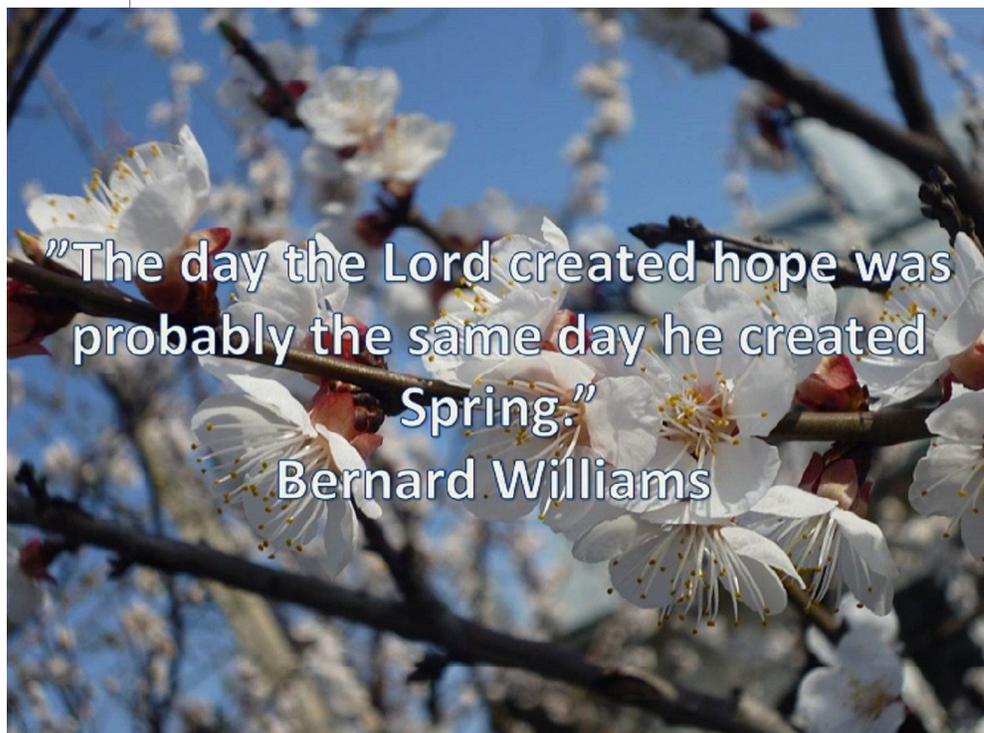




Connections

Giving hope, comfort, peace and sharing community with those we serve.



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A year ago, I began the IHCAM newsletter with the following lines:

"As I sit down to prepare IHCAM's spring newsletter from my home office, the coronavirus weighs heavily on my mind since the majority of IHCAM members are working hard on the front lines of healthcare to do all they can to keep their residents, patients, clients, staff, and facilities safe."

One year later, I am still preparing this newsletter working from my home office .

In the last twelve months many of us have witnessed, been victim of, or have been in the depths of taking care of residents, patients, or family members that have contracted the virus. Many personal care homes in Manitoba have had outbreaks; some much more severe than others that have resulted in resident deaths, employees contracting the virus, management staff working weeks on end without breaks, and the list goes on. This pandemic has resulted in many people suffering from anxiety, stress, fear, burnout,

exhaustion, depression, with major changes to their daily lives—both at work and at home. Organizations and Shared Health Services have developed staff health and wellness programs, support groups, crisis lines, and warm lines to support those in need. Despite all this, people continued to hope even though they may think that things cannot possibly turn out the way they want.

The New Year brought the first signs of hope with COVID-19 vaccines being mass produced. As of March 21st, 136,329 people have been vaccinated with anticipated daily vaccine doses of 7,000 per day by March 29th. A new more contagious strain of the virus is now upon us, so let us all do our part in combatting this virus by getting vaccinated. It is for the common and greater good of our society.

Julie Turenne-Maynard



Interfaith Health Care
Association of Manitoba

Association confessionnelle
de la santé du Manitoba

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204.235.3136 www.ihcam.ca

Winnipeg Free Press Faith Reporter John Longhurst recipient of Lieutenant Governor of Manitoba Award for the Advancement of Interreligious Understanding



Faith reporter at Winnipeg Free Press and President of the Canadian Christian Communicators Association

Throughout his career in church-related non-profit communications, John has sought to help the Canadian media tell the story of faith better. This includes organizing Canada's first-ever national conference on faith and the media in 1998.

