

cs^gna Guiding

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

LIGHT

NOVEMBER 2009 VOL. 18 #68

2009 GI PROFESSIONAL NURSING AWARD RECIPIENT MARIA CIRCOCCO

Ioan McKechnie and Lorraine Majcen nominated Maria Cirocco to receive the GI Professional Nursing Award, because of her extensive involvement and impact on the gastroenterology nursing field in Canada. The lists of her accomplishments are innumerable.

Maria has been directly involved in the gastroenterology specialty since 1984. She is presently the GI Research Manager at St Michael's Hospital in Toronto. She has her Masters of Arts degree and is a certified member in the specialty of gastroenterology. She is a member of CSGNA and has served as secretary, newsletter editor and president of the association. Maria is also a member of The Society

of International Gastroenterology Nurses and Endoscopy Associates (SIGNEA) and has served as its secretary from 1990 to 1994. She is also a member of the RNAO and served as the area chapter president from 1989 to 1991.

Her professional accomplishments are listed as follows: she co-presented a paper, *Developing a Conceptual Framework*, at the RNAO Annual convention in Toronto in April, 1986. In August, 1990, she presented *Nursing Research* at the SIGNEA third International Congress in Sydney Australia. In October, 1990, she co-presented a paper at High Tech Caring: An international conference for nurses on caring and technology in Montreal, called *Starting from Scratch, One Byte at a Time*. In February, 1992, she co-presented *Marketing Computer Changes: A Creative Approach at Quality of life: Taking Charge of Change*, in Calgary. In September, 2000, she presented *Treatment of Esophageal Malignancy*, at the 16th Annual CSGNA conference. In May, 2003, she presented at Ferrara Italy, *Competence in Gastroenterology Nursing – a Canadian Perspective*. In September, 2003, she presented *Endoluminal Treatment for GERD* at the 19th Annual CSGNA conference.

Maria also published, in 2007, *How Reflective Practice Improves Nurses Critical Thinking Ability*,

in the *Gastroenterology Nursing Journal*. She co-published *A pilot randomized control trial to reduce colorectal cancer risk markers associated with B- vitamin deficiency, insulin deficiency and colonic inflammation*, in 2005, in the *British Journal of Cancer*. In 2002, she co-published *Endoscopic Mucosal Resection (EMR) in The Guiding Light*. In 1989, she published *Specialization is a Nursing issue: a Canadian perspective*, in the *Gastroenterology Nursing Journal*.

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GI Prof. Nurse Maria Cirocco

In 2007, she served as an educational consultant for Olympus Canada, by assisting in the delivery of an infection control program related to reprocessing of endoscopic equipment and accessories. Maria has also been a member of the Gastroenterology Certification examination committee for the Canadian Nursing Association for several years.

Maria has proven her commitment to the field of gastroenterology by her ongoing involvement in its varied activities of continuing education. She has planned many of the conference programs over the years, including the CSGNA 25th anniversary annual conference. She is also a key player in planning the annual live endoscopy therapeutic course in conjunction with the physicians at St Michael's hospital. She is an excellent teacher and speaker, sharing her vast knowledge in the GI field with her many colleagues at other health care facilities. Her enthusiasm and



Maria Cirocco and Colleagues

boundless energy make her a true role model and mentor to all her associates and colleagues. Her encouragement and support in anything GI, is experienced by everyone who has had contact with her in the field.

We have been personally touched by Maria's enthusiastic spirit. She leaves you feeling better about

yourself and with the feeling that you want to aspire to be better and do better. She brings out the best in every one of us. It was because of her encouragement that many of the CSGNA members have written articles for the *Guiding Light* and completed abstracts and posters. She has a persuasive way that gives one the confidence to do what is positive in the field of GI. She portrays confidence and professionalism with a whole lot of fun mixed in.

In conclusion, we feel that it is most fitting to provide Maria with the acknowledgement and recognition for her contributions and accomplishments in the gastroenterology nursing specialty, by awarding her with the GI Professional Nursing Award. Congratulations Maria! ✨

REMINDER

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

**Future CSGNA[✨]
Conferences
EDMONTON, ALBERTA
September 30 – October 2, 2010
OTTAWA, ONTARIO
2011**

**Please contact me
about any comments
you may have about
this newsletter
or any ideas
for future issues.
Helga Sisson,
Newsletter Editor.
Email
hsisson99@rogers.com**

In the Spotlight

Orillia Soldiers Memorial Hospital

Heidi Furman, RN, BScN, CGN(C) – Treasurer Central Ontario Chapter

The Central Ontario Chapter of CSGNA is located, as the name suggests, between Newmarket to the south, Huntsville to the north, Lake Simcoe to the east, and Georgian Bay to the west. It was formed in 2002 and retains about 40 members. Education evenings are the preference and many nurses car pool to these meetings. One hospital in the chapter is Orillia Soldiers Memorial Hospital. Its community is located on Lake Couchiching and its population is 27,000. The catchment area, however, is much larger as the Orillia hospital is the regional dialysis centre.

In 2006, an addition opened up named the Community Tower where the new emergency, surgical suites, rehab, and mental health now call home. Endoscopy moved to be close to the surgical area and has a large procedure room and reprocessing area. The fluoroscopy room is next door for ERCP. Staffing consists of two permanent full-time RNS, one float RN, who also works in the OR, and part-time RNs who assist in preparation and recovery of patients. Endoscopy runs five days a week with four surgeons,

two internists and a respirologist. The daily list consists of between 14 to 20 procedures a day. The OR nurses take call after hours. The procedure room is staffed with rotating anesthetists providing propofol and /or other procedural sedation. In the event of an unusual case, there is an anesthetic machine in the room. Two RNs are recertified in gastroenterology nursing and most belong to the CSGNA. Future plans include sharing workload with day surgery staff, adding a surgeon/intensivist, and reverse osmosis water for its two Steris Reliance and two System One AER. ♦



T. Robson, Stewart Blackwell, Heidi Furman



Reprocessing Room



Endoscopy Suite

Synopsis of 2009 CSGNA Annual Meeting in Toronto

September 30 - October 4, 2009

- 1. REVIEW AND ADOPTION OF AGENDA:** After being reviewed, a motion was passed to adopt the agenda.
 - 2. REPORTS:** Reports from each board member were circulated prior to the face to face meeting. These were reviewed by each board member prior to the meeting. Overall, the majority of chapters are doing well. However, there were some concerns raised by the directors about some chapters not meeting the chapter educational requirements. The directors also experienced difficulty contacting the chapter executives to obtain a chapter report. Multiple attempts were made by the directors to contact the chapter executive to obtain a report regarding chapter activities. A decision was made by the board to send a letter to those chapters whose chapter activities are uncertain. In the future, according to the bylaws, the chapter charters may not be given or the chapter may be revoked if chapter performance is questionable.
 - 3. TREASURER:** We need to know the exact cost of the annual conference; therefore, a new bank account was opened. The conference costs need to come from conference registration fees. At the present time, in order to keep the conference registration affordable for the members and with the rising cost of amenities, food and insurance, the association is barely able to break even with the annual conference. This year has also been very challenging for the planning committee to acquire sponsorship money. In order to get a true reflection of the conference cost, the costs incurred for the national board to attend the annual conference and the chapter luncheon was also taken out of the operating budget instead of from the conference expenses. It is also important to note any surplus money from the conference assists with the annual operation of CSGNA.
 - 4. BYLAWS:** This year 55 ballots were returned which was slightly better than last year. All the amended bylaws were passed. A motion to destroy the ballot was made by Audrey Pennycook and seconded by Corrie Forbes.
 - 5. NEWSLETTER AND WEBSITE:** We have chosen BIZZONE as the new company to develop the website. We are really excited about the new website features, which include easy access, online membership renewal, bank account for easy payment and access to information about education events offered across the country. In addition, we will also have a member's only access to standards of practice, statements and other educational material. In an attempt to save cost, we are also looking at ways to improve the delivery of the newsletter once the website is fully functional.
 - 6. EDUCATION:** CSGNA members have done very well this year. 25 members wrote the GI certification exam, making the total GI certified nurse across the country 231. The Canadian Nurses Association is very pleased with the GI recertification rate of 66%. The deadline for recertification this year is November 17, 2009.
- At the local level, the chapters are encouraging members to obtain GI certification by offering door prices to cover the cost of registration for GI certification. We are looking at purchasing educational material for online learning. The new website will be able to support the online learning. SGNA wants to assist CSGNA members to access SGNA educational material by offering a 25% discount rate. They have provided sample copies of the position statements, reprocessing guide and Core Curriculum for our members to view prior to purchasing. Copies will be available to view at the CSGNA booth. The publishers of the Gastroenterology Nursing Journal (GNJ) have offered a proposal to CSGNA to trial GNJ for one year. The CSGNA board has accepted this proposal. As a result of this agreement, all active CSGNA members will receive GNJ starting January 2010.
- 8. CHAPTER OF THE YEAR AWARD:** This year three chapters applied for the chapter of the year award. The winner of this award was the Kamloops chapter.
 - 9. 2009 TORONTO CONFERENCE:** Overall, everyone was pleased with the conference, liked the venue and the program. Evaluation forms will be reviewed in detail, however, a comment was made to have breakfast included instead of the morning coffee. Having the conference co-chaired worked very well. There was someone always available to make decisions. The planning committee was well

organized weeks leading up to the conference and during the conference. Maria Cirocco did a phenomenal job with getting so many posters and organizing the oral poster presentation session. It was an excellent idea to have the Drum Café start the day off.

10. CHAPTER LUNCHEON MEETING OCTOBER 1, 2009: This year's meeting was a very informal. Attendees were strategically seated to provide networking opportunities. Each chapter executive who attended the chapter dinner received a CSGNA water bottle.

11. EXECUTIVE POSITIONS UP FOR RENEWAL NEXT YEAR (2010):

- Research and Awards director
- Newsletter and Website director
- Practice director
- Public Relation director
- President Elect
- Canada Centre director

12. EDMONTON CONFERENCE 2010: The Conference dates are September 30 to October 2, 2010. The conference will be chaired by Yvonne Verklan and co-chaired by Judy Langner.

13. UPCOMING CSGNA MEETING:

A teleconference meeting will be held November 24, 2009 and a one day spring face to face meeting will be held in Toronto in conjunction with the Canadian Digestive Disease Week at the end of February 2010.

Respectfully submitted by
Usha Chauhan
CSGNA Secretary ♦

President's Message

As we celebrate 25 years of supporting gastroenterology nursing and our association moves forward with plans to grow and support our expanding practice, we have a unique situation at the National Board. Unlike last year when we welcomed five new Board members, this year we have no changes at the national level. While it is unusual to not have a new face around the table, we are in the position where all directors are continuing with the projects and developments that they have been working on for the last year.

We have realigned many of the board positions to allow our directors to focus on desired areas of growth. This allowed the demands of our positions to be evened out since a few roles were very demanding, while others were less. We identified areas that needed more dedicated attention and areas that needed more support so we could ensure growth.

Education to our membership is one of the areas identified where its growth needed to be a priority.

Education Director, Maryanne Dorais, is focused on securing educational opportunities for our membership, since we have received a number of offers to support our membership's educational opportunities from outside our association.

We are committed to provide our membership with support, and the *New Member Package* was developed last year to introduce our association to those joining us. The *Chapter Package* was reviewed and updated to support our chapter executive as they provide local leadership to our members. Both of these projects have been added to the portfolios of regional board directors who will continue to review and revise them where necessary to keep them current and valid.

We are in the process of reviewing our scholarships and awards to streamline the application process. We have received feedback regarding the scoring system that is in place for our annual scholarships, and this will be revised

before applications for next year's conference are due.

