

# SGNA<sup>TM</sup> news

*celebrating our community*



## Member Spotlight

### An African GI Adventure

**The SGNA Medical Aid Scholarship recipient shares her experiences serving at an endoscopy suite in Kenya's Tenwek Hospital**

Last August, Diane Kouzmanoff Williford, RN CGRN at Carle Foundation Hospital in Urbana, IL, found herself doing what she does best — sharing the expertise gleaned from 12 years of working as a GI nurse — but in a very different corner of the world.

As the first recipient of the SGNA Medical Aid Scholarship, Diane spent two-and-a-half weeks in Tenwek Hospital in Kenya, Africa, supporting the hospital's endoscopy suite and helping educate the GI staff on best practices and infection prevention protocols.

The \$1,000 scholarship helped Diane cover nonreimbursable expenses and also allowed her to bring much-needed educational materials and supplies to the hospital's GI department. But the true measure of the scholarship amounts to more than dollars, says Diane, who has been a member of SGNA for eight years. "It meant that SGNA was investing itself in GI nursing internationally," she says. "It allowed me to network with other GI nurses, to provide education, to help problem solve and to assist in delivering safe patient care through [the creation of] standards and guidelines."

The August 2015 trip was actually Diane's second visit to Tenwek Hospital. Her first experience was in 2012, when she was handpicked to be part of a team assembled by Jeff Hallett, MD, a gastroenterologist at Carle Foundation Hospital. Dr. Hallett was volunteering his services as a visiting GI doctor to provide support and education to the hospital's endoscopy department. Diane was invited by Dr. Hallett to return this past summer.

The 300-bed Christian medical missions hospital is located in a sprawling

compound — complete with armed guards and barbed wire — just outside of the town of Bomet, around 200 miles northwest of Nairobi, the capital of Kenya. The endoscopy suite staff is comprised of a primary GI doctor, two RNs, three nurse technicians, a research assistant and a secretary. While Diane's main responsibilities were to train the staff on best practices and infection control in the GI lab related to scope cleaning and handling, her day-to-day duties varied greatly. "I did a lot of things," Diane says. "I did some things I didn't know I was going to need to do. Being a support staff member allowed me to be flexible in meeting the needs of the endoscopy suite as well as the overall hospital."

#### All In a Day's Work

A typical day for Diane began with her arriving to the endoscopy lab between 8 and 9 in the morning, a short walk from her apartment in the compound. The unit would start seeing patients at 9 a.m. Upon arrival, patients first had to visit the business office in order to pay for the procedure up front, then they went to triage to have their vitals taken and finally, entered the endoscopy suite and treated on a first-come, first-served basis — barring any emergencies. This meant that many patients would spend the day waiting for their turn, sitting on the many benches scattered throughout the compound or even



Diane Kouzmanoff Williford (back row, left) poses with Tenwek Hospital endoscopy suite staff.

### SGNA Releases New Infection Prevention Standard

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Quarter One 2016 • Volume 34  
Visit: [www.sgna.org](http://www.sgna.org) • [sgna@smithbucklin.com](mailto:sgna@smithbucklin.com)

SGNA News (ISSN 1057-9095) is published quarterly by the Society of Gastroenterology Nurses and Associates, Inc., 330 North Wabash Avenue, Suite 2000, Chicago, IL 60611-7621; 312.321.5165 or 800.245.SGNA (7462), [sgna.org](http://sgna.org); Copyright 2016©SGNA. Fifteen dollars of annual dues is allotted for a subscription to SGNA News. Periodicals postage paid at Chicago, IL. Postmaster: Send address changes to SGNA News, 330 North Wabash Avenue, Suite 2000, Chicago, IL 60611-7621.

SGNA is an organization of 8,000+ registered nurses and other healthcare providers functioning in administrative, clinical, educational and/or research roles in the management of individuals with GI health problems.

