



# The Guiding Light

CANADIAN SOCIETY OF GASTROENTEROLOGY NURSES & ASSOCIATES

NOVEMBER 2003 VOL. 13 #50

## The Changing Face of Nursing in the New Millennium

Lorie McGeough, President, CSGNA

The 1990s were an extremely tough decade for the nursing profession, downsizing and nursing shortages created turmoil with the profession and continue to do so. Heated debate continues to sweep the country about the current and future state of this time honoured profession. We have seen a shift from an abundance of nurses to critical shortages. Although this has affected each province. This paper will focus on some of the trends and issues that are shaping the future of nursing in Saskatchewan. It will explore demographic trends of, the increasing age of nurses, replacement of nurses by less-skilled workers, and the loss of morale within the workplace. The paper will also point out significant new trends that will impact the future of nursing in Saskatchewan.

### DEMOGRAPHIC TRENDS OF THE CANADIAN WORKFORCE

Although the labour market forecast for health care appears fairly good, some categories of health care workers, including and particularly nurses, have been affected adversely by hospital closures and downsizing ([www.hcsc.gc.ca/homecare/english/hr2.html](http://www.hcsc.gc.ca/homecare/english/hr2.html)).

In November 1997, the Canadian Nurses Association released a study that predicted a severe shortage of Registered Nurses (RNs) which will

last until 2013. Some of the trends and issues influencing these shortages include: an aging workforce, fewer people entering the profession, and increasing health care needs of the population ([www.sunnurses.sk.ca/about\\_history/majorshortage.html](http://www.sunnurses.sk.ca/about_history/majorshortage.html)). Other factors influencing RN shortages from closures and downsizing include: lack of full time positions available, reductions in government funding of nursing programs, and lack of day care ([www.hcsc.gc.ca/homecare/english/hr2.html](http://www.hcsc.gc.ca/homecare/english/hr2.html)). By the year 2011, Canada will experience a nationwide shortfall of up to 113,000 Registered Nurses (Sibbald 1999).

Although there have been nursing shortages before, this one is different. Shortages, which began sometime in the 1970s, tended to be cyclical in nature. Early trends in nursing indicated that while nursing was one of the main professions in which women were welcomed, few women went into the profession with the intention of staying for a life time career, there was a quick turn over of nurses as a result of women working only part time or leaving the profession to have families. Previously (1970s), new graduates always came along, or older nurses who returned to work corrected any shortages in the nursing work force. Today's shortages cannot be left to correct themselves in the same way. The number of graduates is down, and fewer women

are choosing nursing as a career ([www.angelfire.com/sk/healthgaffes/reprinti.html](http://www.angelfire.com/sk/healthgaffes/reprinti.html)).

### THE AGING NURSE

Canada's 9.9 million baby boomers began to turn fifty in 1997. As the age of the worker increases, diseases such as, diabetes, heart disease, muscle and skeletal problems, arthritis, and cancer become more prevalent taking its toll on the largest working population in the world (Foot, 1996). Most Registered Nurses (RNs) are able to retire at age 55 or even earlier, since their retirement corresponds to their years of service plus their age. Saskatchewan has an increasing number of RNs in the age group 45 to 54, and relatively few in the over 55 age group. The average age of nurses in Saskatchewan is 44.1 (higher than the

*continued on page 2*

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national average). Over fifty per cent of Saskatchewan's nursing workforce are eligible for retirement in the next 10 years ([www.srna.org/communications/releases/2002\\_june\\_18.php](http://www.srna.org/communications/releases/2002_june_18.php)). As the baby boomers retire, more nurses will need to be replaced ([www.sasktrends.ca](http://www.sasktrends.ca)). Saskatchewan has the largest decrease in the number of RNs per province, a staggering decrease of four per cent in 2000-01. There were 8,198 RNs in 2001 as compared to 8,543 in 2000 ([www.srna.org/communications/releases/2002\\_june\\_18.php](http://www.srna.org/communications/releases/2002_june_18.php)).

Without a solution in the current trend the Saskatchewan health system will be left in a very critical condition.

## **THE DEVALUED AND DEMORALIZED NURSE**

What is going on with nursing? Has Florence Nightingale's traditions and values died? What has happened to the once competent skilled bedside nurse? Some argue that nursing is being deskilled. Evidence of this is apparent in the reduction of hospital-based nurses and the replacement of them by less skilled professionals and non professionals. Licensed Practical Nurses, Home Health Aide and Nursing Aides are replacing the Registered Nurse at the bedside and in the community (Decter, 2000). The replacement of RNs work with less skilled workers has devalued the Registered Nurse. At the same time however, RNs have long been recognized as doing many non-nursing functions, such as bed baths. Moving that work to others has freed up nurses to do their real jobs better (Decter, 2000). In Saskatchewan, the scope of practice for the Licensed Practical Nurse has been expanded to include the administration of medications and an increase in responsibility for other bedside treatments. These less skilled workers are being hired in Units where there are not enough Registered Nurses to work. Dr. Linda Aiken at the University of Pennsylvania has been doing research, which shows there is a direct connection between patient outcomes

and the skill level of the nursing personnel involved in their care (Decter, 2000). This finding is not surprising to anyone in health care.

A healthy and happy work environment is linked to a healthier (in both physical and mental health) workforce. Nurses who rate their workplace as positive have fewer absences due to illness, lower rates of muscle and skeletal pain and better self-rated health (Shamian, 2001). A Canadian study of nursing from British Columbia and Ontario shows findings that suggest that the most important characteristics predictive of RNs emotional exhaustion or satisfaction with their jobs are to have control over their work environment. This includes having enough resources and having effective leadership. Other studies, including two in Saskatchewan, have repeated these findings (Clark, Laschinger, Giovannetti, 2001).

The Saskatchewan Registered Nurses Association (SRNA) has developed a Quality Workplace Program (QWP) to help improve nursing environments in Saskatchewan. A major guiding principle of this program is to involve frontline workers in improving their working conditions. By using a shared decision-making process, frontline staff and managers are able to assess the workplace, plan and implement effective changes together. On evaluation of this program and its impact on the workplace the following trends were noted: better communication among staff, departments and management. Staff saw management as more approachable and supportive. Staff shared a sense of empowerment, a feeling that they had a voice and could make decisions. They became action oriented in solving issues. Many noted that there was a significant increase in morale. Based on these findings the SRNA, along with the Health Quality Council, have submitted the following recommendations to Saskatchewan Health. The recommendations centre on five main themes: developing a systems approach which integrates all facilities of the health picture, sup-

porting the principles of the program, encouraging collaboration, nurturing leadership, and ensuring long term evaluation (Improving Nursing Workplaces for Health, 2003).

## **NEW TREND INITIATIVES**

The future of nursing in Saskatchewan lies in the action plan of its people and government. The action plan for Saskatchewan, *Healthy People. A Healthy Province* (2001) outlines new initiatives for the province. The plan highlights initiatives such as retaining and recruiting health care providers, planning for higher levels of quality of care, allowing quicker access to care, promoting of healthy communities, increasing in funding for nursing programs, decreasing surgical wait lists and developing a 24 hour telephone line that offers immediate access to health advice.

One of the most significant trends the government will initiate is the funding for over 100 more student nurse seats over the next three years. The expansion will represent a 120% increase in the number of student nurses since 1999. Health minister John Nilson has indicated that the increase in enrolment will ensure an adequate supply of nurses for the long term. The increase in enrolment will be phased in over three years in order to maintain the quality of the program as it expands. The increases will cost the province about \$4.4 million annually (Adam, 2003).

When health care restructuring in the 1990s eliminated thousands of jobs while the number of training seats were cut in half, nursing careers became very low on the list of sought after careers. By 1996, Saskatchewan could not fill the forty student nurse spots. This year, there are more than 1,000 qualified applicants for the nursing program. Training in the nursing portfolio has also become more flexible. Students are allowed to fast track their training so that they can finish the program in three to three and a half years instead of four. In addition to this flexibility, the government is offering signing

bonuses, return service bursaries and more full time jobs to new graduates.

Recruitment strategies also include attracting more aboriginal students to health related occupations by providing educational supports and cultural awareness programs to the workplaces (Adam, 2003).

One very important trend in Saskatchewan is telenursing. Telenursing puts nurses on telephone lines to assist with triage and to recommend the most appropriate course of action for the consumer. It is these consumers who may otherwise present to the Emergency departments at considerably more cost to the health care system than a phone call (Decter, 2000). This service was a key recommendation of the *Healthy People. A Healthy Province*, action plan for Saskatchewan. RNs will be recommending the most appropriate course of action for the consumer (Riess, 2003). With the government investing in these new trends and initiatives, Saskatchewan has a glimmer of hope for the future.

### AUTHOR'S PERSPECTIVE

In my twenty five years of nursing experience what I see as the driving forces, critical issues, current and future trends very much concur with what has already been cited in this paper.

One critical issue is the lack of effective leadership in administrative positions over the past decade. This has certainly contributed to the horrific loss of morale among nurses. The lack of support and failure to recognize and acknowledge the dedicated work of the current nursing workforce has led to unhappy and unhealthy nurses. I have watched nursing units struggle with poor morale for over a decade. Nurses simply struggle to make it through a shift. Fortunately in the past three

years, I have seen a shift in leadership. Newly hired management appears to be trying to create a more people oriented workplace by including the front line workers in decision making and being a physical presence. I am confident this attitude will contribute to a boost in morale and health employees.

I have also seen an increase in nursing students over the past two years. This is very encouraging. While it does not deal with the immediate shortage, it does give hope for the future.

The telenursing concept is brilliant. However, Saskatchewan's timing of the phone line has created a critical situation in many acute care units. When the phone line was implemented in July 2003, this directly conflicted with the holiday time of nurses across the province. About 30 RNs have taken a position with the Health Line, leaving their units critically short of nurses for the summer months. When something like this happens, it leaves one wondering who makes these decisions and how informed their decision making has been.

### CONCLUSION

Saskatchewan faces many challenges in the new millennium as nursing changes at an incredibly fast pace. New trends emerge, old ones resurface or are rendered obsolete. Fortunately, the government has finally decided to take notice and implement an action plan. Their action plan is forward looking and encouraging through recognizing significant trends such as an aging nursing population, low morale and replacement by lesser skilled personnel. They display insight by recognizing the answers are inside the issues, and by doing this Saskatchewan Health may overcome its current and future nursing issues.