In 2006, he received an award for Distinguished Contribution to Religious Communications from the Association of Roman Catholic Communicators of Canada.

Along with being president of the Canadian Christian Communicators Association, John writes for Religion News Service and blogs about the media, marketing and communications at <https://makingthenewscanada.blogspot.com>

On February 16th 2020, John Longhurst was honoured as the recipient of the Lieutenant Governor of Manitoba Award for the

Advancement of Interreligious Understanding

Normally, this event is presented at Government House but due to COVID-19, the Manitoba Multifaith Council hosted it virtually on behalf of the Lieutenant Governor.

John has been a *Winnipeg Free Press* Faith Page columnist since 2003. Today, it is the only Faith page remaining in Canada. Much of the credit for its continued existence can be attributed to an initiative by John and the *Winnipeg Free Press*. In March 2019, John reached out to faith groups across Winnipeg in a bid to help provide financial support in order to preserve news reporting on faith communities. Some 17 faith-based groups have lent their support to the project, and this has meant that John's reports are no longer limited to the Saturday edition of the paper.

Winnipeg Free Press readers have learned more about the activities and contributions of faith groups, and attendance has increased at events presented by these communities. In consequence, the diverse audiences at these events fostered dialogue and understanding. It is particularly during the time of this COVID-19 that John's work has been particularly prominent, appreciated, and helpful. John has written extensively on the response of faith groups and "pivots" that so many have had to make in these challenging times, as well as noting COVID stories that have shone a light on the generosity of Winnipeg faith communities without shying away from writing about the thankfully rare examples where groups have behaved in ways that have endan-

gered others.

John has also encouraged Manitobans to support front-line workers.

As the only daily newspaper in Canada with reporters dedicated to covering religion, the *Free Press* occupies a unique position of being able to document, on a weekly basis, the impact of this global pandemic on faith communities, along with responses from people of faith. All of this comes in large part due to John's vision and commitment who recognized the importance of faith awareness, understanding and education for Manitobans.

"In this province where we so proudly embrace multiculturalism, Mr. Longhurst's vision, passion and commitment to bring voices from our diverse religious and cultural communities together, truly exemplifies the spirit of this award," said Her Honour, Lt.-Gov. Janice C. Filmon. *"It will be my pleasure to formally recognize Mr. Longhurst for his work in building harmony and understanding in our province, our country, our world".*

Indeed, for decades, John has served as advocate and chronicler in the fields of Christian ecumenism, and interreligious dialogue and understanding. Most of his engagement over the course of his career has been avocational: a labour of love. The breadth of vision attained through his international work has opened his heart and mind to diversity in such a way as to make him a champion for the interfaith enterprise in Manitoba and across Canada. He is committed to a "level playing field" for religious expression and religious freedom.

SPRING SELF-CARE

DAY 1

Make a goal to finish by summer

DAY 2

Create a playlist of upbeat music

DAY 3

Channel your inner Snow White

DAY 4

Do something physical outside

DAY 5

Air out your living space
Let sun in

DAY 6

Buy flowers and then press them

DAY 7

Make friends with your body

DAY 8

Find a spring-theme meditation

DAY 9

Go out for dessert and eat outside

DAY 10

Clean up your digital device storage

DAY 11

Make a seed bomb

DAY 12

Try something new-to-you

DAY 13

Simplify your schedule

DAY 14

Read something light and fun

DAY 15

Visit a Farmer's Market

DAY 16

Take a nap in the sunshine

DAY 17

Make a fruit or veggie dish

DAY 18

Create a ritual of rebirth

DAY 19

Go on a nature walk

DAY 20

Connect with Spring Goddesses

DAY 21

Change the energy of your home

DAY 22

Find a new outside hobby

DAY 23

Create an outdoor space

DAY 24

Get new spring clothing

DAY 25

Get a new houseplant

DAY 26

Do some spring cleaning

DAY 27

Put on music and sit outside

DAY 28

Go easier on yourself

Moral Injury in Long-Term Care Research

Are you 18 years old or older?

Do you work in a long-term care facility?