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## SGNA Mission & Purpose

The Society of Gastroenterology Nurses and Associates, Inc. (SGNA) is a professional organization dedicated to the safe and effective practice of gastroenterology and endoscopy nursing. SGNA provides education, training and evidence-based GI/endoscopy practice documents to enable our community to provide the very best patient care. With more than 8,000 members, SGNA is an influential voice on issues impacting the specialty. SGNA continues to collaborate with other healthcare organizations that share our ultimate goal of empowering GI/endoscopy professionals to deliver the best possible care. Additional information is available at [www.sgna.org](http://www.sgna.org).

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# Networking on an International Scale

Lisa Fonkalsrud, BSN RN CGRN, 2015–2016 SGNA President



During fall 2015, I was fortunate to represent SGNA at two international meetings. I attended the Canadian Society of Gastroenterology Nurses and Associates (CSGNA) Conference in

Moncton, New Brunswick, in September and the European Society of Gastroenterology and Endoscopy Nurses and Associates (ESGENA) Conference in conjunction with United European Gastroenterology (UEG) Week in Barcelona, Spain, in October.

Similar to the SGNA Annual Course, learning and networking were top priorities for attendees. Everyone was so excited to be there and have the opportunity to learn from one another. They were hungry for knowledge involving new technology, disease processes and infection control. Although Canada and Europe have not experienced the same level of CRE infections from duodenoscopes as the United States, infection prevention was still a key focus of the meetings. Attendees also enjoyed a wide variety of hands-on learning opportunities.

I found the vendor halls at both meetings to be very interesting. Many of the vendors and products were the same as what we find at the SGNA Annual Course, but there were also

many new vendors and products. I enjoyed seeing all the drying cabinets for scope storage and hope that they will be more widely available in the United States soon. There were many products that I had never seen before, such as two products — a foam-type substance and a powder — that help control bleeding. Both are sprayed onto the bleeding site in order to promote clotting. I found these two products to be particularly intriguing. It was fun to browse all the products and talk to the attendees and vendors about how they use each product in their practices.

Networking was key at both meetings. The opportunity to be together and discuss common issues was important. We learn so much when we gather. Our most valuable asset is one another. •



SGNA President Lisa Fonkalsrud (second from left) enjoyed swapping war stories with other attendees during the CSGNA conference in Canada.



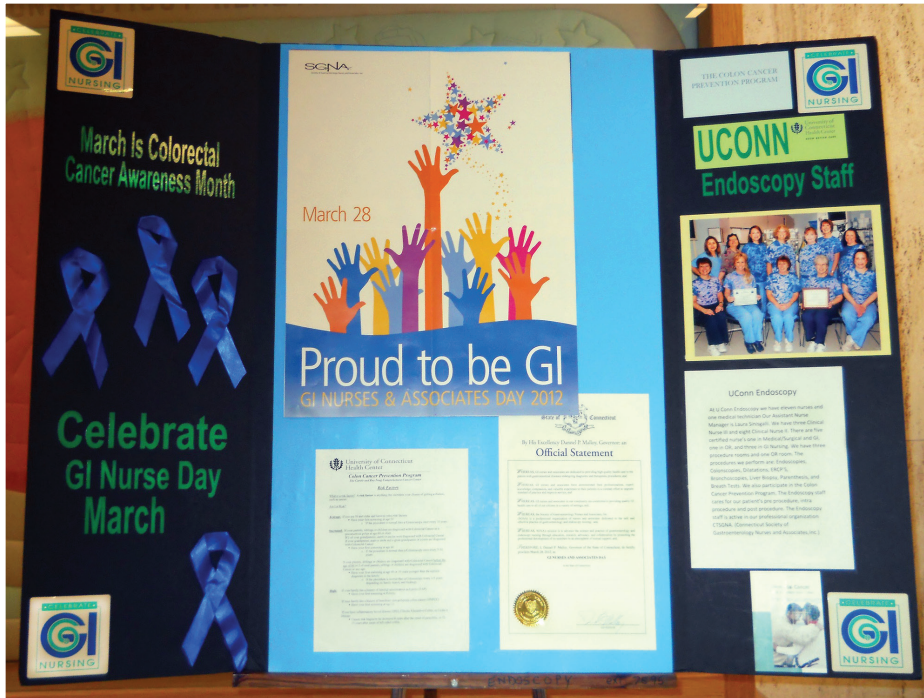
ESGENA President Jayne Tillett (second from left) and Lisa Fonkalsrud catch up with other attendees in Barcelona, Spain.