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## ADVERTISING

The CSGNA Newsletter "The Guiding Light" welcomes requests for advertisements pertaining to employment. A nominal fee will be assessed based on size. For more information contact the editor.

Kay Rhodes – [kay.rhodes@sw.ca](mailto:kay.rhodes@sw.ca)

# THE YUKON EXPERIENCE

Debbie Taggart, RN, BN, CGRN  
Public Relations Director

In August I had the pleasure of visiting the Yukon Territory. In Whitehorse I met GI nurses with the same concerns as those in larger centres and throughout Canada. Patient care, conscious sedation, staff retention, number of nurses per procedure room, length of stay after a procedure, equipment management, and lifelong learning were only a few of the issues raised by these northern nurses under the leadership of Penny Rawlings, Clinical Care Manager. They welcomed me into their unit, invited me to have coffee with them, and talked freely about their workplace and practice. Betsy spoke with me about their protocol for giving Remicade. Their new hospital would make many envious and most of their endoscopy procedures are performed in the operating room with anesthetist support.

I was very impressed with the committed SPD staff that cleans the scopes and equipment. Don and those who work with him take an obvious pride in their work. We discussed their

high level disinfection, AER, and the practice of a very few places in North America who do random scope sampling for risk management purposes. They were very interested in what goes on elsewhere.

I also had the opportunity to meet with Patricia McClelland, president of the Yukon Registered Nurses Association. This keen volunteer with three other jobs was willing to share with me her love of the North and the challenges facing nursing leaders in such a vast area with a small population. Outside Whitehorse, nursing stations are the norm.

I would be remiss if I did not mention meeting a very special lady, Josey Sias from Kluane Lake, a beautiful spot about 3 hours from Whitehorse. Josey is a 2003 recipient of the Order of Canada, a rare distinction anywhere. Josey was recognized for her community work and volunteerism. She happily shares her mother's stories about life on the land, prayers to the wildlife that provide sustenance, as well as the

heartache experienced in sending children away for education. Josey's kind, nurturing manner was heartwarming and reminded me of special nurses I know. Her kindness will always be remembered as a highlight of my trip.

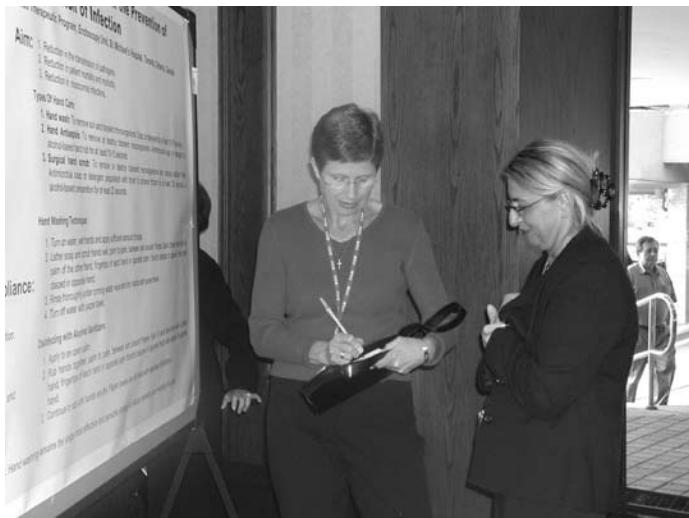
Ever wonder what other centres do but were afraid to ask or didn't know how to find out? Consider doing what I did. Contact a unit in a place you'll be visiting and ask to see their unit. Your national directors can help you make these contacts. My guess is your request will be well received. While there, compare practice. Share what has worked for you and what hasn't. Listen to how others provide care to their patients. Broaden your horizons and thinking. You'll never regret it. My thanks go to those in the Yukon who made me feel so welcome.

[www.csgna.com](http://www.csgna.com)

Log on and check out exciting additions to the website!

Debbie Taggart, PR Director

I went to a bookstore and asked the saleswoman: "Where's the self-help section?"  
She said if she told me, it would defeat the purpose.





## THE SCOPE OF TORONTO: TOP TO BOTTOM **Holiday Inn Select** **Toronto Airport** **Toronto – Sept. 18-20, 2003**

### GREETINGS FROM THE CONFERENCE PLANNING COMMITTEE

It's hard to believe our conference is over; this past year and a half has just flown by. Again, I must thank the conference planning committee for dedicating many hours of hard work, it certainly was a group effort.

We hope everyone enjoyed the weekend as much as we enjoyed planning it. The accolades were overwhelming, according to the nurses who personally approached me. The written evaluations concur with these thoughts. The speakers were outstanding. The hotel was a good venue, people enjoyed staying in house. The vendor displays met the needs of our new and seasoned members. We couldn't be more pleased with the outcome. Let's keep our momentum going, come out to support our conference in Calgary, 2004.

Challenge yourself to present a poster at next years conference, or be part of your local committee, or National committee. Step outside of the comfort zone, you will be rewarded with new friendships, a lot of networking and significant personal and professional growth.

This conference planning committee looks forward to seeing everyone in Calgary; we would also like to extend our best wishes to the Calgary planning committee.

Gail Stewart,  
Chair, C.S.G.N.A. Conference Planning Committee, 2003



2003 Toronto Planning Committee.

## POSTER PRESENTATION

Maria Cirocco is a wonderful mentor, she **FORCED/challenged** me to produce a poster for our C.S.G.N.A. Conference in Toronto 2003. I must admit it was a fantastic learning tool and phenomenal personal growth for me.

I didn't feel I had anything worthwhile to share with my colleagues. Maria simply asked me "What do you do? How can you share your experience with other nurses?". I immediately thought about my experience as a patient advocate in the preparation for colonoscopy. I am fortunate to work with a Gastroenterologist who allowed me to research different aspects of taking and the effects of a 4 litre prep compared to 2 fleet phosphate preps. Once the idea popped in my head, Maria gave me an outline to put my thoughts on paper. The process was relatively easy (under Maria's tutoring). Once the ideas were on paper, I asked Maria "Now, how do I make a poster". Her response was "you already have". It really was as simple as that.

I have learned that making a poster is not as difficult as I thought. I know what to do to improve upon my presentation. I learned how to make a graph and the information you think you are expressing needs to be critiqued by someone else.

I would encourage everyone to step out of their comfort zone and step up to the next level of learning. There are several nurses who are more than willing to act as mentors, ask and you will receive.

We had 18 posters at our conference this year, next year there should be more. Look for the abstracts from the conference in our Guiding Light.

Gail Stewart

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If a turtle doesn't have a shell,  
is he homeless or naked?

# Poster Presentations at the National Conference: Why the need?

**Pauline Porter, R.N., BScN, Minimal Access Therapeutic Program, Endoscopy Unit, St. Michael's Hospital, Toronto, Ontario, Canada**

The wonderful thing about a poster presentation is it is less intimidating than a paper presentation. However it still requires organization and knowledge of the topic being displayed. The other positive surrounding poster presentation is the interaction between the presenter and participants. This is a no pressure tool for learning and sharing of knowledge. The participant is able to read and absorb the material at his or her own pace. The other plus is the participant can ask questions of the presenter who is near by if further clarification is needed. The goals of a poster presentation are to communicate information in a visual medium and to improve nursing practice and patient care.

The most challenging component of a poster presentation was writing the abstract. The abstract is the introduction to the poster presentation. It should be clear and focus on the most important aspects of the chosen topic. The abstract should generate audience

interest and focus on the conference objectives or theme. This is where a lot of time is spent choosing the topic, researching the topic, organizing the material and condensing the material into a single page paper.

The topics I chose were Negative Pressure Rooms, Hand Washing, and EEMS a Patient's Choice. I was excited when I was approached by Maria Cirocco to present the above topics as they are my pet peeves. Hand washing is every nurse's best defence against the spread of disease. Negative pressure rooms are needed in the containment of air-borne viruses. In a patient's choice for EEMS (Expandable Esophageal Metal Stent), the nurse can facilitate understanding of the procedure, what will change after the placement of the stent, reinforce that it is not a cure but an option and the most important to listen.

It was from my Negative Pressure Rooms and Hand washing poster presentation that I was able to share

my knowledge outside the conference and outside my place of employment. This is an active way to network and to improve nursing practice and patient care. I was thrilled to speak to a class of thirty-three nurses on the importance of the two previously mentioned topics. Actually according to the nurses I work with talking is not a problem for me, it is not talking that is the problem.

In the poster Negative Pressure Rooms: Why Isolate, the aim is prevention. The prevention of the outbreaks of air borne diseases in high-risk areas can be contained through education and understanding the three principals of pressure rooms. A break in technique can cause an outbreak such as tuberculosis by a failure to understand the underlying principles. This is where a poster presentation can say a thousand words. The abstract outlined the information to be displayed, the poster presented important information in how and why we isolate. It gives the



*Posters.*



*Scholarship Winners.*

participants a time to absorb the information and formulate questions about the three principles involved. This one to one interaction between presenter and participant foster an environment of learning and a sharing of ideas. It breaks down some of the barriers of communication as some participants are not comfortable asking question in a large conference setting.

In the poster Hand Washing: A Nurse's First Defence in the Prevention of Transmission of Infection the aims are clearly stated as the need to reduce the transmission of pathogens, patient mortality and morbidity and nosocomial infections. It appears hand washing is an on-going learning process, but health care professionals are still lacking in compliance. This poster offered suggestions to change behaviors and increase compliance to hand washing. The attitude towards hand washing has to be addressed. It is the compliance issue that causes this topic to be revisited. The poster defined the types of hand care and hand washing

techniques. Again this is a learning tool that is presented in a non threatening manner. It should be stressed that hand washing continues to be a necessary and valuable skill and the most effective and sensible strategy to reduce mortality and morbidity from the transmission of infection.

In conclusion poster presentations at the national conference are needed to improve nursing practice and patient care. It is a great way to share knowledge and to interact with other colleagues. It is not just a learning opportunity for the participants but a great vehicle for the presenter to expand their knowledge base and to network. It gives opportunities to think outside the box and have others catch the enthusiasm for your topic. Poster presentations offer the participants a non threatening environment to learn and ask questions. The final bonus is the freedom to be creative with the poster. It was fun and a true learning tool for me.

