

Whaddaya Know?

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Rachel has made an investment.

“I got my CGRN”, she celebrated.

I was surprised. Not because Rachel isn't smart (which she is, very), knowledgeable in GI, or full of common sense. It's just that all the CGRNs of my acquaintance were either the nurse managers of local endoscopy suites or a few scattered nurses of long tooth and years of experience. But Rachel, although experienced, is young...and a “regular” GI nurse. Then I discovered that about a dozen nurses at hospitals at which I practice all got their CGRNs this June.

Being the ever-inquiring Gastroenterologist, I resolved to get the skinny on this CGRN epidemic.

According to Carol Shaner CAE, the Executive Director of the Certifying Board of Gastroenterology Nurses and Associates (www.CBGNA.org), there are approximately three thousand certified GI nurses in America. Published studies on certification reveal enhanced patient outcomes, cost effective care, and job satisfaction. The eligibility requirements are just two years as a gastro nurse and the certifying exam. The CBGNA was established way back in 1986, and is here to stay. So why aren't all GI nurses of over two years tenure CGRNs or CGNs?

Kim Cooper, CGRN and head of Chesapeake General Hospital's endoscopy suite, says it's about self-actualization. “GI nurses should pursue certification for their own pride in their professionalism” she says. “There are benefits to your patients in improved quality of care—and that's what nursing is about, isn't it?” Her hospital pays up to \$200 for exam prep, and up to \$300 for the certification. Thirty percent of her nurses are certified, and their certification is celebrated with roses, a banner, recognition in the Surgical Services departmental newsletter, and a new name badge to highlight their specialization.

Another local hospital celebrates the newly certified nurses in a multidisciplinary “Professionalism Award” ceremony, which recognizes certification, research, and presentations at national conferences. “It can't just be a warm and fuzzy” adds Ginny Jacobs, BSN RN, the endoscopy nurse manager for Sentara Health Care. Her hospital places high value on certification: employing 22 GI RNs total, with six not yet in the business for two years, they now have eleven certified GI nurses. Ms Jacobs organized vendors to provide lunch during the in-house weekend review course, and the hospital system offered reimbursement for review course and exam if passed. And there's a pay differential of \$1 per hour...less than deserved but more than many.

So, how do you know that you are one of us; an “Insider”; that it's past time to move ahead and earn your CGRN? Rachel and the other endo nurses that I work with realized that there were things that those experienced in endoscopy know, but aren't on the test, and are not known by outsiders to GI. Here's your exam:

1. Correctly interpret these endoscopy patient statements:

- I took most of my prep.
- It was coming out clear.
- I just had a little sip of water.
- I won't need much medication.
- I need to wait outside by the curb after my procedure; a friend is coming to pick me up.

If you got those, answer these tougher essay questions, smarty pants:

2. When sedating with meperidine and midazolam, what does it mean when the patient reaches up and scratches his nose?

3. If the gastro is having difficulty with a tortuous colon, and calls for a pediatric scope, what happens while you're out of the room?

4. If a patient begins to desaturate, what occurs when any medical professional in the room uses the magical "O" word?

So you're an insider; why haven't you made it official? IMHO, it's about the pride in your profession, and the opportunity for advancement. It's about branding yourself as a higher quality of professional. In the future, as reimbursements continue to fall and gastroenterologists might delegate out diagnostic procedures, those endoscopies will not go to the GI PAs and NPs, but to experienced CGRNs with years of certified expertise.

All I know is, when faced with an aggressive GI bleed, a frustratingly jammed foreign body, or a complicated ERCP, I know who I want watching my back.

Be a GI Insider. Get your CGRN or CGN. Invest in yourself.

Virginia Beach gastroenterologist, Patricia L. Raymond M.D. FACG is an author and consultant, who speaks to nurses and physicians through hospital systems and medical conventions. With her company Rx For Sanity™, she humorously leads physicians and nurses to rediscover their joy in medicine and to learn to first "Turn Care Inward". Her book, "Don't Jettison Medicine: Resuscitate Your Passion For The Career You Loved!" is available now. Visit www.RxForSanity.com soon for complimentary information and links to better care for yourself and for your staff, and to subscribe to our FREE monthly newsletter, Rx For Sanity™ eNews, with medical humor and simple tips to enhance your life in Medicine.

Answers 2-4

Patients are adequately sedated when they reach up their hand to scratch their nose.

He/she will get around the difficult flexure while you are retrieving the scope from the washer.

Simply saying the magic word 'oxygen' causes O2 saturation to rise.

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