# Colorectal Cancer Awareness Month

*A look at UConn Health's Colon Cancer Prevention Program*



With more than 50,000 deaths from colon cancer per year, colon cancer screening and prevention is an ongoing, critical concern for the GI medical community. The University of Connecticut Health Center (UConn Health), has created an innovative program to combat this alarming reality.

The Colon Cancer Prevention Program was created by experts at UConn to help patients grasp not only the risks of colon cancer, but also ways to create a personalized prevention plan. Through the program, patients gain access to a team of nationally recognized experts, backed by countless amounts of research, to help craft a personalized prevention strategy. UConn also employs sophisticated technology and advanced equipment to offer the most precise colonoscopy imaging available today. In addition, the program also offers ongoing education and counseling services for individuals and families. To heighten awareness of this program, UConn distributes newsletters and holds seminars specifically on the topic of colon cancer, the ways to prevent it and the importance of regular screenings.

"Anyone can be part of this program," says Kathy Vinci, RN CGRN, at UConn. "Our part as GI nurses is to promote having the colonoscopy and to educate our patients." Endoscopy nurses at UConn, much like nurses at any other facility, Kathy explains, obtain blood samples and collect paperwork from patients and guide them through the process. Kathy believes that the difference, however, is the medical center's emphasis on education. "We do pre-calls and answer any questions patients have about their procedure and prep," she says. "The public needs to be educated about colon cancer. Education helps ease their fears."

UConn has been recognized by the governor of Connecticut for its efforts during Colorectal Cancer Awareness Month in March and GI Nurses and Associates Week, which takes place March 21–25. This is not the first year that UConn has worked to raise awareness about prevention and treatment of colon cancer. In 2014, José Orellana, MD, who specializes in gastroenterology at UConn Health, appeared on the NBC Connecticut channel. He spoke about the importance of screenings, especially for minorities, who



Kathy Vinci, RN CGRN, UConn

*UConn distributes newsletters and holds seminars specifically on the topic of colon cancer.*

are less likely than Caucasians to undergo regular screenings for colorectal cancer. "Hispanics are the fastest-growing minority diagnosed with colon cancer," Dr. Orellana adds. "It's a lot of embarrassment for many of the people in my community to address." Due to the personal nature of colon health, he explains, it can be very difficult to discuss, address and pursue regular screenings for colon cancer. ●



# SGNA Releases New Infection Prevention Standard, Updates Current Standard

*The leaders of the SGNA Practice Committee reveal the thought process, challenges and mission behind the release of the new standards*



Ann Herrin, BSN RN CGRN, Chair, and Midolie Loyola, MSN RN CGRN, Co-Chair

We strived for the document to be authentic and robust with current, evidence-based information. We envisioned updating our “Standards of Infection Control in Reprocessing Flexible Gastrointestinal Endoscopes” to encompass key updates related to the process.

The issues with endoscopes and reprocessing have a greater bearing on the well-being of our patients, are being reported more, and are hot subjects in the media. As such, each time we revised the standard, we would discuss adding more infection prevention items to it. It became apparent that the standard needed a partnering document to address additional key issues in endoscopy thus the change in title from “infection control” to “infection prevention” would set the culture change. Additionally, we created a complementary document, the “Standard of Infection Prevention in the Gastroenterology Setting.”

SGNA is recognized as the expert in our clinical practice settings. It was time to move forward and implement what we have been discussing.

## Impact of CRE Outbreak

As members of the SGNA Practice Committee, we were keenly aware of new directives coming from the regulatory agencies and GI professional societies, as well as any reports related to

reprocessing and infection prevention. Each reported outbreak validated the need to update our current “Standard of Infection Control in Reprocessing” to “Standard of Infection Prevention in Reprocessing” and the creation of “Standard of Infection Prevention in the Gastrointestinal Setting.”

Extensive research and thorough discussions during the development phase occurred in 2015 on this hot topic. A great resource for our constituents to keep updated on the most current information is the SGNA Resources for Quality and Safety on the website ([www.sgna.org/Issues/Infection-Prevention/SGNA-Resources](http://www.sgna.org/Issues/Infection-Prevention/SGNA-Resources)).