**CSGNA Education Corner**

- SCHOLARSHIPS
- FOUNDATIONS
- SPKERS BUREAU
- POSITION STATEMENTS
- TOPICS
- POSTERS
- GUIDELINES
- CEUS
- EVALUATIONS

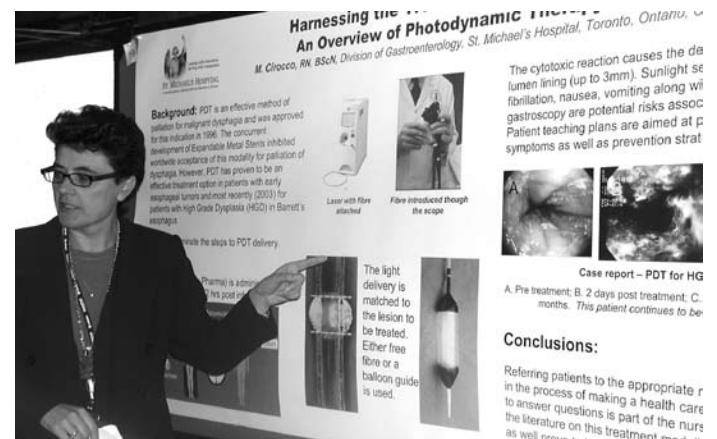
Announcements from the Education Committee

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

Education Committee Members:

- Deb Taggart - Calgary
- Elaine Burgis - Toronto
- Branka Stefanac - Kitchner
- 4 members at large
- Education Chair, Michele Paquette

Phone: 613-737-8384



## CHANGE OF NAME ADDRESS/NAME

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# CSGNA ... Why Join Us?

Lorie McGeough, President CSGNA

More than 500 Registered Nurses and Associate Professionals across Canada are active, participating members of the Canadian Society of Gastroenterology Nurses and Associates (CSGNA). Members that share and collaborate work and other related activities.

For 19 years the CSGNA has been the voice of the past, present and future of gastroenterology and endoscopy nursing practice.

By joining the CSGNA you will enhance your personal and professional growth and prepare yourself for the ever changing future of nursing practice. The CSGNA can provide you and

your workplace with the tools needed to increase your level of expertise and commitment to the field and future of gastroenterology nursing.

The CSGNA, provides its members with tools such as:

- standards of practice
- orientation packages
- guidelines
- policies
- scholarships
- position statements
- newsletters
- speakers bureau
- chapter packages
- membership lists
- certification

Through the above mentioned tools, the CSGNA is able to link nurses and associates across the country and the globe with an incredible network of contacts. The CSGNA has been able to rise to an international level of recognition, thanks to the dedication of many of its members.

To those of you that may be new to the organization, we say welcome. To those of you that are continuing supporters of the organization, we say thank you, you are the ones that have made us what we are!

# Giving Credit ... where credit is due!

Lorie McGeough, President, CSGNA

I would like to take this opportunity to thank the CSGNA Annual Conference Planning Committee of Toronto for their outstanding team work and commitment to excellence. Through your hard work and valuable time you have executed an excellent conference, filled with opportunity for growth and development for all that attended. The syllabus will remain a valuable resource tool for those who will share it among their work places. The ability to network with colleagues and business associates was outstand-

ing. You have set a new standard for poster presentations that will carry on from this point forward, a job well done! You are truly all leaders and have set an exemplary example for all to follow.

Thanks to the following:

- Cathy Bidwell
- Elaine Binger
- Elaine Burgis
- Eduarda Calado
- Maria Cirocco
- Bev Gilley-Yannuzzi
- Cindy Hamilton

Jacqui Ho  
Jean Hoover  
Donna Joncas  
Brenda Lach  
Lorraine Majcen  
Barb McCullough  
Seta Prashad  
Kay Rhodes  
Shirley Samms  
Gail Stewart  
Belinda Tham  
Anne Thurber

## GUIDELINES FOR SUBMISSION to “THE GUIDING LIGHT”

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

## C.S.G.N.A. DISCLAIMER

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

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

## THE IMPORTANCE OF CERTIFICATION TO EVERYONE

Health care reform has been influenced by a growing consumer interest and participation. There is also a public interest in the accountability of licensing and certification boards. But the public is not alone in demanding competent providers. Professions also want to ensure the public is well served, particularly in these times of fiscal restraint.

The mission of the Canadian Nurses Association (CNA), and by extension, the mandate of the Certification Program is to advance the quality of nursing in the interest of the public.

By promoting high standards of practice, education, research and administration, CNA is able to advance the quality of nursing in the interest of the public. The Certification Program further promotes high quality nursing care in nursing specialties.

By confirming that a registered nurse has demonstrated competence in a nursing specialty by having met pre-determined national standards of that specialty, the program benefits both nurses and the public. The public receives high quality care, while nurses have an opportunity to validate their current competence in a specialty and receive recognition through a credential for that competence.

Though voluntary, the Certification Program offers nurses the chance to prove how committed they are to high quality of care.

The program also supports a unique opportunity for life long learning. And in certain situations, certification may make the difference in getting a job.

Congratulations to the Gastroenterological group of registered nurses who have been officially designated a specialty group by the CNA Certification Program and now have a national examination. The first certification exam for gastroenterology will be available to write on April 3, 2004. The deadline for applications for the April 2004 exam is November 7, 2003.

Nurses who succeed in the exam will be able to use the credential CGN(C) after their name.

The Gastroenterology Nursing Exam Committee consisted of Michele Paquette, Ottawa ON, Terry LeDressay, Whitby ON, Maria Cirocco, Toronto ON, Lorie McGeough, Regina SK, Deb Erickson, Cochrane AB, Cindy Hamilton, Burlington ON, Judy Ann Boyer, Verdun QC.

Nurses who wish to specialize in Gastroenterology are invited to contact Suzanne Gumpert RN, BScN, COHN(C), CNA Certification Coordinator 613-237-2159, ext 259 or 1-800-361-8404.

## LA CERTIFICATION EST IMPORTANTE POUR TOUT LE MONDE

La réforme des soins de santé suscite un intérêt et une participation accrue des consommateurs. Le public s'intéresse aussi à la responsabilité qu'ont les organismes de réglementation et de certification. Il n'est pas le seul toutefois à exiger des preuves de la compétence des intervenants de la santé. Les professions concernées veulent aussi s'assurer que le public est bien servi, particulièrement dans cette période de restrictions financières.

La mission de l'Association des infirmières et infirmiers du Canada (AIIC) – et donc le mandat du Programme de certification – est de faire progresser la qualité des soins infirmiers dans l'intérêt du public.

En préconisant des normes élevées de pratique, de formation, de recherche et d'administration, l'AIIC est capable de faire progresser la qualité des soins infirmiers dans l'intérêt du public. Son Programme de certification voit à ce qu'il en soit de même pour les spécialités infirmières.

Confirmant qu'une infirmière a prouvé sa compétence dans une spécialité infirmière donnée en satisfaisant à des normes prédéterminées au niveau national dans cette spécialité, le programme présente des avantages pour les infirmières comme pour les membres du public. D'une part, les consommateurs reçoivent des soins infirmiers de qualité et d'autre part, les infirmières ont la possibilité de prouver que leurs compétences sont à jour dans une spécialité, et ont la satisfaction de voir cette spécialisation reconnue grâce au titre de certification qui leur est décerné.

Le Programme de certification est facultatif, mais il offre aux infirmières l'occasion de prouver leur engagement envers des soins infirmiers de qualité.

Le Programme leur offre aussi la possibilité unique de se perfectionner tout au long de leur carrière. Dans certains cas, la certification peut être déterminante dans l'obtention d'un emploi.

Félicitations au groupe d'infirmières et d'infirmiers en gastroentérologie, une discipline que le Programme de certification de l'AIIC a désignée officiellement comme spécialité et pour laquelle il existe maintenant un examen national. Le premier examen de certification en gastroentérologie aura lieu le 3 avril 2004. La date limite des demandes d'inscription à cet examen est le 7 novembre 2003.

Une réussite à l'examen permettra d'apposer le titre ICSG(C) après le nom de l'infirmière ou de l'infirmier.

Le comité de l'examen en gastroentérologie comprenait les membres suivants : Judy Ann Boyer (Verdun, Qc), Michele Paquette (Ottawa, Ont.), Terry LeDressay (Whitby, Ont.), Maria Cirocco (Toronto, Ont.), Lorie McGeough (Regina, Sask.), Deb Erickson (Cochrane, Alb.), Cindy Hamilton (Burlington, Ont.).

Pour faire une demande de certification, les infirmières et les infirmiers qui se spécialisent en gastroentérologie sont invités à communiquer avec la coordonnatrice de la certification de l'AIIC, Suzanne Gumpert inf., B. Sc.inf, CST(C) au 1-613-237-2159, poste 259, ou au 1-800-361-8404.

# SYNOPSIS OF CSGNA MEETING TORONTO SEPTEMBER 18, 2003

New Executive: Secretary – Usha Chauhan, Practice Director – Branka Stefanac and Membership Director – Elaine Burgis

**Minutes:** A motion to adopt the minutes from Winnipeg May 31st – June 2nd, 2003 was passed with the following correction. #7 line 2 should read our site. Carboneau has two “n” not one. Motion Kay/ Nala.

**Nomination Executive position:** There were 511 sent out, and 29 received. Positions were Secretary, Practice Director, and Education Director. Acclamation for Secretary is Usha Chauhan and for Education Director is Michele Paquette. Branka Stefanac for Practice Director is the successful candidate. Membership Director was open from the floor at the annual business meeting. Nominations from the floor were Joanne Glen from Alberta, Elaine Burgis from Toronto, and Monique Travers from Ottawa. Elaine Burgis is the successful candidate for Membership Director, replacing Evelyn McMullen the resigning Membership Director.

