We are pleased to present the abstracts from SGNA’s 33rd Annual Course, *SGNA on a Mission: Exceeding Expectations*. The diversity of these topics certainly reflects the richness and breadth of our specialty. In keeping with the tradition of the Annual Course, we hope the following abstracts will encourage discussions for improving nursing practice and patient care outcomes.

**Kathy B. Bean, PhD, RN, CGRN, APRN, BC**
Editor

**Train the Trainer**
A Nurse Manager’s Guide to the Reprocessing Competency
Jane Allaire, RN, CGRN
James Collins, RN, CNOR
Cindy Friis, MEd, BSN, RN, BC
Patricia Maher, RN, CGRN

This session has been prepared to help the gastrointestinal (GI) nurse manager to more effectively provide education for staff in the area of GI endoscope reprocessing. The target audience is the GI nurse manager, although any member of the staff with the responsibility for providing endoscope reprocessing training is welcome.

**Introduction to the Nurse Triage Role for Inpatient Endoscopy Patients**
Lillian Ananian, MSN, RN
Marjorie Voltero, RN

Today’s hospital based gastrointestinal (GI) endoscopy suite faces a unique challenge. With the rise in the acuity of the hospitalized patient population, more nursing resources and expertise are required to assure inpatients a safe, comfortable, and timely endoscopic procedure. In our busy 10 room combined inpatient/outpatient endoscopy unit, the nursing staff found some inpatients presenting for procedures were either at too high a risk for nurse-administered procedural sedation or had other medical issues that needed to be addressed prior to the procedure (i.e., transfusion of blood products, reversal of anticoagulation, and incomplete bowel preparation). This led to long delays or cancellation of scheduled endoscopic procedures. This presentation will chronicle the development of a nurse triage system that has allowed more prompt identification of patients requiring anesthesia-monitored sedation as well as early identification of other barriers to care. Using a PowerPoint presentation, individual case presentation, and audience discussion, details of the nurse triage program including information gained from ongoing quality assurance assessments will be examined.
We Are on a Mission
A Panel Discussion Regarding Associate Issues
Phea Anderson, MS, RN, CGRN
Kate Donovan, BS
Cynthia Mathias, GTS

This session will feature a structured panel discussion regarding Associate issues and will encourage audience participation. Education, validation of competency, and role delineation will be discussed.

Endoscopic Ultrasound Advanced
Christopher Robbins, RN, CGRN

Endoscopic ultrasound (EUS) is a sub-specialty of gastrointestinal (GI) nursing in the endoscopy unit. More and more hospitals as well as ambulatory surgical centers are gearing up to perform these unique procedures. The echosonoprobe is used in the endoscopy lab to stage cancers of the GI tract and to diagnose and treat a variety of medical conditions. This session will consist of a panel of nurses and a physician experienced in EUS. The session is designed to provide skills and education in EUS as well as to discuss the practice of therapeutic procedures. This will also be a hands-on experience for nurses with some background in EUS who wish to expand their knowledge base.

 Improve Endoscopy Department Efficiency
Phea Anderson, MS, RN, CGRN
Karen Laing, BA, RN, CGRN

Many endoscopy units are looking for ways to improve their efficiency without increasing the number of staff, purchasing additional equipment, or making the patients feel as if they had been rushed through the process. In service organizations, LEAN methods and tools focus on providing the most efficient and effective flow of service and products. Learn how to improve the efficiency of your endoscopy unit using the some of the principles currently used in manufacturing. Eliminate waste, standardize internal processes, establish visual control management, and set you and your team on a course of lasting improvement. Observe a project in action. Hear case studies used to illustrate the success of this method in Endoscopy departments.

Alpha-1 Antitrypsin Deficiency
Not a Rare Disease, But a Disease That Is Rarely Diagnosed
Kelly Auvinen, RN

Alpha-1 antitrypsin deficiency (A1AD) is an inherited disorder potentially affecting millions of people in the U.S. The disease results from deficiency of a glycoprotein responsible for the regulation of inflammation, coagulation, and repair mechanisms in the body. This deficiency can cause “early decade” emphysema, liver cirrhosis, primary liver cancer, and multiple other health problems. It is postulated 80,000 to 100,000 people in the U.S. have severe A1AD and 25 million are carriers. Severely deficient persons are at highest risk for health complications. but carriers also inherit an increased risk. A Mayo Clinic study in 2001 linked A1AD to MSI-H colorectal cancer, which comprises 15% of all colorectal cancers. A1AD is the most common genetic cause of liver transplants in children and those with cirrhosis from A1AD have a significant risk of developing primary liver cancer. Estimates indicate that 1 to 3% of all chronic obstructive pulmonary disease (COPD) patients have severe A1AD. Currently poor awareness of this disease, both by providers and the public sector, contributes to misdiagnoses and incomplete treatment for patients. Awareness and early detection of this disorder is key to vital intervention, support, and treatment.
Mission Possible
Understanding Endoscopic Ultrasound
Mary Bartley, ADN, RN
Gail C. Crowe, BSN, BS, RN, CGRN

Do you want to know something about endoscopic ultrasound (EUS)? This workshop will familiarize nurses and associates with the various aspects of EUS. It includes lab set-up, introduction to echoendoscopes, basic ultrasound principles and images, review of common anatomical landmarks, therapeutic EUS (plus EMR, endoscopic mucosal resection), as well as hands on practice setting up scopes and utilizing various needles available for obtaining cytology and pathology specimens.

How to Read a Research Report
Kathy B. Bean, PhD, RN, CGRN, APRN, BC

Do you value research and want to be more informed regarding research findings, but find research reports cumbersome and confusing to read and interpret? This presentation will provide you a simple approach to identifying “need-to-know” information when reading and critiquing a research report. You will increase your understanding about the significance and meaning of key components of the research report using a simple, logical approach. Examples from selected gastroenterology research articles will be used to provide you with hands-on experience and increase your confidence and skills in reading and utilizing valuable clinical information from research findings.

Writing for Publication Workshop
Kathy B. Bean, PhD, RN, CGRN, APRN, BC

Writing for publication can be an overwhelming challenge for some nurses. The importance of developing the art and science of nursing is based, however, on sharing important clinical and theoretical aspects of practice through journal articles and nursing textbooks. Nurses have an obligation as responsible members of the profession to develop skills in writing for publication. This presentation will discuss the “how-to” of writing for publication including what to write about, when to write, where to write, and how to write. The experiences of published gastroenterology nurse authors and the Gastroenterology Nursing editor will be shared along with tips on increasing the success of being published. A hands-on approach will be used to generate the beginnings of a manuscript for future submission to a journal.

