

The Guiding Light

CANADIAN SOCIETY OF GASTROENTEROLOGY NURSES & ASSOCIATES

NOVEMBER 2006 VOL. 15 #59



Regina Planning Committee.

Post CSGNA conference is always something to look forward to. The rest, relaxation and lowering of blood pressures as the Planning Committee sits back and evaluates the event.

As a group we are pleased in successfully meeting our objectives showcasing the conference as an international blend of expertise and talent. At the same time we felt it was important to keep our participants interested, lively and pampered. This was achieved through a wide variety of topics, massage therapy and interval ‘commercials’ which certainly perked everyone up! Our attempt to keep the conference professional and relaxed at the same time was successful.

A personal thank you, recognizing the terrific collaboration from everyone involved, the Hotel Event Planners and their staff, local businesses and The City of Regina.

Events like this would never happen without the dedicated hard work of a fabulous team. Accolades to our sponsors whose fiscal support and continuing team work, allow the CSGNA to excel in educational opportunities for our specialty right across the country.

Thank you from myself and all CSGNA members to the Regina Chapter Planning Committee, for a job done exceptionally well. Thank you to the National Executive of the CSGNA for their support and input into the conference.

We hope you had a wonderful educational and fun time in The Land of The Living Skies.

Lorie McGeough – Chairperson, GI ♥ Regina , 2006

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From Sunrise to Sunset

(with just a bit of rain)

Thank you, Regina!

With great pride, I assumed my two year term as President of CSGNA in Regina. Lorie McGeough and her Regina planning committee are to be applauded on the content and quality of our first annual conference held in the heart of the Prairies. We experienced true Saskatchewan hospitality. We had the privilege of having Dr. Marlene Smadu, President of the Canadian Nurses Association, welcome us to Regina. Through Lorie's leadership, we heard speakers and participated in sessions integral to our practice and patient care. Patient safety and risk management were themes incorporated into several of the presentations including legal issues with our documentation, panel discussion on the spectrum of endoscopy patients receiving no sedation to general anesthesia, management of morbidly obese patients, and infectious diseases. The breakout session on patients with tattoos and piercings generated much ongoing discussion and food for thought. Interest in CNA Certification in Gastroenterology Nursing grows. We had the opportunity to dialogue with the new Manager of the Certification Program, Leslie Anne Patry. CGN(C)'s

encouraged others to take the plunge and write the exam, joining the over 170 CGN(C) registered nurses across the country who have achieved this designation. We learned of innovative ways to deliver care and how nurse endoscopists do so in the United Kingdom and consider ways we might better serve our patients.

And we networked! We compared practice. We shared experiences. We talked with colleagues from across the country and with experts from around the world. We exchanged email addresses. We learned to focus on the positive and returned to our workplaces with 90/10 in our heads, concentrating on the 90% positive which is in our lives on a daily basis. We laughed, and we laughed some more. I am confident that Elvis and Queen Elizabeth have not been together in the same city, if ever, in almost 30 years but they were in Regina! Joan McCusker ended the formal conference with laughter and inspiration that a champion is within each of us. We need only set our standards high and strive for excellence in all we do.

I am both humbled and privileged to be representing you and your interests for the next two years. I speak for the entire Board when I ask that you contact any of us about our practice, patient care, your educational needs, and issues impacting your ability to do your work. We are here to support and encourage you and represent you to the best of our ability. The Halifax Chapter has a dynamic program planned for September 21-22, 2007 and I look forward to seeing many of you there.

Respectfully Submitted
from Your President,
Debbie Taggart RN, BN, CGRN, CGN(C)



SGNA President Carol Stevens (Left) and CSGNA President Debra Taggart (Right).



CSGNA Executive.

DIRECTOR OF CANADA EAST REPORT

I would like to congratulate all the chapter executives for all the hard work during the past year.

It was great to see so many familiar faces in Regina. GI ♥ Regina was an exceptional education experience from sunrise to sunset.

Nova Scotia Chapter: The CSGNA 23rd Annual National (Halifax 2007) is just around the corner. The planning committee is hard at work trying to finalize all of the details. Everyone is looking forward to receiving more information. It should be quite an event.

New Brunswick / PEI Chapter: Awaiting report.

Newfoundland Chapter: A November meeting is planned. Many new ideas for education events are being discussed, i.e., a cooking class.

The nurses on the west coast of Newfoundland are interested in forming their own chapter. The wheels are in motion. The CSGNA Chapter package guidelines have been sent.

**Submitted by,
Mabel Chaytor
Canada East Director**



Canada East Members.

CANADA CENTER DIRECTOR REPORT

I would like to express my congratulation to Lorie McGeough and the Regina planning committee for organizing such a wonderful conference in Regina. From the varying topics, excellent speakers, to the humorous videos, the program was inspiring and informative. The Chapters dinner was a success with their Executives exchanging ideas on how to offer better education to our members. The technology in Gastroenterology is developing at an increasing rate and it is important to keep our members up to date in order to provide quality care to our patients. Congratulation to Georgiana Walter, president of the Montreal Chapter, upon receiving the GI Professional Nurse Award for 2006. She is a dedicated and outstanding GI nurse for her endoscopy unit and Chapter.

I would also like to congratulate the CSGNA Ottawa Chapter for winning the Chapter of the Year Award.

The Montreal Chapter is organizing a day conference on Saturday Nov 25, 2006 at the McGill University Health Care – Royal Victoria. Further details will be sent to its members.

The Ottawa Chapter has met Oct.11 and will meet again Nov 6, 2006 to organize a day conference for spring 2007.

The Greater Toronto Chapter is pleased to offer an evening seminar on Nov 20, 2006, which will take place at the Alleycatz Jazz Lounge. The event

is sponsored by Olympus Canada and will be on “Advanced Therapeutic Endotherapy Devices and Countermeasures”.

The Golden Horseshoe Chapter is having an educational event on Oct. 26, 2006 at the SMGH in Kitchener: a representative from AMT will make a power point presentation on APC, Olympus will review reprocessing and Cook will show their equipment. On Nov 22, 2006 the Chapter is planning an educational evening session at the Brantford General Hospital. A gastroenterologist Dr. Summerton and a surgeon will be the presenters. The session will be followed by a business meeting and a tour of the endoscopy suites. In the spring of 2007 the Credit Valley Hospital is planning to organize an evening seminar for the Golden Horseshoe Chapter.

The London and Area Chapter is organizing an evening educational session for Oct.17, 2006 on “A Stent Event” presented by Dr. N. Khanna. The event is sponsored by Olympus.

The Central Ontario Chapter is planning a seminar in Nov. 2006 on “Esophageal Stenting” and “Where do they go from here?”

The South Western Ontario Chapter is planning to organize an evening conference for Nov. 2006 followed by a Chapter Executive meeting. The event will be sponsored by Astra Zeneca.

**Submitted by: Monique Travers
RN, CGN[c]**



Canada Centre Members.



Canadian Society of Gastroenterology Nurses & Associates

ADVANCED THERAPEUTIC ENDOTHERAPY DEVICES & COUNTERMEASURES

The Greater Toronto Chapter is pleased to offer a seminar on “Advanced Therapeutic Endotherapy Devices and Countermeasures” presented by Olympus Canada.

Due to the advancement in Endotherapy devices, more and more Endoscopy procedures being performed are more invasive in nature. This requires very knowledgeable, skilled and trained staff to assist with these procedures. Since these procedures are not performed on a daily basis, the nurses and personnel assisting need to remain competent and proficient when the need arises.

Date: Monday November 20th

**Location: Alleycatz Jazz Lounge, 2409 Yonge Street
(2.5 blocks north of Eglinton on the east side of Yonge)**

Agenda

Registration 6:00 - 6:30pm

Dinner 6:30pm

Presentation: 7:00 – 8:00pm

Hands-on Practice Session: 8:00 – 9:00pm

Description:

This seminar is available to GI personnel, Nurses and Assistants who are interested in thoroughly understanding the applications and use of the Endoloop, Quick Clip and the Mechanical Lithotripter.

Participants will learn the indications, contraindications and the application for these devices; also the countermeasures that may be required.

This seminar will include a theory and a hands-on component on the Endoloop, Quick Clip and Mechanical Lithotripter.

Please RSVP Donna Joncas at mdjoncas@sympatico.ca



CANADA WEST DIRECTOR REPORT

Fall is here, the kids are back in school and local CSGNA Chapters are starting to plan for the year.

I have heard many accolades about the conference in Regina. Not only was it an excellent conference, but everyone was made to feel so welcome by those friendly nurses from the Queen's city.

Edmonton Chapter

The chapter had their first meeting at the end of September and found that they have more ideas than time! Many chapter activities will become part to of their portfolios for Continuing Competency which is now mandatory in Alberta.

Two Journal Review meetings, one in November and one in June, will be facilitated by Anna Stephenson... Suggestions will go to her and she will provide members with copies of each topic the month prior to the meeting.

They now have two Chapter Photographers to capture their adventures. As Cory Chaba – you will remember her as the lucky one that won the Olympus Camera at the Regina Conference – and Dianne Fuson, are snapping the pictures, Yvonne Suranyi will be displaying the memories along with the Chapter Seals in a photo album for all to see when they have conferences and meetings.

Many ideas for Chapter In-services were discussed including: ongoing updates from members attending various conferences, viewing the CSGNA scope cleaning DVD, the biofilm issue, and hearing from a local community-based business on "Unhealthy soil=Unhealthy people".

Last year saw two successful evening Physician Presentation/Dinners. This year, there will be two more of those – one with a physician in February and one with a company rep presentation in December.

President Yvonne Verklan hopes to keep the momentum of the Chapter going with its growth and enthusiasm by doing a fun and informative in-service

on team building. They are planning a 1/2 day session called "Personality Dimensions" (a.k.a COLORS).

The members who attended the Regina Conference informed everyone of the excellent time they all had. Not only was it very informative and organized in every way, but the Regina nurses made everyone feel very welcomed and relaxed. They look forward to presentations at future meetings from these members on the topics they attended.

Plans have begun for the spring conference. "April Showers" which will be on Saturday, April 28, 2007 at the Grey Nuns Hospital in Edmonton.

Calgary

Evelyn Matthews, President, sends her comments on the Regina Conference: "The recent National conference held in Regina was the best that I have attended! The venue was superb, the topics and speakers were exceptional, the vendor exhibitions were outstanding and the evening receptions and entertainment were very enjoyable! Congratulations to the Regina Chapter and in particular the planning committee." Five members from Calgary attended. Plans are underway to hold elections at the end of October.

Kamloops

Two members attended the National CSGNA conference in Regina. Both thoroughly enjoyed themselves. Way to go Regina! Three members attended the GI Forum in Vancouver. A busy year is ahead as a couple of members are looking at doing their GI Certification. An evening Educational meeting will held in November.

Vancouver Island

On October 13th Dr. Dennis Petrunia (gastroenterologist) spoke at an educational dinner meeting on "The Role of Probiotics in Disease Treatment & Digestive Health"

"The evening was a great success and educational" states Charlene McCabe, President.

They will be having another chap-

ter meeting in November to discuss an agenda for the next year.

Okanagan

The Okanagan Chapter has not been too active at present, as the President was busy taking time to have her first baby. Little Matthew is the newest 'member' of the Okanagan group born on September 24th and weighing-in at 7lbs 6ozs. Congratulations, Bethany Rode! They had a meeting in October to discuss plans for this fall/winter. They are still hoping to create and present some updated in-services for hospital staff.

Vancouver

The Vancouver Chapter has been in a hubbub of activity since returning from Regina. Nine members met at President Judy Deslippe's On October 4th to talk about the plan for 2008. Judy and a few of the other members had visited some hotels, including the Wall Center.

A dinner meeting was held on September 20 at the Eagle Creek Golf Course, sponsored by Novartis. Twenty-two nurses attended a "fascinating" talk on Constipation Protocol by Dr. James Gray. The chapter was happy to welcome some first time attendees from Maple Ridge and Langley.

The next event is October 25 with Dr. Michael Byrne speaking on "Recognizing the role of expandable metal stents for the treatment/palliation of malignant GI obstruction"

G.I. Nurses are the only group I know who would go and eat a dinner while listening to an expert speak on constipation, probiotics, and bowel obstruction. And they enjoy it!