If you answered “yes” to the questions above, you may be eligible to participate in a research study examining Moral Injury in Long-Term Care Staff During the COVID-19 Pandemic.

Participating in this study could involve:

1. Completing a background questionnaire online
2. Speaking virtually with a researcher about your experiences working in long-term care during the COVID-19 pandemic
3. Completing a mental health symptom questionnaire virtually with a researcher
4. Wearing a heart rate monitor for a 2-week period at work

You would receive 2 \$25 e-gift cards for speaking with a researcher and completing the mental health symptom questionnaire. You would also receive a FitBit watch for completing heart rate monitoring.



**University
of Manitoba**

For more information, please contact
our research coordinator at

research@moralinjuryinlongtermcare.ca



**Government
of Canada**

**Gouvernement
du Canada**

*Approved by the Research Ethics Board at the University of Manitoba, Fort Garry campus

Authentic and ethical leadership during a crisis

David Keselman, RN, DHA and Marcy Saxe-Braithwaite, RN, DBA

To read the full article, visit: [HMF973051.1.4 \(ihcam.ca\)](https://www.ihcam.ca/HMF973051.1.4)

In today's climate and environment, the conventional relationship between caring, economic, and leadership practices may no longer meet the needs of patients, clinicians, providers, or systems. It is asserted that in the current complicated and complex healthcare environment challenged by a multitude of issues, a shift toward human caring values and an ethic of authentic healing relationships is required, especially in light of the current COVID-19 pandemic.

The costs of unethical behaviour can be even greater for followers. When we assume the benefits of leadership, we also assume ethical burdens. It is the assertion and experience of the authors that the triangle of ethics and ethical behaviour, followers, and patient's outcomes is closely interrelated and affects each other in a very intimate and direct way. Unethical leadership may lead to follower disappointment and distrust, leading to lack of interest and commitment, consequently negatively impacting patient outcomes & organizational effectiveness.

Glouberman and Zimmerman stated that *"the Canadian healthcare system is both complex and complicated, a notion well familiar to those attempting to navigate it and access its services and those who work within it and make a daily effort to deliver the range of services it offers."*

The most recent COVID-19 pandemic had added an additional layer of hardship to the already overburdened and overchallenged system. Health leaders have become accustomed to shift priorities and function in a rapidly changing environment, often reacting or responding to the "crisis of the day." This has had significant implications on

how leaders manage and navigate their days, as many find that "putting out fires" has a major force in shaping their mandate.

If you were to ask multiple health leaders what is their priority, how do you think they would respond? Answers vary from: Ensuring we provide safe care during the pandemic; our staff are safe; we have enough Personal Protective Equipment (PPE); we contain COVID-19 and do not spread it further; we receive financial support from the government.

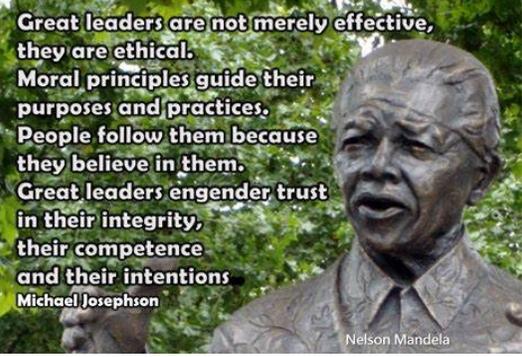
Few would state: We learned and continue to learn from the pandemic; we do things smarter, safer, and better; we leverage virtual care; we strive to be more cautious and careful; we drive change forward; we pride ourselves on the provision of ethical and moral leadership at all times.

So, what is authentic leadership? What is ethical leadership? How do these types of leadership styles affect the quality of care delivered in the health care sector?

What is ethical leadership?

Ethical leadership is the activity of leaders to foster an environment and culture that supports ethical practice throughout the organization.

All leaders play a vital role in creating, sustaining, and changing their organization's culture through their own behaviour and through programs and activities they support, praise, criticize, and neglect. Ethical leaders serve as role models for their followers and demonstrate how behavioural boundaries are set within their organizations.



Great leaders are not merely effective, they are ethical. Moral principles guide their purposes and practices. People follow them because they believe in them. Great leaders engender trust in their integrity, their competence and their intentions
Michael Josephson

Nelson Mandela

Ethical leaders are perceived to be honest, truthful, trustworthy, courageous, fair, just, reliable, responsible, and most of all authentic.