## Pushing Past Roadblocks

There were three main challenges that came to the forefront. The biggest challenge, of course, was to stay on top of the information that was coming out on the CRE infection and waiting to hear what our next steps needed to be. We wanted to include the most current information and it was changing quickly. Secondly, we were challenged with developing two standards that would support each other without being too repetitive. The third challenge was time. We were challenged with revising a major standard and creating a new one in a short span of time as we recognized the urgency in releasing the new documents.

## Future Outlook

Infection prevention is the key to having safety success in your unit. Without it, it is difficult to support quality practice. Our aim is to continue to be the “gold standard” in regards to endoscope reprocessing.

The “Standard of Infection Prevention in Reprocessing Flexible Gastrointestinal Endoscopes” supports nine steps in reprocessing: pre-cleaning, leak test, manual cleaning, rinse after manual cleaning, visual inspection, high level disinfection, rinse after HLD, drying and storage. Some significant changes in this document are the addition of visual inspection to the reprocessing steps as a “time

## What You Need to Know About the Standards

### **New: Standard of Infection Prevention in the Gastroenterology Setting**

**Focus:** The goal of this standard is to provide information not currently or minimally covered in our current standards (e.g., standard precautions, bloodborne pathogens, environmental cleaning, staff attire, culture of safety, responses to failure).

### **Revised: Standards of Infection Prevention in Reprocessing Flexible Gastrointestinal Endoscopes**

**Focus:** The focus of this standard is to highlight the expectations of reprocessing staff and management responsibilities, the reprocessing environment, the steps in reprocessing and rationale for their use, and quality assurance.





*"SGNA is recognized as the expert ... so we need to set our standards and recommendations."*

out" or stop to ensure endoscope is visually clean and all previous steps have been completed prior to HLD. The importance of drying the endoscope completely; a seven-day storage interval; further emphasis that all steps in the reprocessing continuum whether done manually or automated, are fully completed; and remaining proactive on infection prevention and reprocessing updates.

The "Standard of Infection Prevention in the GI Setting" supports a culture of safety that each member of the team is key in preventing infection. The culture of safety requires a multifactorial approach from understanding infection prevention measures to completing and ensuring competency to quality assurance to utilizing an SGNA Infection Prevention Champion. This new standard addresses current infection prevention issues and helps guide members to the most current and safe practices.

### Advice for Implementation

Be proactive and perform a risk-assessment inspection with infection preventionists at your facility. Provide the proper education and training as necessary to ensure that all staff are competent in this regard and perform routine practice audits. Encourage staff to communicate concerns and provide feedback. Train staff to be vigilant in changes and breaks in practice. Utilize tools to improve practice (e.g., visual inspection, use magnifying glass) to ensure endoscopes are clean prior to HLD.

Above all, stay current with what is in the news and in your local GI community. Be active in SGNA and stay alert to changes in practice from regulatory agencies and manufacturers. Set [www.SGNA.org](http://www.SGNA.org) as a favorite site and check it regularly. ●

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*Continued from page 1*

## An African GI Adventure

taking a quick nap on the hospital grounds, Diane describes.

At 10:30 a.m. every day, the hospital would bring a big pot of chai (tea) to every department in the hospital and the staff would take a tea break. "This was a very important part of their culture," she adds.

Similar to many U.S. GI units, Tenwek Hospital's endoscopy suite specializes in EGDs, colonoscopies, ERCPs and other common procedures. However, the local population has a high incidence of esophageal cancers that is linked to the prevalent use of wood smoke for cooking in homes with poor ventilation, says Diane. "Most of the procedures we did were EGDs for esophageal cancers. There were also some EGDs done for ongoing research [of this trend]."

In addition, most of the colonoscopies performed were for weight loss or bleeding purposes. "There were very few people having screening colonoscopies," she adds. "Since patients have to pay for procedures, they are often times sicker than patients are in the United States."