Regina

Well after the wonderful success of The CSGNA's Annual Conference the Regina Chapter is taking a well deserved rest. It is with sadness they say goodbye to President Linda Buchanan.

She played such an integral part in the success of the conference and work hard to make sure everyone had a great time, also thanks to Marlene Scrivens for her hard work and invaluable experience. The whole Regina planning committee deserves our sincere thanks.

Finally thanks to Lorie McGeough the driving force behind the whole operation.

The Regina Chapter will be holding elections for new executives at the end of October.

MANITOBA

Susan Drysdale, incoming President sends this report: "Our chapter has been quietly and resolutely working to improve the practice of endoscopy in our province. Our research project on upper extremity injuries was finally completed and presented in poster form in San Antonio and in Regina. We discovered as a result of our research that there are dangers inherent to our jobs. There is a need to conduct a future study with many more subjects involved. That project is currently "on the drawing board". As usual, change is an ongoing issue in all facets of our lives. Some of us have changed positions, retired, achieved certification, become grandmothers or grandfathers, divorced, married, re-married, become ill, been cured, and in general our lives go on. A new page has been turned in our chapter. We have a new executive. Our retiring executive has promised to remain mentors as the new executive tests its wings. We hope to create an exciting and productive year together. As a result of our research, we feel that we attracted attention to issues in endoscopy. We felt both resistance and encouragement as the result of this attention. Although it is often difficult to stand firm to the strength of our convictions, we feel that as a chapter, we have done some important work by stating a need, proving that it is a need, and demanding attention to that need. I guess you can say we became political activists for ourselves. When endoscopy nurses feel safe, valued, and supported, their patients are the ones who benefit most from that feeling. We are proud of our work and encourage other members to be vocal about safety issues." The rest of us are proud of you too.

Joanne Glen RN CGN©
Canada West Director

EDUCATION DIRECTOR REPORT

We would like to thank Lorie McGeough and her planning committee for their generosity and effort they put in to the planning of this wonderful annual conference. The educational program was excellent and had everyone come home more knowledgeable and energized. The body piercing was an eye opener and most helpful to apply to our practice. The poster session was well attended and I hope that next year we will have even more submissions. Congratulations to all the participants. The winner of the poster contest was none other than our host Chapter Regina with their poster on ERCP. Very well done!

I encourage you to read the article on recertification that you will find in this Guiding Light. I hope it will clarify questions you might have.

Lastly I would like to remind you that we now have 4 educational manuals which you can order through our secretary Karen Moricz

Enclosed is the order form and how to order the manuals.

Respectfully submitted
Michele Paquette RN CGN©

Treasure Report

There were 248 attendees at this years Annual Conference in Regina.

The 50/50 draw was a great success both days. Friday's winner was give a sum of \$450.00 and Saturdays winner \$333.00. The silent auction was also a great success we made \$823.00 dollars. Thank you to the chapters for donating such wonderful items.

The CSGNA Market Place was a busy place as usual. The vests were a big hit and almost sold out. Several orders were taken for manuals as well. No totals are available for the market place yet as we are still processing manual orders.

Treasurer Cindy James



Cindy James Treasurer.



Canada West Members.

Hello Everyone,

It was an amazing experience to attend my first CSGNA Annual Conference. Congratulations to the Planning Committee for a job well done! As a former Meeting Planner, I know how much time and effort goes into planning these events.

For those of you that did get the opportunity to meet me, I would like to give you some background information. I have been the Executive Assistant for the Canadian Association of Gastroenterology for almost 3 years. Even though I am not a nurse, I have worked with healthcare professionals for many years. I have been married to my husband Joe for 25 years and we have a 5 year old "son" (our cat), Clancy.

I am thrilled to be part of CSGNA and hope that my years of experience as an Executive Assistant and Meeting Planner will be an asset to the society.

Thanks to all of you for such a warm welcome. Hope to see you in Halifax!

Karen Moricz
CSGNA Executive Assistant



Outgoing Membership Director Report

I would like to express my thanks to Lorie McGeough and the Regina planning committee and Chapter of CSGNA, for a superb annual conference. Well done! Regina was a wonderful experience. And everyone looked so great in their "I ♥ Regina" shirts!

I am pleased to report that, as of September 1st, our membership had increased to 640 members. That is an increase of 21 members compared to last year at the same time. We have 6 members who joined at our new retired member level. This has provided our retired membership an opportunity to stay in touch with all the CSGNA news, at a reduced rate.

Karen Moricz, our executive assistant, has taken over many of the duties of membership since she joined CSGNA last June. Karen has been responsible for membership renewals and Chapter lists. Karen can help with many of your membership questions, and can be reached at the CSGNA phone number, found on the back of the Guiding Light.

After 3 years as your Membership Director, I have decided to move on to the President-Elect position, and I am pleased that Meredith Wild is our new Membership Director. Meredith is eager to meet the needs of our growing membership.

Welcome Meredith!

Respectively submitted
Elaine Burgis, RN, CGN(C)
burgis@rogers.com

Director of Practice Report

It was great to see many of you come to Regina. The welcome and the conference were, once again very successful and beneficial. The program was educational and the ladies put together some excellent skits to keep us laughing too. Thank you to the Regina Group!

Reviewing, updating and creating new policies are an ongoing project for the director of practice. I welcome all of your questions and suggestion. Next fall, I will be presenting the latest guidelines and you will be able to give suggestions as well we shall have a time for questions and answers, so do plan on coming to Halifax and come prepared with questions.

Your involvement at your chapter is very beneficial to you and to us as the executive; some great ideas are generated in smaller group discussions. With certification next year, it would help you and your colleagues to form a study group to keep you on track and studying together. Don't forget the deadline for application is November 17, 2006 for writing the certification exam on April 14, 2007.

Keep in touch!

Branka Stefanac RN, BScN,
CPN(C), CGN(C)

Newsletter Editors Report

Once again I need to thank everyone who submitted to "The Guiding Light" this past year. With out all of you there'd be no newsletter. Remember submissions are due Feb 15th, June 15th and Oct 15th.

Please keep all your submissions coming and encourage other to submit as well. Send all email submissions in word format please.

There is a contest for GI Nurses Day for next May 11th 2007. We want members to submit a theme and logo to run on the cover of the March issue. One winner will be chosen so everyone send in your entries to me at lesliejoy@sasktel.net. The winning theme will be on the March cover of 'The Guiding Light' and on the web site! Thanks to everyone who attended the national conference. Your comments and compliments really mean a lot to me.

Leslie Bearss RN CGN[c]

Public Relations Director Report

As Public Relations Director my two main jobs include updating the CSGNA website (www.csgna.com) and being the liaison with our vendors. The website is a great communication tool and it is my goal to keep the website as up to date as possible. Please remember to send your Director any changes to the Chapter executive or any upcoming education events and I will ensure it appears on the web site. As vendor representative I will be the liaison for the next conference being held in Halifax. Please feel free to contact me with your questions jmacnab@ottawa-hospital.on.ca

Jean Macnab RN,CGN[c]

Message from the Past President

To the CSGNA membership,

It has been my pleasure to serve as your president the past two years. I have never felt more proud to be a GI nurse than I do at this time. Our profile has risen dramatically and our opinion is becoming increasingly more valued. We are building solid relationships with not only our vendors but with other groups in our field. Each year the number of certified GI nurses rises. I have left you in the very capable hands of a strong executive under the leadership of Debra Taggart. Through the voice of the national executive let us continue to work together and support each other to improve our patient



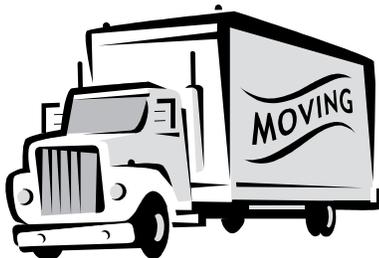
Outgoing President Nancy Campbell (left) with Incoming President Debra Taggart.

care by continuous learning and best practice!

Regards,
Nancy Campbell RN,CGN[c]

GI Nurses Day is May 11th, 2007. We want the membership to help design a theme and logo to celebrate our day! Send your submissions to me by February 15th 2007, via email at lesliejoy@sasktel.net. The criteria is you must be a member of the CSGNA in good standing and the theme and logo must be endoscopy related. The winner will be chosen by the executive and the theme and logo will be proudly revealed on the front cover of *The Guiding Light's* March 2007 issue as well as on the CSGNA web site!

CHANGE OF NAME/ADDRESS



NAME: _____

NEW ADDRESS: _____

CITY: _____ **PROVINCE:** _____

POSTAL CODE: _____ **PHONE:** _____

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

[Send change of name/address to the Membership Director and to the CSGNA executive assistant]

SYNOPSIS OF 2006 CSGNA ANNUAL MEETING IN REGINA SEPTEMBER 13TH-17TH 2006

1. **REVIEW AND ADOPTION OF AGENDA:** A motion was passed to adopt the agenda.
2. **REPORTS:** Reports were presented from the Canada East, West and Centre Directors.
3. **TREASURER:** Seven CSGNA scholarships and one new membership scholarship were awarded this year. Registration for the Regina conference was 250; more than 50% of the attendees were funded. We are not getting the reports for the chapters in timely manner. The directors will contact and collect the chapter educational requirements and the financial activity. The chapter financial and education activity reports will be compiled and submitted to the treasurer and education director. Chapter charters will be presented only to the chapters who meet all the chapter educational requirements. The directors will explore the reasons for those chapters not fulfilling the educational requirement. Strategies will be developed by the director and the chapter executive for ways of achieving the chapter education requirements.
4. **BYLAWS:** The new bylaws for president-elect to attend CNA teleconference & bi-annual conference was accepted. This year all 6 bylaws were approved; there were 63 responses and 9 with comments from the ballot this year.
5. **NEWSLETTER:** We are always in need of articles, pictures, recipes or stories you would like to share with the members. Please remember having articles in the Guiding Light also counts towards the chapter of year award. We will have a contest in "The Guiding Light" for the National GI Nurse day May 11, 2007.
6. **EDUCATION:** Four sample manuals were on display at the CSGNA booth, orders will be accepted for those who would like to purchase the manual. Information about Endoscopic Ultrasound is missing in the ERCP manual, for those who have purchased ERCP manual; you will be able to purchase the ultrasound section separately at a later date. We will be working on the 2nd edition of the ERCP manual which will include the ultrasound section. Scholarships we have to offer. We really encourage the members to come forward and take advantage of the scholarships we have to offering. These scholarships are for all the CSGNA members. Foundations course is not offered at the 2006 annual conference, however, it will be offered again in 2007. Please give us your suggestions regarding the topics you would us to include in the future foundations course. Please send the suggestions to the education director.
7. **CHAPTER OF THE YEAR AWARD:** This was a difficult decision. Seven chapters were in the running for chapter of the year; these were Ottawa, Golden Horseshoe, Manitoba, Toronto, Regina Kamloops and Edmonton. The chapter of the year was awarded to the **Ottawa Chapter**. This was the first year for this award and we have noticed some discrepancies in the form. Revisions to the form will be made in time for next year.
8. **MEMBERSHIP:** CSGNA Executive Assistant, Karen Moricz has taken over the duties of membership, has sent out the pins and membership cards. Membership as of Sept 1st is 640. Montreal has only 7 members.
9. **GI PROFESSIONAL NURSE AWARD:** The recipient of the award is Georgiana Walter, President of the Montreal Chapter.
10. **PRACTICE:** Completed Guidelines/Statements to date are hand washing, updated infection control and documentation these will be appearing on the websites soon.
11. **2006 CONFERENCE – REGINA:** The conference was well attended, the post conference evaluations were very positive. There were some suggestions to extend the conference; this may be something that we can look at in the future.
12. **CHAPTER DINNER MEETING SEPTEMBER 14TH 2006:** Each chapter received a Conscious sedation book at the chapter dinner meeting. We have had a decrease in the number of members applying for the scholarships. CSGNA has worked in the past 2 years to increase the number and amount of scholarships for the member. Members were requested for any suggestions on how we can improve the requests for scholarships. Some of the suggestions were as follows:
 - Change the date of submission from May 1st to June 1st
 - Need to attract some of the novice nurses to be able to apply for the scholarships.
 - Need to revise the criteria for applying for the scholarships.