What is authentic leadership?

Authentic leadership is a construct that emerged within the leadership literature since 2004. Authentic leadership has been defined as owning one's own personal experiences, values, feelings, and emotions; it is very subjective. **"Authentic leaders are genuine and values driven."** The research suggested that chief executive officers and senior health leaders need to be in alignment with their organization's vision, mission, strategy, structure, and culture in order to be sustainable and outcome focused.

"Authentic leaders could make a difference in organizations by helping individuals to find meaning in their work, building optimism and commitment amongst their followers, encouraging transparency, trust, and promoting positive ethical climates."

Ethical leadership is primarily dedicated to the implementation of the responsibilities in an appropriate manner regarding the tasks and functions of the organization. Ethics is primarily concerned with the principles, standards, morals, values, norms, and behaviours that are acceptable by the leaders and other members of the organizations.

Ethical leaders are fair in their dealings with others and should not discriminate against anybody on any grounds. Ethical leaders are those leaders who are moral and authentic that walk the talk in all of their actions.

Staff Wellness & Health Booster Sessions Managing COVID-19 Information Overload

COVID-19 has challenged health system workers to change how we conduct ourselves in the workplace, our homes and our social connections. These changes can sometimes feel overwhelming.

To support health system workers, Shared Health and our Psychological Health & Safety Committee partners have brought together skilled trainers from across the province to facilitate a number of Staff Booster Sessions.

The Staff Booster Sessions are short, timely, and relevant presentations designed to fit into busy schedules. Between 15 and 20 minutes in length, topics will include stress management, self-care and dealing with uncertainty. Booster Sessions will be recorded and later made available as a streaming video on demand.

Session Description

The global impact of COVID-19 resulted in an urgent need to provide strategies to Manitobans to reduce the spread of the virus. This has led to an overwhelming amount of related information on a daily basis. Health-care providers are uniquely impacted by information overload as they often are required to process a high volume of information related to COVID-19 as part of their work, including updates to best practices, changes in local regulations, and institutional protocols.

Many also feel an obligation to address misinformation and to help inform their social networks and communities. This session will focus on concrete strategies for managing COVID-19 information overload in the health-care context. It will also offer tips around how to meaningfully disconnect to help maintain psychological health and resilience.

Session Dates (click to register):

[March 24, 2021, 1:00 p.m.](#)

[March 27, 2021, 2:30 p.m.](#)

For further information please contact ddacombe@afm.mb.ca.



Compassionate Care Coping Group (COVID Specific)

NorWest is currently offering
Compassionate Care Coping Groups



Employees now face stress, grief, trauma, and loss in closer proximity, for longer durations.



The pandemic is taxing on the human stress response unlike before.



Coping groups allow people to process stress within the mind/body.



Coping Groups equip employees with space and energy to return to stressful situations.



Certified facilitators, evidence based practice, confidential process.

What to expect

We work with small groups of people who are similarly involved in a traumatic work.

Groups take place online, form 45 minutes up to 2 hours.

Linking people with any additional supports needed.

Voluntary participation.



Our team has up to date training specific to the Covid-19 pandemic.

Supporting employee wellness & safety

Tailored for health providers, and all in a helping profession that been strained by the Covid 19 pandemic.

Contact: Caprice Kehler 204.479. 2426
ckehler2@norwestcoop.ca

empathy and compassion

TWO SIDES OF THE SAME COIN



Jennifer Kilimnik is the Acting Director of Culture & Compassion for the Compassion Network and St.Amant. She believes connecting to our values and purpose brings meaning to each day. She teaches what she has to learn and hopes you will join her on the journey.

Many of us have difficulty differentiating between empathy and compassion. Though distinct, these powerful experiences can often arise in concert with one another. They can bring us happiness and well-being, but can be a challenge to keep in balance. This can impact our capacity to stay connected to our value and deep intention of supporting and caring for others.

Join Jennifer Kilimnik and Andrew Terhoch who will guide participants through a 75 minute workshop that will explore:

- The differences between empathy and compassion.
- Empathy fatigue vs compassion fatigue.
- Understanding and Identifying burnout.
- Meditation exercises to nurture our presence with others.



