



Connections

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

The last several weeks have had many highs and lows, and I feel compelled to touch upon both in my commentary.

The COVID-19 pandemic continues to plague our health care system during this third wave, but fortunately with the increased number of people getting vaccinated, we are starting to see a bit of light at the end of this long tunnel.



Hospitalization numbers are slowly but surely decreasing, personal care homes have very few outbreaks, and an increased number of visitors can now visit their loved ones residing in the personal care homes. Having said that, we must remain vigilant in our efforts to abide by the protocols that are in place to keep everyone safe and healthy.



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

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Indigenous matters, on the other hand, are on nearly everyone's mind in Canada right now and mostly related to the findings of many Indigenous children who died and were buried in unmarked graves while attending and residing in residential schools.

The impact that residential schools has had on the emotional, spiritual, physical, and psychological health of thousands of Indigenous families over several decades continues to be lived today.

I attended a webinar that Canadian Virtual Hospice recently hosted to support Indigenous and non-Indigenous peoples that I welcome you to view by clicking on the following link:

Indigenous Voices: Honouring our Loss and Grief

<https://us02web.zoom.us/rec/share/KYeo9nxOAZW-T0QxGd4Gtb-h02Vg98iSG-Rvj1ErVNwATkZ4I7VLDAbYn-Hf6sBIN.PvrwuLess7jHktd7>

I also partook in their 2nd webinar on June 28th entitled **Indigenous Voices: Discussing racism and cultural safety in the healthcare system**. The recording is not yet

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available, but it will be posted on IHCAM's website in the News section shortly.

DID YOU SEE US? On June 23rd, I participated in a book launch organized by the Assiniboia Residential School Legacy Group, the University of Manitoba Press, the National Centre for Truth and Reconciliation, and McNally Robinson Booksellers. The newly published book [*Did You See Us?: Reunion, Remembrance, and Reclamation at an Urban Indian Residential School*](#)

I encourage you to click on the above link to read more about the book, and to purchase it to support the residential school survivors.

As Executive Director of the Catholic Health Association, I wish to acknowledge that I reside and work with gratitude on the original lands of the Anishinaabe, Cree, Oji-Cree, Dakota, and Dene peoples, and the homeland of the Métis Nation. Julie Turenne-Maynard



Salem Home in Winkler, MB took root at the 1951

Menonite Conference in Leamington, Ontario when the Manitoba delegates met to discuss the building of a sister personal care home to Bethania Menonite Personal Care Home in Winnipeg. Over time, the construction and management of the home was given over to the churches in southern Manitoba. **1955-56** saw the construction of a 54-bed residence for aged and infirmed with the name Salem Home for a cost of \$146,475.06.

“Salem is the old name for Jerusalem. The city of peace. Psalm 66:3 “in Salem, the tent where God dwells.” We are glad to have a home for the Aged with this name and it is our desire that for all who will be residents here, it will be a home of peace and love for one another. It is also our wish that all residents would feel at home here. And that all would feel that they belong to a big peaceful family, that would say with the disciples of Jesus as they walked the road to Emmaus in Luke 24:29, “Stay with us, for it is nearly evening, the day is almost over!” And then the Prince of Peace went in and stayed with them.

The first residents moved in on March 01, 1956. The minutes show that the entire Operating Budget for the initial year was \$24,000. Residents paid \$50/month, there were 12 staff; staff wages ranged from \$.35/hour to \$100/month depending on job they worked at.

Salem Home has had many highlights in its 65 year history:

- ⇒ Expansion to 60 beds, enlarged chapel and dining room and 10 room residence for staff
- ⇒ Celebration of 10 years. Minutes show 47 FT employees, six (6) PT employees. Residents paid \$5.05/day for care. Board minutes recorded in English for the first time at May 16, 1966 meeting
- ⇒ 1972: 1956-59 building condemned and replaced with a new 60 bed addition (2021 currently under renovations.
- ⇒ **1986** Construction of new 65-bed building at cost of just over \$4,500,000. Construction included a new 10-bed unit known as the Special Care Unit. Focus of the Unit was for short-stay treatment for residents who had difficulty adjusting to living in a personal care home.



Special Care Unit was/is a regional program with a geographical area that included all of the Central Region. This was one of two units in the province with Bethania having the other SCU.