## 2003 Scholarship Winners presented by Michele Paquette

**CAG:**  
Cindy Hamilton – Burlington

**CSGNA ANNUAL:**  
Janice Slack – Windsor, Ontario  
Irene Ohly – Victoria, British Columbia  
Linda Feltham – St. John’s, Newfoundland  
Marcella Tobin – Bay Bulls, Newfoundland  
Beverley Burns – Regina, Saskatchewan  
Connie Bender – Regina, Saskatchewan  
Nicole Millaire – Orleans, Ontario  
Muriel des Vignes – Yarmouth County, Nova Scotia  
Judy Langner – Edmonton, Alberta  
Linda Benoit – Regina, Saskatchewan  
Shelley Cochrane – Regina, Saskatchewan  
Doreen Reid – Calgary, Alberta

**Public Relations:** Deb Taggart has been promoting certification in her area. She went to Yukon and visited a hospital and observed how they function in the endoscopy area. Endoscopy is performed in the O.R. Deb presented her **strategic plan** for the website. For security reasons home addresses will be removed from the website. The updated look has positive feedback from vendors and members.

Members want a communicating tool where they can network with others. In Calgary the website will be presented as part of the Annual Business Meeting. Deb will meet with Webwray and request Mary Carboneau

to Research questions and answers for members. Set up a discussion forum for frequently asked questions, which could be a secure system for members only. Will this be possible for us?

**Newsletter:** Pentax will be sponsoring The Guiding Light for the next two years. Articles for the newsletter should be submitted no later than February 15th, June 15th, and October 15th.

Abstracts and posters from the conference will appear in the November edition of the Guiding Light. Maria Cirocco requested that poster abstract to remain in one publication. Articles for The Guiding Light should be APA format and accompanied by bibliography.

**Education:** The final Document on Cleaning Endoscopes was presented including a disc. It has a microbiology component, HLD approval from the states given. Michele will draft a form to acknowledge Ottawa hospital for their contribution which will be included in the document. The training will be provided as requested, by qualified Board members. An introductory offer \$75.00 at the CSGNA will be available. A motion was passed for the consultation services provided by CSGNA, for reprocessing flexible endoscopes and accessories, be \$2000.00 plus expenses for two days of orientation, paid by the hiring institution to CSGNA. The Education would be reimbursed two days of salary in the amount of \$800.00. Michele/Elaine

Michele wants to revise the orientation manual and have it ready for implementation for the Calgary Conference September 2004. It was noted that Carsen has recently hired someone to teach scope cleaning and wanted to work in collaboration with CSGNA. This will be an ongoing discussion.

**Bylaws:** Nancy Campbell is responsible for this. The Bylaws committee consists of Usha, Joan, Deb, Belinda and Lorie as a non voting member. 18.10 Bylaw will read. The education year will run from June to June.

**Membership/Treasurer:** Membership fees will be increased from \$40 to \$50 for 20042005. Motion was passed by Nancy & Michele and approved by the Executive to increase fees. Elaine will develop strategic plan to recruit new members on the board. Nominations will be directed to Elaine with closing date of end of June for the current year. Elaine will also change the membership form and forward it to Kay for The Guiding Light. As an organization we need to network and amalgamate with other professional GI organizations. Subspecialty certification can also be considered with the CNA. Nancy was approached by a group of nurses from Quebec who wish to form a chapter.

Lorie and Nancy will attend a meeting in Ottawa next week to discuss this further.

**Certification:** Chapters were approached by CNA and were involved in developing competencies. The Chapters involved were Edmonton, Vancouver, Regina, Newfoundland, and Greater Toronto Chapter. Exam will be April 2004. Registration by November 7th. The exam committee will be meeting next week in Ottawa to finalize the Exam.

**Vendor Appreciation Certificate:** It was decided that this will be a yearly event. Cathy will be requested by Elaine Burgis to send the format of the certificate, and this will be forwarded to Lorie by Elaine.

**Position statement and guidelines:** Branka to increase the position statements by looking through previous edition Gastroenterology Nursing magazine. Some of the suggestions made were changing of suction tubes and bottles; apparels for GI Nurses during endoscopy procedures.

**Strategic plan: Review of new strategic plan** – Our organization has grown since its formation with membership of over 500 and is well respected internationally. To maintain this image a need to form a professional powerful organization which sets gold standards be visible internationally and achieve credibility through certification. As an organization we need the commitment and willingness from

the board members to change. We need to look at getting a Business Manager who can take over some of the tasks and keep track of filling all the government documents. This could be a paid part time position. This person would be present at all the functions and would be knowledgeable in all aspect of running a business. As an organization we underutilize some of our members and we need to work smarter not harder.

Our Market Place opening was presented. This will be held at future National Conferences. It will be located at the CSGNA booth, in the Cabaret Room at this conference and all were encouraged to visit. The floor was open to any ideas for increasing revenue in this venue.

**Encourage Leadership:** We were all encouraged to become aware of our members who possess these qualities, or others who will improve with mentoring. Our organization needs a mix of G.I. representation.

**Future Conferences Calgary 2004** – Evelyn Matthews; Montreal 2005; Regina 2006; Halifax 2007; Vancouver 2008; Toronto 2009.

**WCOG:** Nancy Campbell and Cindy Hamilton will work together for The World Congress which will be held in Montreal, September 10-14, 2005.

**Submitted by Usha Chauhan, Secretary**

# CELEBRATION 2004 G.I. NURSING: PEAKS AND VALLEYS



**CSGNA 20th Annual National Conference  
September 23-25, 2004 • Calgary, Alberta**

# *Letters to the Editor*

Hi Kay, Just a few personal observations about the conference. This was my first national CSGNA conference. I was impressed with the quality of the speakers and the wide range of topics they covered. Never before had I been with such a large group of people who actually knew and understood what I do in my work. I found this very exciting and had many enjoyable conversations with endoscopy nurses from all over Canada, sharing stories and ideas. The conference itself was well organized, and seemed to run smoothly although I'm sure there were some behind the scenes happenings of which I was unaware. I came away with renewed pride in my profession and lots of information to share with my colleagues.

Sincerely, Marilyn Plimmer



*Entertainment.*



*National Executive.*

What a treat and honor to have had the opportunity to attend the Canadian SGNA Meeting in Toronto. The course was excellent including the Certification Preparation Course. The medley of topics was remarkable – I especially enjoyed the Infection Control presentation. There was such a variety and wealth of vendors in the exhibit halls. However, your hospitality and friendliness was beyond my imagination. Thank you for making me feel so welcome!

Two things really impressed me. The fact that ya'll engineer the course as volunteers without the aid of any paid staff! The attention to detail was amazing. Your evidenced-based nursing was a research nurse's dream and a goal I wish the nurses in the States would embrace.

The topics and posters that were presented were so timely in this age of endoscopy nursing.

Thank you for making my trip to Canada so educational and memorable. I took home a great deal of knowledge, pictures of the beauty of Canada and its people, and a bunch of new friends!

**Cathy Dykes MSN CCRC CGRN  
President-Elect SGNA**



## FUTURE NATIONAL CONFERENCES

**2004 CALGARY, ALBERTA**

**2005 MONTREAL, QUEBEC**

**WORLD CONGRESS**

**2006 REGINA, SASKATCHEWAN**

## GI Nursing WORD SEARCH

N	S	E	P	O	C	S	H	Y	A	D	I	L	O	H
T	J	C	D	R	O	G	E	M	S	N	S	W	E	I
I	S	I	A	X	E	G	H	M	U	N	P	R	Q	L
E	C	I	Y	N	N	T	O	H	O	P	E	C	Q	E
A	D	G	P	I	C	T	A	I	N	R	A	I	F	U
S	E	U	R	O	I	E	T	W	E	V	K	T	R	M
N	E	Y	C	L	C	N	R	T	V	C	E	A	E	Z
I	S	N	I	A	E	S	R	S	A	F	R	P	F	E
N	C	T	O	V	T	A	O	J	R	K	S	E	L	E
S	Y	E	N	H	H	I	Q	D	T	O	H	H	U	F
N	D	O	A	C	P	O	O	U	N	H	D	C	X	F
E	C	E	U	G	N	O	T	N	I	E	O	N	Z	O
P	A	T	H	O	L	O	G	Y	Y	G	D	T	E	C
C	E	L	L	S	K	A	M	O	N	E	D	A	E	V
U	N	I	F	O	R	M	T	F	I	H	S	K	A	L
S	O	U	D	R	U	G	P	X	H	C	T	T	H	P

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PENS

PHONES

SYRINGE

SHIFT

SPEAKERS

VENDORS

TONGUE

UNIFORM

WATER

CANCER

**PRACTICE DIRECTOR**

My name is Branka Stefanac RN CPC (C), BScN, I work in the operating room at St. Mary's General Hospital and I am working on updating and launching some new guidelines for the endoscopy practice. Anyone with questions please forward them to me and I shall do my best to get the answer or if I don't have an answer, get to the person who does. My goals are to develop some new guidelines in the area of cleaning solutions, bronchoscopy guidelines – using the N95 masks, how to dress for the endoscopic procedures, and evidence based articles that support discarding suction tubing after each case. I am interested in what the chapters are doing for in-services and would appreciate hearing from them. I would love to attend the in-services personally and would like to be involved in the meetings as they occur.

**Branka**

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**Cell: 519-716-5351**  
**stefanac@rogers.com**

**REPORT FROM THE CSGNA EDUCATION DIRECTOR**

This is a summary of the accomplishments of the education committee.

1. We revised the Chapter package and provided a copy to each Chapter President. The purpose was to facilitate their work and clarify the role of the Education committee. If there are any questions, we will gladly answer them.
2. Our second project was to create a manual on Cleaning and Disinfecting flexible scopes and it is now being sold.

This manual is a teaching tool to be used for training employees in Cleaning and Disinfecting flexible scopes.

The manual contains a chapter on Microbiology, on High Level Disinfectants and an example (Cidex OPA) on what information is necessary to have. Then there is a Chapter on Scope Mechanics, on Cleaning and Disinfecting flexible scopes and accessories. Finally the book ends with QA documentation tools & CSGNA position statement on reuse of single use items and infection control guidelines. We hope this book will be helpful to you as we, CSGNA, believe that cleaning of scopes and accessories should be standardized throughout Canada and we hope this will help.

**Scholarships:** We are happy to say that this year we received only 12 applications and therefore the selection process was very easy because every request was granted. Cindy Hamilton was the successful candidate for the CAG Scholarship.