Andrew Terhoch is part of the Compassion Network as the Spiritual Health Practitioner for the St.Amant community. In his daily work, he supports people of all cultures and backgrounds to nurture the values and practices that are meaningful for them. He began learning about meditation 30 years ago, as a daily practice and a support for anxiety. He continues to explore and practice presence and connection each day through new and traditional teachings.

This session will include individual reflection & group sharing.

WEDNESDAY APRIL 21, 2021 12:05 PM – 1:20 PM

**FREE WORKSHOP
TO REGISTER CONTACT**

**Julie Turenne-Maynard | jtmaynard@cham.mb.ca
204.235.3136**



Interfaith Health Care
Association of Manitoba
Association interprofessionnelle
en soins de la santé
du Manitoba

Who cares?

The elderly among us...



On February 24th, 2021 Canadian Mennonite University hosted a webinar to talk about how the global pandemic is shining a light on our assumptions about the elderly among us. COVID-19 has exposed cracks in our systems of care, and shed light on our understandings of aging, revealing how we value older adults in our communities.



Gary Ledoux, CEO of the Bethania Group was one of the panelists,

who provided a testimonial on the experience of long term care facilities during the COVID-19 pandemic. The following is a transcription of his commentary.

"I was asked to share the impact of the pandemic in relation to staff, residents and families and the current system of care in PCHs (personal care homes).

I will upfront give a disclaimer that my remarks and my comments may not be the official position of the Bethania Group and are based on my personal experiences, analysis and are not universal to all personal care homes.

As a brief background, 37 PCHs in the WRHA had at least one resident and one staff case. Starting in September 2020 and continuing until early January, there were significant outbreaks in multiple personal care homes which resulted in many resident deaths. In fact, of the 886 COVID related deaths to date, 343 or 39% were in Winnipeg PCHs.

In Bethania's particular case, we had 3 staff test positive at Pembina Place, between October and January, and thankfully all have recovered, and we were able to safely protect our residents from any transmission of the virus. Bethania Place is another story... at the start of November we had two resident and one staff case. We activated our full-outbreak plans, closed off all seven wings, and isolated the two residents in their separate care and recovery room.

Despite all these measures which included screening all staff every day, and consistent resident testing, we had resident outbreaks on two other wings between November and December. We were able to contain these outbreaks to these wings, however by the time we were able to declare our outbreak over at the beginning of February, 33 residents contracted the virus, 12 passed away, and 11 recovered.

Back in March, all the in-person visitations to Bethania were stopped by public health in all PCHs. We were allowed to have outdoor visits in June, indoor visits in July, and on August 4th, Shared Health announced that PCHs could have two family members visit in resident rooms. As with most PCHs, family is most important to the health and the well-being of the residents.

Sadly, all these visits except the virtual on-line ones, ended in early November when we experienced our first cases and were declared in official outbreak

status. Therefore, families were not able to have any type of in-person visits in March, April and May, and then again from November to January 11th. Indoor visits were able to resume on January 11th, and in-room visits for designed family members started on February 22nd as the risk of transmission is now quite low due to the mass vaccinations of our residents in early February.

The impact of family restrictions and resident isolation on units, and the anxiety and fear of outbreak took its toll on many residents, family, and staff at Bethania. Some residents accepted the upheaval in stride because they could understand what was happening, or sadly were not sufficiently cognitively intact to be aware. Some became more anxious and depressed without family present or confused and angry that being isolated on their wings and often in their rooms for long periods of time. Many residents missed the socialization with other residents in common areas, in dining rooms, at church services, and being able to move about the facility.

During our lockdowns, having virtual on-line conversations with family helped residents cope, but proved to be ineffective for others with dementia, for example. Group recreation activities ended, and our few recreation staff were hard-pressed to do one-to-one activities with 148 residents. For some, boredom became routine. There were nonetheless some moments of joy and celebration for residents that we

cannot forget. Family visits were uplifting, and gifts and other packages most welcome.

Staff tried to keep the tradition of celebrating birthdays and interacting wherever possible to keep their spirits up. Our chaplain played an incredibly major role in providing spiritual care and comfort, including for those in our COVID care and recovery room.

As you know, Bethania is a Mennonite Christian organization that takes spiritual care as an equal value as health care. While very hard to quantify, we can be certain that the hard measures taken to prevent COVID transmission affected the psychological, emotional, and physical health and well-being of some residents, and they have lasting negative effects.