- ⇒ **1991** Salem Home hires first Chief Executive Officer who is not a Minister, is female and not from the community.
- ⇒ **1990's:** Many changes implemented focusing on resident care. Changes to environment and meal service provide residents opportunities to live in home-like environments and experience every day living. A first includes implementation of Meal Metrics in 1996, a first in North America. Minutes show residents paid a per diem rate of \$28.03/day. Total staffing dollars were \$3,772,528; RN salary is \$21.98/hour
- ⇒ **2000's:** New 20-bed expansion, known as Maple South, opens in December. Cost is \$4.5 million.
 - ⇒ Development of website; Implementation of Electronic Health Records in 2004, first health care facility in rural Manitoba to do so;
 - ⇒ Relationship Centered Model of Care developed in response to new Mission Statement **“Our commitment . . . to provide Christ-centered care embracing the values of compassion, dignity, excellence and faith”.**
 - ⇒ Introduction of evaluation tool QUIS-EH-O to measure how relationship centered care is affecting residents (a first in North America). Accreditation Canada designates model of care/measurement tool as a Leading Practice.
 - ⇒ Foundation/Community funded construction of two Dining Rooms for resident use and Front Entrance renovations.
 - ⇒ Introduction of DementiAbility decreasing behaviors from 78% in 2018 to 33% in 2020.
- ⇒ **Today:** Salem Home is home to 145 residents providing specialized care in Dementia, Behaviors, and personal care.





This year, the Hôpital Saint-Boniface Hospital (SBH) is celebrating its 150th anniversary. The hospital has a rich history and has much to be proud of. The following are a few of its highlights:

The Sisters of Charity of Montreal “Grey Nuns”, established a 4-bed hospital in 1871 on the present site, on the East bank of the Red River in Winnipeg. It was the first hospital in Western Canada.

In 1897, the hospital opened a School of Nursing, and although the school no longer exists, the Hospital offers a thriving academic learning environment for undergraduate and graduate student nurses enrolled in the University of Manitoba, Faculty of Nursing.

In 1971 the St. Boniface Hospital Foundation was established. This year marks their 50th anniversary!

Over five decades, the Foundation has raised more than \$253 million to support excellence in patient care .

In 1974 the SBH was the first hospital in Canada to establish a palliative care program. Although SBH had been doing research for many years in cardiovascular science, SBH opened the Research for Diseases on the Aging in 1998 on the 4th floor of the Research Centre, thanks to the \$12.6 Million raised by the SBH Foundation.

The 100+ researchers study senile dementia’s, Alzheimer’s disease and stroke. Throughout SBH’s history, it has been blessed with renowned, dedicated researchers who execute their work with compassion. Today, SBH Research Centre is #1 in

research in Canada and has 10 of the top 2% of researchers worldwide among its staff.

In 2011, the new cardiac sciences surgical services open in the I.H. Asper Institute at SBH. An outpatient clinic also opens for pre-surgery patients and post-surgery follow ups.

Always evolving, since early 2020 SBH has been involved in Health Care Transformation with Manitoba Health, Shared Health and the WRHA. A new chapter begins with the construction of a new emergency department at St. Boniface Hospital that is expected to be about three times larger than the current space and feature modern design standards and leading-edge amenities that improve patient flow and create more room for front-line staff, making it easier for them to continue providing the level of care that Manitobans expect.



MHC HEALTH-CARE HEROES ON THE FRONT LINES



Yvonne (left) and Colleen (right)

During the first wave of the pandemic, members of the operating room (OR) team were reassigned to other program areas at Misericordia, including Colleen Kunderman, registered nurse (RN), who spent two months answering calls on the Health Links – Info Santé COVID-19 line.

“During the second wave, I assumed I might be redeployed to another site,” said Colleen over the phone after working the night shift on Cornish 6, a transitional care unit at MHC. *“It was nice to stay on-site at MHC – it’s familiar.”*

Yvonne Mendoza, RN, is an OR team member who in mid-November, like Colleen, was reassigned to transitional care.

“At first I was scared. I thought the change would be overwhelming,” said Yvonne candidly. *She continued: “But I remembered that I would bloom where I was planted, because I was there for a reason.”*

Colleen and Yvonne both spent some time over at Misericordia Place, but primarily worked on Cornish 6 and Cornish 5 transitional care units, respectively, for the past two months.

With their reassignment came big changes both professionally and personally. Both RNs were accustomed to working 8-hour shifts, Monday to Friday, as well as being on call, and had to adjust to working 12-hour shifts, days, evenings as well as sometimes working seven days on. However, the biggest changes came with the new roles themselves.