Helping sedate patients was one of Diane's duties. But unlike in the United States, sedation was not a standard practice for all patients. "Patients only got IVs if they got sedation. And they only got sedation if they paid for it," she explains. "There were several procedures where we would place the esophageal stent without sedation. The patients are pretty stoic and patient. They tolerated that very well."

Diane also assisted with recovering patients. When the post-op holding area was full, the GI nurses had to recover their own patients. "Sometimes, you had to recover two patients with one monitor. You would hook up the pulse oximetry to one patient and would use the EKG part of the monitor on another patient to at least monitor their heart rate."

The endoscopy suite would typically treat six to 10 patients a day. "We basically only had one procedure room, so we would do one procedure at a time," Diane says. However, because ERCPs were performed in operating rooms, there was a potential for an ERCP to take place at the same time as an EGD was being done in the procedure room. "This was the interesting part. When the doctor is in the operating room, who is doing the EGD?" asks Diane. "The nurse is doing the EGD, and sedating patients and placing esophageal stents. They use their resources to the best of their abilities and the [charge] nurse had to learn to do that."

### Infection Prevention Protocols

A key contribution of Diane's centered on sharing the latest techniques and procedures for infection prevention — a critical area of concern worldwide. As such, she was able to offer recommendations which resulted in the staff reassessing some former processes. For example, the endoscopy suite would often rewash and reuse disposable equipment but they began trending away from this practice.



Endoscopy procedure room performing an EGD on a patient with advanced stage esophageal cancer; palliative treatment to be performed with metal stent placement. The procedure plus sedation plus stent is about \$300 US. They are able to buy stents from China for \$150 US. They buy 75-100 stents at a time because they place anywhere between 5-10 a week. The smoke from cooking in their home without ventilation causes their esophageal cancers. And they were placing stents in teenagers, too!



Diane with Maloo and Cytabo. They both arrived at Tenwek approximately at the same time, both had ingested a caustic agent, like Ajax, that burned their esophagi. Maloo was from South Sudan and was at the hospital with his mother. Cytabo is from the local tribe, Maasai. Every week they went to the OR to have their esophagus stretched and scar tissue removed. They bonded with the Endoscopy Suite team instantly!

While the unit had two washers in the scope room, only one was functioning. The unit's system was to do bedside clean up, then hand wash the scopes, followed by placing the first scope in the automatic washer and the next scope was reprocessed following the first two steps but then soaked for 10 minutes and rinsed instead of being placed in the automatic washer, explains Diane. "Their current practice was not to track which scope had gotten washed and which had just gotten soaked," she says. "I was working with them in implementing the practice change to do the

best thing they could for infection control. My recommendation was that they should try to wash the scope in the automatic washer every time, but if they could not, they should try to machine wash it every other time."

Another practice change that resulted out of Diane's first visit to the hospital in 2012 was the unit's decision to follow through on her recommendation to place the clean scopes in their own cabinet away from dust and possible contamination instead of hanging the clean scopes in the same reprocessing area.

Diane was also able to contribute on a wider scale when the hospital asked her to develop a hand hygiene policy and present it to more than 25 departments, including the endoscopy suite.

A key difference Diane witnessed between the practice of GI nursing in Kenya and the United States is that many of the policies and procedures in Tenwek Hospital were dictated by the government. "I did not see a lot of autonomy with the nurses like I feel we have in the United States," she says.





Since they don't have a disposable pad to collect feces, they improvise with a garbage bag cut down the side and placed on the gurney to keep everything contained.

However, the government does seem to be more vigilant regarding evolving infection prevention protocols. For example, "In the past, they were reprocessing disposable biopsy forceps because of a lack of supplies but now the government is telling [the GI medical community] that they can't do that anymore," Diane says.

## Combating Challenges

Despite rising awareness of the need to combat infection with new techniques and processes, there are key challenges facing the GI nursing specialty in Kenya. Limited resources tops the list, she says. To complicate matters further, "The Kenyan government imposes a 16% value-added tax on any equipment or supplies brought in, even if the intention is not resell the supplies but to help their people. The esophageal stents come from China and cost \$150 plus the 16% tax, and the cost is then passed down to patients."