This year again, I'd like to thank all of our members who put their names forward to participate on board committees. The chairpersons of these committees will contact those who volunteered and will share the plans for your participation. We need the contribution of our members so that our association is reflective of our membership.

On the heels of a very successful annual conference in Toronto, the Edmonton planning committee has our 2010 event plans well under way. The committee has innovative ideas and topics to build on the diverse program Toronto provided and enrich all areas of gastroenterology practice that will support our entire membership. I look forward to an exceptional educational event!

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

REPORTS

PRESIDENT-ELECT REPORT

Bylaw Ballot Results

Fifty-five ballots were received. All bylaws were passed. Three respondents disagreed with decreasing the size of the conference planning committee.

AAE Report (Associate, Affiliate and Emerging Groups of the Canadian Nurses Association)

A conference call was held on September 15, 2009, in conjunction with the NurseONE portal. All AAE reports and communication will now be posted on the AAE section, which will be available to the designate of each AAE. The plan is to eventually have all forms and payment done online.

The first edition of the Canadian Nurses Associations (CNA) e-newsletter was launched in September and was forwarded to our membership by our executive assistant. Webinars are being advertised and registration is available on the banner. These include, *Improving Nurses' Work Environments*, being held on October 7, 2009, and *Nurse Fatigue*, being held on November 7, 2009.

There is no cost to members to attend and CNA is hoping to archive these so people can watch at a later date.

The next AAE conference call will be held November 10, 2009.

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

CANADA WEST DIRECTOR REPORT

Manitoba Chapter

Chapter President, Sue Drysdale, reports that the May, 2009 conference was a huge success with excellent evaluations from both the attendees and the vendor representatives. The Manitoba

Chapter is again very busy planning the coming term. The Chapter held the first face-to-face journal club meeting of the year on September 23, 2009, at the Grace General Hospital. The members reviewed articles on GIST tumours in preparation for the first chapter presentation. Articles included one that was presented by Jennette McCalla, as well as one article from the Up-to-Date program entitled *Epidemiology, classification, clinical presentation, and diagnostic work-up of gastrointestinal mesenchymal neoplasms including GIST*. Thanks to Jennette for hosting and presenting at the meeting.

Four chapter members attended the national CSGNA conference in Toronto and everyone was impressed by the professional calibre of the content. Chapter President, Sue Drysdale, represented the chapter by presenting a poster and a talk on research on *Upper Extremity Injuries in Endoscopy Nurses Working in Canada*. A special thanks to the chapter members for their support.

The first chapter meeting was held on October 8, 2009, at the CRNM building in Winnipeg and the guest speaker was surgeon Dr. D. Inglis, who presented on GIST tumours. Thanks to Jennette McCalla for arranging the speaker who provided us all with very useful information. Our thanks to chapter member, Cathy Schlosser, who provided lunch for the members. A life-time membership and the *No Guts, No Glory Award* was presented to Margaret Percival (in absentia) in honour of her vision as the pioneer who started our chapter. The members had a very interactive business meeting during which plans were started for future speakers and a spring conference in Winnipeg.

The chapter has reinstated the presentation of a door prize comprised of a free membership for the next membership year. This door prize will be presented at each chapter meeting. Bev Brown won the prize for this meeting.

The chapter is arranging an evening session for the members to re-certify in CPR. At least ten members who were present at the meeting require this certification and committed to this activity.

The next conference will be the Regina GI Days Educational Event. Sue Drysdale, Anita Coleman and Joyce VanWynsberghe will attend the conference on October 16, 2009, at the Wascana Rehabilitation Centre in Regina. Nurses in Brandon have also been sent an invitation.

Confirmed future chapter meeting dates include Thursday, November 5, 2009 at CRNM Bldg hosted by SBGH and Tuesday, December 8, 2009 at CRNM Bldg hosted by the Manitoba Clinic. Tentative dates for meetings include Thursday, February 4, 2010, at CRNM Bldg hosted by VGH, Thursday, April 8, 2010 at CRNM Bldg hosted by Seven Oaks and Saturday, June 5, 2010, the Manitoba Chapter Annual Conference.

Journal meetings will be held Thursday, November 12, 2009, at SBGH, Wednesday, December 16, 2009, venue to be announced, Wednesday, February 10, 2010 at Victoria General and Wednesday, April 14, 2010 at Seven Oaks.

There has again been change in membership related to job changes and the chapter hopes to encourage membership by supporting our members with educational tools and local chapter scholarships. We are sad to hear that our treasurer, Chris Wanlin, will no longer be able to fulfill her obligations to the chapter since she has retired

from GI nursing. We congratulate Chris and thank her profusely for the huge contribution she made to the chapter while she served on the executive. We welcome Donna Lagimodiere as our new treasurer. Donna is experienced in management as a leader and active endoscopy nurse and we are happy to have her on the executive.

Regina Chapter

Chapter President, Connie Bender, reports that the first chapter meeting was held Tuesday, September 15, 2009. The chapter plans to have at least four meetings this coming year. They also plan to continue holding their journal club meetings.

The Regina Chapter has been busy preparing for our annual GI Day on Friday, October 16, 2009. It will be an interesting day as we have some excellent presenters. Eight nurses from the two hospitals attended the Toronto conference, which was very educational and lots of fun. Thanks to the planning committee for a great job. We had trouble choosing from the many sessions as they were all good. It was a great opportunity for our three young grads that attended, as they were able to see the future in endoscopy. They also learned that endoscopy nurses know how to have fun. Thanks again Toronto.

Alberta Southwest Regional Chapter

Chapter President, Barb Harbers, reports that the newly formed chapter has fifteen members and they are still actively recruiting from the surrounding areas. Chapter executive consists of President, Barb Harbers, RN, BN, CGN(C), Secretary, Corrie Forbes, RN, CGN(C) and Treasurer, Merrill Wight, RN, CGN(C). The geographical boundaries for this new chapter are Taber west to the Alberta-British

Columbia border and Lethbridge south to USA border.

We have begun planning our first educational session to be held on November 19, 2009. It will be an evening session with a one hour presentation on Colon Cancer Screening. More information will be forthcoming. Thank you very much for accepting us as the new chapter in Alberta.

Central Alberta Chapter

Chapter President, Audrey Pennycook, reports that the executive will remain the same for another year. Since our all-day conference in April, we have had an educational dinner with Kim Peek from Olympus. There, she reviewed the use of the poly loop and quick clip device. Our chapter also set up an information table for GI Nurses day during Nurses week. There was lots of interest and positive comments.

On October 20, 2009, the chapter is having Dr. Dube, of Calgary, come and talk with the endoscopy staff about the Endoscopy Global Rating Scale (GRS). We are also looking into having a drop-in session on the care of PEG tubes for the Red Deer Regional Hospital. We are going ahead with another all-day conference on April 25, 2010. The theme and topics will be announced at a later date.

Our next chapter dinner meeting will be November 9, 2009 at 1800 hours on the second floor of the new south complex at the Red Deer Regional Hospital.

Calgary Chapter

Chapter President, Connie Wescott, reports that the chapters' new secretary is Michelle Laroque at the PLC GI Unit, email michelle.laroque@albertahealthservices.ca. The chapter's fall education day

is on November 7, 2009, 0730-1600 at the Rockyview General Hospital Room 10301. Topics include pancreatic cancer, diarrhea, transitioning from the pediatric to adult gastroenterology world, obesity and colon cancer; is there a connection? and CF in the GI tract. Brochures and posters should be out by the first week of October. The chapter's spring education day is tentatively planned for March 27, 2010, at the Alberta Children's Hospital Auditorium. The Calgary Chapter encourages members to apply for a possible conference bonus if they attended the CSGNA Conference in Toronto.

Edmonton Chapter

Chapter President, Yvonne Verklan, reports that Edmonton took the summer off and returned to this membership year with a sponsored dinner and presentation on September 17, 2009. Axcan Pharma provided us with the opportunity to hear Dr. Montgomery, a respirologist from Calgary, speak on GI manifestations in Cystic Fibrosis. We still plan to have our two journal reviews, which will be held at our November and June meetings. Our e-newsletter comes out this month, the first of four through to June. Our annual Membership Blitz and Social will be held again in May.

We held elections for executive positions and Ad Hoc Committee Chair positions in June. Anna Tsang will be leaving us as secretary, and Jan MacNeil will be leaving us as treasurer. Each has been on our executive since 2005, and are recognized and thanked for their efforts and time given to rebuild our chapter! In their places we welcome Judy Langner as secretary and Jo-Anne Goett MacHattie as treasurer. Ad Hoc Committee Chairs will see Judy Spencer continue on as our End to End e-newsletter editor and Joy Mekechuk as our journal

review chair. New committee chairs welcomed to us will be Janice Shott as our education chair and Linda Broenink as our chapter liaison, which is a newly created position.

Toronto provided us with an excellent opportunity to talk and share information! I really enjoyed the enthusiasm of the Fort MacMurray nurses. It is obvious that their center has very caring, resourceful and skilled nurses who have the patient's safety at heart!

We had our chapter meeting on September 22, 2009. In keeping with our past years together, our chapter has come up with more ideas for educational presentations. We are moving forward with having interested members give short presentations, of their choice, at our meetings. Our first presentation on how to make power point presentations will be a great stepping stone for many of us.

Our congratulations go to the Toronto conference planning committee! There were eight Edmonton chapter area nurses who attended the Toronto conference. We truly were all inspired for the future in gastroenterology nursing.

Fort MacMurray is a part of the Edmonton chapter. I am trying to bridge information and education between our two cities so that Fort MacMurray members will be active within our chapter. Our Chapter Liaison, Linda Broenink, will deal with communications about our local meetings and activities

We would like to congratulate the Kamloops Chapter on receiving the Chapter of the Year Award at the National Conference in Toronto. Job well done!

Kamloops Chapter

Chapter President, Maryanne Dorais, reports that the Kamloops chapter was extremely busy with the research and production of their poster for the national conference in Toronto. Suzette Lloyd presented the poster. Four members attended the national conference. The chapter has had several one-hour review sessions covering clips, endoloops and manual reprocessing. The chapter was very successful with their conference in May, 2009 and they are discussing another conference for the spring. The chapter usually has a conference every second year.

Vancouver Island Chapter

Chapter President, Corrie Osborne, reports that this year, our chapter was happy to be able to cover the annual CSGNA conference fee for members who were not able to secure funding. On October 17, 2009, members will be gathering for a breakfast followed by a presentation of highlights from the Toronto conference. We will also begin planning the program for our annual spring education day. Several members are recertifying this year and several are planning to write the next gastroenterology certification exam. Good luck to all.

Okanagan Chapter

Chapter President, Bethany Rode, reports that we have held some meetings and are in the works of planning a few educational events for the New Year. This will most likely involve some in-house education sessions open to all hospital staff to attend and we would like to do one large event in Kelowna for spring, 2010. Many options for topics have been discussed and we will have some more concrete information in the next month. We have also had some interest from a few members

in starting a journal club similar to what some other chapters already have in place. We will try a couple over the next few months and see what works best in getting this into our curriculum.

Respectfully submitted by
Susan Drysdale
Canada West Director

CANADA EAST DIRECTOR REPORT

The past few months have passed by very quickly. The Metro Toronto Convention Centre was the perfect site to celebrate our 25th CSGNA Anniversary. What an awesome conference that certainly provided learning opportunity and professional development from the basic ABC's to the advanced in GI nursing specialty.

Congratulations to the planning committee. It was a great display of teamwork. The expanded three day conference and the live endoscopy was no easy task.

Congratulations to the East Coast Chapter executives and members. Your chaptership seal for 2009 was presented at the Chapter dinner for successfully meeting your educational requirements.