“In the OR, my interactions with patients were limited to usually 5 minutes or less. On C6, it’s continual patient care, so my duties included: assessment and taking vitals, administering meds, assisting with feeding and transfers, helping patients FaceTime their families, really everything but admin,” said Colleen.

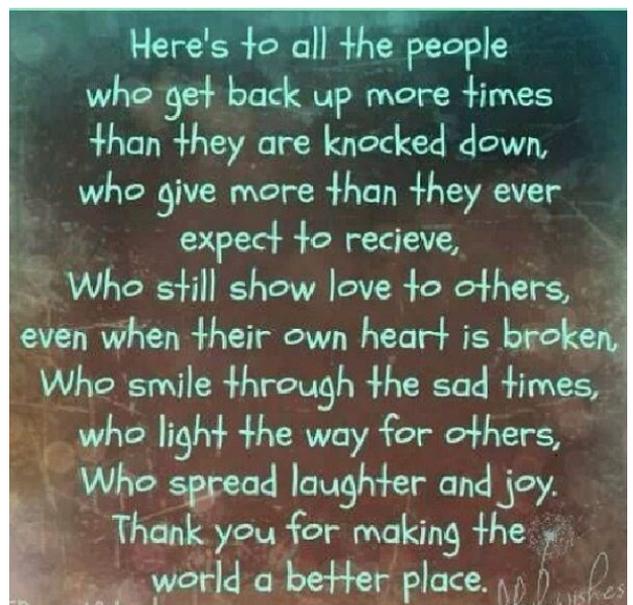
Yvonne, who was reassigned to entrance screening during the first wave of the pandemic, expressed that in moving from the OR to C5, the systems and processes are different, incomparable.

“At the end of the day, it was very satisfying working on C5. I learned so many new things with the help of the C5 team – they’re amazing and very supportive,” said Yvonne.

With visitation restrictions in place in order to protect patients and residents and help halt the spread of COVID-19, health-care providers are important sources of support and meaningful interaction for clients and residents.

“We all have had our difficult moments during COVID. But nothing compares to the experience that some patients and residents have had. They’ve lost spouses and couldn’t attend funerals. They haven’t seen family members in person for months on end. Throughout my experience on C6, it made me see that there was a real need and purpose for me – and my colleagues – in being reassigned.”

Colleen and Yvonne have now returned to their usual roles in the OR. To both of these health-care heroes and their colleagues, thank you for helping where needed most at MHC.



“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

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

TUESDAYS OR WEDNESDAYS

BEGINNING

SEPTEMBER 28TH

PUBLIC: \$125

CHAM & IHCM Members: \$100
Includes workbook and on-line
program development

ON-LINE REGISTRATION:

<https://www.eventcreate.com/e/join-the-journey-fall-2021>

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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

“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 coursed 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



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en soins de la santé
du Manitoba



CATHOLIC HEALTH ASSOCIATION OF MANITOBA
ASSOCIATION CATHOLIQUE MANITOBAINE DE LA SANTÉ
MANITOBIENNE KATOLIKSKA ASSOCIACIJA ZDROVJE



Our Mission is to Support & Empower Caregivers Through the Gift of Faith

The Interfaith Health Care Association of Manitoba (IHCAM), founded in 1995, is comprised of faith related health care facilities and organizations in Manitoba deriving from nine faith groups, and is a semi-formal group which meets for the purpose of sharing religious values, to discuss common concerns and issues in health care, and deliver programming based on spiritual care and health.

IHCAM supports the goals of faith-based organizations in Manitoba to deliver effective community based health and social services through advocacy, self-governance, and the sharing of best practices with its members, as well as education and formation opportunities to support governance boards, staff, and the faith communities in which we serve.

Last year, IHCAM initiated a Spiritual Care Series entitled *Join the Journey* that aims to support those who are either working, supporting, or are caregivers for older adults. To date, 75 people have participated in three offerings that have taken place. Due to its popularity, a fourth offering will be offered virtually in late September. Please refer to the poster in this Newsletter.

Simultaneously, IHCAM has been adding resources and tools on its website for everyone. It is continuously being updated, so please share this link.

[Spiritual Health Resources - Interfaith Health Care Association of Manitoba \(ihcam.ca\)](https://www.ihcam.ca)

A new program that IHCAM has acquired is *Nourish for Caregivers* as a result of conversations that took place with *Join the Journey* participants which brought to light the inherent need that caregivers need to be supported.

We are pleased that we were able to research and find such a powerful ecumenical program.

It's no secret that when someone takes on the role of caregiver they take on stress, exhaustion, and frustrations.