Perhaps the most alarming challenge Diane witnessed is the prevalence of preventable esophageal cancers. "There's been a rise in patient education efforts to teach people how this can be prevented by properly ventilating homes. Instead of just treating people palliatively with esophageal stents, we really need to get to the core of why this is happening."

Another challenge facing GI nurses and other medical staff in the region is the reality that by the time patients decide to seek treatment at a hospital, they are often in very bad shape. "Their ERCPs are usually not successful because their patients are a lot sicker. Not only do they have to travel so far to get medical care, but they also have to have the money to do it because everything is paid up front." [Some patients do have medical insurance, but this typically only covers inpatient care.] In fact, it is a common practice

## Scholarships

To learn more about SGNA's available scholarships including the Medical Aid Scholarship, visit the Awards & Scholarships page at [www.sgna.org/About-Us/Awards-Scholarships](http://www.sgna.org/About-Us/Awards-Scholarships).

that when a patient is hospitalized and his or her family members come to visit, the family is encouraged to go to the business office and contribute money toward the patient's bill, Diane adds.

Despite these barriers and cultural nuances, Diane says the heart of the profession remains the same. "They practice nursing the same way we do here in terms of education, compassion, skills and judgement," she says. She was particularly impressed with the level of education new nurses bring to the job. "When they graduate from nursing school in Kenya, they have a degree as a nurse midwife as well as a community health nurse. Their nursing tests are much more stringent than ours. It's an essay format – not multiple choice!"

## Sharing Knowledge

Diane, who is already planning her next visit to Tenwek Hospital in 2018, says she was able to build on the knowledge she gained from her first trip to Kenya to make her second experience that much more impactful — on both ends. "I tried to make sure we were equals. We're both learning things from each other."

Even now, months after the trip, Tenwek's endoscopy suite remains top of mind for Diane. "The experience made me want to learn as much as possible so that I can pass along that information to them and maybe provide them with new ways of doing things with the limited resources they have. Any time we have new PowerPoint presentations about GI developments, I forward that information onto them." ●

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# Sleepless in Seattle

*We tap three members of the SGNA 43rd Annual Course Program Committee for a sneak peek on what awaits us May 22-24.*

## What educational aspect of the Annual Course are you most excited about and why?

I am excited about the whole package. The Program Committee invested a lot of time and heart to ensure that the educational content of the Annual Course is well-rounded, diverse and relevant. We have something in store for our colleagues from all facets of GI nursing. Infection prevention topics abound! I am particularly looking forward to attending the newly revamped Train the Trainer endoscope reprocessing course.



Eileen Babb

## What is your favorite thing about Seattle?

My favorite thing about Seattle is how well it represents America — from its natural beauty to its diverse culture. I visited Seattle for the first time last summer with the Program Committee. My roommate and I stayed behind for two additional days and did all the touristy things while exploring the city. We wanted to gather as much information as we can so that we are equipped to promote the Annual Course to our respective regions.

Taking an early morning flight, I was greeted by the majestic beauty of Mount Rainier as we neared Seattle. At the airport, I rendezvoused with Bonnie, my roommate, and we took a 30-minute/ \$2.75 light rail ride all the way to Westlake Center, instead of paying more than \$40 for a taxi cab ride (I highly recommend this for our attendees!).

The Washington State Convention Center is just a stone's throw walk to Pike Place Market where you can get a \$5 beautiful bouquet of fresh flowers to uplift your spirits and a sampling of international freshly made goods such as pierogis, or Chinese steamed meat buns or French macaroons, to name a few, while enjoying a cup of coffee from the original Starbucks store. If Starbucks isn't quite your cup of joe, there's basically an espresso stand on every corner.

## SGNA 43rd Annual Course

### Breaking the Mold

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For more information, visit

[www.sgna.org/Events/Annual-Course/Register](http://www.sgna.org/Events/Annual-Course/Register)

There is something in store for everyone: theater, baseball games, art museum, aquarium, shopping, fusion of East meets West cuisine (international district), nature (few hours ferry trip to Bainbridge Island). If you opt to for the touristy side, you can explore the Space Needle or tour the city via the duck amphibious bus.