- At the local level there needs to be a point system for members who attend local meeting which can be counted towards applying for the scholarships.
 - Send out scholarship application with the membership forms.
 - Having all forms on-line will be beneficial.
- 13. CDDW –BANFF 2007.** 2 board members will attend the CDDW meeting in Banff Feb. 16-20, 2007. Elaine Burgis and Mabel Chaytor (was selected to attend in Debbie Taggart’s place) will attend the 2007 CDDW conference.
- 14. SGNA CONFERENCE:** SGNA Baltimore, May 18-23, 2007. Joanne Glen was selected as one of the board members to attend the 2007 SGNA meeting.
- 15. NEW EXECUTIVE POSITIONS FOR RENEWAL NEXT YEAR:**
- Secretary
 - Canada West
 - Canada East
 - Education
 - Practice director.
- 16. HALIFAX CONFERENCE 2007:** The conference dates are September 19-21, 2007. The location will be The World Trade Centre. Halifax has already selected some

of the topics and they are hoping you can join them for the conference.

- 17. UPCOMING CSGNA MEETING:** Meeting agendas will be more structured with tighter timelines for discussion. Prior to each meetings reports will be submitted to the executive assistant who will distribute the reports to all Board members before the face to face meeting. Location and dates for upcoming meetings will be explored by Karen Moricz

**Submitted by Usha Chauhan
CSGNA Secretary.**

REMINDER

As per Bylaw 22.12 all CSGNA Chapters shall submit to the National Treasurer by February the 15th annually the Chapter’s financial report.

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 15th of the month preceding each issue i.e.: Feb15th for March issues, June 15th for July issues and Oct 15th for November issues.
- Include all references or have them available upon request.

FUTURE CSGNA CONFERENCES

HALIFAX 2007

VANCOUVER 2008

TORONTO 2009

Olympus Ad
New 4 color ad page

BOARD POSITIONS AVAILABLE SEPTEMBER 2007

The following Board positions are available next September.

They are:
Canada East
Canada West
Secretary
Practice Director
Education Director

These are two year positions.
Please submit your nomination to
Debra Taggart, Foothills Medical Centre 1403 29th street NW Calgary, AB T2N2T9.

You can also email to: debra.taggart@calgaryhealthregion.ca.
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.



*2006 Chapter of the Year
Ottawa*



CSGNA Scholarship Recipient



*Nancy Campbell with GI Professional
Nurses Award Recipient
Georgianna Walters.*



*Nancy Campbell with SciCan
Scholarship Recipient Maryanne*



Olympus Scholarship Recipients

CANADIAN SOCIETY OF GASTROENTEROLOGY NURSES AND ASSOCIATES

BYLAWS

REVISED September 2006

CSGNA MISSION STATEMENT

The Canadian Society of Gastroenterology Nurses and Associates is committed to excellence of client care while enhancing the educational and professional growth of the membership within the resources available.

CSGNA PURPOSE STATEMENT

The CSGNA carries out its mission by providing opportunities for networking, education, and communication for its members.

CSGNA GOALS

Nursing Practice:

The CSGNA is committed to encouraging members to achieve high standards of care in daily practice by establishing standards of practice.

Networking:

The CSGNA encourages discussion and exchange of experience between nurses through the formation of Chapters, newsletter publication, an annual conference and website.

Education:

The CSGNA keeps its members abreast of current developments in the field of gastroenterology through seminars and an annual education conference. Members are encouraged to write the Canadian Nurses Association (CNA) Gastroenterology Nursing Certification exam.

Research:

The CSGNA encourages initiatives and studies in advancement of gastroenterology and endoscopy nursing practice.

Organization:

The CSGNA is a dynamic, financially stable, well organized Society responsive to members' needs.

1.0 NAME

The name of the organization shall be the "Canadian Society of Gastroenterology Nurses and Associates" (CSGNA). Hereinafter the word "Society" shall refer to "Canadian Society of Gastroenterology Nurses and Associates." The words Officer(s), Board and Executive are used interchangeably.

2.0 PURPOSE

The purpose shall be to unite into an organization, persons engaged in any capacity in the field of Gastroenterology Nursing in any of the ten provinces and three territories of Canada.

3.0 GOALS

The goals of the Society shall be to promote education and quality patient care by:

- 3.1 Setting standards of practice by developing guidelines and position statements.
- 3.2 Developing educational programs.
- 3.3 Encouraging study, discussion, exchange of information related experience and practice.

4.0 HEAD OFFICE

Until changed in accordance with the Act, The Head Office of the corporation shall be in the city of the current Membership chairperson.

- 4.1 The Corporate Seal of the Society shall be held in safekeeping by the Officer designated by the Executive for the fiscal year.

5.0 MEMBERS

There shall be four classes of individual members consisting of active, affiliate, lifetime, and retired.

- 5.1 Active – shall be comprised of Registered Nurses or other Health Care Professionals engaged in full or part-time Gastroenterology Nursing or Endoscopy Nursing in clinical, supervisory, teaching, research or administrative capacity. They are eligible to vote. Only registered nurses may hold office.
- 5.2 Affiliate – shall be comprised of Nurses, Health Care Professional/persons engaged in activities relevant to the field of Gastroenterology but not currently engaged in gastroenterology Nursing or Endoscopy Nursing. They are not eligible to vote or hold office.
- 5.3 Lifetime – any member, deemed to have contributed substantial time and effort towards the advancement of the CSGNA may be nominated for a lifetime membership. All past Presidents will be awarded lifetime membership at the end of their term in office. Nominations for other lifetime awards may be submitted by any member of the CSGNA to the National Executive. Lifetime awards are to be voted on by the general membership in attendance at the annual business meeting. Lifetime membership will include voting privileges.
- 5.4 Retired-shall be comprised of CSGNA members not actively engaged in gastroenterology nursing practice.

- 5.5 Membership is not transferable. All members shall receive all publications from the Society.
- 5.6 The term “Associates” in the title of the Society, refers to **CSGNA** members who are not qualified as Registered Nurses.
- 5.7 Any member may resign by providing a written resignation to the Secretary.
- 6.0 FEES
A membership fee shall be required from the active, affiliate, and retired members annually on June 1 and shall become delinquent after July 1 of that year.
- 6.1 Membership shall lapse automatically as of July 1 if dues have not been received by the National Treasurer.
- 6.2 The Executive shall determine annual dues payable and shall give appropriate notice to members.
- 6.3 Members shall be notified of any change in membership requirements by the regional directors and in The Guiding Light publication.
- 6.4 Members of the National Executive do not pay any fees while in office.
- 6.5 No membership fee shall be required from a lifetime member.
- 6.6 Retired members shall pay 50% of the annual membership fee.
- 6.7 All dues are payable in Canadian funds to the “Canadian Society of Gastroenterology Nurses and Associates”
- 7.0 MEETINGS
The annual business meeting shall be held in conjunction with the annual conference.
- 7.1 The results of voting for Executive officers open for election shall be announced at the annual business meeting.
- 7.2 Reports from selected Executive Board members shall be presented, as well as bylaw amendments and any other business deemed of national concern.
- 7.3 Written notice of the annual business meeting shall be included in the information about the annual conference.
- 7.4 The Board of Directors shall meet face to face at least twice a year and by teleconference and/or email as deemed necessary by the Board.
- 8.0 QUORUM
The quorum shall consist of the majority of members present.
- 9.0 ELECTION OF OFFICE
All members eligible to vote shall be informed of the National Board positions available and the deadline for the nominations via the first Guiding Light publication after the annual business meeting. Nominations must reach the Chair of the Nominations Committee by April 15 of the current year.
- 9.1 A slate of candidates for offices open in that fiscal year shall be mailed to the voting membership by May 15 of the current year.
- 9.2 Ballots are to be returned to the Chair of the Nominations Committee by June 15 of the current year.
- 9.3 Each active and lifetime member has one vote per office.
- 9.4 Votes shall be tabulated and recorded in the minutes of the annual business meeting.
- 9.5 The successful candidates shall be announced to the membership at the annual business meeting.
- 9.6 If there is only one nomination for an office by the deadline for nominations, the officer shall be elected by acclamation.
- 9.7 Successful candidates shall be notified as soon as possible after ballot counting enabling them to make the necessary arrangements to attend the annual conference.
- 9.8 Nominations shall be accepted from the floor at the annual business meeting if n nominations have not been received for an office. If there is more than one nomination, a secret ballot shall be held during the annual business meeting.
- 9.9 The first meeting with the new Executive shall be scheduled to take place in conjunction with the annual conference and meeting.
- 9.10 Transfer of duties from retiring Executive to newly elected Executive shall take place at the time of the annual **CSGNA** conference.
- 9.11 Officers elected must have been **CSGNA** members, preferably serving in some capacity in the preceding two (2) years.
- 9.12 Ballots shall be kept by the Chair of the Bylaws Committee.
- 9.13 A motion to destroy the ballots shall be made by said Chairperson during the annual business meeting.
- 9.14 The ballots shall be destroyed only after the motion has carried by a show of hands from the members present.
- 9.15 Tellers shall be chosen from the members present at the annual conference and the results announced to the membership in the event a motion for a recount of any office is made and carried.
- 10.0 EXECUTIVE
The executive of the Society shall include President,

President-elect, Secretary, Treasurer, Membership Director, Education Director, Practice Director, Newsletter Editor, Canada West Director, Canada Centre Director, Canada East Director and Public Relations Director.

10.1 The Executive offices are open to all active members of the Society.

The Executive Officers shall have the powers and authority as described to perform their expected offices.

All National Executive members shall attend all Face to Face and Annual conferences. Exemptions shall be considered by the National Board.

10.2 Any member serving in an executive position at the Chapter or National level shall be an active **CSGNA** member.

11.0 TERMS OF OFFICE

11.1 The President shall serve for two (2) years

11.2 An election to fill the office of President Elect shall be held every two (2) years.

11.3 The President-elect will automatically accede when the President's term ends in two (2) years.

11.4 He/she shall become acting President and assume the duties of the office in the event of the President's absence.

11.5 The President-elect must have served the Society in some capacity prior to being elected to this office.

11.6 Persons elected Secretary, Treasurer, Membership Director, Education Director, and Newsletter Editor shall hold office for two years or until their successor is elected.

11.7 No person shall be elected to consecutive terms as President.

11.8 No Officer on the National Board shall hold more than one office at a time.

11.9 There shall be no restriction upon the number of terms which other Officers may be elected to succeed themselves.

11.10 Elections to fill the offices of Secretary, Education Director, Treasurer, Canada East Director, Canada West Director, and Practice Director shall be held in odd numbered years.

11.11 Elections to fill the offices of Newsletter Editor, Membership Director, Canada Center Director and Public Relations Director shall be held in even numbered years.

11.12 All Officers shall deliver all records, correspondence or other property of the Society to their successor within thirty (30) days upon retiring from office.

12.0 VACANCIES

12.1 Whenever the office of President becomes vacant, the President-elect shall succeed to the Presidency for the completion of the unexpired term and continue in office for another full term. If the office of President becomes vacant while there is a vacancy in the office of President-elect, Officers shall appoint an acting President from the present Board members who shall serve until the end of that term. A special election shall be held to fill the office of President-elect.

12.2 If an elected member resigns or can no longer fulfill his/her duties before the term of office is completed, the Executive shall appoint an interim replacement until the annual meeting, when an election can take place.

12.3 The person appointed shall be the first runner up from the election, when possible.

12.4 If an officer should resign before completion of their term a written resignation shall be sent to the President at least fourteen (14) days prior to the resignation.

13.0 DUTIES OF THE EXECUTIVE – Duties shall include the following and may be modified as deemed necessary by the Board to meet the needs of the members.