It is an honor and a privilege to continue as Canada East Director. It is with great pride that I start this two year term. I promise I will do my best. Your suggestions are welcome. Please feel free to call or email me at any time.

New Brunswick & PEI Chapter

Chapter President, Cathy Arnold, reports that the annual education day on Saturday, May 10, 2009, was very well attended by 47 nurses (10 members). A wide range of topics were covered including GI bleeds, APC and watermelon stomach, electrosurgery, EUS, food bolus and foreign body retrieval and

personality conflicts at work. It was deemed very successful by all who attended. The next education day is slated for April 17, 2010.

Nova Scotia Chapter

Chapter President, Edna Lang, reports that the Nova Scotia Chapter will be hosting our annual education day on November 21, 2009, in Halifax. We are still in the planning stages; information will be sent out to the chapter members as soon as possible.

Congratulations to all of the CSGNA members who passed their certification exam this year and to all of the members who have recertified. It is hard to believe its over five years since we wrote the first GI certification exam.

Congratulations to the 2009 National Conference Committee! Job well done!

It was great to see so many people from Nova Scotia at the national conference in Toronto this year. A national conference is a great way to promote education and meet nurses from across Canada who have the same interests.

Newfoundland Chapter

Chapter President, Linda Feltham, thanks Toronto for an informative and enjoyable conference. Six members of the chapter had the privilege of attending, including a new member. Information was shared among the units both verbally and with brochures on different products. We hope to continue to give members the opportunity to attend upcoming conferences.

The chapter plans to hold its next meeting on October 29, 2009, to discuss future education sessions, elections and new membership. One of our members, Joan Rumsey,

recently retired. Joan has also served as Canada East Director in the past. The chapter recognized her contribution at her retirement dinner. As retirement draws closer for some of us, we will be encouraging new members to become part of the chapter.

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

CANADA CENTRE DIRECTOR REPORT

Congratulations to the Planning Committee on a great 25th anniversary CSGNA celebration. The topics covered every facet of gastroenterology nursing, as well as having internationally renowned speakers. Thanks to the many sponsors for their continued support to CSGNA.

Three of the seven local chapters in Canada Centre elected new presidents this past year. Thanks for your commitment to CSGNA and gastroenterology nursing.

Most chapters held educational events for their members throughout this past year. I was able to attend several of the chapter's events and all had great GI focused topics. Thanks again to the sponsors for their support. 2010 promises to be another great year in gastroenterology nursing.

Don't forget that the Canadian Nurses Association (CNA) gastroenterology certification exam is April 17, 2010. The deadline to apply is October 16, 2009. Many gastroenterology nurses across Canada are already certified.

There are many benefits to being certified including that it confirms that your knowledge is current in your specialty, it demonstrates your commitment to your profession, it

increases your credibility with your patients and peers and shows your desire to challenge your skills and knowledge at a national level.

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

PRACTICE DIRECTOR REPORT

I have been reading the numerous binders that I received last year, researching for the current best practice guidelines for reprocessing of flexible endoscopes, answering numerous questions about best practice guidelines and statements, and deciding what guidelines and statements need to be updated.

Respectfully submitted by
Pauline Porter, RN, BScN, CGN(C)

PUBLIC RELATIONS REPORT

CSGNA welcomes the exchange of website links with Canadian Cystic Fibrosis Foundation (CCFF) and Canadian Association for Enterostomal Therapy (CAET). CSGNA will benefit from these new networking opportunities.

GI Nursing ... What inspires you? CSGNA invites you to design and submit your idea for a theme in celebration of GI Nurses Day. See the advert in this *Guiding Light* for more information or contact me at PublicRelations@csgna.com.

Please continue to send me your email requests for further information and for support with networking or collaborating opportunities. Hearing from you helps the Board to make decisions on the direction needed with our statements and guidelines in addition to being aware of what our membership's interests and issues are.

Thank you to all chapter executive members who have submitted their replies to a survey circulated

June, 2009 and again in a revised form at the Toronto Conference. The purpose of the survey was to obtain feedback on your chapter activity. This information will be followed up with and used to help chapters experiencing difficulties attaining their membership and required chapter educational hours. Eleven chapters have responded. Time will be required to format the results and to forward to our chapters. The good news is that our chapters feel they are doing okay to very well as a chapter and with their educational events and conferences. Good feedback was received to support their opinions. Areas to improve on by some include member participation and involvement, increasing interest for executive positions and increasing numbers in membership.

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

DIRECTOR OF AWARDS AND RESEARCH REPORT

This has been an exciting and busy year with the 25th Annual Conference and meeting so many of you through your applications for all our scholarships. Over the past year, your National Executive has awarded 35 scholarships to the membership. As well, two of our members were awarded CAG scholarships to attend the CDDW.

There are seven awardable scholarships for funding to attend the annual conference. There were also 27 draw awards from Olympus scholarships for financial assistance to attend the annual conference.

There are five additional scholarships that are to be used to further the endoscopy nurse's education or assist with attendance at a conference other than a CSGNA event.

As you are all aware, the scholarships are directly tied to the amount generated at the local chapter level and that each chapter has the ability to use their portion of the education money to finance additional members to attend educational events and conferences. Therefore, I encourage all the local chapters to hold educational events throughout the year to help support their local chapters, which will in turn support the national organization.

It is with pleasure that, in this issue of the *Guiding Light*, you will find the names and pictures of the recipients of the scholarships awarded at the 25th Annual CSGNA Conference.

Congratulations to all the recipients and best of luck to everyone next year.

Respectfully submitted by
Donna Bremaud
Director Awards and Research

EDUCATION DIRECTOR REPORT

The Toronto planning committee, co-chaired by Gail Stewart and Joan McKechnie, did an outstanding job with the CSGNA National Conference which celebrated CSGNA's 25th Anniversary "*Celebrating our Past, Inspiring Our Future*". The educational program, directed by Maria Cirocco, was wonderful and enjoyed by all! This was the first year the program expanded to three days with several breakout sessions to meet the needs of our members in several areas of gastroenterology. These breakout workshops included a variety of topics and were supported by our vendors and partners in our specialty. I want to thank all of the wonderful speakers who participated, prepared and presented.

The live video feed from St. Michael's Hospital in Toronto was wonderful. This was an added feature, thoroughly interesting, educational and entertaining. The live video from the therapeutic course was an exciting and memorable experience for all of our members and delegates and an opportunity to learn from the experts in our field.

There were 26 fabulous poster abstracts. The individuals or groups of individuals put in a lot of time, effort and financial resources into these posters. These were viewed and thoroughly enjoyed by everyone. Each submission was great. For those who submitted, thank-you for sharing your research, information and knowledge. There was so much to learn from each submission. A special thank-you goes out to Maria for all of your encouragement and support given to this part of the program and presenters.

There were 4 oral presentations:
The incidence of upper Extremity Injuries in Endoscopy Nurses Working in Canada, presented by Susan Drysdale (CSGNA Manitoba Chapter)
Endoscopy Service Evaluation...How are we doing? presented by Linda Pinches (St Michael's Hospital, Toronto)
Comfort Measures which have an impact on Pain Management in the GI Setting presented by Lorraine Majcen (Scarborough General Hospital, Toronto)
Endoscopy Global Rating Scale – Endoscopy Services, presented by Vanessa Ripley (Royal University Hospital, Saskatoon)

Each free paper presentation was given orally by the above individuals who spent countless hours with their research, preparation and presentation to share with you

knowledge and information they have formulated. Well done and we thank-you.

I expect to see several abstracts for next year's conference "GI Pathways" in Edmonton. This is an opportunity for you and/or your chapter, to share with your colleagues, a presentation on what you do well and/or what provides challenges in your practice. We look forward to your submissions. The deadline date for submission is March 1, 2010. All submissions need to be emailed, mailed or faxed to: EducationChair@CSGNA.com or SGNA Education Chair, #224, 1540 Cornwall Road, Oakville, Ontario, L6J 7L6, or Fax # 1-905-829-0242.

I have really enjoyed conversing with many of you over the past year. Every year we grow and develop. We now have 744 members with 231 certified gastroenterology nurses. We had 26 successful individuals who received their certification this year. Kudos to all of you! This acknowledges your specialty. Ultimately, it will help your patients with your increased knowledge. We had 57 individuals renew their certification in 2009. October 16, 2009 was the application deadline for those who want to write the certification exam in 2010. If I can do it, so can any one of you. I'm more than willing to help anyone who is willing to step up to take the challenge. April 17, 2010 is the day you will write the exam. November 20, 2009 is the deadline for those of you who need to renew. As a reminder, The Canadian Nurses Association (CNA) sends updates on a regular basis, and all information is posted on the CNA website for renewal. The CNA recertification process is relatively easy for candidates to complete. Remember all of the details are on the CNA web site: www.cna-aiic.ca. Your certification validates the GI

nurse with acquired knowledge and skills in many practice settings. You want to keep it!

At the Vancouver conference, a questionnaire was completed by many of you regarding your educational needs. This was reviewed in great detail and future education will be developed using this document.

One of my future goals is to develop access of educational material to our members, on-line. This is one of our exciting future plans for CSGNA.

Our relationship has grown with our southern colleagues at SGNA. CSGNA members can purchase SGNA educational materials with 25% off of the non-member price. Take advantage of this great opportunity! They have many educational materials that can be sent directly to your home. Shipping costs apply. For further information please contact myself or our Executive Assistant, Palma Colacino at 1 866 544 8794.

Yvonne Verkan and Judy Landner will co-chair the Edmonton planning committee for the national conference in Edmonton. They are extremely excited about their upcoming program. They can't wait to be your hosts with an exciting three day workshop including several breakout sessions. Remember the dates for this national conference "GI Pathways": October 1 to 3, 2010. See you there!

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

Editor's Note: If any member would like a copy of the needs assessment, please contact Maryanne Dorais by e-mail: educationchair@CSGNA.com

NEWSLETTER EDITOR AND WEBSITE DIRECTOR REPORT

I would like to congratulate everyone involved with the planning of the national conference in Toronto for an outstanding job. The conference was educational and very enjoyable. A special thank you goes to Linda Pinches for being available to explain the procedures during the live video from St. Michael's Hospital and for answering our questions regarding these procedures.

The *Guiding Light* continues to be sponsored by Olympus. We thank you for your continued support of our organization.

We are in the process of developing a new and up-to-date website for CSGNA and its membership. It will be interactive, easily navigated and professional. This new and improved site will be up and running in the near future.

Please feel free to contact me with any suggestions, comments or questions regarding the newsletter or website.

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



We Celebrated, We Were Inspired and We Had Fun: Toronto 2009

We celebrated our past, we were inspired for our future and the girls sure did have fun! Our 25th Anniversary Annual Conference was phenomenal! Building on the response from last year's conference, a full three-day event was planned and embraced by our membership. With a record 365 registrants, our annual educational course was attended by 48% of our membership. Among our international attendees, it was an honour to welcome Kathy Baker, editor of SGNA's *Gastroenterology Nursing Journal*, to our conference.

We were inspired by Gail Donner as she reminded us of the changes that we have experienced through the years in our nursing profession. We could all relate to her honest and heart-warming reflections of where we were, where we are and led us to envision where we could go.

We were privileged to have Dr. Lawrence Muscarella present to us. He reminded us that despite all concerns regarding endoscopes and the potential transmissions by biofilms, we need to ensure that all statements be substantiated with proof.

We were moved listening to Dr Richard Heinzl recount his experiences in bringing *Doctors Without Borders Canada (Médecins Sans Frontières)* into reality. We travelled with him as he described the challenges he faced as a fresh medical school graduate pursuing his dream against all advice.

We were attentive to the experts from the 22nd International Course on Therapeutic Endoscopy as they tackled technically complicated cases in the live video presentation. Those of us who work in endoscopy were happy to see that the challenges we face every day are universal.