Staff impacts varied. From March to August, there was a lot of anxiety because there were a lot of unknowns. Then in September when PCH outbreaks began, there was wide-spread fear among many staff. My senior managers and I had been working 75+-hour work weeks since March and worked 40 or more days in a row during the active outbreak. My Director of Care for example, worked 65 days straight without a break. By early December, most of us were physically and emotionally exhausted, and remain so.

Our dietary, nursing, health care, recreation, and admin staff took on new roles and had to adapt to multiple infection control directives that sometimes were contradictory. Keeping up the minimum number of staff for all

shifts was extremely challenging. We do thank God that the vast majority of our staff rose to this enormous challenge, despite their own fears and their own anxiety. People pitched in where they were needed and worked longer hours if needed. Our doctors were also front and centre and continued providing first class care despite the restrictions.

Perhaps the most wonderful and not surprising outcome, was the love that was demonstrated by our staff, holding residents' hands and talking to them at length even though busy beyond reason. Reassuring them, celebrating the return of residents from the COVID care and recovery room, and providing the best care possible.

As with the residents however, the long-term negative effects on the staff's physical and mental health are hard to predict. I fear that we will see many diagnoses such as post-traumatic stress disorder, and an increase in serious health conditions such as hypertension and cardiovascular disease.

Family reactions were also varied as can be expected. In general, families were very concerned about their loved ones and the effect that visiting restrictions and union isolation was happening. Most expressed support and understanding while they grieved the loss of contact. Others became depressed and a few became angry and made us the target of their anger. We did however receive many thoughtful cards, and emails, and many families provided gift cards to express their appreciation for our staff.

When able to visit outdoor, indoor, or in the rooms, families demonstrated joy of being close

again to their loved ones and were thankful to have these opportunities. Having compassionate and end of life visits in the facility were also provided for families when we were in the lock down.

As a faith community-based and supported organization, the visiting restrictions also affected our supportive church members and pastors, and the volunteers who normally provided an enormous amount of care and support for our residents, and they were sorely missed.



I spent a great deal of time preparing communiques, emails, and letters to families to keep them updated on emerging issues or new directives. Communication was a critical element to keep families up to speed. At times we had to deliver bad news, but transparency and honesty were values important to demonstrate as a Christian organization.

For many families, COVID fatigue set in, and they became despondent, more fearful, and worried about the long-term effects of the shut down. Again, it is hard to predict the lasting effect on families, and especially those who suffered the loss of a loved one during an outbreak, and for all of those who were not able to spend as much time as usual.

The last topic is the about the current system for care in PCHs in relation to the pandemic.

This is an incredibly complex subject to cover and worthy of its own forum. I will list three things that I think are very important and affected our capacity to provide quality care and prevent wide-spread transmission. I must stress this is not a criticism of government, the Incident Command Group, Shared Health or the WRHA; it's only a reflection of our experience.

The first challenge was that our existing infection prevention and control plan required significant revision to evolve into our pandemic outbreak plan, and it keeps evolving. It was very difficult to keep up with all the new evidence, best practices, and directions, that were emerging virtually every day from different sources and trying to implement them. Also, the daily or weekly demands for reports and templates and other data was difficult to provide on time and took valuable time away from more important activities.

Secondly, maintaining staff levels was extremely difficult week after week, and day after day. Some of the reasons were: the single site order and the loss of care staff to other personal care homes; we had to use a lot of overtime and private agency staff. There were also new tasks to develop and that were required such as a 24-hour screening of staff, and meal delivery for each resident on every wing three times a day which often felt to myself and to my managers straining our ability to focus on bigger picture issues and to find some rest.

Filling gaps when staff were waiting for test results or due to

sickness was often impossible due to our reduced workforce. I would like to note here that if we would have had access to the staff rapid-site testing in the fall it might have reduced the absences for staff who had to wait to hear for negative staff results at home, sometimes for up to a week.

Finding volunteers to staff the COVID care and recovery room that held our positive residents was often a challenge, and in fact, my Director of Care and Resident Care Manager had to do shifts when we could not find anyone. I find a responsibility to remark that if the paid hours per resident per day of care were higher before the pandemic, it would have lessened some of these staffing challenges.