DUTIES OF THE PRESIDENT

THE PRESIDENT SHALL:

13.1 Serve as an official representative and spokesperson for the Society.

13.1.1 Represent **CSGNA** mission, goals and positions to various members of the public.

13.1.2 Manage daily affairs of the organization.

13.1.3 Lead the National Board of Directors.

13.1.4 Chair Nominations Committee.

13.1.5 Provide mentoring to **CSGNA** leaders.

13.1.6 Submit and present an Annual report to the membership at the annual business meeting, and send it to the membership via the National Secretary sixty (60) days prior to the meeting.

13.1.7 Submit a report per issue of The Guiding Light.

13.1.8 Chair and prepare agenda for the National Board meetings and annual business meeting.

13.1.9 Travel as deemed necessary by the Board.

13.1.10 Attend the **SGNA** Annual Meeting and the House of Delegates session.

13.1.11 Encourage vision and growth of the organization by fostering educational opportunities and position statement formation.

13.1.12 Serve as an ex-officio on all standing committees.

- 13.1.13 Serve a two (2) year term with a four (4) year commitment to the Executive.

DUTIES OF THE PRESIDENT-ELECT

THE PRESIDENT-ELECT SHALL:

- 13.2 Accede to the Presidency when the President's term ends.
- 13.2.1 Serve as acting President and assume the duties of the Office in the event of the President's absence, disability or resignation.
- 13.2.2 Communicate regularly with the President as deemed necessary.
- 13.2.3 Learn the affairs of the Society.
- 13.2.4 Accompany the President to the SGNA Annual Conference and attend the House of Delegates session.
- 13.2.5 Serve as the **CSGNA** liaison to SIGNEA.
- 13.2.6 Serve as advisory member without vote on standing and special committees.
- 13.2.7 Form and chair the Bylaws Committee
- 13.2.8 Forward amendments to these bylaws to the National Secretary in writing ninety (90) days prior to the annual meeting.
- 13.2.9 Communicate when necessary with provincial nursing organizations and CNA regarding **CSGNA** activities.
- 13.2.10 Perform such duties as delegated by the President. Serve a two (2) year term with a four (4) year commitment to the Executive.
- 13.2.11 Submit a report per issue to The Guiding Light.
- 13.2.12 Assume role of National Conference Director in collaboration with local Chairperson.
- 13.2.13 Represent **CSGNA** at the biennial meeting of the Canadian Nurses Association and act as liaison with CNA.

DUTIES OF THE SECRETARY

THE SECRETARY SHALL:

- 13.3.0 Record the minutes of all meetings of the National Board.
- 13.3.1 Provide a summary of National Board meetings for submission in The Guiding Light.
- 13.3.2 Forward the minutes of the meetings to all Board members and Chapter Presidents.
- 13.3.3 Conduct all correspondence for the Association as directed by the Executive.
- 13.3.4 Compile the annual report for distribution to the members ninety (90) days prior to the annual meeting.
- 13.3.5 Serve as a member of the Bylaws Committee.
- 13.3.6 Issue notice of meetings, activities, and conferences to all members.

DUTIES OF THE TREASURER

THE TREASURER SHALL:

- 13.4.0 Collect and deposit members' fees into the **CSGNA** chartered bank or trust company

account.

- 13.4.1 Maintain a bank account for the Society with a minimum of three signing officers appointed and two signatures required for any transaction.
- 13.4.2 Make such payments as are authorized by the Society.
- 13.4.3 Maintain records of expenditures of the Society.
- 13.4.4 Submit to the Executive, sixty (60) days prior to the annual meeting, a Treasurer's report for publication in the annual report.
- 13.4.5 Maintain financial records of chapter educational sessions and annual reports.
- 13.4.6 Automatically become a member of the Annual Conference Planning Committee.
- 13.4.7 Arrange an annual financial report of the Society provided by a Certified General Accountant (CGA) or Chartered Accountant (CA). This is to be an outside firm/person independent of the **CSGNA** or persons therein.
- 13.4.8 Report on the Auditor's accounts of the Society to the members in the Annual Report and at the annual business meeting.
- 13.4.9 Contribute a report per issue of The Guiding Light.
- 13.4.10 The Treasurer shall be custodian of the seal of the corporation, which she will deliver only when authorized by a Resolution of the Board of Directors to do so and to such person or persons as may be named in the resolution.

DUTIES OF THE MEMBERSHIP DIRECTOR

THE MEMBERSHIP DIRECTOR SHALL:

- 13.5.0 Collect and maintain documentation of all **CSGNA** members.
- 13.5.1 Issue membership cards and receipts to membership. Collect and maintain records of membership.
- 13.5.2 Forward to all board members every September a current list of all members of the Society and update as necessary.
- 13.5.3 Prepare a membership list for the publication and distribution to the members upon request.

DUTIES OF THE EDUCATION DIRECTOR

THE EDUCATION DIRECTOR SHALL:

- 13.6.1 Serve as Board representative for certification.
- 13.6.2 Form and chair the Education Committee.
- 13.6.3 Allocate scholarships in consultation with Education Committee based on established point system.
- 13.6.4 Establish criteria for use of the fund and review annually.

- 13.6.5 Provide direction and approval to the Conference Planning Committee regarding the educational content of the **CSGNA** Annual Conference.
- 13.6.6 Review scholarship criteria annually.
- 13.6.7 Maintain records of all **CSGNA** education events.
- 13.6.8 Expand and improve publications, informational products and services that support the field of gastroenterology nursing.
- 13.6.9 Generate ideas for education that best meet the needs of the members.
- 13.6.10 Submit a report of activities of the Committee to the National Secretary ninety (90) days prior to the annual meeting for submission in the Annual Report.

DUTIES OF THE PRACTICE DIRECTOR

THE PRACTICE DIRECTOR SHALL:

- 13.7.0 Monitor, record and update any practice guidelines, position statements and standards of the **CSGNA**.
- 13.7.1 Initiate new practice guidelines, position statements and standards required by the **CSGNA**.
- 13.7.2 Maintain a record/library of reference documents reflecting practice guidelines, position statements and standards.
- 13.7.3 Serve as a resource person for answering questions/concerns on practice guidelines, position statements and standards.

DUTIES OF THE DIRECTORS

THE REGIONAL DIRECTORS SHALL:

- 13.8.0 Encourage and assist in the formation of chapters in their area.
- 13.8.1 Liaise with the Chapter Presidents and individual members in their Region about the work of the Society.
- 13.8.2 Report to the National Executive at regular intervals as deemed necessary by the Executive.
- 13.8.3 Attend a minimum of two meetings of the Executive in consultation with the National Board.
- 13.8.4 Provide a written report in sufficient time for those meetings which cannot be attended.
- 13.8.5 Submit a report of activities and future plans for inclusion in the Annual Report, ninety (90) days prior to the Annual Business Meeting.
- 13.8.6 Submit reports about their Region's activities to *The Guiding Light*.
- 13.8.7 There shall be one (1) Director elected from each of Canada East, Centre, and West.
- 13.8.8 Canada East shall consist of Prince Edward Island, Newfoundland, Nova Scotia, and New Brunswick.

- 13.8.9 Canada Centre shall consist of Ontario and Quebec.
- 13.8.10 Canada West shall consist of Manitoba, Saskatchewan, Alberta, British Columbia, Northwest Territories, Yukon and Nunavut.
- 13.8.11 Divisions of regions shall be decided by the co-directors. The Director will then inform the National Board and members re their areas of responsibility.

DUTIES OF NEWSLETTER EDITOR

THE NEWSLETTER EDITOR SHALL:

- 13.9.0 Set guidelines for submissions to *The Guiding Light*.
- 13.9.1 Set deadlines for submissions to *The Guiding Light*.
- 13.9.2 Pursue appropriate material for the Newsletter.
- 13.9.3 Compile and edit submitted material for publication of the newsletter three (3) times annually.
- 13.9.4 Approve the final version of the edited newsletter prior to printing.
- 13.9.5 Provide updated membership list to the newsletter distributor and ensure mail out of newsletter to all membership in good standing.
- 13.9.6 Store copies of all previous newsletters. Submit a report to the National Secretary ninety (90) days prior to the annual business meeting for the Annual Report.

DUTIES OF THE PUBLIC RELATIONS

DIRECTOR

THE PUBLIC RELATIONS DIRECTOR SHALL:

- 13.10.1 Maintain and update the website.
- 13.10.2 Chair Vendor Relations Committee.
- 13.10.3 Serve as the resource person for the vendors.
- 13.10.4 Chair GI Nurses Day by establishing a theme and informing the Board.

14.0 COMPENSATION

- 14.1 All **CSGNA** financial requests over \$200.00 must be approved by two (2) Executive officers one of which shall be the Treasurer.
- 14.2 Verification of the appropriate receipts and the appropriate use of **CSGNA** funds must be present before reimbursement.
- 14.3 No reimbursement shall be made without appropriate receipts.
- 14.4 The expenses of the outgoing Executive shall include those incurred at the Annual conference at which their term of office is complete. The expenses of the incoming Executive shall be paid by **CSGNA** at the Annual Conference where Executive changeover occurs. All National **CSGNA** Executive shall be exempt from paying to

attend a **CSGNA** National Conference during their tenure on the Board. A maximum number of ten (10) registration fees will be awarded to the local Annual Conference Planning Committee.

15.0 DISCIPLINARY ACTION

- 15.1 Members shall be subject to reprimand, censor, suspension or expulsion by a two-thirds vote of the active members for violation of the Constitution, Bylaws or the Charter.
- 15.2 No such action shall be taken against a member until specific charges have been filed.
- 15.3 Members reprimanded, censored, suspended or expelled under the provisions as stated may within thirty (30) days after notification of such action, request the Executive of the **CSGNA** to review any questions of law or procedure involved therein.
- 15.4 Executive members of Chapters shall be subject to the same rules of compensation, discipline and removal as the National Executive.
- 15.5 A "conflict of interest" shall be defined as any situation or potential situation where an individual may gain or is perceived to gain, directly or indirectly from discussion on voting on said matters.
- 15.6 Any **CSGNA** member on a committee or in an Executive position, finding herself in a conflict of interest, shall remove herself from voting on said matters.
- 15.7 Any **CSGNA** member who does not identify a conflict of interest shall remain a part of the discussion and/or voting process but may be asked to resign from the said committee and/or Executive position following a review by the National Executive.

16.0 REMOVAL

- 16.1 Officers elected by the membership may be removed by two-thirds vote of the active members present at the Annual Meeting.
- 16.2 The successor shall be the runner up in the previous election and remains in office until the end of the stated term. When there is no runner up or the runner up is not available to take office, nominations shall be taken from the floor. If there is more than one nomination, a secret ballot shall be held during the Annual Business Meeting.

17.0 PUBLICATION

- 17.1 The Society shall publish The Guiding Light newsletter three (3) times annually.
- 17.2 The newsletter shall be sent to all members in winter, spring, and fall.

- 17.3 The Newsletter Editor shall be responsible for compiling a comprehensive, pertinent communiqué and distributing it free to all members in good standing.

18.0 EDUCATIONAL EVENTS

- 18.1 An agenda shall be sent by the Chapter Secretary to the Regional Director six (6) weeks before the event for any **CSGNA** Educational program for a one (1) day conference and two (2) weeks before an evening seminar.
- 18.2 A report entitled **CSGNA** Educational Post Program Financial Report (form 01) shall be submitted by the Chapter Treasurer to the National Treasurer within one (1) month of the event upon completion of any **CSGNA** Educational Program
- 18.3 The Chapter President shall ensure that appropriate records, financial statements and reimbursements are submitted to the National Treasurer.
- 18.4 The Chapter treasurer shall submit twenty-five percent (25%) of all profits to the National Treasurer after each event to support scholarships at the National level.
- 18.5 An extension shall be obtained from the National Treasurer and President in the event of an extenuating circumstance.
- 18.6 Any **CSGNA** member hosting/conducting an educational or fund raising event utilizing the **CSGNA** title shall have a bank account requiring two (2) signing officers, both **CSGNA** members.
- 18.7 The remainder of profits raised by chapters at **CSGNA** designated events shall be used for needs as determined by its membership.
- 18.8 The remainder of profits raised by **CSGNA** members shall be placed in a bank to organize future **CSGNA** educational meetings, supporting chapter formation costs, and to pay for bank account fees.
- 18.9 The national **CSGNA** shall remit ten percent (10%) of the profits from the annual conference meeting to the **CSGNA** chapter hosting the event.
- 18.10 All **CSGNA** chapters shall submit an annual educational summary to the Education Director by June 30.
- 18.11 The fiscal year shall run from January 1 to December 31.