In my opinion, Seattle is the best place for this course. Not only does it serve as the most literate city in America, the attractions it boasts allow attendees to partake in a mini-vacation.

## Why did you volunteer to serve on the SGNA Program Committee? What do you hope attendees will walk away with from this experience?

It has been a privilege serving the Program Committee for the last five years. I was inspired to give back and serve after I attended my very first Annual Course in St. Louis years ago. The networking opportunities have been tremendous. I was able to apply the knowledge that I gained from the Program Committee to the regional arena and vice versa. I have grown to be a better leader during my Program Committee stint. I hope that the 2016 Annual Course attendees will walk away inspired with the zest to volunteer just like I did years ago.

*Eileen Babb, BSN RN CGRN CFER is the current Annual Course Program Committee chair and the outgoing president of Old Dominion SGNA. As a clinical coordinator, she manages a community hospital based endoscopy department in Chesapeake, VA.*

## What educational aspect of the Annual Course are you most excited about and why?

I am most excited about all the offerings of education geared toward technicians. In the 12 years I have been a part of SGNA, every year there seems to be more and more technicians attending. This, I believe, coincides with more endoscopy units incorporating technicians as team members in the procedure rooms. The speakers we have are some of the most revered and knowledgeable individuals that education can offer.



James "Jim" Prechel

## What is your favorite thing about Seattle?

Some of my favorite things about Seattle are Puget Sound, Mount Rainier, the great Northwest air, delectable foods, and, of course, the coffee.



## Why did you volunteer to serve on the SGNA Program Committee? What do you hope attendees will walk away with from this experience?

This committee is one of the most influential committees within the SGNA structure. It is part of the “rudder,” if you will, that helps provide the direction each year’s Annual Course takes. Serving on this committee is an honor as we strive to provide the course with the most cutting-edge topics that will help all attendees walk away with new ideas they can take back to their units.

*James “Jim” Prechel, AA GTS, has been working as an endoscopy room technician since 2003, starting in Mayo Clinic Arizona and currently at Mayo Clinic in Rochester, Minnesota. Jim has taught a class on abdominal pressure during colonoscopies at the Annual Course for the past 12 years as well as being part of classes on numerous other topics. He has several papers on abdominal pressure that have been published in the Gastroenterology Nursing journal. Jim is an instructor of medicine at the Mayo Clinic College of Medicine.*

## What educational aspect of the Annual Course are you most excited about and why?

It is so hard to narrow down this answer! I am looking forward to hearing from our international speakers about how are we similar and different, state-of-the-art technologies, and addressing the hot topics in infection control that are affecting all of endoscopy across the entire country.



Jeanine Penberthy

## What is your favorite thing about Seattle?

Surprisingly, it does not always rain in Seattle! The weather in the spring/summer is absolutely beautiful. From the top of “The Wheel” (a short walking distance from the hotel/convention center) you can see so much of the Puget Sound.

## Why did you volunteer to serve on the SGNA Program Committee? What do you hope attendees will walk away with from this experience?

As an avid conference attendee and speaker, it was an honor to become a member of the Program Committee. The experience of being able to hear the voice of the members regarding their educational needs and finding the best people in the country to answer this need. My hope is that attendees walk away from this conference with pride and energy to go back into our daily jobs and advance our practice in gastroenterology/endoscopy, and make new lifelong friends to collaborate, problem solve, bounce ideas and connect with at the next Annual Course.

*Jeanine Penberthy, MSN RN CGRN, is co-chair of the Program Committee and a health services manager at the University of Washington Medical Center in Seattle. •*

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# Fighting the Good Fight

Rhonda Maze-Buckley, RN, SGNA News Editor



*"The future can be better than the present, and I have the power to make it so." —Zig Ziglar*

It is hard to believe that spring is almost here and the summer and the Annual Course are right around the corner. Last year during the president's address, Lisa Fonkalsrud shared the above quote and challenged each of us to "break the mold" and to do things differently. For me, this manifested in my commitment to raise the awareness that colorectal screenings could save lives. As I spent time with my widowed father and his friends, I was shocked to learn that many of them have not received a colorectal screening and that it had not been suggested by physicians. As gastroenterology professionals, we all know that early detection can save lives.

