels. The pancreatic head is visualized with the scope in the duodenal bulb and the pancreatic uncinate process is best seen as the scope is withdrawn from the distal duodenum.

Serous cystadenomas have a classic honeycomb appearance and are benign. Mucinous neoplasms are anechoic and may communicate

with the pancreatic duct. Mucinous lesions have malignant potential.

Pancreatic cyst fluid can be sent for amylase, carcinoembryonic antigen (CEA) and cytology. CEA levels greater than 192 ug/mL strongly suggest a mucinous tumor and would, therefore, warrant surgical referral.

Choledocholithiasis

If choledocholithiasis is strongly suspected, such as in a patient with cholangitis, endoscopic retrograde cholangiopancreatography (ERCP) is indicated. If the suspicion is low, EUS can be performed. The common bile duct is best seen from the duodenal bulb. A stone appears as a hyperechoic structure with shadowing. EUS is cost-effective and prevents unnecessary diagnostic ERCPs and the risk of pancreatitis.

EUS Risks

EUS procedures are often longer than standard endoscopy. Higher doses of sedation may be required. The scope shaft is stiffer and not surprisingly, the reported risk of perforation is higher by up to 0.4%. Bleeding may occur with FNAs in up to 6% of cases. Other risks include aspiration, infection, pancreatitis, bile leaks and tumor seeding. Prophylactic antibiotics are indicated prior to pancreatic cyst and rectal FNAs.

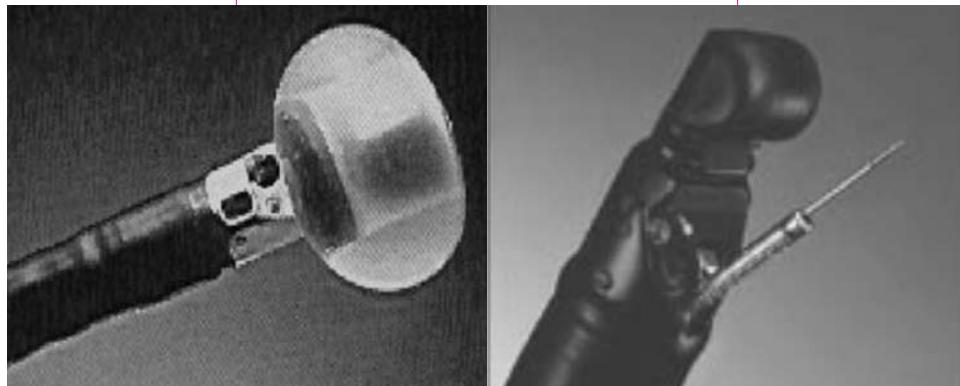
Conclusion

EUS is a useful, relatively non-invasive and safe technique for the workup of benign and malignant gastrointestinal lesions. It is hoped that a greater appreciation of EUS indications and the growing number of trained endosonographers can lead to increased availability and utilization of EUS with improvement in patient outcomes.

References:

Hawes, R.H., Fockens, P., Endosonography, Saunders, 2006.

Bhutani, M.S., Deutsch, J.C., Digital Human Anatomy and Endoscopic Ultrasonography. BC Decker Inc, 2005. *



Figures:

Above (left to right): radial echoendoscope with balloon filled with water, linear echoendoscope with fine needle aspiration (FNA) needle
Below (left to right): T3 N1 esophageal cancer, pancreatic cyst aspiration, common bile duct stones with shadowing





Metro Toronto Convention Centre
InterContinental Toronto Centre Hotel
Toronto, Ontario

cssna*

Canadian Society of Gastroenterology Nurses & Associates

Société canadienne des infirmières et infirmiers
en gastroentérologie et travailleurs associés



... call for abstracts



Abstracts are currently being accepted for the CSGNA annual conference to be held October 1st to October 3rd, 2009 at the Metro Convention Centre, Toronto, Canada. Topics of interest should reflect the evolution of Practice in the GI environment and appropriate to the novice as well as the advanced GI Practice professional. The sidebar provides possible topics of interest.

Submission must include the following:

Title: Accurately reflect the content of the presentation

Abstracts Text should include:

- identification of area(s) of focus (background information);
- a description of the problem or purpose of the study;
- methods or discussion of planning;
- results or evaluation/outcomes
- Conclusions – how your issue promoted health care outcomes or professional development in your area

Length:

- must not exceed one standard letter size sheet of paper, double-spaced, with one-inch margins and standard 12 font.