Transgastric Surgery
The New Frontier
Donna Beitler, RN, CGRN

Gastrointestinal endoscopy is an expanding field. More therapeutic procedures are being done in increasing numbers. This talk will reflect five years of work in the animal lab performing both non-survival and survival transgastric surgery. In the transgastric surgery method, an incision is made in the stomach, and the peritoneal cavity is entered and viewed with the endoscope. Procedures performed thus far include: peritonoscopy, gastrojejunostomy, tubal ligation, splenectomy, and cholecystectomy. Human appendectomies have been done in India and a review of that work will be covered also. Review of the technique will be done from start to finish, including the research protocol. Procedure videos will be shown and published study results reviewed. This is a new frontier in Endoscopy with the potential to develop into a new sub-specialty in our area.
Endoscopic Mucosal Resections
Jennifer Bishop, BSN, RN, CGRN
Jeanine Penberthy, MSN, RN, CGRN

This session will define endoscopic mucosal resections (EMR) and the current clinical indications for this procedure. The surgical and endoscopic treatments will be contrasted. Different techniques to accomplish an EMR, such as lift and snare, band and snare, and needle knife removal will be discussed with video clips and photos of each technique. Patient considerations will be covered from pre-procedure including assessment and sedation plans. The intra-procedure role of the assistant and monitoring nurse will be covered. The post procedure phase will cover signs and symptoms of complications and the follow-up for results.

Feeding Tube Dilemmas
A Clinical Ethical Analysis
Sarah Breier-Mackie, PhD, RN, APRN

Anorexia nervosa (AN) is a multifaceted psychiatric disorder characterized by diminished body weight and distorted body image that is often accompanied by denial and general cognitive impairment. Clinical efforts to treat AN are often resisted by patients. In certain situations, refeeding treatment by way of enteral nutrition is prescribed. This presentation, based on a case study, will consider the ethical dilemmas encountered in tube feeding the anorexic patient. These dilemmas are primarily informed by the dominant arguments of respecting patient autonomy and enforced treatment. Specifically, the issue of determining decision-making capacity as it pertains to patient autonomy will be discussed in detail. The clinical and ethical-legal realities of feeding tube insertion and treatment in the anorexic patient will be explored.

Manometry Potpourri
Sandy Brubaker
Linda Knight, BSN, RN
Corinne Pavesic, RN, CGRN

This session will cover the topics of esophageal manometry, anorectal manometry, and sphincter of Oddi manometry. Anatomy, physiology, procedure overview, indications, and analysis will be covered. Live volunteer patient demonstration of anorectal and esophageal manometry will enhance learning. Group interaction is encouraged with review of waveforms and case presentations.

Tips and Techniques for Performing Colonoscopy
Claudia Christensen, RN, FNP, CGRN

Torqueing, dithering, jiggling, sliding . . . are these words to describe the latest dance moves, or methods of getting to the cecum during colonoscopy? If you’ve ever wondered about techniques for navigating the difficult colon, this class will enlighten you. Nurses have been performing flexible sigmoidoscopy for colorectal screening in the U.S. for years. This class will present information on cecal intubation and polypectomy from the perspective of a nurse practitioner who performs screening colonoscopy. Examples of normal and abnormal pathology will also be presented.
Advanced Hands-On ERCP
Sandra Cialfi, MBA, BSN, RN, CGRN
Julia Nist, RN, CGRN
Sue Potter, BSN, RN, CGRN
Alice Rick, RN, CGRN

This workshop will center on a hands-on equipment demonstration focusing on advanced endoscopic retrograde cholangiopancreatography (ERCP) and its accessories, using a step-by-step approach discussing equipment use and potential complications. The therapeutic components associated with ERCP can be both complex and challenging. Return demonstration and discussion will center on mechanical lithotripsy, entrapped stones, bleeds, specimen collection, metal stents, and new modalities on the horizon.

Exceeding Expectations Through Certification
Allison Cline, MA, BA
Nancy Eisemon, MPH, RN, APN, CNS, CGRN

This presentation will address exceeding expectations through certification. While all nurses must maintain licensure to practice, certification reflects an achievement above the standards of licensure for a certain specialty. Certification assures the public that the healthcare provider is not only licensed, but committed to a higher standard of competencies and ongoing participation in educational activities. Aside from the personal and professional motivation to receive and maintain certification, research has shown certified nurses are making more money, are happier in the practice, and most importantly, certification has a significant positive impact on patient care and patient safety.

The information presented will be based on an article submitted to Gastroenterology Nursing covering current research in two areas: the perceived value of certification within the nursing community, and the actual value of certification in regards to both professional and monetary rewards and patient outcomes. Lastly the need for more research linking certification to increased positive patient outcomes will be discussed.

Developing Realistic Competency Tools in the Endoscopy Setting
Margaret G. Coffey, MSN, RN, BC
Gratchen Roberson, MSN, RN, CGRN

This interactive workshop is designed to assist managers or others in the endoscopy setting to design an efficient and meaningful competency assessment program. Developing initial orientation and ongoing competencies will be evaluated based on current JCAHO standards. Participants are invited to bring their current competency tools for information sharing and evaluation by the group.

Video Capsule Endoscopy
Bridging the Gap
Judy Corbett, MS, BSN, RN

Video capsule endoscopy (VCE) now plays an important role in the gastroenterology suite. VCE was given FDA approval as an “adjunct” tool in 2001. Barely two years later, the “adjunct” was dropped making VCE the gold standard for diagnosing diseases of the small bowel. Over 1 million small bowel exams are performed in the U.S. per year. VCE allows visualization of the gastrointestinal (GI) tract from the esophagus to the terminal ileum. VCE focuses on three portions of the small bowel not readily accessible by traditional endoscopy. Other advantages are that VCE is noninvasive, visualizes items 5x smaller than that of a small bowel follow-through radiologic procedure, and is cost effective. This presentation is designed to give the GI nurse and associate an overview of VCE. Included will be indications, patient preparations, procedures, and complications. The presentation will conclude with video clips of various abnormal findings.
Pancreatic Pseudocyst
EUS Guidance for Drainage
Gail Crowe, BSN, RN, CGRN

The use of endoscopic ultrasound for guiding drainage of pancreatic pseudocysts is a well established practice. This session will cover the equipment used and the set-up required. Nursing pre-procedure patient assessment and preparation as well as intra and post procedure concerns will be covered. A case study of the use of a coated self expanding metal stent, including physician assessment/ work-up and patient selection, will also be included.

The FUNdamentals of Humor
How to Put a Bolt of “Lighten”ing in Your Life and Work
Ronald P. Culberson, MSW, CSP

In this program, healthcare workers will learn how humor can reduce stress, improve creativity, increase productivity and most importantly, balance the seriousness of life and work by giving them a new perspective. Through a fun, funny, and educational experience, participants will learn how to do the right thing with the light thing.

Pilot Study to Test the Reliability and Efficiency of Methods Used to Evaluate Colon Cleansing
Glenda Daniels, MS, BSN, RN
Tunji Odeyemi
Marilee Schmelzer, PhD, RN

Colorectal cancer is the third most common form of cancer, and the second leading cause of cancer-related deaths in the United States. Regular screening is necessary to detect adenomatous polyps, from which 85% of colorectal cancers arise. A well-cleansed colon increases the diagnostic reliability of colonoscopy and shortens the time of the procedure. Unfortunately, no perfect colon cleansing procedure exists and there is no standard method to evaluate colon cleansing. The availability of a standard method of assessing colon cleanliness will enable the comparison of the efficacy of different bowel cleansing preparations for a future multi-site study.