And third and lastly, we may have been able to prevent some of the new or reoccurring outbreaks in PCHs if the resident immunizations could have been rolled out in early December when the vaccines first arrived. I do have to acknowledge however that the decisions on whom they vaccinated first as a priority was a very difficult one.

I know that I have only scratched the surface of this issue, but I hope it provided at least a glimpse into our PCH world over the past year during the pandemic. Let us not forget that the pandemic continues but we trust in God that we are now *in the beginning of the end* to quote Winston Churchill.

To listen to the full Face2Face conversation, visit: www.cmu.ca/facetoface/

CARING FOR THE HUMAN SPIRIT

April 12-14 / 2021

Hosted by
Healthcare
Chaplaincy
Network™

APRIL 12, 2021

<https://us02web.zoom.us/j/5295357894?pwd=QW9Bd0Qra2tENE4rYWISbmNRY3BpZz09>

Meeting ID: 529 535 7894 | Passcode: 637081

Dial by your location: 204 272 7920

9:00 am – 9:30 am

Welcome and Opening Remarks

9:30 am – 11:00 am

Keynote Address

Former U.S. Congresswoman Donna Shalala

11:15 am - 12:45 pm

Plenary Session

Accelerating Change: The Emerging Future of Spiritual Care

2:00 pm – 3:30 pm

Workshop

The Clinical Chaplain Value in the Healthcare Setting is Answered

3:45 pm – 5:15 pm

Workshop The Impact of Integrating Spiritual Leadership Theory on the Well-Being & Job Satisfaction

APRIL 13, 2021

<https://us02web.zoom.us/j/5295357894?pwd=QW9Bd0Qra2tENE4rYWISbmNRY3BpZz09>

Meeting ID: 529 535 7894 | Passcode: 637081

Dial by your location: 204 272 7920

9:15 am – 10:45 am

Plenary Session Providing Grief Support Using Technologies

11:00 am – 12:35 pm

Plenary Session From Healthcare Trauma To Healthcare Trust: Spiritual Care for African Americans in the Face of Medical Apartheid

1:30 pm – 3:00 pm

Workshop Advance Care Planning in Faith Communities

3:15 pm – 4:45 pm

Workshop Hospice Chaplains using Symbolism in Spiritually Caring for Patients with End-Stage Dementia

APRIL 14, 2021

<https://us02web.zoom.us/j/5295357894?pwd=QW9Bd0Qra2tENE4rYWISbmNRY3BpZz09>

Meeting ID: 529 535 7894 | Passcode: 637081

Dial by your location: 204 272 7920

9:30 am - 11:00 am

Workshop Difficult Conversations: End-of-Life Palliative and Hospice Care

12:00 pm - 1:30 pm

Plenary Session Facing the Future: Human Compassion in Systems of Care

Participants
can earn up to

21 CEUs

(Continuing
Education
Units)

log in
anytime for
any of the
scheduled
sessions

an online
conference
via zoom

FREE REGISTRATION

All participants will have access to every presentation from this conference.

Participants may log on via Zoom meeting link, details shown in above daily agenda. For a full description of all sessions <https://www.spiritualcareassociation.org/conference.html>

For more information, please contact Julie Turenne-Maynard at [204-771-5585](tel:204-771-5585) or jtmaynard@cham.mb.ca



Interfaith Health Care
Association of Manitoba
Association Interconfessionnelle
en soins de la santé
du Manitoba

“This course was like...God handed it to me on a silver platter, so that I can listen, love and serve people much more deeply, wisely. Look at the timing! In our need, God provided. As before, indebted to you for offering the course.”

Ruth, participant

“Thank you for offering a world class course at such an affordable cost. Thank you for being patient as participants told their own stories and sought answers for their questions.”

Donna-Marie
Educator, PCH

“I found that this course enriched my Faith and my approach to be increasingly sensitive to the needs of the people I encounter in my life, especially seniors. The modules on Dementia, grief, loss, death & dying were very impactful for me.”

Claudette
St. Bernadette Parish

“I can honestly say there was not one thing with the series that I didn't truly enjoy. The program content was very well developed and it kept a person really connected. I highly recommend for others to take this course.”

Roy, Spiritual Care
Practitioner, PCH

“This has been a blessing for me personally and professionally. The principles are very much useful not only for the elderly residents but for everyone who needs support. Thank you so much for your leadership and your untiring effort to bless us and help us grow as spiritual care givers to our community.”