But where do I begin?

My father and his friends are of the generation that doctors know best; that if it was needed then it would be suggested and let's be honest, the colon prep alone is not a great selling point.

I first tried to educate this group of retired military gentlemen and convince them how important it was for them to be screened (their median age is 75). I used every educational argument and statistic I could find, but alas, there were no takers, except my father — and he just went through with it because I made him.

Just when I thought it was to no avail, I stumbled on the article Lisa had written regarding her platform and decided that this group of men would be screened, all I had to do was "break the mold" and think outside the box.

What did I do? I tapped into their competitive natures. There are about 25 of them and they are from all branches of the military. I began at their weekly dinner after church by educating them one-on-one and encouraging them to ask for testing. I then started a poster board for their weekly meeting that had all the branches listed and which branch was "winning" the fight. I also got their local hangout to offer a "blue plate" special to those who had received screenings.

At last count, all 25 of the original men were screened and 18 of their spouses. I hear from my father that he has challenged his Sunday school class to be screened this month. While this is a small victory in a huge fight, I am pleased that in my neck of the woods, there are 25 soldiers fighting for colorectal cancer prevention. o

## Combat Colorectal Cancer

Colorectal cancer screening saves lives. It is one of only a few cancers that can be prevented through screening; among cancers that affect both men and women, colorectal cancer is the second leading cause of cancer-related deaths in the United States. The risk of developing colorectal cancer increases with advancing age. More than 90 percent of cases occur in people aged 50 or older. Building awareness is an important part of helping to increase screening and decrease mortality rates. Visit the National Colorectal Cancer Roundtable website at <http://nccrt.org/> to learn more.

### 7 Tips for Spreading Awareness by SGNA

1. Distribute colorectal cancer Blue Star symbol pins to your unit — a symbol of the battle to prevent colorectal cancer deaths.  
To order visit: <http://store.fightcrc.org/blue-star-gear-c3.aspx>.
2. Use a grassroots approach — ask staff members to host tea-and-conversation events.
3. Send a colorectal cancer screening e-card provided through ASGE to remind your loved ones to get screened.
4. Organize a lecture during March — Recruit a expert to speak about colorectal cancer screening test options and have a "meet and greet" with the physician after.
5. Use traditional means of communication — e.g., facility newsletters, website announcements, and direct mailings.
6. Hold a survivor party for former patients and their families — share the challenges and joys.
7. Send a Screen-A-Gram — Remind your loved ones to get screened by sending a fun personalized Screen-a-Gram. Screen-a-Gram is brought to you by [www.screeningsaves.org](http://www.screeningsaves.org).

Visit [www.sgna.org/events/colorectal-cancer-awareness-month](http://www.sgna.org/events/colorectal-cancer-awareness-month) for more resources.





Society of Gastroenterology Nurses and Associates, Inc.

# SAVE THE DATE

## 43rd Annual Course

May 20-24, 2016 | Seattle, Washington



# BREAKING THE MOLD



Society of Gastroenterology Nurses and Associates, Inc.

330 N. Wabash Avenue  
Chicago, IL 60611-7621  
Phone: 312.321.5165  
Fax: 312.673.6694  
800.245.SGNA (7462)  
SGNA@smithbucklin.com  
www.sgna.org

Periodicals

## Upcoming SGNA Important Dates

### MARCH

**GI Nurses & Associates Week 2016**  
*March 21–25*

**Standard of Infection Prevention  
in the Gastroenterology Setting  
Webinar**  
*March 22 (6 p.m. Central)*

**Register: [www.sgna.org/events/  
educational-webinars](http://www.sgna.org/events/educational-webinars)**

### APRIL

**GI/Endoscopy Nursing Review Course**  
*April 9–10*

**Lebanon, New Hampshire**

**Register: [www.sgna.org/events/  
gi-endoscopy-nursing-review-course](http://www.sgna.org/events/gi-endoscopy-nursing-review-course)**

### MAY

**SGNA 43rd Annual Course**  
*May 22–24*

**Seattle, WA**

**Pre-meeting events: May 20–21**