This study’s aim was to determine if the measurement methods are reliable and easy to use, identify and correct problems with the data collection procedures, and obtain data for calculating sample size needed for a national study. A comparative-descriptive design was used. Data was collected in a gastroenterologist’s private, out-patient office located in a metropolitan area. The facility offers patients one of three bowel cleansing preparations: (a) Colyte and Tuscola tablets, (b) Halflytely and Dulcolax tablets, and (c) chronulac, Dulcolax tablets, and saline enemas. Data collection forms collected information about the patient’s health, reason for colonoscopy, ability to take the preparation, side effects encountered, and cleanliness of the colon.

This presentation will share the results of this study and lessons learned along the way.
LPN's Mission
Where Do the LPNs Go From Here?
Alice Day, LPN

The LPN role and the LPN’s place in the gastrointestinal (GI) lab is still evolving. My goal is to present our core curriculum statement for LPN practice, the role definition of a LPN, and reflect on my ideas about “where LPNs go from here.” I will present my personal role in the GI lab and describe how LPNs and RNs function as a team at my agency. The presentation will also include descriptions of the similarities and differences between LPNs and RNs. The main goal of my presentation will be to show LPNs how to reach their full potential and exceed expectations within their work place. I will share my personal experiences to exemplify this idea. I have been a LPN since 1974 and in the GI lab since 1999. I have attended three annual courses and brought back ideas to my unit to help enhance the role of the LPNs. I took the certification exam once and failed, but plan on retaking it. I have also spoken at the CISGNA Spring Conference. Attending these courses and conferences has been my effort to improve myself as a LPN and thus benefit my department. By sharing this information, I hope to set an example and motivate other LPNs to go beyond the call of duty in gastroenterology.

Nursing Considerations for Bariatric Surgery
Michelle Day, RN, CGRN

Morbid obesity is known to be associated with an increased mortality rate. Bariatric surgery is commonly considered to be the only long-term approach for treating morbid obesity. With the number of patients having bariatric surgery continuing to rise, we can expect to see a growing number of these patients requiring endoscopic procedures. To ensure we can provide safe and effective care for this patient population, it is important to understand the various types of bariatric procedures currently used, the resulting altered anatomy, and common endoscopic findings and interventions. Endoscopy unit considerations for care of these patients will be discussed.

Celiac Sprue
What’s New?
Arthur DeCross, MD

This presentation is an in depth discussion of celiac disease. Information to be presented includes signs and symptoms, current diagnostic testing, and treatment options. Patient education, resources, and follow up care will also be discussed.

Endoscopic Management of Bariatric Surgery Complications
Paul Deneault, MD

Today in the U.S., 127 million Americans are overweight, 60 million are obese, and nine million are considered morbidly obese. In 2005, almost 200,000 bariatric surgeries were performed. Increasing numbers of these patients will be in your gastrointestinal units with post-op complications that can be managed endoscopically. The objective of this talk is to review the anatomy and physiology of different surgeries, show examples of several post-operative complications, and show how they can be managed.
Strategies for Safe and Effective Sedation
Deborah Dlugose, RN, CCRN, CRNA

Remember when we used to call it “conscious sedation?” Providing safe and effective sedation for patients undergoing procedures requiring adjunctive intravenous medications for physical and psychological comfort is a challenging part of our practice. Changing terminology reflects changes in practice driven by the increasing number of cases done each year and the evolving responsibilities of nursing roles in these procedures. New definitions and standards are being used by a variety of professional groups. Is your practice ready to evolve? Our discussion will focus on topics such as strategies for patient assessment and preparation, rational titration of medication, planning for safety, making sense of monitoring, rapid response to adverse events, effective documentation, and risk management strategies.

Impedance
A New Phenomenon in the Evaluation of Respiratory Disease in Pediatrics
Kate Donovan, BS

One of the most common reasons for referral to pediatric gastroenterologists is gastroesophageal reflux (GER). Using impedance technology to detect acid and non-acid full column GER may also answer questions regarding atypical respiratory symptoms associated with reflux. This session will provide an overview of impedance technology, what patient population benefits from this technology, and how it can provide insight into the mechanisms of respiratory disease associated with reflux in children.

The New Doctor of Nursing Practice (DNP) Degree
Implications for Advanced Practice Nurses
Sharon Dudley-Brown, PhD, RN, APRN, BC, FNP

The American Association of Colleges of Nursing (AACN), the national voice of America’s baccalaureate and higher degree granting programs, recently endorsed the Position Statement on the Practice Doctorate in Nursing, which would move the current level of preparation necessary for advanced nursing practice (ANP) from the masters degree to the doctorate degree level by the year 2015. This degree would be a clinical or practice doctoral degree, and be titled the Doctor of Nursing Practice (DNP). This session will review the AACN’s Position Statement and highlight relevant portions for those APNs already in practice, and degreed at the Masters level. In addition, implications for education, practice and research will be discussed.

On a Mission
A Nurse’s Legal Duty
Cathy M. Dykes, MS, RN, CCRC, CGRN
Deborah Krohn, JD, RN

A nurse-attorney and gastroenterology legal nurse consultant will discuss a recent nursing malpractice case from Arkansas involving a patient who, following conscious sedation and a routine colonoscopy, insisted on driving himself home from the procedure and was involved in a fatal one-car accident. The discussion will include a presentation of the procedural history of the case, with all of its twists and turns through two appellate courts, before the GI nurse was absolved and the case resolved. The nurse expert in the case will provide her opinions as to what went right and what could have been done better. Attendees will also discuss and learn some strategies that may help them avoid this type of liability in their own practice.
Improving Compliance With Screening Colonoscopies Among Clinic Patients
Colleen Eckert, MPH, BSN, RN
Deb Hoffere, RN
Pat Feola, RN

In a busy hospital based endoscopy center, we found that 60% of the patients who either “no show-ed” or had to cancel their screening colonoscopy because of insufficient prep came from our hospital's medicine clinic. The nursing leadership and staff from both areas developed a plan to address this problem. The medicine clinic’s nursing staff now offers information on colorectal cancer and the importance of colonoscopy by video and a colon cancer fact sheet. In addition, the endoscopy clinic nurses offer a monthly colonoscopy teaching class for anyone interested to attend. These interventions have significantly increased compliance with colorectal cancer screening amongst this population.