On a separate page:

- Include title of the abstract, names of all presenters/authors, credentials, and place of employment/academic affiliation.
- Please indicate main contact's name, telephone number, e-mail address and fax number. *PLEASE NOTE: this information will be used in the conference program should your abstract be selected.*
- Identify preferred method of presentation (oral or poster)

Deadline for submission: **March 31, 2009**

Only complete submissions received by deadline will be considered.
All correspondence will be with first author only.

Acceptance of the abstract does not waive attendance fees,
(registration, transportation, accommodation etc.)

Mail to: Maria Cirocco, RN, BScN, MA, CGN(C)
St. Michael's Hospital, Suite 3-002 Queen Wing
30 Bond Street, Toronto M5B 1W8
ph. 416-864-6060 x 2965 fax. 416-864-5451
email: ciroccom@smh.toronto.on.ca

Potential Topics:

- Education
- Orientation
- Staff and Patient Safety
- Infection Control
- Paediatrics
- Nutrition
- Technology
- Leadership
- Pharmacology
- Research
- Scheduling
- Documentation
- Fiscal Management
- Pathophysiology
- Planning New Programs

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NOMINATION FORM

Please complete this form and submit to the Chair of the Nominations Committee (currently the President of the CSGNA) 150 days (May 5, 2009), before the annual meeting for national office. Ballots will be sent to active members 120 days before the annual meeting and must be returned within 90 days.

Candidates must be active CSGNA members in good standing.

Please include a curriculum vita with the nomination form.

Name of nominee: _____

Address: _____

Phone: (home) _____ (work) _____

Employer: _____

Title: _____

Education: _____

CSGNA member since: _____

Offices held: _____

Committees: _____

Other related activities: _____

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

I hereby accept this nomination for the position of _____

Dated this _____ day of _____, 20____. Signed _____

Nominated by _____ & _____

Revised January 2009

c/o #224, 1540 Cornwall Road, Oakville, ON L6J 7W5

The Michele Paquette CERTIFICATION/ RECERTIFICATION Award

Criteria Overview

An award of \$500 will be provided to the selected applicant who is a certified, motivated CSGNA member committed to improving practice and demonstrating excellence in the nursing care of the gastroenterology patient.

Eligibility and Application

The applicant must:

1. Provide a copy of current CSGNA membership with continuous CSGNA membership of at least 2 years for the certification award and at least 5 years for the recertification award.
2. Submit a current Curriculum Vitae
3. Provide receipt of CNA Gastroenterology Nursing Certification/Recertification in the current year.
4. Provide a personal letter of 250 words or less identifying contributions to one's own workplace, CSGNA, and/or gastroenterology nursing practice.

COMPLETED APPLICATION WITH SUBMISSIONS MUST BE RECEIVED BY THE EDUCATION CHAIR BY JULY 31ST OF THE CURRENT YEAR

Name: _____

Address: _____

City: _____ Prov: _____

Postal Code: _____ Home Telephone: _____

Circle all that apply: RN BSN MSN Other _____

Hospital/ Employer: _____

Work Address: _____

City: _____ Prov: _____

Postal Code: _____ CSGNA member since _____

Signature: _____



Canadian Society of Gastroenterology Nurses & Associates

Société canadienne des infirmières et infirmiers en gastroentérologie et travailleurs associés

#224, 1540 Cornwall Road, Oakville, ON L6J 7W5

APPLICATION FORM FOR CSGNA **ANNUAL** SCHOLARSHIP AWARD

The Annual National Conference award of \$1,500.00 is to be used for travel and accommodation to the Annual National Conference in Canada.

EXCEPTIONS:

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

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION:

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

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

NAME: _____

CIRCLE ALL THAT APPLY: RN BScN BAN MSN CGN(C) OTHER _____

HOME ADDRESS: _____

CITY: _____ **PROV:** _____

POSTAL CODE: _____ **HOME TELEPHONE:** _____

FAX: _____ **E-MAIL:** _____

HOSPITAL/EMPLOYER: _____

WORK ADDRESS: _____

CITY: _____ **PROV:** _____

POSTAL CODE: _____ **JOINED THE CSGNA IN** _____ **(year).**

SIGNATURE _____ **DATE** _____

#224, 1540 Cornwall Road, Oakville, ON L6J 7W5

APPLICATION FORM FOR CSGNA ANNUAL NEW MEMBER SCHOLARSHIP AWARD

The Annual New Member National Conference award of \$1,000.00 is to be used for travel and accommodation to the Annual National Conference in Canada. Open to members new to CSGNA in the year prior to the conference.