19.0 STANDING COMMITTEES

19.1 BYLAWS COMMITTEE

SHALL:

- 19.1.1 Consist of the President, President-elect, Secretary, and two Directors. The commit-

tee shall meet at the Spring Board meeting, by teleconference and /or email if deemed necessary to complete the bylaws revisions.

- 19.1.2 Be chaired by the President-elect.
- 19.1.3 Review bylaws and all recommendations for bylaw revisions submitted by members annually and make amendments as necessary.
- 19.1.4 The President-elect shall present to the Board of Directors at the spring board meeting any bylaws for revision or adoption for review by the Board before submission to the membership for a vote.
- 19.2 NOMINATING COMMITTEE
SHALL:
- 19.2.1 Consist of the President and three members at large.
- 19.2.2 Be chaired by the President.
- 19.2.3 Recommend candidate(s) for each office, each of which shall be a member in good standing and shall signify his/her consent to stand for office.
- 19.2.4 Mail ballots to the membership.
- 19.2.5 Count the ballots and announce successful candidates to the membership at the annual business meeting.
- 19.2.6 Report tabulations to the Executive for recording in the minutes.
- 19.3 EDUCATION COMMITTEE
SHALL:
- 19.3.1 Consist of one Director from each Region and at least four members at large. Effort shall be made to include all facets of the specialty including, research, endoscopy, management and gastroenterology nurses providing direct patient care.
- 19.4 VENDOR RELATIONS COMMITTEE
SHALL:
- 19.4.1 Be chaired by the Public Relations Director.
- 19.4.2 Consist of two (2) Directors and the Treasurer.
- 19.4.3 Liaise with vendors to promote, encourage, and maintain relationships; maintain accurate records of vendor recognition, review recommendations of vendor evaluations at the end of each conference; and make recommendations to the Executive at the spring meeting.
- 19.4.4 Meet annually or more often as required.
- 19.5 FINANCE COMMITTEE
SHALL:
- 19.5.1 Be chaired by the Treasurer.
- 19.5.2 Consist of the Treasurer, the Canada West Director and the Canada East Director.
- 19.5.3 Review and audit financial statements,

monitor financial policies, recommend budget, meet as necessary, and report at each meeting.

20.0 SPECIAL COMMITTEES

SHALL:

- 20.1 Be appointed by the Board at a general meeting and be given the necessary power to discharge its duties.
- 20.2 Submit to the National Board a written report upon completion of the special committee's duties.

21.0 CHAPTERS

- 21.1 A Chapter shall be described as a geographical area (city, region, or town) where ten (10) or more active members reside.
- 21.2 These members shall apply to the Executive for Charter as a Chapter.
- 21.3 A Chapter shall coordinate educational activities and functions of the **CSGNA** within its designated area in collaboration with its Regional Director.
- 21.4 The formation of a Chapter shall include a minimum of ten (10) active members applying to the National Membership Director.
- 21.5 The local group and the Regional Director will determine geographical boundaries for the chapter.
- 21.6 The Membership Director shall supply a list of all active members in the region.
- 21.7 The local group shall call for nominations from that list and notify all members of a meeting and election.
- 21.8 The number of officers required for the chapter executive shall initially be determined by the local group and henceforth by the Executive of the chapter.
- 21.9 The National Membership Director and the National Secretary shall be notified within thirty (30) days of the election results and of the title of the Chapter.
- 21.10 The name **CSGNA** shall appear within the title of the Chapter. (E.g. the Edmonton Chapter of the **CSGNA**)

22.0 THE CHAPTER

SHALL:

- 22.1 Promote the Association in its area and encourage membership.
- 22.2 Be sensitive to the concerns and issues of its area and communicate them to its Directors for discussion at the National Executive.
- 22.3 Tabulate the activities of its area and submit details to its Directors for inclusion in the Newsletter and Annual Report.
- 22.4 Elect officers to include president, secretary and treasurer.

- 22.5 Officers shall hold office for two (2) years or until their successors are elected.
- 22.6 There shall be no restrictions upon the number of terms to which an officer may be elected to succeed themselves.
- 22.7 No officer shall hold more than one office at a time.
- 22.8 Open and maintain a bank account for the Chapter with a minimum of two (2) signing officers.
- 22.9 Submit membership fees directly to the National office.
- 22.10 A one-time one-year zero percent (0%) loan shall be available to a local group for Chapter formation upon application to the National Executive.
- 22.11 Plan a minimum of four (4) education hours per year for the membership in its area. Notification of an educational event shall be sent to the respective members a minimum of 14 days prior to the event.
- 22.12 Submit to the National Treasurer by February 15 the Chapter's financial report.
- 22.13 All Chapters shall be available for audits at the request of the National Treasurer.
- 23.0 A CHAPTER MAY BE REVOKED FOR THE FOLLOWING:
- 23.1 At the request of the Chapter.
- 23.2 Failure to have ten (10) active members. (Until such time that there is one (1) chapter in each province this minimum number may be waived)
- 23.3 Repetitive failure to respond to communication requests.
- 23.4 Failure to meet the minimum of four (4) education hours per year for the membership in its area.
- 23.5 Failure to assume responsibility for its actions and to comply with **CSGNA** bylaws.
- 23.6 The Chapter President will report to the **CSGNA** National Executive any Chapter having serious internal problems or failure to meet Charter requirements.
- 23.7 The Chapter President will report any problems to the Regional Director.
- 23.8 The Regional Director shall make arrangements for the Chapter and its Executive to meet with the **CSGNA** President or a member of the **CSGNA** National Executive for the purpose of evaluating the problems.
- 23.9 The results of this meeting will be presented to the National Executive at the next regularly scheduled executive meeting.
- 23.10 The **CSGNA** National Executive shall determine the outcome for the Chapter. A probationary period of twelve (12) months may be granted to comply with Charter requirements. A Chapter may also belong to its Provincial Nurses' Association provided there is no conflict of interests with the **CSGNA**.
- 24.0 CHANGING CHAPTER NAME
A Chapter may change its name if fifty-one percent (51%) of the Chapter membership is in favour. The National President of the **CSGNA** shall be informed of the name change within thirty (30) days of adoption of the new name.
- 25.0 DISSOLUTION OF A CHAPTER AND SOCIETY
In the event of dissolution, the Chapter Executive, after payment of or making provisions for the payment of all liabilities, shall dispose of the assets of the Chapter by forwarding the assets to the **CSGNA** National Executive.
In the event of dissolution of the Society, after payment of or making provisions for payment of all liabilities, the National Executive shall dispose of the assets to one or more Canadian non-profit associations with similar activities to the **CSGNA** such as Specialty Practice Groups.
- 26.0 AMENDMENTS
- 26.1 Active Members may submit recommendation for amendments to these Bylaws to the Chair of the Bylaws Committee no later than 180 days prior to the Annual Business Meeting. All recommendations will be reviewed. Recommendations inconsistent with or contrary to the current Bylaws or the goals and objectives of the **CSGNA** will be returned to the member.
- 26.2 Members shall be notified of the proposed amendments in writing, to be included with the information of the annual meeting.
- 26.3 Vote shall be by mail to be received by the committee chair not later than 60 days prior to the Annual Business Meeting. To pass, two thirds of the membership must vote in favor of an amendment. All members not voting will be considered a "yes" vote.
- 26.4 Any Bylaws of the corporation repealed or amended shall not be enforced or acted upon until the approval of the Ministry of Industry has been obtained.
27. PARLIAMENTARY AUTHORITY
The rules contained in the current edition of **ROBERT'S RULES OF ORDER** shall govern the Society in all cases to which they are applicable and are not inconsistent with these Bylaws.

CSGNA CHAPTER EXECUTIVE LIST – Nov. 2006

BRITISH COLUMBIA

Vancouver Island Chapter
 President: Charlene McCabe
 Victoria General Hospital, Endoscopy
 Victoria, BC
 250-727-4234
 Email: charlenemccabe@shaw.ca
 Secretary: Christine Kunetsky
 Treasurer: Laurie Kerr

Vancouver Regional Chapter

President: Judy Deslippe
 GE Clinic UBC Hospital
 2211 Westbrook Mall
 Vancouver, BC V6T2B5
 Email: judydeslippe@vch.ca
 Secretary: Toy Choy
 Treasurer: Jill Lazarian

Okanagan Chapter

President: Bethany Rode
 Kelowna General Hospital
 Gastroenterology Unit
 2268 Pandosy Street
 Kelowna, BC V1Y 1T2
 250 868 8465
 Email: behl@shaw.ca
 Secretary: Jean Tingstad
 Treasurer: Deborah Levine

Kamloops and Region Chapter

President: Maryanne Dorais
 Ambulatory Care Unit
 Royal Island Hospital
 311 Columbia
 Kamloops, BC V2C 2T1
 Email: maryannedorais@shaw.ca
 Secretary: Sandra Henderson
 Treasurer: Lori Taylor

ALBERTA

Calgary Chapter

President: Evelyn Matthews
 Peter Lougheed Centre G.I. Unit 18
 3500-26 Avenue NE
 Calgary, AB T1Y 6J4
 403-943-4922 (W)
 Email: eamatt@shaw.ca
 Secretary: Meredith Wild
 Treasurer: Doreen Reid

Edmonton Chapter

President: Yvonne Verklan
 Misericordia Community Hospital
 Endoscopy Unit
 16940-87 Avenue
 Edmonton, AB T5R 4H5
 Email: yvohver@gmail.com
 Secretary: Anna Tsang
 Treasurer: Marla Wilson

Red Deer Chapter

President: Joanne Glen
 Red Deer Regional
 (403) 343-4858
 Email: jgglen@telus.net
 Secretary: Lisa Westin
 Treasurer: Audrey Penneycook

SASKATCHEWAN

Regina Chapter

President: Connie Bender
 Regina General Hospital
 1440 14th Avenue
 Regina, SK S4P 0W5
 306-766-4441
 Email: benderbc@accesscomm.ca
 Secretary: Jennifer Taylor
 Treasurer: Susan Latrace

MANITOBA

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SPOTLIGHT ON THE SCARBOROUGH HOSPITAL

Gloria Hanna, RN, CGN(C)

The Scarborough Hospital consists of 2 sites – The General Campus and the Grace Campus. We share the same Nurse Manager.

Endoscopy at the General Campus consists of 5 full-time RNs, 4 part-time RNs, 2 casual RNs, 3 tech aides and 2 secretaries. Eight of our RNs are CNA certified (that's 88.8% certified!!!). Our 4th part-time RN will be eligible to write the certification exam in April 2007.

The General Campus has 3 endoscopy procedure rooms, 6 recovery beds and 1 gynae procedure room. The unit is supported by 3 Gastroenterologists, 6 Surgeons, 2 Respiriologists and 9 Gynaecologists.

Approximately 5,500 procedures are performed at the General Campus each year. These include gastroscopy, insertion of metal esophageal stents, insertion of PEG/PEJ feeding tubes, colonoscopy, coagulation procedures using an APC (argon plasma coagula-

tor), bronchoscopy, flexible sigmoidoscopy – the General Campus was the first in Canada to have nurses perform flexible sigmoidoscopy for colon cancer screening. The gynae procedures routinely performed are Colposcopy, LEEPs, D&C and hysteroscopy, CO2 laser therapy, microwave and thermal balloon endometrial ablation. Therapeutic ERCPs are done 3 days a week by our endoscopy nurses and gastroenterologists in the x-ray department. These procedures include papillotomy and insertion of plastic and metal biliary stents.

Endoscopy at the Grace Campus consists of 4 full-time RNs, 3 part-time RNs, 3 casual RNs and 2 tech aides. Three of our RNs are CNA certified. The Grace Campus has 2 endoscopy procedure rooms, 8 recovery beds, and 1 isolation recovery room. This unit is supported by 4 Gastroenterologists, 4 Surgeons and 3 Respiriologists.