Using Algorithms to Improve the Safety and Cost Efficacy of Nursing Practice
Marsha Ellett, DNS, RN, CGRN

Algorithms based on research evidence are being developed in many areas of practice of interest to gastrointestinal (GI) nurses. By incorporating pertinent algorithms into their practice, nurses engaged in clinical practice can improve patient safety. Increased safety will be possible because the patient will receive the same level of care regardless of the size or remoteness of the practice site. Standardization of care does not mean the specific needs of the individual will be lost. Cost efficacy will be achieved because the costs necessary to ensure patient safety will be outlined in the algorithm, thus eliminating extra costs. Added benefits of using algorithms are the clarity of the steps to follow that will decrease the time necessary to find the needed information and the ease of updating the algorithm as new research findings emerge. Several algorithms of interest to GI nurses will be discussed.

“Raising the Bar” Understanding the Value and Opportunities of Professional Nursing Certification
Nancy Eisemon, MPH, RN, APN, CNS, CGRN

This certification information session will explain three reasons why nurses should certify as well as explain the difference between licensure and certification. The President of the Certifying Board of Gastroenterology Nurses and Associates (CBGNA) will discuss the practice domains used for the gastrointestinal nursing certification test as well as the requirements for certification and recertification.

Drug Addiction in the Endo Suite
Lisa Fonkalsrud, BSN, RN, CGRN

Drug addiction is a serious problem in our society today. It is even more serious when it occurs in a healthcare worker because of the risk it poses to patients. As nurses, physicians, and technicians working in the endoscopy suite, we are in a unique position to easily and illegally obtain prescription narcotics. This talk will cover the signs and symptoms of addiction, two case studies, recovery, and methods to ensure the safety of the narcotics supply in the endoscopy suite.
Fundamentals of GI
Peggy Gauthier, MS, RN, CGRN
This session will discuss anatomy and physiology of the organs of digestion. Symptomology, diagnosis, and treatment of major digestive diseases will be discussed. Specific procedures related to these disease processes will be discussed. Didactic material and case studies will be utilized. This is a basic content presentation.

Basic Hands On ERCP
Peggy Gauthier, BS, RN, CGRN
Sandra Schneider, RN, CGRN
Theresa Vos, MS, RN, CGRN
This workshop will center on a hands-on equipment demonstration focusing on basic endoscopic retrograde cholangiopancreatography (ERCP) and its accessories. The diagnostic and therapeutic components associated with ERCP will be broken down using a step-by-step approach. The goal of this workshop is to develop (through return demonstration) an understanding of the equipment used and its effect. Demonstrations will include initial cannulation, catheter and guidewire exchanges, guidewire manipulation, plastic stent placement, sphincterotomy, occlusion retrieval balloons, and balloon and catheter dialations.

Infection Control and Equipment Reprocessing: Exceeding Expectations
Donna Girard, BSN, RN, CGRN
Pat Holland, BSN, RN, CGRN
This interactive session will illustrate the internal and external structure and function of the endoscope, review the incidence of infection transmission via endoscopy, and explore industry standards and guidelines relative to infection prevention in endoscopy. Automated endoscope reprocessors and FDA approved high-level disinfectants will be appraised. A specific strategy for competence and quality assurance of reprocessing techniques will be examined.

Bravo, Bravo!
Denise Goodman, BSN, RN, CGRN
This presentation addresses the use of the Bravo pH capsule system in the endoscopy setting including indications for performing the Bravo pH capsule study. Various symptoms patients experience and the manifestations of reflux disease will be highlighted as well as the different options of performing the Bravo pH capsule study (patients either off their medication for reflux, on their medication, or a combination of off medication then followed by on medication). The necessity for patient education including pre-procedure, intra-procedure, and post-procedure will be addressed. Technical instruction for performing the Bravo pH capsule procedure will also be highlighted.
How to Get Started in Research
Beverly Greenwald, PhD, RN, CNS, CGRN

This session will provide basic strategies to get started in nursing research. An introduction to forming a research team, selecting a topic, using printed and electronic data bases, reviewing the literature, evaluating the evidence, obtaining institutional review board (IRB) approval, planning and conducting a research study, and writing a publication will be included. The coverage of common barriers and obstacles and how to overcome them will help improve participants’ success in nursing research.

Participants will become familiar with use of electronic data bases to conduct literature searches, be introduced to important criteria for evaluating evidence, discover ways to overcome common barriers to research, and find out how to select members for the research team.

Managing a Gastrointestinal Unit or Ambulatory Surgery Center
Critical Components
Jo Harbaugh, BS, RN, CGRN
Karen Laing, BA, RN, CGRN

This session is a “crash course” in gastrointestinal(GI)-specific leadership components for new leaders. Each of the session leaders manages a GI facility, one in a hospital setting and one in a freestanding GI ambulatory surgery center. They will cover design and flow issues, patient selection, sedation issues, staffing protocols, equipment selection and processing, infection control, benchmarking, clinical and financial critical indicators, and processes to enhance efficiency.

The DAVE GI Nursing Project
Jane Harker, MS, RN, CGRN
Christopher S. Robbins, RN, CGRN

The Digital Atlas of Video Education (DAVE) GI Nursing Project is a free internet web site designed to provide nurses nationally and internationally with an opportunity to learn best practices. It use PowerPoint presentations, video clips, and poster presentations to provide education. This presentation will focus on the content of the site as well as information on how to prepare a presentation for inclusion on the site.

The Pediatric Patient in the GI Lab
Lisa Heard, RN, CGRN

This session will focus on the care and management of pediatric patients undergoing endoscopic procedures. Intravenous placement, sedation versus anesthesia, airway management, parental involvement, equipment needs, and indications for gastrointestinal procedures will be addressed. Preparations for colonoscopy will be reviewed, along with developmental needs of the pediatric patient and interventions to assist in a positive procedural experience. The goal of this session is to help the gastroenterology nurse feel more comfortable and confident in the management of pediatric endoscopy patients.
CO₂ Capnography in the GI Lab
Ventilation Monitoring During Procedural Sedation
Lisa Heard, RN, CGRN

This session will review the basics of capnography and its utility in the gastrointestinal lab. The physiology of ventilation and oxygenation and current monitoring technology will be discussed. Guidelines for procedural sedation and the potential role of capnography will be addressed. Basic capnogram waveforms and the nursing interventions will be presented.

Chromoendoscopy . . . Why Stain?
Tamara Hinceman, BSN, RN, CGRN

After watching a physician perform numerous upper endoscopies using this procedure, there is obviously a higher percentage of positive identification of Barrett’s esophagus. In this informative session, learn how to perform chromoendoscopy as well as visualize the difference between stained tissue and unstained tissue. Seeing the difference will change your thinking about staining with methylene blue.

Learning to Lead
Tamara Hinceman, BSN, RN, CGRN

This presentation will guide you through effective ways to lead your organization, supplying you with the skills needed to do the job. Learn the traits of successful leaders and have the “know how” to get what you want out of your team. Discover negotiation skills to get what you want and get where you want with your management team.