EXCEPTIONS:

1. New member is defined as never previously holding membership with CSGNA.
2. Current members of the Executive and Conference Planning Committee are not eligible for this award.
3. Scholarship is 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. Outline projected financial needs to attend this meeting.
4. Geographical location and related travel expenses will be taken into consideration by the Education Committee when scoring applications.
5. Copy of CSGNA Membership Card.

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

NAME: _____

CIRCLE ALL THAT APPLY: RN BSN BAN MSN OTHER _____

HOME ADDRESS: _____

CITY: _____ PROV: _____

POSTAL CODE: _____ HOME TELEPHONE: _____

FAX: _____ E-MAIL: _____

HOSPITAL/EMPLOYER: _____

WORK ADDRESS: _____

CITY: _____ PROV: _____

POSTAL CODE: _____ JOINED THE CSGNA IN _____ (year).

SIGNATURE _____ DATE _____

The GI Professional Nursing Award Criteria

Criteria:

- Promotes and enhances the image of GI nurse in her hospital or the community.
- Participates in professional organizations and National activities for CSGNA.
- Demonstrates creative and innovative methods in patient care.
- Acts as a role model and mentor.
- Contributes to improving quality of care of patients and their family.
- Does volunteer work.
- Encourages certification among peers.
- Is committed to continuing education.

Recognition Criteria:

- Member of CSGNA.
- Completion of speciality certification.
- Completion of Bachelor's degree.
- Completion of Master's degree.
- Completion of a post-graduate Nursing certificate.
- Award Recipient: Recognized with Provincial, National or International Award.
- Publication: Article, Abstract or Editorial in a Journal.
- Author or co-author of a book.
- Presentation: Presented or co-presented at a conference (either oral or poster).
- Presented at a hospital in service.
- Unit contribution: Has written policies and procedures.
- CSGNA Chapter member, who actively supports and attends CSGNA functions.

The GI nurse must be nominated by at least two nominators who must submit a written statement to support the nomination.

Nominations must be submitted to the CSGNA Education Director by March 30 annually.



Canadian Society of Gastroenterology Nurses & Associates

Société canadienne des infirmières et infirmiers en gastroentérologie et travailleurs associés

c/o Education Chair:, CSGNA, #224, 1540 Cornwall Road, Oakville, ON L6J 7W5

The GI Professional Nursing Award

Nomination Form

I _____ Name and I _____ Name

would like to nominate _____ Name

Hospital _____ for the following reasons:

Please include degree of education (RN, Bachelor, or Masters etc.) specialty certification, any publication, presentation, and unit contributions.

Nominations must be submitted to CSGNA Education Director by March 30th annually.

c/o #224, 1540 Cornwall Road, Oakville, ON L6J 7W5

The CSGNA Chapter Executive Professional Development Award

Criteria Overview:

This award of up to \$250 will be awarded to one CSGNA chapter executive to attend a local educational professional development course/program, other than a CSGNA event. Up to \$2000 will be devoted for this professional development activity.

Eligibility and Application:

The applicant must provide the following to be considered for this award:

1. Provide copy of current CSGNA membership with continuous CSGNA membership for at least 2 years.
2. Submit a current Curriculum Vitae.
3. Provide a copy of the educational registration form and educational event fee.
4. Provide a personal written letter of 250 words or less how this award would enable the CSGNA executive member to gain new knowledge and skills that would contribute to one's own CSGNA Chapter, workplace and/or gastroenterology nursing practice.
5. Submit a copy of attendance and educational event fee receipt.