We were reminded of our success as an association when we reflected on our past with photos from our archives. We welcomed many of our past presidents and acknowledged them for their dedication in bringing CSGNA to the professional organization we are today.

We had fun! We worked together and moved to the rhythm of our own drums as the Drum Café started our Saturday. We cheered each other on in GI Jeopardy and we danced and danced to the oldies on Saturday night.

Congratulations to the Toronto 2009 planning committee for this exceptional educational experience that enriched us and nourished our GI enthusiasm.

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

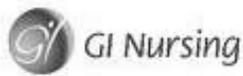
C.S.G.N.A. DISCLAIMER

The Canadian Society of Gastroenterology Nurses and Associates is proud to present The Guiding Light newsletter as an educational tool for use in developing and promoting your own policies and procedures and protocols.

The Canadian Society of Gastroenterology Nurses and Associates does not assume any responsibility for the practices or recommendations of any individual, or for the practices and policies of any gastroenterology unit or endoscopy unit.

Guidelines for Submissions to "The Guiding Light"

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



WHAT INSPIRES YOU?

WIN A MEMBERSHIP FOR 2010-2011

Submit a title page with theme and picture in recognition of GI Nurses' Day May 2010

Winning submission to be displayed on the cover of the *Guiding Light* March issue

Enter individually or as a chapter
– no limit to number of submissions
Forward to: CSGNA Executive Assistant,
Palma Colacino
#201-2902 South Sheridan Way
Oakville, ON L6J 7L6
palma@cag-acg.org

Deadline: January 15, 2010

Scholarship application forms are available on our website at CSGNA.com.



2009 Chapter of the Year – Kamloops Chapter

GI Pathways

FOR NURSES IN ...

**September 30 – October 2
2010**

**SHAW CONFERENCE CENTRE
Edmonton, Alberta**



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Canadian Society of Gastroenterology Nurses & Associates

Société canadienne des infirmières et infirmiers en gastroentérologie et travailleurs associés

... CALL FOR ABSTRACTS

GI Pathways FOR NURSES IN ...

The **2010 CSGNA Annual Conference** in Edmonton will be your next opportunity to share your knowledge about a GI topic you are passionate about, disseminate research results or present an innovative project that will advance GI Nursing and associated practice.

We encourage you and your colleagues to prepare a poster presentation for the 2010 CSGNA Annual Conference in Edmonton, September 30 to October 2, 2010.

- * HEPATOLOGY
- * SURGERY
- * MEDICINE
- * ADVANCED PRACTICE
- * ENDOSCOPY
- * TRANSPLANT
- * PEDIATRICS
- * NURSE PRACTITIONER

The following guidelines will assist you in developing your abstract and in planning your poster presentation.

Abstract Page: Submit by email - no more than 250-300 words in length, on one letter sized sheet of paper, double-spaced, 12 point font and includes:

Title: reflects content of presentation

Background: problem or purpose of study

Methods: discussion of project plan or sample and data collection

Results: evaluation or outcomes (no graphs, charts or tables)

Conclusions: implications of your study or project for your patients, practice or profession

Cover Page: Submit with Abstract - include title of abstract, names of presenters/authors, credentials and academic affiliation. Include name of main contact, telephone and fax number, and email address.

Poster Guidelines:

- Maximum poster dimensions - 4 feet (h) by 8 feet (w)
- Author(s) will be expected to present the poster during the conference poster session.
- Abstracts received before the deadline will be reviewed and an acceptance letter will be sent to the contact person providing further details of the poster presentations. Acceptance of the abstract does not waive attendance fees (registration, transportation, accommodation, etc.)

The deadline for submitting abstracts is: March 1, 2010

Please submit abstract by email to: EducationChair@CSGNA.com

or by mail to:

CSGNA Education Chair
#224, 1540 Cornwall Road
Oakville, Ontario L6J 7W5

or by fax:

1-905-829-0242

photos courtesy of Edmonton Tourism



ABSTRACTS

Advocating for Excellence in GI Nursing: A Journey of Certification from Past to Present

Elaine Binger, RN, CGN (C), Tracie A. Scott, RN, BScN, CPN (C) Markham Stouffville Hospital, Markham, ON

The process of preparation for certification has evolved since the inception of the Certified Gastroenterology Nurse designation. Personal investment of time and effort in reviewing information has changed to a corporate group focus where investment in staff equates to greater staff development and subsequently development of professional practice in the clinical nurse. Advocacy for the importance of certification and corporate education time are important indicators of supporting staff to excellence in care.

The methods of planning educational sessions and the involvement of staff in the delivery of education will be discussed. The benefits of peer to peer learning and the dynamics of novice practitioners alongside intermediate and expert nurses can be challenging and rewarding in preparation for certification. Support of management and clinical educator roles for the impact certification will have for staff development and professional practice must be present for success of a program. Purchases of preparation materials and designated education time are critical to the process.

Fifty percent of staff eligible to meet the writing criteria successfully applied and wrote the Canadian Nurses Association certification exam with a 100% success rate. The success is an indicator of the importance of facility investment in nurses for the certification process.

Presentation of qualitative evidence from the staff who participated in the experience will be discussed. The change in perspective of the ability to increase advocacy through knowledge, and see the global patient experience are expressed in terms of increased job satisfaction and personal growth. Discussions from a professional practice view of fostering growth and development of a team in surgical endoscopy suites including leadership skills will be presented. Lastly, a discussion of certification as a key to succession planning in the specialty will be presented.

The Incidence of Upper Extremity Injuries in Endoscopy Nurses Working in Canada

*Susan A. Drysdale, RN, BA, CGRN, CGN(C).
Manitoba, Canada*

The work that endoscopy nurses do is very physical and it calls for rapid and repetitive movements performed in varied and often challenging settings. With repeated exposure to the challenges of the job comes the potential for physical injury. Upper extremity injuries occur in endoscopy nurses. If experienced nurses are removed from the work-force due to injury, the entire medical system suffers. Prevention of this outcome appears to be a reasonable and fiscally responsible plan.

This study has used a correlational design in order to explore the occurrence of upper extremity injuries among nurses working in endoscopy across Canada.

This study is a follow-up study to research published in *Gastroenterology Nursing* in May/June 2007, which showed that nurses working in endoscopy at numerous sites in Winnipeg, Manitoba Canada, experienced upper extremity injuries. That study concluded that there is a significant association between working full time and the degree of injury. The study also raised a number of questions, some of which were explored in this study. The call for research participants for the current study was sent to all provinces and an attempt was made to include all facilities, both urban and rural, where endoscopy is practiced in Canada. A random sample of 220 nurses was sent research packages. 148 nurses completed the research packages and were included as study subjects.

The instruments used in this study were the same DASH survey and questionnaire that were employed in the initial 2006-2007 study.

The results of this research will be presented in this poster.

Learn, Plan & Do ... A New Endoscopy Clinic

*Pam Blakely, RN and Pat Warren, RN, BScN, CRNI;
Royal Alexandra Hospital, Edmonton, AB*

Photodynamic Therapy (PDT) was implemented as a pilot project within Capital Health Region (now known as Alberta Health Services) in the Endoscopy department at the Royal Alexandra Hospital in Edmonton, AB in November 2007.

The clinic was established to provide a new therapeutic option for patients who were not suitable surgical candidates for esophageal surgery or for patients wanting to avoid esophageal surgery to treat Barrett's esophagus.

A multidisciplinary team was set up by the Office for Health Innovation (OHI) which included an MD, PDT RN, Clinical Nurse Educator, Management, Dieticians, Pharmacist, Social Worker, Biomedical Engineering Technologists, Regional Laser Safety Officer, Workload Measurement Analyst and Quality Assurance Consultant.

PDT pilot successfully treated 11 patients from November 2007 to June 2008. Surveillance of patients with LGD & HGD, treated with PDT or a combination of therapies (PDT, RFA and EMR), have found no endoscopic evidence of residual Barrett's esophagus at one year.

HGD with nodular adenocarcinoma patients treated with PDT or a combination of therapies (PDT, RFA and EMR) have had no evidence of cancer recurrence at one year. The clinic has continued to offer PDT along with other esophageal ablation therapies for referred patients.

The multidisciplinary team was the recipient of a site REACH award for teamwork. The Reach award stands for Recognition of Excellence and Achievement in Capital Health which recognizes exceptional work.

Comfort Measures which have an Impact on Pain Management in the G I setting

*Lorraine Majcen, RN, CGN(C); Scarborough Hospital
General Campus, Scarborough, ON*

Background: As a nurse working in an Endoscopy unit of a busy community based hospital, it behoves me to say that insufficient attention is given to the comfort measures that we as nurses can provide for our patients undergoing invasive gastroenterology procedures. We rely on the physicians to provide adequate pain control through the use of intravenous based sedatives and analgesics. Very often, due to the physicians practice, inadequate pain control of the patients is provided, leaving the nurse with a feeling of helplessness in the care of the patient, especially, if the care of the patient by the nurse is treated as simply routine.

Aim: To provide essential information around comfort measures that nurses can utilize in conjunction with pain management by physicians.

Method: With this in mind, a literature search was done and one of the nursing theorists whose work on comfort measures for patients was explored, and its framework adopted for this presentation. The theorist being Katherine Kolcaba, who believes that comfort measures have some distinct stages as ease, relief and transcendence. To simplify the process, comfort measures have been identified in the preprocedure, procedure and post procedure phases of a person undergoing a gastrointestinal (GI) procedure.

Results: Findings were that the nurse can make a significant difference in the comfort of the patient undergoing GI procedures in spite of the fact that the physicians control the administration of analgesic and sedatives. There are also many comfort measures that can be incorporated into the care of the patient undergoing procedures in the GI unit.

Conclusions: Nurses can experience working effectively in conjunction with the physicians, in the provision of pain management for patients, thereby enhancing their role as patient advocates in the GI unit and providing the best care possible in support of their nursing practice.

Quality in Endoscopy Services ... An Update

Vanessa Ripley, BSN, MA, Wendy Nystuen, BSN & Jocelyne Lavergne, BSN, Saskatoon Health Region, Saskatoon, SK

Endoscopy services within the Saskatoon Health Region have been assessing the quality of their services through an evaluation tool called the Endoscopy Global Rating Scale (GRS). This tool has increased awareness in the endoscopy staff and physicians regarding standards of practice in endoscopy and has initiated discussions among staff and management at the three sites as well as between surgeons and gastroenterologists. This is assisting endoscopy services to move towards consistent practice and protocol across the region in preparation for the amalgamation of services in the Ambulatory Care Consolidation. As well, this process will ensure high quality, patient centred services are provided across sites in a consistent manner.

In response to the GRS assessment:

- a patient feedback survey that includes review of patient experience of the consent process, patient comfort, privacy and dignity, and views on aftercare. We will review these results and establish actions plans as indicated.
- a confidential consultation room was established at the RUH site
- quality of endoscopy practice discussions have continued to evolve at the Endoscopy Executive level with practitioners resulting in the physicians implementing a mandatory documentation process to encourage transparency and accountability in physician procedures.

Focusing on Clinical Quality and the Quality of Patient Experience, the assessment specifically reviews the consent process, patient safety/comfort/privacy/dignity, procedure quality/appropriateness/timeliness, booking responsiveness and flexibility, communication with the referrer, equality of access and equity of provision, aftercare and the ability to provide feedback to the service.

The initial assessments were completed by each site independently with a nurse, physician and manager participating. Following a 6 month period of time to measure improvements based on the GRS scale the groups met again – but as a larger group. This initiated some great discussion, and resulted in some responses that were varied from the first assessment. The goal is to move the units from a level D rating according to the GRS towards the level A rating – interestingly we have seen changes in both directions following the second evaluation.