Use of Capsule Endoscopy in Screening Pediatric Patients With Hamartomatous Polyp Syndromes
Catherine Hodges, RN, RNC

This session presents two pediatric patients with hamartomatous polyp syndromes that benefited from the utilization of capsule endoscopy (CE) as a screening tool. CE is a well-tolerated procedure that helps identify small bowel abnormalities in patients with hamartomatous polyps that may be amenable to endoscopic removal. CE should be considered as the modality of choice for the screening evaluation of these children.
Genetics for the GI Nurse
Patricia Horace, MSN, MS, RN
Delores Saddler, MSN, RN, CGRN

The Genome Project, started in 1990, created a genetic map that reflects the position of genes on chromosomes. The 21st century will see the development of novel approaches for screening, diagnosing, and treatment of many diseases. Interventions and treatment modalities based on an understanding of genetics as it relates to gastrointestinal (GI) diseases will usher in a new healthcare paradigm for the GI nurse. This presentation will cover a basic understanding of genetics and evaluate specifics relative to GI cancers and other GI diseases.

Applying Abdominal Pressure During Colonoscopy
Raymond K. Hucke, MPH, OT
Jim Prechel, GTS
Cynthia Young, BSN, RN

Little has been published on the benefits of applying abdominal pressure during colonoscopy. Applying abdominal pressure presents a potential risk to both the patient and provider. A survey developed by Jim Prechel and presented to 18 Mayo gastroenterology physicians who routinely perform colonoscopy revealed that when applied properly, abdominal pressure could assist in shortening the length of the procedure, decrease the angle of turns in the colon, and minimize patient discomfort.

This course will provide both a didactic and hands-on experience. The allied health professional will be provided with the knowledge to provide effective and efficient abdominal pressure during colonoscopy. A variety of applications will be demonstrated in an effort to assist the allied health professional with the confidence to determine the appropriate location to apply abdominal pressure. Correct positioning will also be demonstrated using proper ergonomics for the provider, and focusing on providing minimal risk of injury to the colon.

Making a Difference in Colorectal Screening
Melinda Huffman, MSN, RN, CGRN

The Delaware Cancer Consortium (DCC) has created a comprehensive statewide colorectal cancer (CRC) screening and advocacy program, funded by the state of Delaware, in an effort to reduce CRC incidence and mortality. The program includes a multimedia campaign urging every state citizen, age 50 and older, to get tested for CRC. It also includes a system for case management with designated nurses (colorectal screening program coordinators) in hospitals to guide people through the screening process. This presentation will describe the role of these pioneer program coordinators and the challenges they face to address community needs.

Since colorectal cancer affects people of all races, educational levels and socioeconomic groups, one of the biggest challenges of the CRC screening program coordinator faces is to reach all of these people and get them to understand the need for screening. Due to the location of the disease and the preparation necessary for screening, many people find the topic unpleasant and don’t wish to discuss it. This creates a special challenge for the coordinators as they work to get the public to react positively to getting tested for colorectal cancer. The Health Belief Model and the Social Cognitive Theory provide a theoretical framework to approach this issue. Examples of several programs the CRC screening program coordinators have used to educate the community will be highlighted.

Ambulatory Surgical Center Development
A New Nursing Challenge
Sarah Hunt, RN, CGRN

The presenter will review all aspect of the process of development of an ambulatory surgical center (ASC). The design, construction, inspections, legal process, and documentation will be reviewed, although a majority of the time will be placed on the nurse manager of the facility, and hisher job description, responsibilities, and tricks of the trade to assist the process.
Patient Escorts in the Gastrointestinal Lab
Donna V. Hunter, BSN, RN, CGRN

This session will discuss how having an escort assigned to the gastrointestinal lab to transport patients back and forth from day surgery and the nursing units helps increase efficiency.

Clostridium Difficile
Diagnosis, Treatment, and Prevention of Disease
Myrna Kauffman, RN, CNOR

The primary nosocomial transmission of the Clostridium difficile spore is through contaminated environmental surfaces and hands of healthcare workers in hospitals and extended care facilities. As many as 13 to 15% of healthcare workers' hands are colonized with the C. difficile spore on their hands, though these workers do not usually present with any clinical symptoms. Colonization is believed to occur after workers' hands have been contaminated with infected patients or contaminated surfaces. Endoscopy healthcare workers are frequently exposed to patients who have not completely eliminated stool from their colons and may have C. difficile. The clinical symptoms can range from a mild, self-limiting state to severe, life-threatening diarrhea, which can place a great financial burden on both the patient and the healthcare facility. When exposed to the different methods of instrument reprocessing, this spore is very resistant to destruction. This presentation will discuss transmission, clinical symptoms, incidence, diagnosis, treatment, and infection control practices as it relates to the C. difficile spore and the healthcare worker. A review of this resistant spore's possible devastating disease course will remind the endoscopy healthcare worker of the importance of following good infection control practices.

Percutaneous Endoscopic Gastrostomy and Button Systems Materials
Jacqueline Kamp, RN

The placement of a percutaneous endoscopic gastrostomy (PEG) is a multidisciplinary decision. Depending on the underlying clinical problem and patient prognosis, the wishes of the patient and his or her family often weigh heavily on decisions regarding the appropriateness of enteral tube access and the material that will be used. In our hospital, PEG placement is carried out according to protocol. A brief explanation of the placement and removal is required for the patient to understand the importance of good follow-up care in order to avoid complications. Follow-up care during the first week and afterwards, with clear instructions for the patient, family, nurses and other caregivers, is important. When a gastrostomy is to be replaced with another device, knowledge of different materials that are available can help to decide which material can be used.

Recognition of late complications that can occur, such as leakage of fluid, irritation of the skin, balloon-leakage, clogging of the tube, hypergranulation, dislocation of the tube in the first week, dislocation when the track is completely formed, migration of the balloon with obstruction of the antrum or duodenum and buried bumper syndrome is critical. Knowledge, prevention, recognition and management of these PEG-related problems, makes it possible to reduce the complication rate. Discussion about the indications and ethics concerning PEG placement and feeding possibilities that may result in a higher standard of patient care will also be highlighted.

Bariatric Surgery
Changes in the Gastrointestinal Tract
Todd Kellogg, MD
Georgia Ann Schumacher, LPN, CGN

Bariatric surgery is more than just a “weight reduction” methodology. It changes the anatomy of the gastrointestinal (GI) tract and therefore impacts the way procedures (EGD, ERCP, Esophageal manometry and pH Probe) are done. This presentation will discuss the anatomical changes of the GI tract, the impact of changes with esophageal procedures, and the emotional impact of the life changes with the patient undergoing bariatric surgery. The presentation will include a physician and GI nurse who has had bariatric surgery.
Motility and pH Procedures
The Nursing Perspective
Janet King, RN

This presentation will discuss nursing interventions that can be used to allow for an efficient and accurate motility or pH procedure. The use of information obtained from a detailed nursing assessment will provide for the recognition of individual patient needs. Symptom description should help the motility team member identify what areas may be difficult for the patient to tolerate during the procedure. Some patients may have difficulty with initial catheter probe placement via the nares, some may have difficulty with placement through the lower esophageal sphincter, and some may have difficulty with the sips of water given during the procedure. Techniques specific to individual patient concerns may be used to help ease some of these problems. In some cases, a patient, due to hypersensitivity or psycho-social issues, may not even agree to the procedure being started. This is often seen when patients are experiencing control issues and fear and anxiety responses to the procedure itself. At our institution, we have specialty teams for more involved procedures including motility. The team concept allows for members to become proficient in their specialty area. This presentation will highlight our experiences and offer useful tips for handling the special needs patient.