As a result, caregivers often report declining health, emotional fatigue, depression and even spiritual depletion. In this state, purpose and meaning can be easily lost.

The definition of 'caregiver' is broad, and so too is the reach of the Nourish for Caregivers program to address many different types of caregivers, such as:

- Family caregivers
- Home care agency caregiver
- Professional healthcare caregivers
- Spiritual caregivers

This program is designed to provide the tools and resources to build a caregiver's resilience by supporting their practical, emotional and spiritual needs so that they can experience the many blessings that come with caregiving.

The Nourish for Caregivers program is a **complete turnkey curriculum** to successfully implement an ongoing program for caregivers. The **faith-based** materials focus on issues common to all caregivers, covering twelve (12) topics.

The curriculum covers subjects such as:

- The Caregiver Role and Decisions You Face
- Coping with Stress
- The Spirituality of Asking For Help
- End-of-Life Issues

The first module will be offered in the fall and is intended to have 1 session per month (1.5 hours).

An information session on the Nourish program will be held virtually in early September for members and churches interested in starting this program locally.

More details will be shared in the September Newsletter, but if you are interested, please contact Julie at jtmaynard@cham.mb.ca.

SAVE THE DATE!

October 6, 2021
Eden Health Care Services
Dr. Clarence H. Labun Lecture Series

FREE

Virtual Presentation
Addiction and Social Media
Hunger For Connection

Presenters:

Dr. Deborah MacNamara
Neufeld Institute Faculty

Terry Warburton - MA Counselling
Clinical Director - Recovery of Hope (EHCS)



...empowering persons with mental health needs so they may experience hope, healing and community...

On behalf of Eden's Dr. Clarence H. Labun Lecture Series Committee,
I am excited to highlight our October 2021 Virtual Workshop.

"Addiction & Social Media"

Please forward this Save the Date notice to others who may be interested.
We will be emailing you a poster with more details within the next month.

Be well,

Ron Falk

Chair of Eden's Dr. Clarence H. Labun Lecture Series Committee

Director of Spiritual Health

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...empowering persons with mental health needs so they may experience hope, healing and community

[Visit Our Website](http://edenhealthcare.ca) – edenhealthcare.ca

BOARD MEMBER

The Value You Bring To an Organization



The value you bring to the boardroom is what matters.

You're in the boardroom for a reason. It's not enough to simply show up. Putting your skills and attributes to work will enable you to make a positive impact on your board.

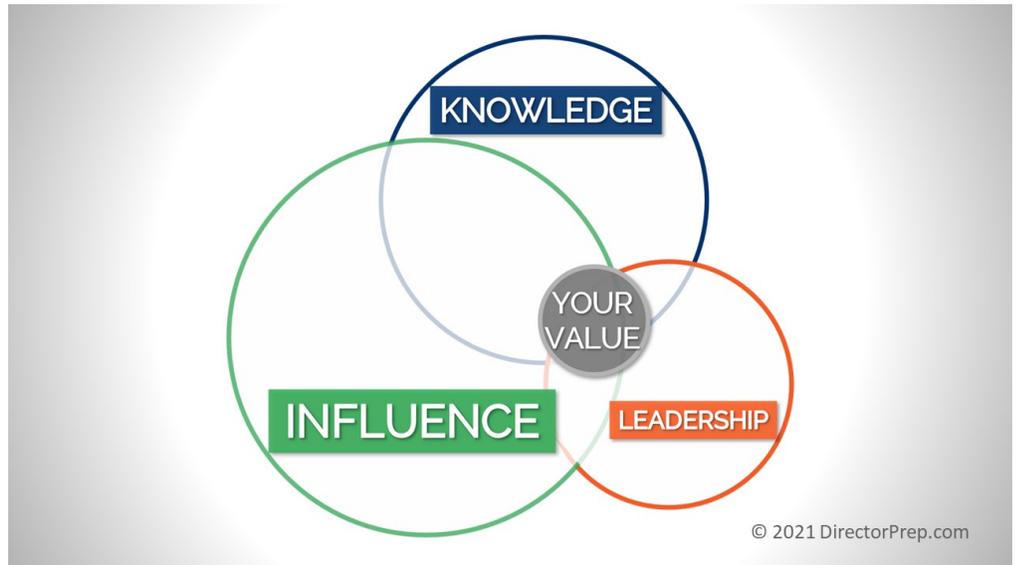
Knowing how and where you can add value helps you be the most effective director you can be. It gives you the confidence to engage actively with your peers around the board table (or on the computer screen).