**Certification update:** The development of the Certification exam is moving along on target. Next week the exam Committee will spend 5 days at C N A to finalize the exam. Then in the Fall the exam will be translated and reviewed. In the Spring the exam WILL BE READY. Thanks to a group of committed people.

**Respectfully submitted**  
**Michele Paquette CGRN**  
**CSGNA Education Chair**

**REPORT DIRECTOR PRACTICE**

This marks the completion of a 2 year term as director of practice. The role was developed from the need to standardize, revise and catalogue the information CSGNA had published to date.

CSGNA currently has 7 Position statements and 5 Guidelines. These can be viewed on the CSGNA Web site.

The Position Statement on Nurse performed Flexible Sigmoidoscopy and Guidelines for the Patient having a Bronchoscopy are in draft stage. These will be published in 2004. Members are encouraged to write or call the Director of Practice with practice issues and concerns. We can only further

our knowledge by questioning and dialoging. Our practice is constantly changing and best practices for our specialty can only be determined through ongoing discussion and communication of that expertise.

The new Director of Practice is Branka Stefanac. I wish her all the best in her new position on the board.

**Jean Macnab**

**DIRECTOR CANADA CENTRE**

My first year as CSGNA Director Canada Centre has flown by so fast; it provided me an opportunity to experience a range of excitements similar to a ride on the roller coaster. The sensation of "high" gained from some accomplishments, along with the "low" feelings of frustration; overall the challenges as Director Centre have given me an interesting and productive year.

The year ahead with CSGNA Strategic Plans brings with it several objectives and goals, which we feel will contribute towards the enhancement of CSGNA's vision.

The 19th Annual Conference is over. I would like to take this opportunity to acknowledge the contribution, time and effort of my colleagues on the Planning Committee. Your commitment over the past year towards planning and managing such an auspicious best ever CSGNA Annual Conference is greatly appreciated.

Anyone you know, members or non members, in or out of gastroenterology nursing that can provide an article for Guiding Light anytime, please forward article(s) to CSGNA's Editor or myself.

Chapters will be regrouping after the summer and annual conference to organize educational sessions shortly. Future events will be posted in our website. Have a safe and cool autumn!

**Sincerely,**  
**Belinda Tham**  
**Director Canada Centre**

### **UPDATE FROM YOUR TREASURER:**

I would like to congratulate the Greater Toronto Chapter on a very successful conference. It was great to see 330 people registered from across Canada and the US. Thanks very much to our speakers and poster presenters who donated their time and knowledge. The poster exhibit was a great success. I would like to thank all chapters who donated a silent auction prize. We raised \$1225.00 this year. This has been a very successful fundraiser for our scholarship fund.

Last but definitely not least; I would like to thank our exhibitors who help make our national conferences possible.

The financial aspect of the conference is not finalized, but this usually takes a few months.

**Sincerely**  
**Edna Lang**

### **PRESIDENT ELECT REPORT**

I would be remiss if I didn't begin this report by congratulating Toronto on a superb conference. It was our largest attended conference to date – proof that CSGNA is thriving!

On Monday October 6th, I visited the Endoscopy unit of The Valley Regional Hospital in Kentville, Nova Scotia where I was warmly received by Shelley Landry and Beth Weir. Thank you Shelley and Beth for inviting me!

The Bylaws will be in the Guiding Light and posted on the website. The Bylaw Committee members for this year are: Lorie McGeough our President, Usha Chauhan, secretary, Joan Rumsey, Director Canada East, Belinda Tham, Director Canada Centre, Nala Murray, Director Canada West and myself the chair.

I hope that many of you are planning to write the certification exam being held on April 3rd, 2004. Don't be left behind!

**Yours in CSGNA,**  
**Nancy Campbell**

### **CANADA WEST DIRECTOR REPORT**

The Toronto Chapter and Planning Committee were great hosts at the 19th Annual CSGNA Conference. The reviews from this side of the Country were that it was very much enjoyed and appreciated. Those of us that attended from the West came home enthused, revitalized and exhausted. Can't get much better than that! Gratefully, Hurricane Isabel just whisked by us unnoticed. The speakers were dynamic and the topics excellent. The Camaraderie that we all experience and share by attending these Conferences is the icing on the Cake!

### **CHAPTER REPORTS:**

#### **Manitoba Chapter**

President Jennette McCalla was delighted to attend the Toronto Conference. She takes back to the Chapter a renewed enthusiasm.

#### **Edmonton Chapter**

President Shelley Bible reports that the Chapter met in early October. Those who attended the Toronto Conference highlighted the Educational content and the Evening entertainments. Time was spent on preparing members to write the 2004 CSGNA exam. The next meeting is to be held in November with a guest speaker (a Liver Transplant Coordinator) presenting "Liver Transplants Surgical and Medical Care".

All members were encouraged to come up with new ideas for increasing membership.

#### **Regina Chapter**

Connie Bender, Unda Benoit, Beverley Burns and Shelley Cochrane received National Scholarships to attend the Toronto Conference. They appreciated attending the Educational sessions, enjoyed networking with GI nurses from across the country and the opportunity to meet the National Executive and become more aware of their roles. Thanks to: Nala, Michele, Nancy and Debbie.

Their Chapter is hosting "Gastroenterology Days" on Friday Oct. 17th. This Event includes: "Oral Phosphate

Solution – What's all the fuss about". "So what does Diabetes have to do with my stomach?" "Women and Heart Disease" and "The many faces of Celiac Disease." Great food and wonderful door prizes will be promised as Regina's trademark!

#### **Calgary Chapter**

Evelyn Matthews, reports that the Chapter will meet on October 16th. Boston Scientific will sponsor the food and the wine! Two Educational Evenings are planned; one in November with speaker Laurie O'Neal from Health Canada and the other in February with Dr. Rob Myers, a Hepatologist, who did his fellowship in France. The Chapter is planning Study Sessions to prepare members for the Certification Exam. Many very enthusiastic members are volunteering their time with the planning of the 2004 Conference.

#### **Okanagan Chapter**

Chapter President Karen Parichomchuk reports that they have three Nurses who are planning to write the C.N.A. Certification Exam in April.

The summer fires in Kelowna upset the entire Okanagan Community and some of their members had to be evacuated from their homes. Two of their Surgeons, lost their homes.

Chapter Secretary Lean Tingstad reports that some Nurses from Penticton and Kamloops have expressed interest in participating in upcoming GI events.

At this time they do not have any upcoming events planned.

#### **Vancouver Island Chapter**

Irene Ohly reports "What an Awesome Conference and so well attended". "The Certification Review Course was so informative". "Loved the debuts of the Vocal Entertainer's". "Great to see everyone again"!

"What an awesome milestone for CSGNA Certification". The Chapter is in the process of assessing the level of interest among the GI Nurses of Vancouver Island for the April 2004 sitting of the Exam in Victoria. They will be setting up information sessions and then plan to set up study groups

for those interested in participating.  
Vancouver Regional Chapter

The Vancouver Regional Chapter members would like to heartwarmingly thank Gail Whitley and Judy Deslippe for their dedicated leadership to the Chapter over the past nine years. They have passed their torches to Adriana Martin (President) and Monica Brennan (Secretary).

Adriana has been an active member of the CSGNA since 1999. She states that the goals for the 2003-2004 year include; increasing awareness of the CSGNA and the benefits of membership, Promoting the 2004 National GI Day and encouraging members to attend the 2004 National Conference in Calgary.

The Chapter will be hosting a G.I. Education Day, November 29 at Lions Gate Hospital in North Vancouver. They look forward to the participation of G.I Nurses and Associates from Vancouver Island, Inland and the Greater Vancouver area. The Program will be posted on the CSGNA Website.

**Respectfully submitted by**  
**Nala Murray RN**  
**CSGNA Canada West Director**

### CANADA EAST REPORT

Another summer has passed by and September has arrived bringing with it all the business for the upcoming CSGNA year.

As Canada East Director I was given the task to set up a Marketplace Strategy that will be used at our Annual Conferences. This has certainly been a challenge for me. We are starting off with a mini marketplace in Toronto and hope it will be expanded for future conferences. I would love to get feedback from members following the conference.

The certification exam is fast approaching and I encourage all members to be a part of this first sitting. What an exciting time for CSGNA.

For my members in the East, The Atlantic GI meeting is being held in St. John's, Newfoundland on June 20th and 21st, 2004 at the Fairmont Ho-

tel. Mark the date on your calendars. Further information on the conference content to follow.

Hope you all had a great summer and are up for the challenges for the coming year.

**Respectfully Yours,**  
**Joan Rumsey**  
**Canada East Director**

### MEMBERSHIP DIRECTOR REPORT



I would like to take this opportunity to introduce myself to the CSGNA membership. My name is Elaine Burgis and, at the Annual Conference in September, I had the privilege of being nominated and elected as your present Membership Director. I would like to thank my predecessor Evelyn McMullen and applaud her on a job well done.

I have been a member of CSGNA since I started in endoscopy in 1989. In 1998, when CSGNA brought the American certification exam up for our members to write, I took advantage of the opportunity and received my SGNA certification. I became the second nurse in Canada to be trained in performing flexible sigmoidoscopy for colon cancer screening in 1999. I have been the secretary for the Greater Toronto Chapter for the past few years. This past spring, I participated in the item writing for our CNA certification exam that we will write next April.

At present, we have 547 members in CSGNA. My goal is to increase membership and to find dynamic people, who are willing to take on the lead roles in our association so that CSGNA can move forward in a positive way. I encourage all of our members to think about becoming actively involved with their local chapter, with a vision to further their involvement at the national level.

Please feel free to contact me regarding any membership questions and suggestions to promote our association.

**Respectively submitted,**  
**Elaine Burgis**  
**Email: burgis@rogers.com**

### EDITOR

Our present sponsor for our newsletter is "SciCan". This is the last publication to their commitment for us. For you, the members at large, I would like to thank SciCan for their continued support to help us, the CSGNA with the best tool of communication we have at the moment to reach all our active members with information, education and sharing of ideas.

The staff that I have come in contact with at SciCan for the newsletter have been very approachable and helpful getting the publications out to our members.

To remind you, our readers, it is a 2 year financial commitment or 6 publications of "The Guiding Light".

"Thank You" to the SciCan team. We wish you all the very best for the future.