To Squeeze or Not to Squeeze
Linda Knight, BSN, RN
Corinne Pavesic, RN, CGRN

Anorectal anatomy, physiology, procedure overview, indications, and waveform overview will be covered for anorectal manometry and biofeedback. The session will benefit nurses performing these procedures to improve their knowledge and procedure techniques. The session will also benefit the gastrointestinal nurse in providing general information about the procedure.

Manometry
Uses in Determining Diagnosis and Treatment
Rosemary Koski, BSN, RN, CGRN
Lori Henderson, RN, CGRN

This session will be a brief overview of normal and abnormal manometric studies of the esophagus. It will discuss how manometry impacts the patient and how abnormalities present themselves. It will include medical treatment and follow-up care.

Protecting Your Nursing License
Practice Issues
Deborah Krohn, JD, RN

This presentation by a gastroenterology nurse and attorney seeks to educate nurses about the legal and regulatory influences on the practice of nursing and includes a discussion of: (1) some key demographics of the nursing profession; (2) the extent of state/federal regulation of the nursing profession; (3) common violations of most Nurse Practice Acts; (4) the disciplinary process for nurses (with examples from cases in the news); and (5) some basic recommendations that will best protect the license to practice nursing. This presentation is designed to appeal to all endoscopy nurses, regardless of skill level. It includes information that is of interest to all nurses but is, when feasible, tailored to the practice of gastrointestinal nurses in endoscopy suites. The presentation starts with a ‘test-your-knowledge’ quiz which is a brief 11 question assessment of the attendee’s knowledge of professional nursing and its rules, regulations, and associated issues. Each quiz question is addressed and answered in the body of the presentation.
Gastroenterology Nursing in China
A Cultural and Professional Exchange
Karen Laing, BA, RN, CGRN
Jill Olmstead, MSN, RN, NP-C

A delegation of 12 certified gastroenterology nurses traveled to China and visited hospitals in Beijing, Chongqing, and Kunming. The hospital visits included tours of endoscopy units and other departments within these hospitals. We were fortunate to have the experience of working within the Society of Gastroenterology Nurses and Associates (SGNA), which further served to bond the members of this delegation in working toward a common goal of promoting strong relationships among gastroenterology nurses and associates and sharing the knowledge of our profession with others on an international level. Attendees engaged in dialogue to better understand each other, and gain an understanding of practice standards, education of nurses, and health care delivery systems in our respective countries. With the use of pictures and personal stories, we will describe our visit to the endoscopy departments and other areas of the hospitals, the nurses’ role in caring for patients, infection control practices, discussions with the Chinese nurses and medical students, and current health care issues in China. This session will also provide background information on the history of nursing and the current nursing education trends in China.

Electrosurgery in Gastroenterology
Principles to Practice
Marcia Morris, MS

An electrosurgery generator is a critical piece of equipment in any therapeutic endoscopy setting. This presentation is designed to give the gastrointestinal (GI) endoscopy nurse or technician a working knowledge of the principles of high frequency electrical energy and its use in the gut. Pulmonary applications will be mentioned. Important safety issues, including aspects of grounding pad placement and accessory handling, will be highlighted. Participants will learn which outputs and watt settings are most commonly used for polypectomy and sphincterotomy, and why. Fundamentals of argon plasma coagulation will be addressed. This presentation is designed to be applicable to any therapeutic GI setting and to help sort out facts from “urban legends.” The presenter uses animated graphics and clear analogies which make a sometimes complex topic understandable and clinically useful.

Trauma to Triumph
Finding Joy Throughout the Colon Cancer Experience
Edward Leigh, MA

In this program, Edward Leigh shares his experiences with colon cancer, which are inspirational, educational, and at times, quite outrageous! He takes you through his journey of diagnosis, surgery, and chemotherapy. During the program, he discusses many methods of coping with colon cancer. His program centers on the theme, “Just because cancer enters our lives does not mean joy must exit.” Come prepared to have some serious fun!

Push, Drive, Manipulate, What?
Robin Novak, RN

Endoscope advancement and manipulation by the endoscopy technician or registered nurse in the endoscopy unit has long been a sensitive issue. Facilities have inadvertently increased the anxieties, fears, and apprehension of the staff by allowing advanced skill techniques to be performed without appropriate guidelines, protocols, and competencies. Limited literature and hands on experience are available to provide adequate training or resources for nurses or technicians engaged in this role while physicians engaged in endoscopy typically receive hundreds of thousands of hands-on experiences, presentations, and continued education prior to being deemed competent by peers to perform such complicated techniques. As a result, tools for the trade need to be developed and refined to establish consistency among facility types and regions.
Irritable Bowel Syndrome
Robert Olson, MD

Irritable Bowel Syndrome (IBS) is one of the least discussed, while perhaps the most common problem, seen in gastroenterology. It is said to afflict as many as 20% of the adults in America to some degree. Gastroenterologists as a rule avoid following patients with this problem for several reasons, not the least of which is IBS is hard to define and frustrating to treat; and for many years, it was thought to be a neurotic problem.

Evidence shows, however, IBS is a definable disease and there is a physiological basis to many or most of the symptoms suffered by those with IBS. Anxiety and obsession are traits seen in these patients to be sure, but understanding the pathology involved and sharing this understanding with the patient can be a key in improving and controlling this chronic and potentially debilitating disease. New medications are available, but these are only adjuncts to the treatment of IBS, which requires a persistent, consistent, and resourceful caregiver-patient combined effort.

Cholangiopancreatography
The Final Frontier
Jeanine Penberthy, MSN, RN, CGRN

Cholangiopancreatography allows the direct visualization of the biliary and pancreatic ducts. This approach allows us to visualize not only the lining of the ducts, but to perform therapy such as biopsies of a lesion or stricture, and electrohydraulic lithotripsy for large stones. The current method to perform cholangiopancreatography uses a therapeutic duodenoscope with a working channel of 4.2 mm (also known as a mother scope) and a baby scope that is 3.3 mm in diameter (known as the daughter scope). The limitations of this system include being dependent upon two people to operate the scopes, a lack of dependable steering, the requirement for two endoscopic light sources and processors, and the maintenance and repair costs. Emerging technology is helping to streamline this current method.