“The board is a special group of people. People who are professional, people who have multiple identities, people who are busy, and people who do not spend that much time together.” - Stanislav Shekshnia, INSEAD Senior Affiliate Professor on Entrepreneurship and Family Enterprise.

The individual value you bring to the boardroom is found at the intersection of your knowledge, influence and leadership.

During meeting **PREP**, I find it really helps to focus in a mindful way on how I might add value to the work of the board. Thinking about what it's going to be like in the boardroom before I even get there helps me make an impactful contribution to the discussion when the time comes.

Let's use our knowledge, influence and leadership capabilities. **That's our director 'superpower'.**



KNOWLEDGE

As directors we have a responsibility to the board as a whole, and to our fellow board members, to make sure we're prepared for anything that comes our way. A complete understanding of matters before the board will help directors make sound decisions whether they're about how money is spent on important projects, which policies are most effective, or what technology investment would best serve the organization's needs.

Researching the topics that are going to be discussed at the meeting provides you with the confidence to collaborate with others. Having that knowledge in your pocket gives you the courage to disagree if need be, and helps you build consensus to take action!

As board members, we should always be looking out for any skill

gaps we want to work on. We also need to stay alert for areas of interest where we could share the knowledge we've gained from experience at other organizations.

INFLUENCE

There's nothing wrong with wanting to influence your board – that's why you're there. As a director, your influence can come from position, personality, or both. Regardless of the source of your influence, it's best to exercise it carefully.

A good way of influencing the discussion without raising anyone's hackles is by asking insightful questions. Listening carefully to the responses and re-framing conversations allows the board to move forward toward a decision that will work best for everyone involved.

Continued...



Let's try to have the courage to ask tough questions, no matter how uncomfortable. It's in those moments that true breakthroughs occur.

WHAT'S IN YOUR VALUE?

What is the value you deliver once you're in the room? That means you, walking the talk, every meeting.

You might think of the value you bring to a board meeting like a traditional Venn diagram. The three concentric circles are the knowledge, influence and leadership you bring into the room with you after you've done your meeting **PREP**.

The areas you emphasize in your board **PREP** will change from one meeting to the next depending on the agenda and the board's evolving priorities.

The value you add to every meeting is at the intersection of your combined knowledge of the issues, the influence skills you have honed over time, and your leadership capacity that lets you know when

to lean in, when to step back - and the courage to know the difference.

So, you think that's easier said than done? I would agree.

Our director's challenge is to remember where we can best add our own unique value in the heat of the moment, when discussions become a little more intense.

We all have times when we're off our game and forget what it takes to do well in the boardroom.

Have you ever returned home or gone back to the office after a board meeting asking yourself, "Why did I say that?" Chances are one or more of the intersecting circles had shrunk or grown or became somehow unbalanced.

That's a story for another day.

Scott Baldwin, ICD.D
Board Director | Co-founder
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When offering informed opinions, doing so with subtlety and tactfulness ensures that your input will stand out for quality and succinctness without taking away from others whose voices need to be heard as well.

A board director's work is challenging, but with the right skills – both hard skills and soft skills – it gets easier. We all need to find that balance between being subservient or dominant. That's how you can ensure that not only is your voice heard, but your views are given serious consideration. If you'd like to read more about maintaining this balance, you can refer to [The Board Director's Balancing Act](#).

LEADERSHIP

In their seminal book, '[Boards That Lead](#)', author Ram Charan and his colleagues describe various scenarios when boards need to take charge, partner with management, monitor performance or simply stay out of the way.

For individual directors, we should think about the hard skills where we can demonstrate leadership in board discussions - systems thinking, the big picture view, risk management, and general business acumen.

Not every board member has to be an industry expert but, as leaders who want to encourage innovation and new ideas, everyone of us has a role to play in cultivating a culture of inquiry in the boardroom.

YOUR TAKEAWAYS

- Being self-aware and mindful of where we can add the most value to a board meeting is a key aspect of board PREP that, unfortunately, few directors think about ahead of time.
- Knowing where your knowledge, influence, and leadership intersect gives you superpowers when it comes to adding value to board discussions.
- The process of adding value to board meetings is built brick-by-brick by being in the arena and working to get better every time out.
- Be alert to opportunities to pursue additional director training and development to close a skills gap that may be preventing you from adding even greater value to your board.