Procedures performed at the Grace Campus include gastroscopy, colonoscopy, bronchoscopy, flexible sigmoidoscopy and ERCP. The gynae procedures routinely performed are colposcopy, hysteroscopy and D&Cs. The Grace campus also has the plastic and fracture clinics.

Together we are a seriously energized group. Between the 2 sites we have 3 members on the Greater Toronto Chapter executive and 1 member on the National executive. Chapter meetings are regularly attended by 75% of nurses from both sites. We are regular attendees at the Annual Conferences, with 8 staff attending the Regina conference this past September. Endoscopy nursing at The Scarborough Hospital is a very challenging and rewarding career. We thrive on Gastroenterology!

Gloria Hanna works on the Endoscopy Unit Scarborough Hospital at the General campus site.



General Hospital staff: Jean, Brenda, Elaine, Gloria, Carol, Helga, Lorraine, Shafina.



Scarborough Hospital Manager –Jacqui.



Grace Hospital staff: Collette, Shazmin, Diana, Donna.

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CNA Certification Program Renewal of the Credential: The Ins and Outs

Prepared by Michele Paquette, CSGNA Education Director
and Leslie Ann Patry CNA Certification Manager

We now have over 170 CNA certified gastroenterology nurses. Kudos to all of you! The nurses who obtained the CNA certification credential in 2004 are midway through their CNA certification term and will be due for renewal of the credential in 2009. Updates about the renewal process are sent to candidates on a regular basis by CNA and this information is also posted on the CNA web-site (www.cna-aicc.ca).

Just as a reminder, the CNA certification credential is valid for a 5-year term. You have the option of renewing the credential through the accumulation of 100 hours of continuous learning (CL) activities earned during your five-year term, OR you can choose to write the exam again. The guidelines for the CL activities are pretty straightforward and it is most important to remember that they should relate to your nursing specialty in order to qualify as CL hours for your renewal. Once again, details about these guidelines are listed on the CNA web-site.

You will want to plan on keeping track of your CL activities that you earn during your CNA certification term, so that you don't have to scramble to remember or to assemble the neces-

sary hours and documentation at the last minute. To help you keep track, CNA has a CL form all ready for you to use and that is easy to save in your computer files in order to list your CL activities as you earn them. You can modify this form and "make it your own" if you need to include any additional information or explanations about your CL activities.

A new feature for renewal candidates to be aware of is that CNA is asking nurses to align their CL activities with the competencies that are unique to Gastroenterology Nursing. Just list a few of the competencies that most relate to the CL activity that you have completed. The competencies can also be found on the CNA web-site.

The competencies help a nurse to integrate and apply the knowledge, skills, judgment and personal attributes (competencies) to practice safely and ethically in the specialty of gastroenterology. This helps you to focus on the most appropriate and effective learning activities that you choose and list toward the renewal of your CNA certification credential. This exercise will also help you as you plan your information necessary for your continuing competence information that you

have to submit to maintain your RN license. Pre-authorization from CNA of the CL activities is not required.

CNA has focused on streamlining the renewal process as much as possible so that it is a relatively easy process for candidates to complete. Approximately six to eight months before your credential expires, you will receive a call or an e-mail from CNA certification staff reminding you about your renewal. You will also receive all necessary documentation by mail.

So sit back and think of all of the wonderful learning opportunities that you have in your professional career and enjoy each and every one of them. You may choose unit inservices, grand rounds, conferences, seminars, lectures, academic courses, certificate courses, participating as a preceptor or mentor – all of these and more are wonderful choices that serve to enhance your lifelong learning and at the same time count toward the renewal of your national nursing specialty credential. Remember – you worked really hard to earn that gold pin and the nursing specialty credential that goes along with it – you want to keep it!

Here is an example of a record that you might want to consider as you keep track of your CL activities

CL activity	Sponsor	Date	# hours	Competencies
2006 CSGNA conference	CSGNA	15/16 Sept/06 2 days	2x6hr=12 hrs	Unit 5.2 Ethics Unit 3.1B Diagnostic test Unit 4.6 Care of GI patient
GI bleed Banding	Dr Smith	10/10/06	2 hours	Unit 3.3a Therapeutic procedure
A&P Biliary system: Review	Dr Gregoire	3/3/06	1 hour	Unit 1.3f Anatomy,Physiology&Pathophysiology

Thank You to the Faculty for an Outstanding Program

Russ Down
Registered Clinical Exercise Physiologist



Margaret Farley
RN, CDE

Jo Harbaugh
BC, RN, CGRN

Sarah Harndun RN,
Nurse Endoscopist

Dr. G Kaban MD,
FRCPC



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Executive Director CNPS



Dr. K Menon MD,
FRCPC

Dr. G Monkewich MD,
FRCPC

Leslie Anne Patry RN
BScN MScN



Clostridium difficile

Written by: Dr Sharma

Endoscopist at St Mary's General Hospital
Kitchner, ON

Clostridium difficile is an anaerobic bacteria that is widely prevalent in our environment. It is relatively difficult to isolate, hence the name 'difficile'. It was first described in 1935 by Hall and O'toole who were describing the acquisition of normal bacterial flora in healthy newborns. Infants colonizing with this bacteria, did not develop any symptoms, therefore it was presumed to be a normal commensal. In 1978 it was recognized that a toxin found in patients with antibiotic-associated pseudo-membranous colitis was produced by *C.difficile*. It is now one of the most common hospital-acquired infections and often leads to significant morbidity and mortality.

Pathophysiology – *C.difficile* carriage rates in healthy adults is very low (0-3%). The disease causation requires (1) alteration of colonic microflora (2) oral ingestion of *C.difficile* bacteria or spores (3) toxin release in the intestinal lumen. The most important risk factor for alteration of colonic microflora is the use of antibiotics. Almost all antibiotics (including Vancomycin and Metronidazole, which are used to treat *C.difficile*) can cause such alteration. The elderly, debilitated patients, extremely severe illness, cancer patients and dialysis patients are more susceptible to such infections. Hospitalization is a major source of infection. Hospitalized patients treated with antibiotics have colonization rates of 15-21%. In one study, *C.difficile* was acquired in 3.2 days by patients who shared a room with a *C.difficile* positive roommate compared to 18.9 days by patients in single rooms or with roommates with culture negative patients. *C.difficile* was cultured from the hands of 59% of hospital workers caring for patients with positive cultures. *C.difficile* can be cultured from bedrails, toilets,

floors, call buttons, door knobs and other surfaces of the patient's rooms. *C.difficile* diarrhea and colitis is caused by the toxins and not by the bacterial colonization alone. Pathogenic strains of *C. difficile* produce two structurally similar protein exotoxins, toxin A and B, which are the main virulence factor of this organism.

Clinical Presentation – *C. difficile* infection causes a spectrum of presentations in susceptible hosts, from asymptomatic carrier state to severe fulminant disease. This is likely related to a variety of factors including the strains of bacteria, and host factors such as presence or absence of colonic receptors for the toxin, the concentration of specific antitoxin antibodies in the blood and intestinal secretions.

Approximately two thirds of the infected hospitalized patients are asymptomatic. Although clinically not recognized, these patients provide a reservoir of continued contamination of the hospital environment. Neonates may colonize and produce toxin, yet may not have symptomatic disease. Antibiotic associated diarrhea without colitis is a common presentation. Diarrhea is usually mild, fever and leucocytosis is mild or absent. Diarrhea usually resolves when the antibiotic is discontinued. More serious infection may cause diarrhea with pain, nausea, anorexia, fever, dehydration and leucocytosis. In more advanced cases, pseudomembranes may be seen on sigmoidoscopy. Fulminant cases may present with toxic megacolon, bowel perforation and prolonged ileus.

Atypical cases can present with a long latency between the use of antibiotic and onset of diarrhea or occasionally with no history of antibiotic use. It may present as an exacerbation of IBD.

Diagnosis – The diagnosis is established by detection of *C.difficile* toxin in the stool of symptomatic patients. It can be done by bioassay which is more expensive and labor-intensive or by a simpler and quicker method of immunoassay. ELISA-based immunoassays are often based upon detection of toxin A. Some patients may be infected with strains that are negative for toxin A, but produce toxin B or with a mutation of toxin A. In these cases the immunoassay may be negative, but bioassay tests will still be positive. So, if the cytotoxicity immunoassay is negative but *C.difficile* is clinically suspected, bioassay should be done. Stool cultures are generally not useful. Sigmoidoscopy or colonoscopy is generally not recommended, but in specific situations can provide a quick diagnosis. Presence of pseudomembranes is very diagnostic. Histologically typical "volcano" lesions are seen. CT scan may be helpful in very sick patients in determining the severity of illness and microperforations.

Management –

1. Discontinue the antibiotics if possible. Diarrhea resolves in 15-25% of patients without specific anti *C.difficile* therapy.
2. Provide supportive therapy, fluids, electrolytes, nutritional support.
3. Avoid anti-diarrhoeal medications, including narcotic analgesics.
4. Confirm the diagnosis.
5. Prescribe specific therapy if symptoms are severe or persistent – Metronidazole orally 250-500 mg tid to qid is the drug of choice.
6. Vancomycin orally 125-500 mg qid if colitis is severe, diarrhea does not improve during Metronidazole treatment, patient cannot tolerate Metronidazole, patient is pregnant or is under 10 years of age.

7. If patient cannot tolerate oral therapy, give Metronidazole 500 mg intravenously every 6 hours.
8. Patients with toxic megacolon should be monitored in ICU with concurrent surgical follow up.

About 15-30 % of successfully treated patients develop recurrent *C.difficile* associated diarrhea. It may result from reinfection with either the same or different strain that caused the initial episode. Antibiotic resistance is seldom an important factor. Spore forms may be resistant to antibiotics. It has been speculated that spores in the colonic diverticuli may escape the normal cleansing action of diarrhea. Recurrences can be treated by repeating the same course of antibiotics or by use of prolonged or tapering and pulsed antibiotic courses.

Prevention – Practice guidelines for the prevention of *C.difficile* diarrhea as recommended by the American College of Gastroenterology, Practice Parameters Committee:

1. Limit the use of antimicrobial drugs.
2. Wash hands between contacts with all patients.
3. Use enteric (stool) isolation precautions for patients with *C.difficile* diarrhea.
4. Wear gloves when contacting patients with *C.difficile* diarrhea.
5. Disinfect objects contaminated with *C.difficile* with sodium hypochloride, alkaline glutaraldehyde, or ethylene oxide.
6. Educate the medical, nursing and other appropriate staff members about the disease and its epidemiology.

National Conference Perks

Hosting a national conference is no small feat. Anyone who has done it is well aware of it. However, I feel the payback is much more. Working as a member of an organizing committee allows you to meet new people and share ideas. It also encourages you to become organized and focused in your GI field outside of your hospital or city. This year in Regina the conference flavor was global with speakers from not only across Canada but also from the United States and England. Another perk is to network with others in your field and I include here not only nurses and physicians but also vendors. By hosting a conference the networking can also include visiting local GI units. Such was the case when a group of us went to the Regina General. My team leader and I were ecstatic when, Shannon Cote, the coordinator of the

Regina Hospital GI unit agreed to give us a guided tour of her unit. It was very timely for us as our new unit is presently under construction and the Regina General Hospital Endoscopy unit is 5 years young. We came away with some excellent ideas. Thank you Shannon! Another group toured the Pasqua Hospital GI unit with it's coordinator Lorie McGeough. Thank you to all the members of the Regina planning committee for a wonderful conference brimming with education, entertainment and hospitality. I look forward to visiting Halifax in 2007 and experiencing some more great GI moments!

Regards,
Nancy Campbell RN,CGN©
Past President CSGNA



Regina General Hospital Endoscopy Unit – Left to Right: Micheline Lafrance, Maryanne Dorais, Shannon Cote and Rachel Thibault Walsh.