FMEA & SCHMEMEA
Are QAI Audits Driving You Mad?
Cheryl Pistone, MA, MBA, RN

Come and learn about the FMEA (Failure Modes and Effects Analysis) process. This session will provide you a step by step “how to” on analyzing a critical process and improving your performance. See actual examples of how this process was done and get ready to wow the JCAHO surveyors at your next survey.

Hiring, Firing, and Everything Between
How to Manage Employees
Cheryl Pistone, MA, MBA, RN

Are you frustrated with problem employees? Do you know what questions you can and cannot ask in an interview? This informative session will give you practical techniques to help you with the interview process as well as ideas on how to deal with your problem employees from the evaluation process through the disciplinary process.
Personal Protective Equipment
Do You Know the Rules?
Sue Potter, BSN, RN, CGRN

Once thought of as a luxury, now proper personal protective equipment is required in all settings where any spray of bodily fluids may occur. This presentation is geared toward all staff in the gastroenterology lab setting with a discussion of OSHA, CDC, and SGNA guidelines.

Pancreatic Cancer: Now What?
A Nurse Walks with the Patient
Janice Provenzano, RN, CGRN

The effects of the diagnosis of pancreatic cancer can be devastating to the patient and his family and significant others. Often, it is the nurse who first touches the patient, knowing something is wrong. Anger, fear, and confusion occur with this disease and its accompanying poor prognosis. The knowledgeable gastrointestinal (GI) nurse impacts the patient, providing immediate education and vision, offering a plan of care, and adding hope to the patient’s range of emotions. The purpose of this session is to educate the endoscopy and ambulatory GI nurse in the multidisciplinary treatment plan and care of the patient with pancreatic cancer. Knowledge will positively affect the patient and help the nurse to realistically walk step-by-step with the patient beyond treatment completion. Equally important as emotional support, the nurse should focus on assisting the patient with compliance to the treatment plan, including symptom management. Pancreatic cancer basics, case presentations, and pictorials with simultaneous staging entities will be highlighted. It is challenging to educate and motivate a patient to pursue a decisive path in a malignant process. The educated, confident nurse can help the patient by directing him in a step-by-step manner, incorporating goals that are achievable and manageable.

Validating Patient Safety in the Endoscopy Lab
Jill A. Ragsdale, BSN, RN, CGRN

Everyone working in health care today is responsible for maintaining patient safety. This presentation will provide you with some of the tools needed to validate related employee skills in the endoscopy lab, following JCAHO standards. Infection control, procedural pause, laboratory specimen handling, patient confidentiality and identification, and pain assessment are some of the topics to be covered. We will play a fun Health Care “Monopoly” game to reinforce concepts.

The 5 “W”s of Bronchoscopy-Assisted Percutaneous Tracheostomy
Who, What, Where, Whoa, and Wow!
Kitty Ratzlaff, MA, RN
Kathy Wright, RN, CGRN

Who: 2 physicians (1 bronchoscopist, 1 intensivist or surgeon), 2 endo nurses (1 to assist with bronchoscopy, 1 to assist with procedure), 1 ICU nurse, 1 respiratory therapist, and ancillary staff as needed.
What: Percutaneous tracheostomy on intubated patients needing longer-term intubation. Equipment needed includes trach tray, sterile surgical tray, drapes, gowns, etc., and bronchoscopy supplies.
Where: Bedside, in intensive care units only.
Whoa: Contraindications for procedure, reasons for postponing, or rescheduling a procedure, care of bronchoscope during a procedure to prevent poking holes in the scope, complications and risks of the procedure, and what happens when things go wrong.
Wow: Advantages to a bedside procedure compared to the operating room (cost, no need to transport patient to and from surgery); no need for anesthesia services, nurse administered propofol.
Liked or In Charge?  
Your Leadership Mission  
Patricia Raymond, MD, FACP, FACG

Are you their buddy, or their boss? Sometimes have difficulty separating the two? The role of women in the workplace as managers and staff is fraught with difficulty as we lack the tools to comfortably be in charge when we really want to be friends. The socialization of women in childhood, to play well together and avoid being labeled ‘bossy,’ causes women managers to experience conflict in the estrogen-laden hierarchy of medicine. Join us as we explore the fine line between 'bossy' and 'boss.'

2006 GI Reimbursement  
What's New and What to Do  
Nancy Schlossberg, BA, BSN, RN, CGRN  
Nancy Vacante, BS, RN

This session offers nurses and associates up-to-date gastrointestinal-specific reimbursement information, as well as practical tips for optimizing revenue in either an Ambulatory Surgical Center (ASC) or hospital outpatient department (HOPD) setting. The discussion opens with a brief review of current trends and “ABC’s” of reimbursement. The presentation highlights 2006 trends and changes in coding and billing that will impact your practice. The session emphasizes recommended approaches for achieving financial best practices.

Endoscopy Assistant/Technician Update  
Education Day  
Phyllis Russo, BSN, RN, CGRN  
Leslie Stewart, BA, RN, CGRN

This program reviews the theoretical knowledge supported by hands-on application of the newest, most current endoscopy technology. It is designed to update clinical skills and knowledge for the experienced Endoscopy Assistant or Technician seeking to increase and validate the educational process.

Non-Alcoholic Steatohepatitis (NASH)/Non-Alcoholic Fatty Liver Disease (NAFLD)  
A Growing Epidemic  
Kathy South, BSN, RN, CGRN

Non-alcoholic steatohepatitis (NASH), known also as non-alcoholic fatty liver disease (NAFLD), is a condition that affects people who drink little or no alcohol. The mildest form causes an accumulation of fat within the liver that usually causes no liver damage. A potentially more serious form is associated with liver-damaging inflammation and, sometimes, the formation of fibrous tissue. This can progress to either cirrhosis, which causes progressive, irreversible liver scarring, or to liver cancer. With the increasing incidence of obesity and diabetes in Western countries, NASH has become a growing problem. Although its true prevalence is unknown, some estimates suggest it may already affect as many as one-third of American adults.
Barrett’s Esophagus
Melissa Spacek, BSN, RN, CGRN

The goal of this presentation is to advance one’s individual knowledge of Barrett’s esophagus. Barrett’s is a condition that develops in some people that experience chronic gastroesophageal reflux disease (GERD) or esophagitis. After reflux-induced damage to the normal, squamous, cells of the esophagus, regenerating cells undergo a metaplastic transformation to abnormal intestinal-type columnar cells. Barrett’s esophagus is this premalignant condition. Barrett’s cells may eventually progress into dysplasia, which over time can advance to low grade dysplasia, then high grade dysplasia, and finally, adenocarcinoma of the esophagus. Barrett’s esophagus is diagnosed through tissue sample obtained via endoscopy. There is no proven way to prevent Barrett’s esophagus; however, studies show that treating GERD may slow the disease process and prevent complications. Once Barrett’s is diagnosed, endoscopic surveillance is often performed and measures are taken to minimize acid exposure to the esophagus. If a patient reaches high grade dysplasia or carcinoma, they must then decide between 4 possible options: 1) do nothing, 2) surgical esophagectomy, 3) endoscopic mucosal resection (EMR) of the involved area, or 4) photodynamic therapy (PDT). All options may not be suitable for all patient situations. This complex disease will be discussed in detail, along with its various contributing factors.