### NATIONAL CONFERENCE

I was part of the planning committee for the Toronto Conference held Sept. 2003. I worked with a great bunch of dedicated hard working ladies to try to give you a wide variety of speakers and ideas. New this year was the professional abstracts presentation which I thought was magnificent and has raised the CSGNA meeting to another level.

It was nice to see familiar faces and meet new folks. I learnt a lot.

I wish to take this time to thank the planning committee for a job well done. If any of you have the opportunity to be a part of such a group I encourage you to help out as it is very rewarding and educational.

I am trying to make the newsletter an interactive tool so please write to me with whatever thoughts or ideas you have and we'll make a "Letter to the Editor" part of the Newsletter.

I look forward to hearing from you in the future.

**Kay Rhodes**  
**November 2003**  
**kay.rhodes@sw.ca**

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## Central Ontario Chapter

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 Secretary: Janet Young-Laurin  
 Treasurer: Heidi Furman

## South Western Ontario Chapter

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 NY phone: (709) 777-6431  
 Secretary/Treasurer: June Peckham

## New Brunswick / PEI Chapter

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 Vice President: Bonnie Greydonas  
 Fredericton, NB  
 Secretary/Treasurer: Mary Eva Smearer

## Nova Scotia Chapter

President: Elizabeth Hendsbee  
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## Vancouver Island Chapter

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 Secretary: Shirley McGee  
 Treasurer: Donna Gramigna

## London and Area Chapter

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 Secretary: Donna Pratt  
 Treasurer: Mary Campbell

# BYLAWS

## REVISED 2003

### 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, and an annual conference.

##### **Education:**

The CSGNA keeps its members abreast of current developments in the field of gastroenterology through seminars and an annual education conference.

##### **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 association responsive to membership 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 is used interchangeably.

#### **PURPOSE**

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

#### **GOALS**

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

Setting standards of practice by developing guidelines and position statements.

Developing educational programs.

Encouraging study, discussion, exchange of information related experience and practice.

Develop certification exam.

#### **HEAD OFFICE**

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

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

#### **MEMBERS**

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

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.

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.

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.

Membership is not transferable. All members shall receive all publications from the Association.

The term "Associates", in the title of the Society, refers to CSGNA members who are not qualified as Registered Nurses.

Any member may withdraw from the corporation by delivering to the corporation a written resignation and lodging a copy of same with the secretary of the corporation.

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6.0	FEES	8.0	QUORUM	whole year, this meeting should be scheduled to take place in conjunction with the annual conference and meeting.
	A membership fee will be required from the active and affiliate members annually on June 1st and will become delinquent after July 1st of that year.		The quorum shall consist of the majority of members present.	
6.1	Membership shall lapse automatically as of July 1st if dues have not been received by the National Treasurer by that time.	9.0	ELECTION OF OFFICE	Transfer of duties from retiring Executive to newly elected Executives shall take place at the time of the annual <b>CSGNA</b> conference.
6.2	The Executive shall determine annual dues payable and shall give appropriate notice to members.		All members eligible to vote will be informed of the National Board positions available, and the deadline for nominations via the first "Guiding Light" publication after the annual business meeting. Nominations must reach the Nominations Committee by the date specified.	Officers elected must have served the association in some capacity the preceding two years.
6.3	Members will be notified of any change in membership requirements by the regional directors and in "The Guiding Light" publication.	9.1	A slate of candidates for offices open in that fiscal year shall be mailed to the Active membership one hundred and twenty (120) days before the annual meeting.	Ballots will be kept by the Chair of the Nominations committee.
6.4	Members of the Executive do not pay any dues while in office.	9.2	Ballots are to be returned to the Chair of the Nominating Committee ninety (90) days before the annual meeting.	A motion to destroy the ballots will be made by said chairperson during the annual business meeting.
6.5	No membership fee is required from a lifetime member.	9.3	Each member has one vote per office.	The ballots will be destroyed only after the motion is carried by a show of hands from the members present.
6.6	All dues are payable in Canadian funds to the "Canadian Society of Gastroenterology Nurses and Associates".	9.4	Votes will be tabulated and recorded in the minutes of the annual business meeting.	If a motion for a recount of any office is made and carried tellers will be chosen from the members present prior to the end of the annual conference and the results announced to the membership.
7.0	MEETINGS	9.5	The successful candidates will be announced to the membership at the annual business meeting.	<b>EXECUTIVE</b>
	The annual business meeting shall be held in conjunction with the annual conference.	9.6	If there is only one nomination for an office by the deadline for nominations, the officer is elected by acclamation.	The executive of the Association shall include President, Past President, President Elect, Secretary, Treasurer, Membership Director, Education Director, Practice Director, Newsletter Editor, Canada West Director, Canada Center Director, and Canada East Director and Public Relations Director.
7.1	At the annual business meeting the results of voting for Executive officers open for election will be announced.	9.7	Successful candidates will be notified as soon as possible after counting of the ballots in order that they may make the necessary arrangements to attend the annual conference.	The Executive offices are open to all active members of the Association.
7.2	Reports from the Executive officers will be presented as well as bylaw amendments, and any other significant business will be transacted as may be deemed of national concern.	9.8	If no one is nominated for an office, nominations will be accepted from the floor at the annual business meeting. If more than one nomination, a secret ballot will be held during the Annual Business Meeting.	The Executive officers shall have the powers and authority as described to perform their expected offices.
7.3	Written notice of the annual business meeting shall be included in the information about the annual conference.	9.9	As the first meeting of the new Executive is extremely important and sets the tone for the	All National Executive members shall attend all Face to Face and Annual Conventions. Exemptions shall be considered by the National Board.
7.4	The board of directors shall meet face to face at least twice a year and by teleconference as deemed necessary by the board.			

11.0	TERMS OF OFFICE Terms of office will be adjusted by the Board during the transition to the new Board structure.	11.14	term ends. (One year term). The President Elect will automatically accede to the President when the President's term ends. (One year term).	tative and spokesperson for the society.
11.1	The President shall serve for one (1) year.	11.15	Upon retiring from office, all officers shall deliver all records, correspondence or other property of the Association to their successor within thirty (30) days.	13.1.1 Represent <b>CSGNA</b> missions, goals and positions to various publics.
11.2	The past President shall serve for one (1) year.			13.1.2 Manage daily affairs of the organization.
11.3	The President Elect will automatically accede to the presidency when the President's term ends.	12.0	VACANCIES	13.1.3 Lead the National Board of Directors.
11.4	He/She shall become acting President and assume the duties of the office in the event of the President's absence.	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.	13.1.4 Chair Nominating Committee.
11.5	The President Elect must have served the Association in some capacity prior to being elected to this office.	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.	13.1.5 Provide mentoring to <b>CSGNA</b> leaders.
11.6	Persons elected Secretary, Treasurer, Membership director, Education director, and Newsletter editor, shall hold office for two years or until their successor is elected.	12.3	The person appointed should be the first runner up from the election, when possible.	13.1.6 Submit and present an Annual report to the membership at the Annual Business meeting, and sends it to the member via the National Secretary sixty (60) days prior to the meeting.
11.7	No persons can be elected to consecutive terms as President or President Elect.	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 date.	13.1.7 Submit a report per issue of The Guiding Light.
11.8	No officer of the Executive can hold more than one office at a time.	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.	13.1.8 Chair and prepare agenda for the National Board Meetings and Annual Business meeting.
11.9	There shall be no restriction upon the number of terms which other officers may be elected to succeed themselves.		<i>THE PRESIDENT ELECT SHALL:</i>	13.1.9 Travel commitment as deemed necessary by the Board.
11.10	Elections to fill the offices of Secretary, Education Director, Treasurer, Canada East Director, Canada West Director, and Practice Director will be held in odd numbered years.			13.1.10 Attend the SGNA Conference and the House of Delegates.
11.11	Elections to fill the offices of Newsletter Editor, Membership Director, Canada Center Director and Public Relations Director will be held in even numbered years.			13.1.11 Encourage vision and growth of the organization by Fostering education opportunities and position statement formation.
11.12	An election to fill the office of President Elect will be held yearly.			13.1.12 Be an ex-officio on all standing committees.
11.13	The President will automatically accede to the Past President when the President's	13.1	<i>THE PRESIDENT SHALL:</i> 13.1 Serve as an official represen-	13.1.13 Serve a two (2) year term.