Scoping Costs Dollars \$\$: Nurses are Concerned With Operational Costs

Audrey Bouwmeester, RN, CGN(C), Stephanie Carr, RN, CGN(C), Maryanne Dorais, RN, CGN(C), Suzette Lloyd, RN, BScN, CGN(C), Caroline MacPherson, RN, CGN(C), Lori Taylor, RN, CGN(C), Royal Inland Hospital, Kamloops, BC

Background: In the current economic recession, it is increasingly more difficult for governments to provide continued health care for patients while maintaining a high standard of care. Ultimately, the cost will be directed to the taxpayer.

Objective: The aim of this poster is to present a basic overview of the costs required to perform endoscopic procedures and give examples of costs generated by a procedure in the delivery of patient care.

Description: Areas of costs with current pricing will be highlighted. Discussion related to patient care delivery and the impact of the costs to the patient, facility, and taxpayer, will be included.

Conclusion: In the present global economic situation, it is imperative to provide the best possible patient care efficiently, with the lowest possible cost.

Endoscopy Service Evaluation – How are we doing?

Ann Haines, RN, Linda Pinches, RN, Mae Burke, RN, St. Michael's Hospital, Toronto, ON

Background and Aims: As health care professionals it is essential to assess and measure the quality of care delivered to our patients. By providing the patient the opportunity for immediate feedback and to comments about their care, we are able to evaluate the quality of care provided in the Endoscopy Unit.

Method: The Therapeutic Endoscopy Unit at Toronto's St. Michael's Hospital has recently introduced the Endoscopy Service Evaluation form. Emphasis is based not only on the service provided but focuses on the patient's own experience including physical, emotional and intellectual responses to their visit. The information enables us to focus on any problems or concerns more accurately and develop a plan to improve care delivery.

Questions were developed using the Principles of Patient Centered Care

- Effective treatment by staff you can trust
- Clear, comprehensible information and support
- Involvement in decisions and respect for patient's preference
- Empathy and emotional support

- Involvement of family/friends
- Physical comfort and a clean safe environment
- Fast access to reliable health advice
- Continuity of care and a smooth transition to next level of care

Findings: The pilot project was started in mid January 2009 shortly before abstract submitted. Responses were 1 = excellent to 5 = poor. Responses have been very positive both on the day of the procedure and in the follow up phone call.

Conclusion: The public's perception of health care is often multifactorial and influenced by such things as the media, family/friends and own previous interaction (positive or negative) with health care professionals. Improvement in health care can occur only when the providers involve patients in their care delivery. Staff that is committed to ensure the patients has a positive experience in the Endoscopy unit will also improve and enhance their own professional experience and promote the organizations' adherence to advancing standards of quality and excellence in the field of GI nursing.

Gas Entrapment Syndrome: A Case Review

Joan McKechnie, RN, CGN(C); Margaret Hackert, RN, St Mary's General Hospital and Grand River Hospital – K-W Site, Kitchener, ON

Background: Gas entrapment syndrome is a term used by some physicians to describe an unusual complication following colonoscopy. Trapping of air occurs in a segment of the colon and usually resolves spontaneously with little or no intervention. In the extreme, it could result in micro perforation of the colon. There is virtually no literature to support this diagnosis but it is similar to Ogilvie's syndrome, a pseudo intestinal obstruction.

Purpose: Our goal is to raise awareness of the phenomenon for gastroenterology nurses and to suggest quality of patient care improvements. For example: patient discharge instructions.

Discussion/Results: This case report reviews a patient admitted to the acute care facility for the inability to expel retained air resulting in abdominal pain following a screening colonoscopy. This poster will present the patient's routine procedure visit, hospital stay, management and follow-up with the nursing staff and physicians involved in her care.

Conclusion: Gas entrapment syndrome remains poorly understood. It is our intent to raise awareness of this potential self-limiting complication and to offer suggestions for the improvement of patient education on discharge from the outpatient setting.

Endoluminal Formalin Application for Hemorrhagic Radiation Proctitis

Monique Travers RN, CGN (C); Michèle Paquette RN, CGN (C); Thérèse Carrière RN; Micheline Lafrance RN, BScN; Nancy Campbell RN, CGN(C); Rachel Thibault-Walsh RN, BScN, MSt, CGN(C). Ottawa Chapter CSGNA, Ottawa, ON

Purpose: Rectal instillation of 4% formalin solution is a successful treatment for hemorrhagic radiation proctitis recalcitrant to medical treatment.

Discussion: Radiation proctitis is a common complication following radiation therapy for carcinoma of female genital tract, prostate and bladder. The rectum, because of its proximity to the above organs that are subjected to radiation, is the commonest site of radiation injury. We will review studies of the use of formalin for treatment of hemorrhagic radiation proctitis.

Local application of formalin has been used effectively in the treatment of radiation proctitis. The two main forms of radiation proctitis are acute and chronic. Patient symptoms will determine when to initiate treatment. We will discuss several medical therapies focusing on one in particular: A 4% formaldehyde solution and its application technique. Complications related to this treatment will be discussed.

Conclusion: Formalin application is a well tolerated, safe and effective therapy. It can be an office-based procedure that does not require anaesthesia, sedation and fleet enema can be given as bowel preparation making it easier and more cost effective compared to other modalities. It has good patient tolerance and gives favourable long term results.

Collaborative Colon Screening to Reduce Wait Times For High Risk Patients

Christina Copplestone, RN, MSc, CHE; Sharon Ball RN, BScN, CPN(C); Jacqueline Hyacinth RN, Mount Sinai Hospital, Toronto, ON

Abstract: Ontario has one of the highest rates of colorectal cancer (CRC) in the world. In 2006, an estimated 3,100 Ontarians died from the disease. However, CRC is 90 percent curable if detected early. In March 2007, Mount Sinai Hospital (MSH) received notice of additional funding allocated for performing added colonoscopies for patients with a positive Fecal Occult Blood Test and/or who have a first degree relative with CRC.

A collaborative model between MSH and the University Health Network was developed to increase screening rates and focus on patients at higher risks for developing CRC. This initiative, a first of its kind in the province, promotes a central co-ordination process for referrals and a paper triage review of patients by a senior Endoscopy Nurse to ensure they meet the criteria. The overall program goal is to improve access for those at risk, without impacting on other colonoscopies already performed in the system. Patient and referring physician satisfaction data will be used as a means of assessing the outcomes of this initiative. This is a true example of an innovative partnership between two academic health science centers to ensure a high quality and efficient system of access to patients within the Toronto area. It investigated the management of current supply and quality of endoscopy services, facilitated increased access and lowered wait times, and standardized clinical protocols such as patient preparation prior to procedure. The results of this project can be applied as a toolkit for other endoscopy units in the province and out of country, as it provides a step-by-step approach to create a high quality CSIU model.

Endoscopy Global Rating Scale – Endoscopy Services – SHR

*Vanessa Ripley, BSN, MA.
Royal University Hospital, Saskatoon*

Endoscopy services within the Saskatoon Health Region are participating in a pilot program on quality in endoscopy. This project has been initiated by the Canadian Association of Gastroenterology and includes a detailed service evaluation using a tool called the Endoscopy Global Rating Scale (GRS).

Check: The Endoscopy GRS provides a comprehensive assessment of many facets of endoscopic services focusing on Clinical Quality and the Quality of Patient Experience. The assessment specifically reviews the consent process, patient safety/comfort/privacy/dignity, procedure quality/appropriateness/timeliness, booking responsiveness and flexibility, communication with the referrer, equality of access and equity of provision, aftercare and the ability to provide feedback to the service. By participating in this pilot project, endoscopy services are setting the foundation for a quality framework through self assessment and identification of areas for improvement.

Act: Working together with the three sites will assist in implementation of changes among the services and ensure consistency between them. Following completion of the GRS, the programs will review the results to identify and subsequently develop interventions to improve based on areas of priority as determined by the team. Interventions will be implemented and an assessment will be completed again following a 6 month period of time to measure improvements based on the GRS scale. The goal is to move the units from a level D rating according to the GRS towards the level A rating.

Current initiatives in response to the GRS assessment include:

- Implementation of a patient satisfaction survey that includes review of patient experience of the consent process, patient comfort, privacy and dignity, and views on aftercare.
- Planning for a regional waitlist and scheduling system.
- Indicator development.

We are in the early stages of this process but look forward to sharing our experience with other programs and departments.

Endoscopy Greening Strategy: Implementing a Unit Specific Recycling Program

*Margaret Ketcheson, RN,
St. Michael's Hospital, Toronto, ON*

Background: St. Michael's Hospital (SMH) in 2008 developed a Greening Policy promoting the just use of the earth's resources; this is reflective of SMH's ongoing mission and commitment to social responsibility. A SMH hospital "Green Team", committed to promoting conservation of energy and reducing the Hospital's ecological footprint, was developed.

After a unit specific in-service presentation by the SMH Green Team Project Manager in March 2009, our Endoscopy Unit, with unit manager support, decided to implement a greening strategy.

We felt individual endoscopy staff can play a hand in combating global warming by undertaking simple actions in the Endoscopic workplace.

Aim: To develop an "Endoscopy Green Team" representing nurses, physicians, housekeeping, reprocessing and clerical staff interested in promoting recycling and promoting "Greening Practices".

To implement and develop greening recycling strategies.

To demonstrate that simple everyday actions by Endoscopy Unit staff can decrease the SMH ecological footprint.

Discussion: Presentation of the adopted recycling initiatives introduced will be presented.

Discussions of the steps taken to introduce and promote change in refuse/recycling practices.

Before and after analysis of amount and quality of landfill garbage, autoclave garbage and recycling material generated by SMH Endoscopy Unit will be examined.

Demonstration of the importance of communication, collaboration, commitment and awareness will be emphasized.

Efficiencies in Endoscopy: Shared Learning from a Cancer Care Ontario Review

*Tracie A. Scott, RN, BScN, CPN (C), Vicky Noguera, RN,
BScN. Markham Stouffville Hospital, Markham, ON*

Cancer Care Ontario in partnership with the University of Toronto spearheaded an efficiencies program in surgical endoscopy suites in February 2007. Along with three hospitals, Markham Stouffville Hospital Corporation was selected to take part in the Colonoscopy Process Improvement Initiative. The goals of the project included: to increase capacity for colonoscopies in Ontario Hospitals, to improve efficiency of the colonoscopy suites, and to share knowledge, learning and best practices from the hospitals participating.

An interdisciplinary team met with process improvement engineers and the director of provincial planning. Observational experiences were provided to the process reviewers and interviews were conducted with key stakeholders including front line nursing staff to discover where efficiencies could be found. The patient's experience through the continuum of care from booking of a procedure in the physician office through to post-procedure recovery and discharge was examined and process improvements were identified. Key findings were presented and knowledge as well as learning from all facilities was shared.

The hospital process improvement team identified recommendations to be included in the process. Projects were discussed with front line staff and priority setting commenced with a focus on impact of patient care. Evidence based practice was reviewed to evaluate the proposed changes. The process improvements recommended, the implementation, and the evaluation of the recommendations will be discussed along with supporting evidence for patient benefits and staff satisfaction. Efficiencies data both pre and post process improvement will be reviewed.

Patient Safety and the Endoscopy Unit

Mark Blomme, RN, North York General, Toronto, ON

Background: The role of the Registered Nurse (RN) in the endoscopy unit is multifold – organizer, assistant, teacher to name a few. These RNs need to build skills in understanding and assisting with gastroscopies, colonoscopies, bronchoscopes and ERCP – these skills are not learned in school but through unit based mentoring with supportive colleagues from both nursing and medicine. There are many challenges for the new endoscopy nurse, including learning how to utilize equipment, knowing when different equipment needs to be used, but most importantly, being a patient advocate.