Appreciative Inquiry
Karen Stefaniak, PhD, RN

Appreciative Inquiry (AI) is a focus on what we do right rather than what is wrong. It is a generative process that identifies people, their organization, and the patient care they deliver through recognition of positive attributes. AI helps people recognize their capabilities and peak experiences, opening new opportunities to dream and discover. This presentation will look at the positive processes that are currently in place within the specialty field of gastrointestinal (GI) endoscopy with a focus on the positive contributions made by GI nurses and associated across the nation.

Politics and Professionalism
Gutsy Nurses Making a Difference
Ruth F. Stewart, MS, RN, FAPHA, FAAN

This session will discuss the responsibility and ability of gastrointestinal (GI) nurses and associates to affect public policy relating to health and nursing. It will identify groups with which GI nurses might coalition to promote sound public policies and will give sources of information for participants to contact elected officials.

The Role of Support Groups for the Inflammatory Bowel Disease (IBD) Patient
Laura Strohmeyer, RN, CGRN

Support groups provide a beneficial service to Inflammatory Bowel Disease (IBD) patients or any patients dealing with a chronic disease. This session will identify strategies of conducting a successful support group. This presentation is presented by a gastrointestinal nurse that has acted as facilitator of two IBD support groups for the last four years. She will discuss the various formats of support groups and their advantages, and share stories of patients helping other patients.
GI Manager on a Mission
Or Mission Impossible?
Laura Strohmeyer, RN, CGRN

Managers in the field of gastroenterology nursing are faced with unique challenges to motivate staff, oversee education, and pacify physicians, while providing quality nursing care. Join this interactive session with other managers to discuss issues facing gastroenterology lab managers today and various solutions to identify positive solutions.

On a Mission Toward Equipment Process Improvement
Lynne A. Thomas, BSN, RN, CGRN

Controlling equipment expenses by expanding the lifespan of devices and minimizing repair needs can be a significant achievement that not only impacts the capital and operational budgets, but can have an extensive impact on efficiency as well. This session is designed to take the participant through the progression of the improvement process as it relates to understanding repetitive equipment repair needs and designing strategies toward reducing the frequency and severity of those repairs.

On a Mission to Think Your Way Through Advanced Endoscopy
Cathy Taylor, BSN, RN, CGRN

This presentation will assist nurses and associates to use the patient’s diagnosis as the basis to anticipate what will be done to the patient and what equipment you will need to do it. The focus will include therapeutic endoscopic retrograde cholangiopancreatography (ERCP), endoscopic ultrasound (EUS) and fine needle aspiration (FNA), and photodynamic therapy (PDT) as well as how to use your critical thinking skills to set the stage for success, with the outcome of patient care exceeding expectations.

To Stent or Not to Stent?
That is the Question
Debbie Tombs, RN, CGRN

Benign refractory esophageal strictures are an important therapeutic challenge. They can have a major negative impact on a patient’s quality of life and may lead to severe complications such as malnutrition, weight loss, and aspiration. This presentation will discuss anatomy and physiology of the esophagus, causes and diagnosis of benign esophageal strictures, and the diagnosis of dysphagia. A comprehensive review of current treatment options with an review of dilation therapy to include the evolution of dilators to the present day and also introducing a history of the esophageal stent from it’s inception to the modern day flexible stents will be presented. A review of alternative therapies such as steroid injection or surgery will be covered. Several case studies will be highlighted showing esophageal stenting is comparable to continual esophageal dilation or surgery as a treatment option for long term relief of patients dysphagia in the setting of refractory benign strictures.
Acuity of the Endoscopy Patient
Trina VanGuilder, BSN, RN, CGRN

As we all know, not all patients are created equal within the endoscopy setting. Some are patients requiring minor gastroenterology skills and some are gravely ill and require intensive skills, knowledge, and time. These patient considerations are often not recognized for the impact they have on the daily flow of the endoscopy department. In addition, patient acuity levels must be considered during the development of the plan of care for each individual patient. This presentation will review these acuity considerations and how they can be used to enhance patient outcome and efficiencies within the endoscopy department.

Leading the “New Breed”
The Nature of Human Nature
Phillip Van Hooser, MBA, CSP

Organizations committed to the personal and professional success of their people know and practice the critical elements of leadership, day in and day out. The most successful leaders understand their responsibility to get to know their people—what they want and need as employees. This fast-paced interactive session will explore some of the most challenging aspects of management and leadership. Specific attention will be placed on the following: recognizing the characteristics of the “new breed” of employee; understanding the two types of motivation; mastering the nature of human nature (common behavior patterns of people); and considering the most important commandments for leadership effectiveness and success.

Six Secrets for Wooing, Wowing, and Winning Patients and Their Loyalty
Phillip Van Hooser, MBA, CSP

This customized presentation addresses the necessary, but too often overlooked, benefit of professional, focused patient/customer service in gastroenterology practices. It is based on Phillip Van Hooser’s popular new book, “Willie’s Way: 6 Secrets for Wooing, Wowing and Winning Customers and Their Loyalty” (John Wiley & Sons; September, 2005). During the course of this fast-paced, high energy presentation, Phillip Van Hooser will offer techniques, strategies and common sense tips designed to allow SGNA members to deliver the kind of professional, unforgettable service that patients both desire and deserve. These practical, real world service values are sure to impress, entice, and win new patients with every interaction.

ERCP From Start to Finish
Theresa Vos, MS, RN, CGRN

This session will focus on an understanding of endoscopic retrograde cholangiopancreatography (ERCP) as it relates to normal anatomy and physiology of the biliary and pancreatic systems and the role ERCP has in diagnosis and treatment. A thorough review of biliary and pancreatic radiograph entitled “What’s That Up There on the Screen” will be offered and a teaching video focusing on a hands-on approach to equipment use during endoscopic retrograde cholangiopancreatography will be shown.
Hepatitis C Prevention in a County Correctional Facility
Donna Zucker, PhD, RN

The specific aims of this project were to: 1) convey education about prevention, protection, and safety related to Hepatitis C virus (HCV); 2) provide this information through relationship centered communication based on mutual support, trust, and equality; and 3) pilot test the extent to which this model disseminates information. Based on volunteers’ perceptions of high risk behaviors and health concerns, body mass index calculations and blood glucose and hypertension screenings were performed on 60 volunteers at a health fair. In addition, information on smoking cessation, dental health, drug addiction, sexually transmitted diseases, HCV, and human immunodeficiency virus (HIV) prevention was discussed in a one-on-one informal setting. This pilot of a peer education program provides evidence that HCV prevention education happens one person at a time within an environment of mutual respect and relations-centered communication. A future study will test the learning theory constructs and measure long term outcomes after release into the community.