- 13.2.5 Be the CSGNA liaison to SIGNEA.
- 13.2.6 Serve as Advisory member without vote on standing and special committees.
- 13.2.7 Form and chairs the Bylaw Committee.
- 13.2.8 Forwards amendments to these bylaws to the National Secretary in writing ninety (90) days prior to the Annual Meeting.
- 13.2.9 Communicates when necessary with provincial nursing organizations and CNA with regards to CSGNA activities.
- 13.2.10 Perform such duties as delegated by the President.
- 13.2.11 Serve a one (1) year term with a three (3) year commitment to the Executive.
- 13.2.12 Submit a report per issue to the Guiding Light.
- DUTIES OF THE PAST PRESIDENT**
- THE PAST PRESIDENT SHALL:*
- 13.3 Serve as an advisory member and mentor to the President.
- 13.3.1 Be responsible for facilitating National GI Nurses Day.
- 13.3.2 Submit an annual report to the membership at the Annual Business meeting.
- 13.3.3 Submit a report per issue of The Guiding Light.
- 13.3.4 Act as a resource person to the Conference Planning committee.
- 13.3.5 Act as a resource person to vendors.
- 13.3.6 Serve a one year term.
- 13.3.7 Perform such duties as delegated by the President.
- DUTIES OF THE SECRETARY**
- THE SECRETARY SHALL:*
- 13.4 Record the minutes of all meetings of the National Board.
- 13.4.1 Provide a summary of National Board meetings for submission in "The Guiding Light".
- 13.4.2 Forward the minutes of the meetings to all Board members and Chapter Presidents.
- 13.4.3 Conduct all correspondence for the Association as directed by the Executive.
- 13.4.4 Compile the Annual Report for distribution to the members ninety (90) days prior to the Annual Meeting.
- 13.4.5 Be a member of the Bylaw Committee.
- 13.4.6 Issue notices of meetings, activities, and conferences to all members.
- DUTIES OF THE TREASURER**
- THE TREASURER SHALL:*
- 13.5 Be responsible for collecting of fees from the members and deposit their fees in a chartered bank or trust company.
- 13.5.1 Maintain a bank account for the Society with a minimum of three signing officers appointed and two signatures required for any transaction.
- 13.5.2 Make such payments as are authorized by the Association.
- 13.5.3 Maintain records of expenditures of the Association.
- 13.5.4 Submit to the Executive, sixty (60) days prior to the annual meeting, a Treasurer's report for publication in the annual report.
- 13.5.5 Maintain financial records of chapter educational sessions and annual reports.
- 13.5.6 Automatically becomes a member of the Annual Conference Planning Committee.
- 13.5.7 Arrange for an Annual Audit to be conducted by a Chartered Accountant. This is to be an outside firm/person independent of the CSGNA or persons therein.
- 13.5.8 Report on the Auditors accounts of the Association to the members in the Annual report.
- 13.5.9 Contribute a report per issue of "The Guiding Light".
- 13.5.10 The Treasurer shall be custodian of the seal of the corporation, which she shall deliver only when authorized by a Resolution of the board of directors to do so and to such person or persons as may be named in the resolution.
- DUTIES OF THE MEMBERSHIP DIRECTOR**
- THE MEMBERSHIP DIRECTOR SHALL:*
- 13.6 Be responsible for collecting and maintaining documentation of all CSGNA members.
- 13.6.1 Issue membership cards and receipts to membership. Collect and maintain records of membership.
- 13.6.2 Forward to all board members every September a current list of all members of the Association and update as necessary.
- 13.6.3 Prepare a membership list for the publication and distribution to the members upon request.
- DUTIES OF THE EDUCATION DIRECTOR**
- THE EDUCATION DIRECTOR SHALL:*
- 13.7.1 Be responsible for certification.
- 13.7.2 Form and chair the Education Committee.
- 13.7.3 Allocates scholarships in consultation with Education Committee based on established point system.
- 13.7.4 Establish criteria for use of the fund and review annually.
- 13.7.5 Provide direction and approval to the Conference planning Committee regarding the **educational content of the CSGNA Annual Conference**.
- 13.7.6 Review scholarship criteria annually.
- 13.7.7 Maintain records of all CSGNA education events.
- 13.7.8 Expand and improve publications, informational products and services that support the field of gastroenterology nursing.
- 13.7.9 Generate ideas for education that best meet the needs of the members.
- 13.7.10 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.	13.9.7	There shall be one (1) Director elected from each of Canada East, Centre, and West.	13.10.9	Shall chair Vendor Relations Committee.
DUTIES OF THE PRACTICE DIRECTOR <i>THE PRACTICE DIRECTOR SHALL:</i>		13.9.8	Canada East consisting of Prince Edward Island, Newfoundland, Nova Scotia, and New Brunswick.	14.0	<b>COMPENSATION</b>
13.8 Monitor, record and update any practice guidelines, position statements and standards of the CSGNA.	13.9.9	Canada Centre consisting of Ontario and Quebec.	14.1	All CSGNA financial requests over \$200.00 must be approved by (2) Executives, one of which shall be the treasurer.	
13.8.1 Initiate new practice guidelines, position statements and standards required by the CSGNA.	13.9.10	Canada West consisting of Manitoba, Saskatchewan, Alberta, British Columbia, Northwest Territories, Yukon and Nunavut.	14.2	Verification of the appropriate receipts and the appropriate use of CSNA funds must be present before reimbursement.	
13.8.2 Maintain a record/library of reference documents reflecting practice guidelines, position statements and standards.	13.9.11	Divisions of regions will be decided by the co-directors. The Director will then inform the National Board and members re their areas of responsibility.	14.3	No reimbursement shall be made without appropriate receipts.	
13.8.3 Be a resource person for answering questions/concerns on practice guidelines, position statements and standards.	DUTIES OF NEWSLETTER EDITOR <i>THE NEWSLETTER EDITOR SHALL:</i>	14.4	The expenses of the outgoing executive will include those incurred at the Annual Conference at which their term of office is complete.		
DUTIES OF THE DIRECTORS <i>THE REGIONAL DIRECTORS SHALL:</i>	13.10.0 Set guidelines for submissions to "The Guiding Light".	14.5	The expenses of the incoming Executive will be paid by CSGNA.		
13.9 Encourage and assist in the formation of chapters in their area.	13.10.1 Set deadlines for submissions to "The Guiding Light".	14.6	All National CSGNA Executive shall be exempt from paying to attend CSGNA, National Conference.		
13.9.1 Liaise with the Chapter Presidents and individual members in their Region about the work of the Association.	13.10.2 Pursue appropriate material for the newsletter.	14.7	A maximum number of ten (10) registration fees will be awarded to the Annual Conference Planning Committee.		
13.9.2 Report to the National Executive at regular intervals as deemed necessary by the Executive.	13.10.3 Compile and edit submitted material for publication of the newsletter three (3) times annually.	15.0	<b>DISCIPLINARY ACTION</b>		
13.9.3 Attend a minimum of two meetings of the Executive in consultation with the National Board.	13.10.4 Approve the final version of the edited newsletter prior to printing.	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 and Bylaws or the Charter.		
13.9.4 Respond with a written report in sufficient time for those meetings which cannot be attended.	13.10.5 Provide updated membership list to the newsletter distributor and ensure mail out of newsletter to all membership in good stand.	15.2	No such action shall be taken against a member until specific charges have been filed.		
13.9.5 Submit a report of activities and future plans for inclusion in the Annual Report, ninety (90) days prior to the Annual Business Meeting.	13.10.6 Store copies of all previous newsletters.	15.3	Members reprimanded, censored, suspended or expelled under the provisions as stated may within thirty (30) days after notification of such action, request the Executive of the CSGNA to review any questions of law or procedure involved therein.		
13.9.6 Submit reports about their region's activities to the Newsletter.	13.10.7 Submit a report to the National Secretary ninety (90) days prior to the Annual Business Meeting for the Annual Report.	15.4	Executive members of chapters are subject to the same rules of compensation, discipline		
DUTIES OF THE PUBLIC RELATIONS DIRECTOR <i>THE PUBLIC RELATIONS DIRECTOR SHALL:</i>	13.10.8 Be responsible for maintaining and updating the website.				

	and removal as the National Executive.		more than one nomination, a secret ballot will be held during the Annual Business Meeting.	18.4	Chapter treasurer shall submit twenty-five percent (25%) of all profits to the national treasurer after each event to support scholarships.
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.	17.0	<b>PUBLICATION</b>	18.5	An extenuating circumstance needing an extension must be obtained from the National Treasurer and President.
15.6	Any CSGNA member on a committee or in an Executive position, finding themselves in a conflict of interest, will remove themselves from voting on said matters.	17.1	The association shall publish three newsletters annually entitled “The Guiding Light”. It shall be sent to all members Winter, Spring, and Fall.	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 members of the CSGNA.
15.7	Any CSGNA member who does not identify a conflict of interest, remains as a part of the discussion and/or voting process, may be asked to resign from the said committee and/or Executive position following a review by the National Executive.	18.0	<b>EDUCATIONAL EVENTS</b>	18.7	The remainder of profits raised by chapters at CSGNA designated events are to be used for needs as determined by its membership.
16.0	<b>REMOVAL</b>	18.1	For any CSGNA Educational program an agenda must be sent by the Chapter Secretary to the Regional Director six (6) weeks before the event for a day conference and two (2) weeks before an evening seminar.	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 expenses. (i.e. service charges).
16.1	Officers elected by the membership may be removed by two thirds vote of the active members present at the Annual Meeting.	18.2	Upon completion of any CSGNA Educational Program a report entitled CSGNA Educational Post Program Financial Report (form 01) must be submitted by the Chapter Treasurer to the National Treasurer within one (1) month of the event.	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.
16.2	The successor will 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 will be taken from the floor. If	18.3	The Chapter President must ensure that appropriate records, financial statements and reimbursements are submitted to the National Treasurer.	18.10	All CSGNA chapters will submit an annual financial report and Educational summary to the National Treasurer at the



	end of each fiscal year ending in September. Reports should be submitted no later than September 10th.	19.2.2 It shall be chaired by the President.	tion, review recommendations of vendor evaluations at the end of each conference, makes recommendations to the executive at the spring meeting, meets annually.
18.11	All chapters should be available for audits at the request of the National Treasurer.	19.2.3 Duties: recommend candidate(s) for each office. Each nominee must be a member in good standing and must signify his/her consent to stand for office.	19.5 FINANCE COMMITTEE
18.12	The fiscal year will run from September to September of the following year.	19.2.4 Mail ballots to the membership.	19.5.1 Shall be chaired by the treasurer.
19.0	STANDING COMMITTEES	19.2.5 Count the ballots and announce successful candidates to the membership at the annual business meeting.	19.5.2 Shall consist of Treasurer, one East and one West Director.
19.1	BYLAWS COMMITTEE	19.2.6 Report tabulations to the Executive for recording in the minutes.	19.5.3 Duties: reviews and audits financial statements, monitors financial policies, recommends budget, meets as is necessary, reports at each meeting.
19.1.1	Shall consist of the President Elect, President, Secretary, and three directors. One director from each region, East, Centre, and West. The committee shall meet at the Spring Board meeting and by teleconference if deemed necessary to complete the bylaws revisions.	19.3 EDUCATION COMMITTEE	20.0 SPECIAL COMMITTEES
19.1.2	Shall be chaired by the President Elect.	19.3.1 Shall consist of one director from each region, at least four members at large. Effort should be made to include all facets of the specialty. ie. research, endoscopy, management and general GI wards.	20.1 The Executive, at a general meeting, may appoint a special committee and give it the power as necessary to discharge its duties.
19.1.3	Reviews bylaws and all recommendations for bylaw revisions submitted by members annually and make amendments as necessary.	19.4 VENDOR RELATIONS COMMITTEE	20.2 A written report shall be submitted to the Executive upon completion of the special committee's duties.
19.1.4	All revisions will be presented to the board of directors at the spring board meeting for approval before submission to the membership for a vote.	19.4.1 Shall be chaired by Director responsible for public relations.	21.0 CHAPTERS
19.2	NOMINATING COMMITTEE	19.4.2 Shall consist of two (2) Directors and the Treasurer.	21.1 Definition: a chapter is a geographical area (city, region, or town) where ten (10) or more active members reside.
19.2.1	Shall consist of the President and three members as large.	19.4.3 Duties: liaise with vendors, promote, encourage, maintain relationships, maintains accurate records of vendor recogni-	They may apply to the Executive for charter as chapter.
			21.3 Mandate: a chapter shall, in conjunction with its Regional Directors, coordinate educational activities and functions