Purpose: To identify hospital policy and procedures that promotes patient safety and staff preparedness in the endoscopic unit.

Method: A literature search confirmed that although complication rates in the endoscopy unit may be low, when there is a complication, it can be critical.

Discussion: As nurses, we are patient advocates, charged with the responsibility of providing high quality, safe care to our patients. This is achieved through core competencies including physical assessment, communication strategies, using ethical frameworks and critical thinking. Switching equipment, during a procedure, to achieve a good patient outcome can take time out of a busy day. At times, nurses are reluctant to do this as it is perceived to take too much time, the list will not be completed on time and there may be repercussion from both physicians and administration. However, this minor setback may save time and resources in the long run by preventing potential harm. Different organizations have different policy and procedures which will describe the RNs accountabilities. It is the accountability of the RN to be aware of hospital policy and procedures and know their role. Many of these policies will be based upon current legislation such as the Disclosure of Harm/Potential Harm that was a recent legislative update to the Public Hospital Act. Clear documentation in the patient health record of the RN role in a critical incident will show policy and procedures are followed and patient safety is at the forefront of the care the patient received.

Using Past Experiences to Direct Future Outcomes

Norma Baysa, RN, Georgiana Walter, RN, BScN, CGN(c)
Lorna Daley, CSR specialist, Montreal Chapter CSGNA.
Montreal, QC

Background: This abstract is the realization of a novel project, which combined GI Nursing and CSR Sterilization Teams. The project's objectives were to standardize scope handling, improve the sterilization/disinfection process, promote scope integrity, help reduce the incidence of 'near misses' and improve cost saving measures.

Description of the Problem:

- GI nurses face escalating pressure to increase work quotas.
- Heavy work-load place nurses for at risk for professional burn out.
- Interventions are more complex- EUS, APC, Bicap, Injecting, Stenting/ Clipping.
- Acute nursing shortages.
- Nurses' reluctance in delegating non-nursing duties.

Planning/Method:

- Visited hospital units with similar GI activity.
- Consult with CSR Management & Disinfection teams.
- Plans drawn-up to upgrade Scope Cleaning Utility Room.
- Identify CSR Champions to spear-head changes.
- Involve Olympus training teams.

Conclusion:

- The partnership between CSR and GI staff has yielded great benefits.
- One year later, scope repairs reduced.
- Excellent working atmosphere.
- Clear delineation between CSR staff scope cleaning vs. nursing duties.
- CSR Staff assumed all scope handling duties/nurses function on nursing.
- Doctors & nurses are strongest supporters of this pilot project.

Working Faster and Working Smarter – Implementation of a Standardized Assessment Tool in a GI/General Surgery Unit

Cindy Eikens-Stafford, RN, BScN, Gloria LaTouche, RN, Joanne Bennett, RN, St. Michael's Hospital, Toronto, ON

Increased patient acuity and pressures to reduce patient length of stay have significantly impacted patient flow for the busy GI/General surgery unit. The nurse at the bedside is required to be more organized than ever before.

The 10 minute standardized assessment tool was implemented in a 40 bed GI/General Surgery unit to evaluate use of a standardized assessment process to help the novice nurse develop a habitual approach to every patient encounter. This tool provides a structure to facilitate a focused assessment and has the potential to improve the novice nurses' organization and critical thinking skills. For the advanced nurse, the standardized assessment tool increases efficiency and promotes safety by targeting essential assessments such as patient identity, allergy recognition and hand hygiene.

A pre test was administered to rate the quality and efficiency of current practice. The 10 minute assessment was then introduced and applied to the care of GI/General surgery patients. Simulations allowed for discussion and review of the proposed tool. A post test will establish the effectiveness of this tool in clinical practice and determine overall staff satisfaction with using this new 10 minute assessment tool. Pre and post test results will be compared. Implications and recommendations for nursing practice will be highlighted.

Transcolonic NOTES and Transabdominal Small Bowel Resection – Yorkshire Pig Research Study.

Gail Stewart, RN., St. Michael's Hospital, Toronto, ON

Background: N.O.T.E.S. (Natural Orifice Transluminal Endoscopic Surgery) is an innovative, emerging field of Gastroenterology which may eliminate the need for open abdominal incisions.

Objectives: An animal study was undertaken to test the safety and efficacy of resecting the small bowel without any abdominal incision or cutting through the muscles.

Method: Female Yorkshire Pigs (approximately 30 kg.) previously prepared with a laxative and antibiotic therapies were anaesthetized. A Varess needle was inserted through the abdominal wall to insufflate the cavity with CO₂. A double channel colonoscope was inserted through the rectum with an overtube. An incision was made through the rectum with a needle knife and cautery. The overtube and colonoscope were advanced into the peritoneum. Pediatric graspers and a rigid laparoscope are inserted through the abdominal wall under endoscopic observation. The colonoscope was withdrawn and a rigid stapler was advanced through the colon via the overtube. The small bowel was identified and resected. The two limbs of the small bowel were sutured together using the graspers and the rigid laparoscope while observing with the colonoscope. The incision in the rectum was closed with endoclips and the endoscope and overtube were withdrawn. The Varess needle, graspers and laparoscope were removed without any suturing needed.

Results: Small bowel resection was successful in all animals with no complications. They were placed on a liquid diet for 48 hours, and then increased to a regular diet. They remained healthy and gained weight. An autopsy was performed, two weeks post resection. There were no abdominal scars. In the peritoneal cavity, there was no sign of bleeding, perforation or infection. Examination of the anastomosis and incision in the rectum, revealed complete healing.

Conclusion: This study has demonstrated the feasibility of small bowel resection using the transcolonic NOTES and transabdominal approach. Simultaneous use of flexible and rigid instruments is not only feasible, but greatly facilitates the performance of the operation without leaving abdominal scars.

Static Posture: the Enemy of the Endoscopy Nurse

Lorie McGeough, RN, CGN(C); Jennifer Taylor, RN, CGN(C); GI Unit Pasqua Hospital, Regina Qu'Appelle Health Region, Regina, SK

Endoscopic nursing is a profession that is exciting and intellectually challenging as well as a physically demanding. Unfortunately, the physical demands put on an endoscopy nurse can cause musculoskeletal disorders, emotional fatigue or prematurely shorten their career. The use of ergonomics during endoscopy allows the nurse to change their behavior and environment rather than adapting to a hazardous environment.

One of the most demanding aspects of endoscopy nursing is the static posture required during procedures. You would not think that standing could cause stress on body tissues, but it has been identified that prolonged standing causes musculoskeletal fatigue to the neck, shoulders, upper extremities, lower extremities, upper back, lower back and feet. Stress to body tissues can cause swelling and inflammation. Chronic inflammation may create scar tissue and changes to bony structures (OHCOW. 2005). Not only does static posture create new conditions, it can also increase symptoms of pre-existing conditions such as plantar fasciitis, Achilles tendonitis, bunions or corns.

As endoscopy nurses, we are not able to modify the standing position required to perform endoscopy, but we are able to modify the environment and change our behavior. This poster will identify the behavior and environmental modifications to improve outcomes for nurses performing endoscopy.

Nurse's in Facility Planning: A Clinical Perspective

Cathy Bidwell, RN; Kirsten Martin, RN, MBA, St. Michael's Hospital, Toronto, ON

Background: Hospitals are in a state of continuous physical environmental improvements. This may be due to a variety of reasons such as: age of the organization, change in delivery of care, promotion of efficiencies, infection control improvements or compliance and coping with increasing volumes of patients. Over the last few years, many endoscopy units have undergone a face lift or entirely new units have been constructed for some of the reasons listed. Having nurses on the planning team to renovate/build departments assists in providing a safe, well designed workplace that meets or exceeds current standards.

Objectives: To decrease potential risks to patients/staff/visitors during construction and renovation activities in a health care setting. To develop a tool for mitigating risk during construction, future applications for standardizing construction safety practices in hospitals, improving quality and research.

Discussion: Our presentation highlights the unique and important role of nurses in the Department of Planning and Development at St. Michael's Hospital. As Clinical Project Consultants, we offer a clinical perspective to manage the various impacts that construction and renovations have on our patients, staff and visitors, always keeping safety as a focus for our operations. When not managed properly, restructuring of hospital space may lead to increased incidence of construction-related nosocomial infections from environmental sources and other workplace hazards. Identification of critical safety guidelines and key indicators of safety lead to the development of a monitoring tool by the Clinical Project Consultants in Planning. This tool or checklist was created from literature searches, bench marking with CSA guidelines and industry experts to provide a monitoring tool to be used on renovation/construction sites at our institution. The overall intent of the tool is to standardize practice and create transparency and accountability among all professionals accessing the sites, such as engineering, construction teams, nursing and housekeeping.

Conclusion: Our presentation will highlight the success of this unique nursing role in the planning process as well as the usefulness of the tool created to direct construction/renovations in our hospital departments.

Predictors of Bowel Preparation Quality in Patients Undergoing Colonoscopy – A Preliminary Analysis.

Marroon Thabane, Nita Chauhan, Usha Chauhan, Frances Tse, Salim Dahab, Melanie Wolfe and David Armstrong. McMaster University, Hamilton Health Sciences, Hamilton, ON

Background & Aim: Inadequate bowel preparation for colonoscopy may result in missed lesions, cancelled procedures, and an increase in complication rates that cause substantial financial burden. A cross sectional study was undertaken to determine factors associated with decreased quality of bowel preparation.

Methods: Consecutive adult outpatients undergoing colonoscopy at McMaster University Medical Center from March to September 2007 were invited to complete a bowel preparation questionnaire. Colonoscopists were asked to rate the degree of preparation based on the Ottawa bowel preparation quality scale and to report whether the preparation was adequate. Correlation between the Ottawa bowel preparation quality scale and the adequacy of the procedure was obtained using Spearman's correlation coefficient. The significant factors associated with quality of bowel preparation on univariate analysis were included in the multivariable model.

Results: 1053 patients (mean age: 56.7 [SD 13.6] yrs; 55% female) participated in the study; indications for colonoscopy included routine screening (25.8%), family history of colon cancer (26.8%), history of polyps (13.7%), rectal bleeding (17.4%), inflammatory bowel disease (6.0%) and constipation (9.2%). The bowel preparations were PEG-electrolyte (908; 86.2%), sodium picosulphate (53; 5.0%) and oral phosphosoda (24; 2.3%). The bowel preparation was rated excellent to adequate (274; 26.1%), good (254; 24.1%), fair (194; 18.4%) and inadequate/poor (74; 7%). In logistic regression, age > 60 predicted poor bowel preparation OR 1.365 (95%CI: 1.149, 1.621; p=0.001). There was a significant positive correlation between the Ottawa bowel preparation quality scale and adequacy of procedure, Spearman $r=0.49$ ($p<0.0001$).

Summary: Increasing age and procedural indication of rectal bleeding predicted poor quality of bowel preparation. The Ottawa bowel preparation quality scale is correlated with adequacy of colonoscopy.

Conclusion: Greater attention to bowel preparation in older patients may improve the quality of colonoscopy.

Reducing the Risks Associated with Nasogastric Intubation

Gisèle Besner, RN., M. Sc., I.C.S.G.(C) & Dr. Lyne Labrecque, biochemist; Centre Hospitalier de l'Université de Montréal. Montreal, QC

Deaths have already occurred following administration of gavage or medication through a nasogastric tube. Even if the nasogastric tube placement is verified under fluoroscopy there are various reasons for tube dislodgement and a nurse may be involved in a cascade of events that contribute to bronchial aspiration.