Canadian Society of Gastroenterology Nurses & Associates

C/O EDUCATION CHAIR: MICHELE PAQUETTE, 501 SMYTH ROAD, OTTAWA, ON. K1H 8L6

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 **JUNE 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 _____



CSGNA EDUCATION COMMITTEE POINT SCORING SYSTEM FOR AWARDING SCHOLARSHIPS

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

REVISED September 2002

M. Paquette, Education Director

Recommended Guidelines for Documentation in the Endoscopy Setting

Background

The information contained in this document pertains to both inpatient and outpatient settings. Each endoscopy setting is unique; therefore the guideline will provide information that is easily adaptable and includes documentation for three components: Assessment, Procedure and Post-Procedure. The intent is not to provide a specific documentation form, but to provide information and criteria that can be selected in formulating an individualized document that will meet the requirements of the institutional policy and to the endoscopy setting. Policies for documentation are a minimal expectation.

Documentation Purpose:

1. To facilitate communication of client health information.
The health record facilitates communication by making information about the client available in a permanent form, in order for all providers to have access to the record; consideration also needs to be given to storage and retrieval of the health care record.
2. To providing continuity of care.
The health record facilitates continuity of care by enabling nursing staff and other health care providers to use current and consistent data, problem statements, diagnosis, goals, and strategies. Documented information is useful to provide more systematic care and health teaching.
3. To demonstrate accountability.
Documentation in the health record demonstrates accountability. Nurses are accountable or responsible for the care they give.

Since records are considered to demonstrate the nurse's accountability, the record may be used to settle concerns or questions about the care that was given. Nursing documentation is normally readily admissible in legal proceedings. Facts documented at the time an event occurred are generally regarded to be more credible than an oral account of events from memory.

4. To meet professional and legal standards.
To keep accurate records is a nursing requirement for professional practice according to the generally accepted standards of nursing practice. Nurses must consult legislation related to their area of work and employment setting in order to identify and meet more specific requirements. Nurses who work in an independent practice have additional need for storage and retrieval of documentation.
5. To provide quality assurance.
Documentation is often an integral part of quality assurance mechanisms to evaluate the quality of care. Whenever records are reviewed as part of quality assurance, it is assumed that quality of care is reflected in the documentation.
6. To facilitate research.
The health record can be a valuable source of data for health research. From a nursing perspective the health record can be used to assess nursing intervention and evaluate patient outcomes, as well as identify care and documentation issues. Accurate recorded information is essential to provide accurate research data.

Principles of Documentation

Documenting care is an integral part of giving care.

Nursing Documentation should include evidence of the following:

- ❖ Assessment of the patient's health status, including identification of problem/strength statements or nursing diagnosis.
- ❖ Development of a plan of care.
- ❖ Implementation of the plan.
- ❖ Evaluation of nursing strategies and patient outcomes.

It is important for nurses to document actions in carrying out both their independent and interdependent roles. For example, documentation of social interaction and health teaching is as important as documentation of medication administration.

The health record is a vital communication link between health-care providers. For this reason, it is important that relevant information exchanged between professionals is documented. For example in a phone exchange between nurse and doctor, the nurse should record the information reported to, and the response from the physician.

Documentation practices must be consistent.

Current and accessible policies are needed to facilitate consistent documentation. Following the policies of the institution is a minimal expectation in documenting care given. Nurses must ensure that they understand existing policies and advocate for improvements as deemed necessary.

Nursing records must contain at minimum:

- ❖ The name and address of the patient, the location in which care was given, the date and time of the interaction and the time of recording.
- ❖ The subjective and objective data obtained on assessment and the nursing diagnosis or clinical judgment made.
- ❖ Outcomes, results, and observations of the care provided.

Forms should facilitate the documentation.

Forms provide a framework to guide documentation. In endoscopy one of the most common forms for documentation is the flow sheet. Flow sheets can be helpful to document routine and frequently needed information accurately and concisely. When documenting on the flow sheet it is advised that nurses put their initial rather than a tick mark for accountability in giving that care. Space needs to be available so that each care provider can be identified. Flow sheets are part of the permanent record and are legally recognized, however the use of flow sheets does not eliminate the need for other documentation. The patient's acuity is the leading factor in how much charting is done. Documentation is not to be a rambling narrative but an accurate concise account of events.

Records are written by the person who saw the event or performed the action.

Individual health care institutions may have policies in place that identify those individuals who may or may not document on the client's record. The policy may require that RN's document observations and actions of other care providers such as health care aides or techs. In this case, ensure that records are clear so that those reading the record will know who saw the occurrence or performed the action, and who did the documenting.

The closer to the event the record is made, the greater the credibility.

Nursing standards state that "the nurse documents and updates all information as soon as possible without compromising client safety". The longer the interval between the event and the documentation the less credible the information may be.

Entries are in chronological order.

Entries written chronologically present a clear picture of events.

For example: If on occasion entries must be out of chronological order, document both the time of documentation and the time the event occurred. An example of this is charting after the clinic is done or after an unstable patient has been stabilized.

Abbreviations are in general use and uniform.

Abbreviations must be consistent so that they mean the same thing to all persons reading the record. Consistent abbreviations mean consistent care. Abbreviations should be kept to a minimum and a list of acceptable abbreviations should be available.

The date, time, signature, and designation are included for every entry.

Records are accurate, true, complete, clear, concise, legible and in ink.

Documentation is confidential and can be retrieved.

Assessment Phase

An age-specific patient assessment is performed and documented by the registered nurse. The assessment factors should include physical, psychosocial, current medications, treatment, and previous medical/surgical, anaesthetic and drug history. Review of the patient's symptoms and history will supply any pertinent information to be documented, e.g. pacemaker, COPD, hepatitis etc. All documentation must include time of performance and name of person performing the assessment or intervention. The frequency of assess-

ment is determined by institutional/departmental policy, the patient condition, the physician and/or the Registered Nurse. Minimal documentation requirements are as follows:

1. Patient's name, birth date, age, phone number, name of contact person with phone number, and hospital number
2. Time of arrival.
3. Time of assessment.
4. Patient stated reason for procedure, procedure and name of physician to perform procedure.
5. Patient/family teaching, including discharge criteria.
6. Baseline vital signs.
7. Warmth, dryness and colour of skin.
8. NPO status.
9. Bowel prep compliance (if applicable).
10. Current medications and time of last dose.
11. Allergies to foods or medications.
12. Presence of removable dental appliances, loose teeth, glasses, hearing aids
13. Presence of prosthetic devices (e.g. artificial hip, heart valves)
14. Physical disabilities, asthma, sleep apnea, glaucoma, diabetes (type I or II), heart disease, history of stroke, hepatitis, previous surgeries.
15. Intravenous line, type, site, inserted by, rate, or presence of saline or heparin lock.
16. Lab results (if applicable).
17. Pre-procedure pain.
18. Patient concerns.
19. Emotional status
20. Admitting nurse's signature.

Procedure Phase

1. Minimal monitoring includes BP, Heart rate, ECG monitoring where indicated, respiratory rate and effort, pulse oximetry, level of consciousness, warmth and dryness of skin, and level of comfort.
2. Procedure performed.
3. Physician, nurse and support staff involved in the procedure.

4. Name, dosage of all drugs used including oxygen (time, route of administration and by whom) and patient's response.
5. Type and amount of all fluids administered.
6. Equipment.
 - ❖ Scope including serial #.
 - ❖ Dilators: make and size.
 - ❖ Ligation bands, clips, sclerotherapy needle, biopsy forcep.
 - ❖ Cautery including # of machine setting of cut and coagulation, pad placement, irrigating system identifying number; skin condition pre and post procedure.
7. Unusual events, interventions and outcomes. Names of people present in the room including sales reps; family members or students.
8. Patient status at end of procedure.
9. Specimens obtained and disposition.
10. Signature of procedure nurse.
9. Discharge instructions given to outpatient and/or patient's family and comprehension of instructions- signed by person responsible for patient.
10. Discharge criteria applied.
11. Time of discharge.
12. Signature of discharge nurses and designation.

Disclaimer

This outline is based on current understanding and practice. Each gastrointestinal/ endoscopy unit is responsible for establishing its own documentation guidelines, for the purpose of providing patient care, demonstrating accountability, communicating, providing quality assurance and meeting professional and legal standards. The CSGNA assumes no responsibility for the practices or for the policies and practices of any Endoscopy Unit.

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Post-Procedure Phase

1. Time of arrival in post-procedure area
2. Vital signs (TPR, BP, pulse oximetry), level of consciousness, level of comfort, colour, warmth and dryness of skin.
3. Name dosage of all drugs (time, route of administration and by whom), oxygen and patient response.
4. IV fluids administered or discontinued including blood and blood products.
5. Unusual events, intervention and outcomes. Names of people present in the room including sales reps; family members or students.
6. Abdominal assessment/pulmonary assessment.
7. Mode of transportation for discharge.
8. Person responsible for patient at discharge i.e. (wife, son, significant other)



BOOK REVIEW

Netter's Gastroenterology Editor Martin H. Floch 2005. 852 pages.

Publisher, Icon Learning Systems LLC. Written by experts in the field of Gastroenterology and edited by Martin H. Floch, MD, founding editor of the Journal of Clinical Gastroenterology.

This comprehensive book makes an excellent reference for gastroenterology questions. Divided into 10 sections corresponding with the organs of the GI system, it provides detailed information on anatomy and physiology, and concise descriptions of major diseases and conditions. Each chapter has key information and includes illustrations by the late Dr. Frank Netter whose valuable work you have seen displayed on teaching posters in doctors' offices.

Each chapter is 2-4 pages long, and deals with one aspect of A & P, or one condition and includes clinical picture, diagnosis, treatment and management, and course and prognosis. From Achalasia to Zenker Diverticulum, it is all there.

I found this gem in our hospital library and recommend it as an excellent resource.

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Joanne Glen R.N. CGN(C)
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Time



Had



By



All



Synopsis of the Canadian Nurses Association Meeting

JUNE 18-21, 2006

SASKATOON, SK.

The evolution of a new liaison with the Canadian Nurses Association (CNA) and CSGNA has fostered our participation in our national organization. The CNA meeting is held every two years in June and as this precedes our succession of President-Elect to President in even years, attendance by the President-Elect seemed logical. I had the privilege of representing CSGNA at the CNA 2006 Biennial Convention "Advancing Technology and Preserving Caring in Nursing". Over 1000 nurses from all provinces and territories plus several international representatives attended. Under the title Associate, Affiliate and Emerging Groups (AAEs), CNA has recognized specialties under which CSGNA is included. Each of these groups has from 50 to over 2000 members nationally. These specialties are diverse and include not only the 17 with CNA Certification status but also Holistic Nurses, Nursing Students, Burn Nurses, Nursing Research Nurses, Nurses Interested in Ethics, Nursing Continence Advisors, Aboriginal Nurses, Nurses in AIDS Care, and Rural and Remote Nurses to name some of the others. As an incentive to attend this meeting, CNA provided one complimentary registration to each of these groups. Mutual concerns such as member retention, utilization of resources, dissemination of information, provision of the most current literature support, and best practices in a specialty were common and this was an excellent opportunity for networking.

The conference theme was presented through individual speakers and plenary sessions, optional (breakout) sessions, and panel discussions were utilized to address various aspects of this subject. Emphasis was made throughout the convention that Saskatchewan was the home of Tommy Douglas and Medicare and that CNA supports equal access

to care for all Canadians. CNA has looked at wait times and actively supports Nurse Practitioners to work to full scope of practice and improve access to care in a variety of healthcare settings. Poster presentations were diverse in their content covering subjects from 'Collaborative Practices in Rural, Remote and Isolated Regions: The Contribution Made by Nurses' to 'Enhancing Cultural Competence for Nursing Students in Nunavut: An Application of Inuit Knowledge in Nursing Practice' to 'Intimate Partner Violence and the Balance Between Self-disclosure and Safety in the Life of Immigrant Women: What Nurses Need to Know...'

Your elected Board views this relationship as an opportunity to promote gastroenterology nursing, raise our profile on a national scale, and provide educational resources to CSGNA members who are also CNA members through the nursing information portal, NurseOne. We welcome feedback from our membership on how we can develop this relationship to its full potential.

Respectfully Submitted,
Debbie Taggart RN, BN, CGRN, CGN(C)
President

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



Canadian Society of Gastroenterology Nurses & Associates

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, Master etc.) specialty certification, any publication, presentation, unit contributions

Nominations must be submitted to CSGNA Education Director by March 15, 2007.