	of the <b>CSGNA</b> within its designated area.	22.2	Be sensitive to the concerns and problems of its area and communicate them to its Directors for discussion at the National Executive.	23.0	mum of 14 days prior to the event.
21.4	Criteria for formation of chapters: A minimum of ten (10) active members must apply to the National Membership Director.	22.3	Tabulate the activities of its area and submit details to its Directors for inclusion in the Newsletter and Annual Report.	23.1	A CHAPTER MAY BE REVOKED FOR THE FOLLOWING
21.5	The local group and the Regional Director will determine geographical boundaries for the chapter.	22.4	Elect officers to include president, secretary and treasurer.	23.2	At the request of the chapter. 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.)
21.6	Upon request the Membership Director will supply a list of all active members in the region.	22.5	Officers shall hold office for two (2) years or until their successors are elected.	23.3	Repetitive failure to respond to communication requests.
21.7	The local group must call for nominations from that list and notify all members of a meeting and election.	22.6	There shall be no restrictions upon the number of terms to which an officer may be elected to succeed themselves.	23.4	Failure to meet the minimum of four (4) education hours per year for the membership in its area.
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.	22.7	No officer may hold more than one office at a time.	23.5	Failure to assume responsibility for its actions and to comply with <b>CSGNA</b> bylaws.
21.9	The National Membership Director and the National Secretary must be notified within thirty (30) days of the election results and of the title of the chapter.	22.8	Open and maintain a bank account for the chapter with a minimum of two (2) signing officers.	23.6	The chapters President will report to the <b>CSGNA</b> National Executive any Chapter having serious internal problems or failure to meet charter requirements.
21.10	The name <b>CSGNA</b> must appear within the title of the chapter. (e.g. The Edmonton Chapter of the <b>CSGNA</b> )	22.9	Membership fees are paid directly to the National office.	23.7	Chapter President will report any problems to the Regional Director.
22.0	<b>CHAPTER DUTIES</b>	22.10	A one-time one-year zero percent (0%) loan may be available to a local group for chapter formation upon application to the National Executive.	23.8	The Regional Director will make arrangements for the chapter and its executive to meet with the <b>CSGNA</b> President or a member of the <b>CSGNA</b> National Executive for the purpose of evaluating the problems.
22.1	Promote the Association in its area and encourage membership.	22.11	Plan a minimum of four (4) education hours per year for the membership in its area. Notification to be sent to the respective members a mini-		



Our Sponsor, SciCan's Booth.



Entertainment - Limbo Dancers.

23.9	The results of this meeting will be presented to the National Executive at the next regularly scheduled executive meeting.		with or contrary to the current Bylaws or the goals and objectives of the <b>CSGNA</b> will be returned to the member.	26.4	Any bylaws of the corporation repeated or amended shall not be enforced or acted upon until the approval of the Ministry of Industry has been obtained.
23.10	The <b>CSGNA</b> National Executive will determine the outcome for the Chapter.	26.2	Members shall be notified of the proposed amendments in writing, to be included with the information of the annual meeting.	27.0	<b>PARLIAMENTARY AUTHORITY</b>
23.11	A probationary period of twelve (12) months may be granted to comply with charter requirements.	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.	27.1	The rules contained in the current edition of ROBERTS RULES OF ORDER shall govern the Association in all cases to which they are applicable and which are not inconsistent with these bylaws.
23.12	A chapter may also belong to its Provincial Nurses Association provided there is no conflict of interests with the <b>CSGNA</b> .				
24.0	<b>CHANGING CHAPTER NAME</b>				
24.1	A chapter may change its name if the majority (51%) of chapter members vote in favour.				
24.2	Following the chapter adopting a new name the president of CSGNA must be informed within thirty (30) days.				
25.0	<b>DISSOLUTION OF A CHAPTER</b>				
25.1	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 asset to the <b>CSGNA</b> National Executive				
25.2	In the event of dissolution of the Society, after payment of or making provisions for payment of all liabilities, shall dispose of the assets to one or more Canadian nonprofit Association with similar activities to the <b>CSGNA</b> . (ie. AORN, ERN, or Geriatric Nurses Association.)				
26.0	<b>AMENDMENTS</b>				
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				

## CERTIFICATION UPDATE

At the end of September the exam committee met at C N A to finalize the questions for the exam. Many thanks to the ladies who devoted their time and expertise for this project at all levels during the development of the exam. The exam committee members were Cindy Hamilton, Deb Erickson, Terry LeDressay, Lorie McGeough, Judy Ann Boyer, Maria Cirocco and Michele Paquette.

### WHAT IS LEFT TO DO?

Apply for certification by exam and do not be scared. You can do this.

Application deadline: November 7, 2003

Exam Date: Saturday, April 3, 2004

To assist in preparing for C N A certification exam you may visit CNA website: [www.can.aiic.ca](http://www.can.aiic.ca).

To help assist you financially for Ontario residents application forms will be available some time February or March 2004 from RNAO. For more information you may visit [www.rnao.org](http://www.rnao.org) or email education [funding@rnao.org](mailto:funding@rnao.org).

For all other provinces ask your hospital to help you financially. This is a good cause and good luck to all.

**Michele Paquette CGRN  
CSGNA Education Director  
Certification Chair**

**Don't sweat the petty things and don't pet the sweaty things.**

Please contact myself about any comments you may have about this newsletter or any ideas for the future.

Email: [kay.rhodes@sw.ca](mailto:kay.rhodes@sw.ca)

# Looking at things in a new way

SAND	MAN BOARD	STAND I	R/E/A/D/I/N/G/	WEAR LONG
R O ROADS D S	III OOO	CHAIR	DICE DICE	TOUCH
KNEE LIGHTS	T O W N	CYCLE CYCLE CYCLE	LE VEL	0 B.A. S.Sc. M.A.
GROUND  FEET FEET FEET FEET FEET FEET	MIND  MATTER	He's Himself	ECNALG	DEATH LIFE
MINDED	_ Program	SPEED SPEED SPEED SPEED SPEED SPEED SPEED SPEED	YOU JUST ME	GEGS



## Canadian Society of Gastroenterology Nurses & Associates

G.I. Unit, Pasqua Hospital, 4101 Dewdney Avenue, Regina, SK S4T 1A5

### NOMINATION FORM

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

Candidates must be active CSGNA members in good standing.

Name of nominee: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Employer: \_\_\_\_\_

Title: \_\_\_\_\_

Education: \_\_\_\_\_

CSGNA member since: \_\_\_\_\_

Offices held: \_\_\_\_\_

Committees: \_\_\_\_\_

Other related activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

I hereby accept this nomination for the position of \_\_\_\_\_

dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_. Signed \_\_\_\_\_

Nominated by \_\_\_\_\_ & \_\_\_\_\_



## **Canadian Society of Gastroenterology Nurses & Associates**

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### **CSGNA EDUCATION COMMITTEE POINT SCORING SYSTEM FOR AWARDING SCHOLARSHIPS**

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

REVISED September 2002

M. Paquette, Education Director



# Canadian Society of Gastroenterology Nurses & Associates

CSGNA Membership runs from June to June of each year.

Elaine Burgis, 102 Tilman Circle, Markham, Ontario L3P 5V3

## MEMBERSHIP APPLICATION (CHECK ONE)

ACTIVE  
\$50.00

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

AFFILIATE  
\$50.00

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

LIFETIME  
MEMBERSHIP

Appointed by CSGNA Executive.

## FORMULE D'APPLICATION (COCHEZ UN)

ACTIVE  
50,00\$

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

AFFILIÉE  
50,00\$

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

MEMBRE  
À VIE

Appointed by CSGNA Executive.

## APPLICANT INFORMATION / INFORMATION DU MEMBRE

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

CNA Member YES / NO  
(Canadian Nurses Association)

SURNAME

NOM DE FAMILLE

MR / M    MRS / MME    MISS / MLLE    MS / MS

PRÉNOM

FIRST NAME

HOME ADDRESS

ADRESSE MAISON

CITY  
VILLE

PROV.  
PROV.

POSTAL CODE  
CODE POSTAL

HOME PHONE  
TÉLÉPHONE ( )

HOSPITAL/OFFICE/COMPANY NAME

NOM DE HÔPITAL/BUREAU/COMPAGNIE

TITLE / POSITION

E-MAIL:

BUSINESS ADDRESS / ADRESSE TRAVAIL

CITY  
VILLE

PROV.  
PROV.

POSTAL CODE  
CODE POSTAL

BUSINESS PHONE  
TÉLÉPHONE TRAVAIL ( )

EXT.  
LOCAL

FAX  
TÉLÉCOP. ( )

CHAPTER NAME  
NOM DU CHAPITRE

TITLE  
POSITION

SEND MAIL TO (CHECK ONE)

HOME

BUSINESS

ENVOYEZ COURRIER À (COCHEZ UNE)

MAISON

TRAVAIL

EDUCATION (CHECK ONE)  
ÉDUCATION (COCHEZ UN)

RN  
IN

RNA  
I AUX

TECH  
TECH

OTHER (EXPLAIN)  
AUTRE (SPÉCIFIEZ)

MEMBERSHIP (CHECK ONE)

RENEWAL

NEW

ABONNEMENT (COCHEZ UN)

RÉNOUVELLEMENT

NOUVEAU

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

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

- BY-LAW
- STANDARDS OF PRACTICE
- EDUCATION
- MEMBERSHIP
- CONFERENCE PLANNING
- NEWSLETTER

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

I have enclosed my cheque payable to CSGNA.  
(Mail with this completed application to the above  
address.)

J'ai inclus mon chèque payable à CSGNA.  
(Envoyez avec cette formule d'application dûment  
remplie à l'adresse ci-haut mentionnée.)

# CSGNA 2003-2004 Executive

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