New evidence based guidelines recommend confirming the position of the nasogastric tube immediately following insertion, before administering medication or before gavage. Although the use of an X-ray is the gold standard method to confirm the position of the nasogastric tube, it is not practical on a daily basis because the nurse has to perform this verification numerous times. Verification of gastric pH is currently recommended.

We will be presenting the results of a first study to select the required equipment and a subsequent study which will validate the analytical equipment used outside the parameters of the laboratory, to measure the gastric, duodenal, oesophageal and bronchial pH without interfering with the color of the body fluids. We anticipate changes to the existing policy as well as the creation of collective directive to facilitate the work of the nurse when pH is high or no liquid is obtained. The surveillance elements will be specified as well as the decision tree.

Double Balloon ERCP in Patients with ROUX-EN-Y Anastomosis

Linda Pinches, RN, CGN(C), Patarapong Kamalporn, M.D., Division of Gastroenterology, Therapeutic Endoscopy, St. Michael's Hospital, Toronto, ON

Background & Aim: ERCP in patients post Roux-en-Y surgical procedure has always been technically challenging using the standard duodenoscope. The introduction of the double balloon endoscope allows for the examination of a much longer segment of the small bowel and the ability to perform a therapeutic ERCP on these patients. The aim of this poster is to review the utility of double balloon assisted ERCP in patients with surgical altered anatomy.

Methods: A retrospective review from February 2007 to November 2008 showed that we performed a total of 21 DBE for ERCP procedures on 13 patients that were referred to our institute. The indications for the procedure were: seven patients with Roux-en-Y hepaticojejunostomy, five patients with Roux-en-Y gastrojejunostomy and one patient with Roux-en-Y esophagojejunostomy. All procedures were performed using the Fujinon double balloon Enteroscope (EC-450B15) using standard conscious sedation (diazepam and/or midazolam and fentanyl). Of the 21 cases, four failed to reach ampulla due to long afferent loop and acute angle of the Roux-en-Y anastomosis. In the remaining 17 cases, the bilio-enteric anastomosis was reached and therapeutic intervention was completely successful including one or more of the following: sphincterotomy, stent placement, balloon dilation, stone removal and stent removal. There were no adverse effects documented from these procedures.

Conclusions: Double balloon assisted ERCP allows for the diagnostic and therapeutic intervention in patients with Roux-en-Y anatomy. Our experience has shown that this procedure is a safe, feasible and less invasive treatment for these patients and the utility of this procedure could be improved if customized accessories become more widely available.

Flushing Central Venous Catheters: What's the Solution?

Clare Meechan, BA, RN, BScN, CGN(C), Total Parenteral Nutrition Nurse, St. Michael's Hospital, Toronto, ON

Background: Nurses are accustomed to accessing central venous catheters (CVC) for multiple treatments: medication, parenteral nutrition, blood delivery or draw. It is imperative, therefore, that nurses have the knowledge and skill to not only maintain patency of these catheters, but also, be able to recognize and treat potential complications such as occlusion and infection.

Discussion: After ten years of working with the Home Parenteral Nutrition Program at St. Michael's Hospital, I would like to share with you our experience and current practice when dealing with CVC's for the patients requiring long-term or perhaps lifelong vascular access.

Maintenance of CVC: Post TPN infusion the patient flushes their CVC with Normal Saline 10mL followed by Hepalean (100units/mL) 3mL.

Occlusion of CVC: In the event their CVC becomes difficult to flush and we suspect occlusion due to blood, we advise administration of Cathflo (alteplase) 2mg/2mL. This drug is very effective in restoring the CVC to good working order.

Catheter related bloodstream infection (CRBSI): If CRBSI is suspected, we obtain blood cultures via both the CVC and peripherally, for comparison. If the catheter is to remain in situ, a "salvage technique" is utilized whereby IV antibiotics are administered through the affected CVC and occasionally an 'antibiotic lock' is allowed to dwell in the CVC during non-infusion times, in place of the usual Hepalean lock. For patients who experience repeated CRBSI we utilize a drug called Taurolidine 2% as a prophylactic flush solution instead of the usual Hepalean lock.

Conclusion: Sharing these procedures may assist us in refining the art of accessing and maintaining CVC, which in turn minimizes risks and improves patency outcomes in patients for whom CVC is a lifeline.

Safety and Efficacy Using CO₂ as an Insufflation Gas in Endoscopy

Reni Vorne, RN, Daisy Li, RN, Division of Gastroenterology, Therapeutic Endoscopy, St. Michael's Hospital, Toronto, ON

Background and Aims: Insufflation of gas (air or CO₂) is a necessity during Endoscopic procedures in order to obtain good visualization of the gastrointestinal tract which in turn allows diagnostic and therapeutic procedures to be performed safely. The aim of this poster is to show that CO₂, with its rapid absorption in the gut, is a safer and more efficient insufflator than air.

Discussion: CO₂ provides greater advantages over air in many ways: 1) Reduces gut distension therefore, causing less pain, requiring less sedation and reducing procedure time. 2) Reduced compromise of blood flow to the gut due to a decrease in intra-luminal pressure. 3) Reduced risk of explosion in an unclean bowel while using electrocautery, as CO₂ is a non combustible gas compared to room air which has 21% oxygen. 4) Air does not get absorbed into the gut and has to be manually aspirated through the scope, increasing the chance of missing polyps. A study using both air and CO₂ on sedated patients showed a slight increase in ETCO₂, whereas on non sedated pt there was no rise in ETCO₂ indicating that the increase was caused from hypoventilation due to sedation. In our unit, we introduced double balloon procedures which allowed the observation of areas in the gut where a regular scope could not reach. Initially cases were done using air to insufflate the gut during the procedure, requiring anaesthesia due to the increased discomfort and length of procedure. Today we are able to perform this procedure in our unit using CO₂ and conscious sedation only with a few exceptional cases still being done under anaesthesia.

Conclusion: Our experience has shown that CO₂ provides safe and superior insufflation for the gut. This conclusion is supported by our review of the literature. Unfortunately, no studies have been done on patients with severe COPD and CO₂ retention, therefore, insufflation with CO₂ should be used with extreme caution in these patients.

Endoscopy Tracking: A quality assurance Initiative fundamental to delivery of safe and effective patient care.

Eduarda Calado, Charlene Reilly & Mae Burke. Therapeutic Endoscopy Unit, St. Michael's Hospital, Toronto, ON

Background and Aims: An effective and timely quality assurance program is fundamental to the delivery of safe patient care. In the Therapeutic Endoscopy Unit at St Michael's Hospital, our intent was to create a tracking methodology that was capable of quickly investigating a cluster of infections or pseudo-infections associated with endoscopic procedures as well as monitoring the cleaning process. Therefore, a special emphasis of our quality assurance program is on cleaning/high-level disinfection of endoscopes and scope identification.

Method: The system begins with the bar coding of all endoscopes, each with their scope type and unique serial number. Before each procedure the scope bar code is swiped and three stickers are printed with the scope information. One sticker is attached to the patients chart, the second sticker is placed on the patient's label with the demographic information, and the third scope sticker is placed on the tracking sheet in the decontamination room. When the procedure is completed the patient label with sticker is carried with the scope through the initial cleaning process and then on to the automated reprocessing machine. After the high level disinfection program is completed the scope information and patient label is attached to the machine print out and the operator signs to assure that all steps were followed.

Through the ORSOS computerized post case system, the scope number and patient information are recorded. This makes it possible to track the scope usages, and as well monitor the cleaning process, ensuring all the cleaning steps are followed correctly. We are also able to quickly assess usages in the event of an infection cluster.

Conclusion: The endoscopy tracking system ensures that all health care personnel are accountable for, and understand the importance of the scope reprocessing process and the records are maintained and adhered to measurable reprocessing standards. With this system accurate and easily accessible records are maintained and any infection control concerns are located immediately and addressed in order to assure patient safety.

Welcome to a New CSGNA Chapter

Alberta Southwest Regional Chapter

The new season has just begun. Our annual conference is over. Many chapters are scurrying madly around getting their new schedules organized. New members are welcomed and retiring members are bid farewell.

As I write this on this Thanksgiving weekend, many thoughts of times gone by come to mind. We think about our families and friends, some of whom are no longer with us. We think of our professional relationships, some of which are not as good as they could be. We contemplate where we've been and where we're going.

It is all too easy to become consumed by the activities involved in getting the turkey on the table and making sure that everyone has enough of their favourite desserts. It is easy to forget why we are celebrating on this day of thanks.

In Canada, we are fortunate in so many ways and we often take our blessings for granted. As members of CSGNA, we are blessed in that we have a group with a free voice. We can speak out in support of higher ideals and principles. We are united in our efforts to ensure that

our patients get the best treatment that we can provide.

It seems fitting that on this weekend we see the birth of a new CSGNA chapter in western Canada. We see the optimism and thrill of becoming part of something new and proactive. We feel the energy, excitement and commitment of nurses convinced that a few people of like mind can make a difference. As we give thanks for our gifts, we also give encouragement and support to this new budding group and wish them well in the coming year. All of us are united by the

common human experience that we observe and live every day in our work and our lives. To this union, we welcome our new chapter with open arms knowing that they are destined to show us new creativity and commitment in their activities.

Congratulations to the fifteen members of the Alberta Southwest Regional Chapter on the creation of this new chapter. Their adventurous journey is about to begin.

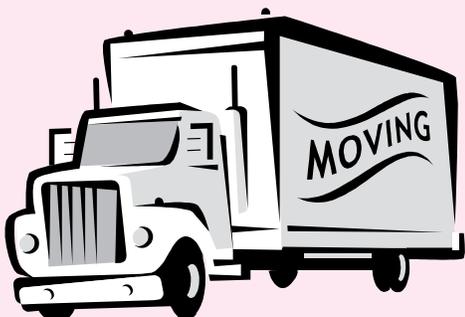
Respectfully submitted by
Sue Drysdale, RN, BA, CGRN, CGN(C)
Canada West Director ♦

I was looking forward to the national conference in Toronto to fulfill required hours for GI specific learning for recertification and, of course, to increase and update my knowledge base. After I received the agenda for the conference, I really wanted to attend because of the class options that were being offered and the live endoscopy. I feel that when I take these opportunities to learn more, I am a much better resource for my co-workers and patients. I find these conferences instill in me a greater desire to learn even

more, and be excited about the field that I have the opportunity to work in. This year I found it especially helpful to network as we prepare to start our own chapter in Southern Alberta. I came home with great insights and ideas that will work for us in this endeavor. I think the CSGNA is a great organization that inspires its members. I'm glad to be a part of it.

Respectfully submitted by
Merrill Wight, RN, CGN(C)
Lethbridge Regional Hospital

CHANGE OF NAME/ADDRESS



NAME: _____

NEW ADDRESS: _____

CITY: _____ PROV.: _____ POSTAL CODE: _____

PHONE: _____ FAX: _____

E-MAIL: _____

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

BYLAWS

CANADIAN SOCIETY OF GASTROENTEROLOGY NURSES AND ASSOCIATES

REVISED September 2009

Canadian Society of Gastroenterology Nurses and Associates

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
The Office of the Society shall be the location of the Executive Assistant; presently #224, 1540 Cornwall Road, Oakville, ON L6J 7W5
 - 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 Executive Assistant.
- 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 March 31st 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 no 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, Education Director, Practice Director, Newsletter Editor & Website Director, Awards & Research Director, 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, Awards & Research Director, Education Director and Newsletter Editor & Website Director 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 and Canada West Director shall be held in odd numbered years.
- 11.11 Elections to fill the offices of Newsletter Editor & Website Director, Awards & Research Director, Canada Centre Director, Public Relations Director and Practice 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 EXECUTIVE ASSISTANT

THE EXECUTIVE ASSISTANT SHALL:

- 13.5.0 Collect and maintain documentation of all CSGNA members. Personal information collected will remain confidential and used strictly for CSGNA membership benefits.
- 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 distribution of *The Guiding Light* and Chapter membership lists to the Chapter Executive 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.
- 13.6.4 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.
- 13.6.7 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.