M.Paquette 501 Smyth Road, Ottawa, Ontario K1H 8L6 or fax at 613-737-8385 or by e-mail to mpaquette@ottawahospital.on.ca (upon request a nomination form can be emailed to you)





Canadian Society of Gastroenterology Nurses & Associates

The GI Professional Nursing Award

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 specialty 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 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 CSGNA Education Director by March 15, 2007.

M.Paquette CGRN, CGN(C) 501 Smyth Road, Ottawa, Ontario K1H 8L6 or fax at 613-737-8385 or e-mail at mpaquette@ottawahospital.on.ca (a nomination form can be sent upon request)



Canadian Society of Gastroenterology Nurses & Associates

C/O EDUCATION CHAIR: MICHELE PAQUETTE, 501 SMYTH ROAD, OTTAWA, ON. K1H 8L6

APPLICATION FORM FOR CSGNA ANNUAL SCHOLARSHIP AWARD

The Annual National Conference award of \$1,000.00 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 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 _____



Canadian Society of Gastroenterology Nurses & Associates

The SciCan Educational Scholarship

SciCan, in conjunction with the CSGNA, is pleased to again offer the annual educational scholarship in the amount of \$1500, to be awarded to a member of the CSGNA for use in attending the National CSGNA conference (conference registration, hotel, flights, meals, etc.). The award will go to a person who has made a significant contribution to GI advancement and education in her/his hospital or community.

In order to encourage applicants from all parts of Canada, each CSGNA Chapter will be asked to submit one qualified candidate for the SciCan Educational Scholarship. The choice of a candidate to submit rests with each Chapter. The application should consist of a one-page description of the candidate's contributions to endoscopy in the region. All other selection criteria that pertain to CSGNA educational awards apply. *Applications should be sent to the Education Director of the CSGNA by May 31st of each year.* Her address can be found on the back page of The Guiding Light.

Choosing a winner from among the seventeen candidates will not be an easy task! We expect that the caliber of appli-

cants will be very high, and neither SciCan nor the CSGNA executive believes that they we should stand in judgment of the applicants and deem that one are more deserving than the others. Therefore, assuming that the seventeen candidates all meet the criteria, a draw will be made for the winner. That person will be announced in the June/ July issue of The Guiding Light and will be presented a commemorative plaque at the CSGNA annual meeting. The winner's name and photograph will also be published on SciCan's website. Applications for this scholarship are due May 31 each year.

SciCan is a Canadian manufacturer and distributor of medical and dental products. Our medical products in Canada include the Innova endoscope washer-disinfector, Statim sterilizer, Fujinon endoscopy systems, US Endoscopy endoscopic accessories, Mediscan endoscope transport systems, SciCan endoscope storage cabinets and Medisafe instrument cleaners. SciCan is pleased to support the CSGNA and its goal of keeping its members abreast of developments in the field of Gastroenterology. We are privileged to work with such a dedicated, professional and fun-loving group of people.

To all CSGNA chapters,

I am writing to request that each Chapter submit an abstract for the Halifax conference in 2007. The deadline for submitting the abstract is June 1, 2007.

I encourage you to submit an abstract because the process is very rewarding.

Share with us what you do in your units. The topics are endless. You could select a research project, an audit, a new procedure, CQI project, etc.... I look forward to your submission.

Michele Paquette

Submission:

Abstracts must include identification of area(s) of focus (background information); a description of the problem or issue; discussion of planning, implementation, evaluation; how your issue promoted health care outcomes or professional development in your area

Cover Sheet

Please complete a cover sheet and submit with your abstract. The cover sheet must 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.

Format

Your typed abstract should not exceed one standard letter size sheet of paper, double-spaced, with one-inch margins and standard 12 fonts.

The title, authors, objective, description, and conclusion should appear on the abstract. This abstract will be included as part of the course syllabus.

Please fax or e-mail your cover sheet and abstract in Microsoft Word or word perfect format.

Other Information

All authors are responsible for any expenses incurred in preparing and presenting their poster (including registration and travel expenses).

Selection Process

A blind review and selection will be made by the Abstract Review Subcommittee of the Conference Planning Committee.

Selection criteria include relevance to conference, clarity, impact on gastroenterology nurses and associates, or impact on patient outcomes.

Selected abstracts will be developed into presentation format by the authors. Oral presentations will be delivered during a free paper session. Posters will be displayed in a prominent location at the conference. A 30 minute time period will be designated for the authors to discuss the poster and answer questions that delegates may have.



Canadian Society of Gastroenterology Nurses & Associates

C/O EDUCATION CHAIR: MICHELE PAQUETTE, 501 SMYTH ROAD, OTTAWA, ON. K1H 8L6

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 each, to be used for travel to the Annual CDDW Annual meeting.

ELIGIBILITY:

1. Current active member of CSGNA for at least two years .
2. Active supporter of CSGNA goals and objectives

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION:

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

PRIZE APPLYING FOR: RESEARCH NURSE ENDOSCOPY NURSE

APPLICATION FORM AND SUBMISSIONS MUST BE RECEIVED BY THE EDUCATION CHAIR AT THE ABOVE ADDRESS BY **DEC 1 OF THE CURRENT YEAR. THEY WILL BE FORWARDED TO THE SECRETARY OF CAG FOR SELECTION.**

Name: _____

Circle all that apply: RN BScN BAN MSN CGN(C) OTHER _____

Home address: _____

City: _____ Prov: _____

Postal Code: _____ Telephone: _____

FAX: _____ E-mail : _____

Hospital/Employer: _____

Work address: _____

City: _____ Prov: _____

Postal Code: _____ Joined CSGNA in _____ (year).

Signature: _____ Date: _____



Canadian Society of Gastroenterology Nurses & Associates

CSGNA Membership ends May 31st each year

Karen Moricz c/o CAG National Office, 2902 South Sheridan Way, Oakville, ON L6J 7L6

MEMBERSHIP APPLICATION

(CHECK ONE)

ACTIVE \$50.00

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

AFFILIATE \$50.00

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

RETIRED \$25.00

Open to members not actively engaged in gastroenterology nursing practice.

LIFETIME MEMBERSHIP

Appointed by CSGNA Executive.

FORMULE D'APPLICATION

(COCHEZ UN)

ACTIVE 50,00\$

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 50,00\$

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

RETRAITÉ 25,00\$

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

IA

RPN/LPN

I AUX

TECH

TECH

OTHER ((EXPLAIN)

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

RÉNOUVELLEMENT

NEW

NOUVEAU

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

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

Gastric Antral Vascular Ectasia [GAVE]

A few months ago, our hospital in the Kitchener-Waterloo area purchased an argon plasma coagulator. The multi-function unit consists of an electrosurgical generator on a cart with APC, a foot pedal plus two tanks of argon gas and a water pump. It is a non-contact thermal method of hemostasis and delivers ionized argon gas that is sprayed from the tip of the probe in the direction of the target tissue. It is easy to set up and apply to multiple lesions or wide areas quickly and is safe to use due to the reduced depth of penetration. We have used APC in the endoscopy unit to treat GI bleeding lesions such as GAVE and radiation proctitis. The staff was very interested in gastric antral vascular ectasia and what causes it. I went to the library and obtained some articles on the disease to find out more about it.

Gastric antral vascular ectasia is a rare but very interesting cause of GI bleeding and anemia. Most patients diagnosed are elderly and predominantly female. They usually present with iron deficiency anemia, GI blood loss and hemocult positive stools. Some patients present with intermittent melena and occasionally hematemesis, often requiring blood transfusions. Endoscopically, its appearance is characterized by prominent longitudinal rows of flat, reddish stripes radiating from the pylorus into the antrum which resemble stripes on a watermelon, hence the name 'watermelon stomach'. Currently, treatments consist of pharmacological, surgical or endoscopic

options.

Another common appearance is a honeycomb stomach which is characterized by coalescence of many angiodysplastic lesions in the antrum. A less common variety is a well demarcated round or mushroom shaped lesion formed by a tuft of ectatic blood vessels. It can be misinterpreted as hemorrhagic or severe gastritis. GAVE is usually a disease of the antrum but vascular ectasias may be seen in other areas of the stomach and duodenum. Sometimes, it is confused with portal hypertensive gastropathy associated with cirrhosis. GAVE is associated with cirrhosis in approximately 30% of cases. Patients with vascular ectasia often have diffuse or linear red spots located in the antrum and portal hypertensive gastropathy is typically more prominent in the fundus or corpus. GAVE does not respond to beta blockers or nitrates, which is the standard treatment for portal hypertensive gastropathy.

Diagnosis is based upon the endoscopic findings and confirmed with biopsy. Histopathology of watermelon stomach is characterized by vascular ectasia, spindle cell proliferation and fibrohyalinosis. Radiological tests are not useful for diagnosis. The etiology of the syndrome is unknown but it is often associated with other conditions, the most common being autoimmune disorders. The pathogenic mechanisms resulting in the antral stripes appearance seen endoscopically are unknown.

Treatment of gastric antral vascular ectasia has included the use of corticosteroids, hormonal therapy, octreotide, tranexamic acid, surgery and shunt procedures, endoscopic therapy-Nd:YAG laser, APC, heater probe, bipolar electro-cautery, Argon laser and sclerotherapy. Studies have shown variable success using these therapies to treat this condition. Corticosteroids were used especially in patients not suitable for surgery. Eleven patients were treated with oral steroids and six had complete resolution of bleeding. The mechanism by which steroids controlled the bleeding remains unclear. Hormonal therapy using estrogen and progesterone were used. It controlled the bleeding but did not change the endoscopic findings, the appearance of stripes or spots. In the study, four of the six patients had complete cessation of bleeding and reduction in transfusion requirements in all patients. Thus, if the therapy was stopped, bleeding would likely reoccur. Octreotide was successful in stopping the bleeding and/or decreasing the transfusion requirements in one out of three cases of watermelon stomach, probably due to the reduction of portal pressure in GAVE associated with cirrhosis. The surgical approach provides the most definitive therapy for GAVE but the majority of patients had co-morbid illness. Therefore, surgery had significant mortality and morbidity. Antrectomy should be limited to those who fail to respond to medical and endoscopic

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

**Leslie Bearss, Newsletter Editor.
Email lesliejoy@sasktel.net**

**CSGNA MEMBERSHIP FEES
ARE NOW \$50.00 PAYABLE
BY JUNE 1st.**

therapy. Laser has been effective treatment with often complete resolution of the disease. Six of eleven transfusion dependent patients treated with laser avoided further transfusions. APC used to treat seventeen patients with GAVE were treated with one to four sessions of argon and had resolution of anemia and bleeding in all patients. Heater probe has an increased risk of perforation than laser or APC. It is inferior to laser and APC because it can't cover a large surface area. Therefore, patients need multiple treatments. Sclerotherapy injections using absolute alcohol or polidocanol have been attempted. There was a reduction in transfusion requirements with absolute alcohol. Polidocanol with mono-polar electricity has been used successfully.

GAVE is a rare but important cause of occult upper GI bleeding, particularly in women. Current evidence favours endoscopic therapy using APC or laser as the primary therapy in active bleeding and chronic bleeding with anemia. Unfortunately, there are no randomized trials comparing the efficacy of endoscopic or pharmacological treatments.

In conclusion, we have treated six female GAVE patients using APC and have completely eradicated the lesions in all six patients. These patients required two to four sessions to achieve these results.

By Joan McKechnie

References:

1. S. Sebastian, C.A. O'Morain & M.J.M. Buckley. Review article: current therapeutic options of gastric antral vascular ectasia. *Aliment Pharmacol Ther* 2003; 18: 157-165.
2. Jonathan Cohen, MD. UpToDate 2006 APC in the management of gastrointestinal hemorrhage: Watermelon stomach/GAVE syndrome www.uptodate.com

Joan McKechnie is the Golden Horseshoe chapter president. She works in endoscopy at St Mary's General Hospital in Kitchner, ON.



CSGNA National Conference September 21-22 2007 Halifax, Nova Scotia

“Come See the Sea”

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