Neil, Spiritual Care
Practitioner, PCH

2.5-HOUR WEEKLY MODULES

Understanding the Aging Journey

Spirituality in Aging

Good Communication

The Power of Storytelling

Dementia

A New Home, A New Way of Life

Loss, Grief, Death & Dying

Roles, Boundaries and Self-Care

AN 8-WEEK VIRTUAL TRAINING PROGRAM

Designed to help develop a deeper understanding of how to accompany older adults in every aspect of their journey, whether they are living at home or are in Long-Term Care.

WHO SHOULD PARTICIPATE

This training is beneficial for family members, staff of Seniors Care facilities, Spiritual Care volunteers, Church leaders, and others who desire to serve and care for older people.

Medical science has brought about countless breakthroughs in the way we care for older people. But it has also led to a realization that physical and mental health are essential – but not enough. True, holistic care means understanding and supplying their spiritual needs as well.

join the journey
**BODY
MIND
SPIRIT**

STARTING THE WEEK
OF APRIL 19TH

PUBLIC: \$125
CHAM & IHCAM Members: \$100
Includes workbook and on-line
program development

ON-LINE REGISTRATION:
<https://www.eventcreate.com/e/join-the-journey-spring2021>

CONTACT:
Julie Turenne-Maynard
204-235-3136
jtmaynard@cham.mb.ca



MEMBERSHIP OPPORTUNITIES

The Interfaith Health Care Association of Manitoba (IHCAM) is a voluntary non-profit provincial association created in 1995 and comprised of health and social care organizations that are owned and operated by nine faith groups; Baptist, Catholic, Jewish, Lutheran, Mennonite, Pentecostal, Salvation Army, Seventh-Day Adventist and United. IHCAM advocates on behalf of its membership the value of faith-based health care and governance, and creates opportunities for sharing of information, formation, and communication.

IHCAM's membership represents over 13% of Manitoba's health care budget employing over 10,000 staff and attracting over 2000 community volunteers.

Associate Members consist of individuals or non-profit health care organizations operating in the Province of Manitoba (annual fee is \$350). Individual memberships are also available at the cost of \$50 per year.

If you, or your organization, is interested in becoming a Regular, Associate or Individual member, contact our executive director Julie Turenne-Maynard for more details.

<http://www.ihcam.ca/media/IHCAM-Membership-Application--Fees-structure.pdf>

INTERESTED IN APPLYING FOR A FORMATION GRANT?

IHCAM's Formation Fund has been established as part of its commitment to providing on-going support and training to its members. We value excellence in leadership, board governance, and person-centred care, and encourages our members' trustees, employees and volunteers to explore ways to grow in compassion.

Investing in our people will allow them to perform their duties to the best of their abilities, and help to create the conditions for them to grow throughout their journey in the facility and community they serve.

We want to provide IHCAM members the opportunity to acquire additional skills & knowledge to strengthen their effectiveness in the position they hold in our member institutions. Our hope is that by investing in the development and formation of individuals today, our Communities of Service and the community at large, will benefit for years to come.

For more information on this program and access to grants and the FAQ, click on this hyperlink. <http://ihcam.ca/news.php?lang=en>

“For I know the plans I have for you,” declares the LORD, “plans to prosper you and not to harm you, plans to give you hope and a future.” JEREMIAH 29:11

Our Father knows what's best for us, so why should we complain-
We always want the sunshine,
but He knows there must be rain.

*We love the sound of laughter
and the merriment of cheer,
But our hearts would lose their
tenderness if we never shed a tear.*

Our Father tests us often with
suffering and with sorrow,
He tests us, not to punish us,
but to help us meet tomorrow.

*For growing trees are strengthened
when they withstand the
storm, and the sharp cut of a chisel
gives the marble grace and form.*

God never hurts us needlessly,
and He never wastes our pain
For every loss He sends to us
is followed by rich gain.

*And when we count the blessings
that God has so freely sent,
We will find no cause for murmu-
ring and no time to lament.*

For our Father loves His
children, and to Him all things
are plain, So He never sends us
pleasure when the soul's deep
need is pain.

*So whenever we are troubled,
and when everything goes
wrong, It is just God working
in us to make our spirit strong.*

Helen Steiner Rice