THE AWARDS & RESEARCH DIRECTOR

THE AWARDS & RESEARCH DIRECTOR SHALL

- 13.11.1 Promote scholarships and awards
 - 13.11.2 Allocate scholarships in consultation with President and President-elect based on the established point system.
 - 13.11.3 Keep database of all scholarship candidates and recipients
 - 13.11.4 Review scholarship criteria annually.
- 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 five (5) 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, censured, 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 & Website Director 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 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 committee 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 President, President elect and 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.
- 19.6 PRACTICE COMMITTEE SHALL:
 - 19.6.1 Be chaired by the Practice Director.
 - 19.6.2 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.
- 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 Regional Director who will present the proposal to the National Board.
- 21.5 The local group and the Regional Director will determine geographical boundaries for the chapter.
- 21.6 The Executive Assistant 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 Regional 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 their Regional Director by December 31 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 it's 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.



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At Olympus Canada, we constantly seek creative and customer-centric solutions to help you improve efficiency, minimize costs, and optimize service delivery while enhancing patient care, safety and satisfaction. As your leading healthcare solutions provider, Olympus Canada works with you to:

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2009 Scholarship Award Recipients

CAG Research: Usha Chauhan
Endoscopy Nurse: Joanne Glen

Olympus Patricia Coghlan Award: Betty Leong Lee Ryder

SciCan Award: Joan McKechnie

GI professional Nursing Award: Maria Cirocco

Annual Membership Scholarship: Ellen Coady, Francine Nyentap, Sandra Stone, Debra Taggart,
Judith Spencer

Mew Member: Darlene Mahar

Michelle Paquette Certification: Cindy Carusetta

Michelle Paquette Recertification: Nancy Campbell

Olympus \$500.00 Draw Award: Shafina Bandali, Madonna Barker, Kim Bernard, Shannon Bowery,
Audrey Boyce, Stephanie Carr, Gert Cloutier, Krista Combden, Diane Deacom, Karen Dudzinski,
Patsy Gosse, Beverley Herzog, Jean Hoover, Cathleen Hughes, Brenda Janzi, Joan Jonkhout,
Edna Lang, Judy Levy, Janice McCall, Diana McPherson, Vicki Oberg, Wendy Schaufert,
Judith Spencer, Lori Taylor, Paula Triantafillou, Connie Westcott



New Member Scholarship Recipient, Darlene Mahar.



SciCan Award Recipient, Joan McKechnie.



Annual Membership Scholarship Award Recipients.



Olympus Patricia Coghlan Award Recipient, Betty Leong Lee Ryder.



Olympus \$500.00 Draw Award Recipients.



M. Paquette Certification Award Recipient, Cindy Carusetta.
The Guiding Light



M. Paquette Recertification Award Recipient, Nancy Campbell.



Canadian Society of Gastroenterology Nurses & Associates

Société canadienne des infirmières et infirmiers en gastroentérologie et travailleurs associés

CSGNA Membership ends May 31st each year

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

MEMBERSHIP APPLICATION (CHECK ONE)

ACTIVE \$100.00

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 \$100.00

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 \$50.00

Open to members not actively engaged in gastroenterology nursing practice.

LIFETIME MEMBERSHIP

Appointed by CSGNA Executive.

FORMULE D'APPLICATION (COCHEZ UN)

ACTIVE 100,00\$

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 100,00\$

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

RETRAITÉ 50,00\$

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'AIIC

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.)

Language: English _____ French _____ Bilingual _____

CSGNA Chapter Executive List 2009

BRITISH COLUMBIA

Vancouver Island Chapter

President: Corrie Osborne
Email: corrie.osborne@viha.ca
Secretary: Vicky Oberg
Treasurer: Marilyn Doehnel

Vancouver Regional Chapter

President: Judy Deslippe
Patient Services Coordinator
Richmond Hospital
7000 Westminster Hwy
Richmond, BC V6X 1A2
Email: judy.deslippe@vch.ca
604-278-9711 X 4187 (W)
Secretary: Judy Robinson
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: Caroline MacPherson
Treasurer: Audrey Bouwmeester

ALBERTA

Calgary Chapter

President: Connie Wescott
Peter Lougheed Centre G.I. Unit 18
3500-26 Avenue NE
Calgary, AB T1Y 6J4
403-943-4922 (W)
Email: wescottc@shaw.ca
Secretary: Michelle Laroque
Treasurer: Wendy Schaufert

Edmonton Chapter

President: Yvonne Verklan
Misericordia Community Hospital
Endoscopy Unit
16940-87 Avenue
Edmonton, AB T5R 4H5
Email: yvohver@gmail.com
Secretary: Judy Langner
Treasurer: Jo-Anne Goett-MacHattie

Central Alberta Chapter

President: Audrey Pennycook
Secretary: Lisa Westin
Treasurer: Judy Klaus

Alberta Southwest Regional Chapter

President: Barb Harbers
Email: geraldncbarb@shaw.ca
Secretary: Corrie Forbes
Treasurer: Merrill Wight

SASKATCHEWAN

Regina Chapter

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

MANITOBA

Manitoba Chapter

President: Susan Drysdale
204-983-2276 (W)
Email: suzieannedrysdale@hotmail.com
Email: sadrysdale@shaw.ca
Secretary: Barb Den Boer
Treasurer: Donna Lagimodiere

ONTARIO

Ottawa Chapter

President: Rachel Thibault-Walsh
Email: rwalsh@montfort.on.ca
Secretary: Monique Travers
Treasurer: Micheline Lafrance

Golden Horseshoe Chapter

President: Alma Smith
Email: almaandadrian@sympatico.ca
Secretary: Penny Murray
Treasurer: Shannon Lindsay

Central Ontario Chapter

President: Donna Bremaud
Email: bremaud1@rogers.com
Secretary: Janet Young-Laurin
Treasurer: Heidi Furman

South Western Ontario Chapter

President: Victoria Lypps
519-978-4444 ext. 3241
Email: jimandvicky_lypps@hotmail.com
Secretary: Janice Scussolin
Treasurer: Janice Sutton

Greater Toronto Chapter

President: Jacqui Ho
Scarborough Hospital, Grace Campus,
Ambulatory Care Dept.
3030 Birchmount Road
Scarborough, ON M1W 3W3
416-495-2552
Email: jho@tsh.to
Secretary: Lorraine Majcen
Treasurer: Donna Joncas

London and Area Chapter

President: Debbie Holmes
Email: deborah.holmes@lhsc.on.ca
Secretary: Dale Glover
Treasurer: Rosa Crecca

QUEBEC

Montreal Chapter

President: Mildred Clement
St. Mary's Hosp. Center
3830 Avenue Lacombe, Rm B348
Montreal, QC H3T 1M3
514-345-3511 X 3265 (W)
Email: mil_clement@msn.com
Secretary: Bette Lee Ryder
Treasurer: Norma Baysa

NEW BRUNSWICK & PEI

New Brunswick & PEI

President: Cathy Arnold
Email: cathy.arnold@serha.ca
Secretary: Lana Ivany
Treasurer: Chris Cohoon

NOVA SCOTIA

Nova Scotia Chapter

President: Edna Lang
Email: ednalang@hotmail.com
Secretary: Sandra Marshall
Treasurer: Lisa McGee

NEWFOUNDLAND

Newfoundland Chapter

President: Linda Feltham
709-777-6824 (W)
Email: linda.feltham@easternhealth.ca
Secretary: Tracey Walsh
Treasurer: June Peckham

CSGNA EDUCATION COMMITTEE POINT SCORING SYSTEM FOR AWARDING SCHOLARSHIPS

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

Revised February 2009



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

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 \$750 each, to be used for travel to the annual Canadian Digestive Diseases Week (CDDW) meeting. The prize also includes a 1-year membership to CAG and CDDW registration.

ELIGIBILITY:

1. Current, active member of CSGNA for at least two years.
2. Active supporter of CSGNA 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.

PLEASE SEND YOUR APPLICATION FORM AND SUBMISSIONS TO THE RESEARCH AND AWARDS DIRECTOR, AT THE ABOVE ADDRESS, BY **DECEMBER 1** OF THE CURRENT YEAR.

NAME: _____

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

HOME ADDRESS: _____

CITY: _____ PROV: _____

POSTAL CODE: _____ HOME TELEPHONE: _____

FAX: _____ E-MAIL: _____

HOSPITAL/EMPLOYER: _____

WORK ADDRESS: _____

CITY: _____ PROV: _____

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

SIGNATURE _____ DATE _____

Revised October 2008

CSGNA National 2009 Executive

PRESIDENT

ELAINE BURGIS

Scarborough Hospital, General
Division, Endoscopy Dept.
3050 Lawrence Avenue East
Toronto, ON M1P 2V5
Email: president@CSGNA.com

SECRETARY

USHA CHAUHAN

Hamilton Health Sciences
McMaster HSC Rm. 4W1
1200 Main Street West
Hamilton, ON L8N 3Z5
Email: usha@quickcliv.net

TREASURER

CINDY JAMES

Hamilton Health Sciences
McMaster HSC RM 4W1
1200 Main Street West
Hamilton, ON L8N 3Z5
Email: jamesc@hhsc.ca

EDUCATION DIRECTOR

MARYANNE DORAIS

Ambulatory Care Unit
Royal Inland Hospital
311 Columbia
Kamloops, BC V2C 2T1
Email: maryannedorais@shaw.ca

Send any inquiries regarding
membership to the CSGNA
Executive Assistant.

NEWSLETTER EDITOR & WEBSITE DIRECTOR

HELGA SISSON

Scarborough Hospital, General
Campus, Endoscopy Dept.
3050 Lawrence Avenue East
Toronto, ON M1P 2V5
Email: hsisson99@rogers.com

CANADA EAST DIRECTOR

MABEL CHAYTOR

78 Petten Road
CBS NL A1X 4C8
Email: mabelchaytor@hotmail.com

PRACTICE DIRECTOR

PAULINE PORTER

St. Michael's Hospital
16cc South Endoscopy
30 Bond Street
Toronto, ON M5B 1W8
Email: porterp@smh.toronto.on.ca

CANADA WEST DIRECTOR

SUSAN DRYSDALE

63 Claremont Avenue
Winnipeg, MB R2H 1V7
Email:
suzieannedrysdale@hotmail.com

PRESIDENT ELECT

JOANNE GLEN

Red Deer Regional Hosp.
Endoscopy Unit
Red Deer, AB T4N 4E7
Email: presidentelect@CSGNA.com

AWARDS & RESEARCH DIRECTOR

DONNA BREMAUD

Ambulatory Day Care
Southlake Regional Health Center
596 Davis Drive
Newmarket, ON L3Y 2P9
Email: bremaud1@hotmail.com

CANADA CENTRE DIRECTOR

BETTY KENNAH

Hamilton Health Sciences
Endoscopy Unit-McMaster Site
1200 Main Street West
Hamilton, ON L8N 3Z5
Email: kennah@hhsc.ca

PUBLIC RELATIONS

YVONNE VERKLAN

Misericordia Hospital
Endoscopy Unit
16940 - 87 Avenue
Edmonton, AB T5R 4H5
Email: yvohver@gmail.com

CSGNA EXECUTIVE ASSISTANT

PALMA COLACINO

#224, 1540 Cornwall Road
Oakville, ON L6J 7W5
905-829-8794
Toll Free # 1-866-544-8794
Email: palma@cag-acg.org

www.csgna.com