APPLICATION FORM AND SUBMISSION MUST BE RECEIVED BY THE EDUCATION CHAIR BY 30 DAYS PRIOR TO THE EDUCATIONAL EVENT

Name: _____

Address: _____

City: _____ Prov: _____

Postal Code: _____ Home Telephone: _____

Circle all that apply: RN BSN MSN Other _____

Hospital/ Employer: _____

Work Address: _____

City: _____ Prov: _____

Postal Code: _____ CSGNA member since- _____

Signature: _____

The CSGNA Professional Development Scholarship Award

Criteria Overview:

The CSGNA Professional Development Scholarship Award of up to \$2000 is to be used for travel, accommodation, and registration fees for a CSGNA member to attend any educational course/program other than a CSGNA event. Up to \$10,000 will be devoted for professional development activity.

Eligibility and Application:

The applicant must:

1. Provide a copy of current CSGNA membership with continuous CSGNA membership of at least 2 years.
2. Submit a current Curriculum Vitae.
3. Provide a copy of the educational registration form along with a proposed budget for course fee, travel and accommodation.
4. Provide a personal written letter of 250 words or less identifying how this scholarship would enable the CSGNA member to attain professional development and contribute to one's own workplace, CSGNA and /or gastroenterology nursing practice.
5. Submit a copy of attendance and receipts for course fee, travel and accommodation following the educational event.
6. The applicant may only apply once every three years.

APPLICATION FORM AND SUBMISSION MUST BE RECEIVED BY THE EDUCATION CHAIR 45 DAYS PRIOR TO THE EDUCATIONAL EVENT

Name: _____

Address: _____

City: _____ Prov: _____

Postal Code: _____ Home Telephone: _____

Circle all that apply: RN BSN MSN Other _____

Hospital/ Employer: _____

Work Address: _____

City: _____ Prov: _____

Postal Code: _____ CSGNA member since: _____

Signature: _____

CSGNA Membership ends May 31st each year

CSGNA, c/o #224, 1540 Cornwall Road, Oakville, ON L6J 7W5

MEMBERSHIP APPLICATION (CHECK ONE)

ACTIVE \$75.00

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 \$75.00

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

RETIRED \$37.50

Open to members not actively engaged in gastroenterology nursing practice.

LIFETIME MEMBERSHIP

Appointed by CSGNA Executive.

FORMULE D'APPLICATION (COCHEZ UN)

ACTIVE 75,00\$

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 75,00\$

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

RETRAITÉ 37,50\$

Ouvert aux membres non engagés activement dans la pratique infirmière en gastroentérologie.

MEMBRE À VIE

Nomme par l'exécutif.

APPLICANT INFORMATION / INFORMATION DU MEMBRE

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

SURNAME
NOM DE FAMILLE _____

FIRST NAME
PRÉNOM _____

MAILING ADDRESS
ADDRESS DE RETOUR _____

CITY
VILLE _____ PROV.
PROV. _____ POSTAL CODE
CODE POSTAL _____ HOME PHONE
TELEPHONE () _____

E-MAIL: _____

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

BUSINESS PHONE
TELEPHONE TRAVAIL () _____ EXT.
LOCAL _____

TITLE/POSITION _____

CHAPTER NAME
NOM DU CHAPITRE _____

EDUCATION (CHECK ONE)
ÉDUCATION (COCHEZ UN) RN RPN/LPN TECH OTHER ((EXPLAIN))
IA I AUX TECH AUTRE (SPÉCIFIEZ) _____

CNA MEMBER YES/NO
MEMBRE AIC OUI/NON CNA CERTIFICATION IN GASTROENTEROLOGY
CERTIFICATION EN GASTROENTÉROLOGIE DE L'AIC

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

Please make cheque payable to CSGNA
(Mail with this completed application to the above address)

Prière de libeller le chèque à CSGNA
(Envoyez avec cette formule d'application dûment remplie à l'adresse ci-haut mentionnée.)

CSGNA Chapter Executive List 2008/2009

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Treasurer: Marilyn Doehnel

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Treasurer: Micheline Lafrance

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Treasurer: Chris Cohoon

NOVA SCOTIA

Nova Scotia Chapter
President: Edna Lang
Email: ednalang@hotmail.com
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Treasurer: Lisa McGee

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74 Penetanguishene
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Secretary: Tracey Walsh
Treasurer: June Peckham

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

Revised February 2009

CSGNA 2008-2009 Executive

PRESIDENT

ELAINE BURGIS

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Send any inquiries regarding membership to the CSGNA Executive Assistant.

CSGNA Executive Assistant

PALMA COLACINO

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