Actionmarguerite

Service & Compassion

MICHELINE ST-HILAIRE

ASSUMES HELM OF
ACTIONMARGUERITE

Actionmarguerite currently provides care and services for the elderly and for persons with complex health needs at five locations. Actionmarguerite also manages two foundations and provides opportunities for involvement through their volunteer program and auxiliary group.

As the board and staff bid adieu to Charles Gagné on March 31st, a thorough search simultaneously took place to find his replacement. Gagné knew his mission; he was about people and their care, he was also a progressive leader when it came to administration and strategy. "He created a lot of really important opportunities with government and was often called upon to give his perspective and ideas," explains Daniel Lussier, CEO of Réseau Compassion Network. "He did some incredible work on our elder care strategy and was able to bring his board along in a way that was truly admirable."

Earlier this month the Board of Directors have appointed Micheline St-Hilaire to the position of Chief Executive Officer. She will join the team on July 5th, 2021.



Micheline St-Hilaire,
CEO Actionmarguerite

Board President, Mr. Marc Labossière said, *"It is with enthusiasm and confidence that the Board of Directors announces the appointment of Micheline St-Hilaire. Together, we will continue to advance Actionmarguerite's priorities. Her collaborative leadership style, management skills and sense of compassion will enable our new CEO to guide the organization forward in collaboration with our partners to achieve a vision for the future."*

From Centre de santé Saint-Boniface to St. Boniface Hospital, by way of the Réseau Compassion

Network, Micheline has supported executive teams and Boards in strategic planning and improving management processes. This work has led to the optimized delivery of high quality, person centered care.

Micheline holds a Master of Science with a specialization in Gerontology (2001) and a Master of Business Administration (2012) from the University of Manitoba. She brings more than 20 years of health industry experience and as a teacher of mindfulness and compassion programs. She is fluent in French and English and is a member of the Canadian College of Health Leaders.

Micheline has expressed that her experiences as a student at Taché Centre have profoundly impacted her at a personal and professional level and she is honoured to be returning. Her ongoing commitment to the mission bestowed to them by the Grey Nuns, her enthusiasm, and her innovative spirit will be an asset for Actionmarguerite.

IHCAM welcomes Micheline to our association and we look forward to work and support you.

True leadership is servanthood.

Put the interest of others at the center of your decisions.

THE LORD'S PRAYER (ON THE LIGHTER SIDE)

This is in two parts, the prayer (in blue type) and GOD (in red type) in response.

Our Father Who Art In Heaven. Yes? Don't interrupt me. I'm praying. But -- you called - ME! Called you?
No, I didn't call you. I'm praying.

Our Father who art in Heaven. There -- you did it again! Did what?
Called ME. You said, "Our Father who art in Heaven"
Well, here I am.... What's on your mind?

But I didn't mean anything by it. I was, you know, just saying my prayers for the day. I always say the Lord's Prayer. It makes me feel good, kind of like fulfilling a duty. Well, all right. Go on.

Okay, Hallowed be thy name . Hold it right there.
What do you mean by that? By what? By "Hallowed be thy name"?
It means, it means . . . good grief, I don't know what it means. How in the world should I know? It's just a part of the prayer.
By the way, what does it mean?
It means honored, holy, wonderful. Hey, that makes sense..
I never thought about what 'hallowed' meant before. Thanks.

Thy Kingdom come, Thy will be done, on earth as it is in Heaven.
Do you really mean that? Sure, why not?
What are you doing about it? Doing? Why, nothing, I guess.
I just think it would be kind of neat if you got control, of everything down here like you have up there.
We're kinda in a mess down here you know.

Yes, I know; but, have I got control of you? Well, I go to church.
That isn't what I asked you. What about your bad temper?
You've really got a problem there, you know. And then there's the way you spend your money -- all on yourself.
And what about the kind of books you read ?

Now hold on just a minute! Stop picking on me!
I'm just as good as some of the rest of those People at church!
Excuse ME.. I thought you were praying for my will to be done.
If that is to happen, it will have to start with the ones who are praying for it. Like you -- for example ..

Oh, all right. I guess I do have some hang-ups.
Now that you mention it, I could probably name some others.
So could I. I haven't thought about it very much until now, but I really would like to cut out some of those things.
I would like to, you know, be really free.
Good. Now we're getting somewhere. We'll work together -- You and ME. I'm proud of You.

Look, Lord, if you don't mind, I need to finish up here.
This is taking a lot longer than it usually does.

Give us this day, our daily bread. You need to cut out the bread..
You're overweight as it is. Hey, wait a minute! What is this?
Here I am doing my religious duty, and all of a sudden you break in and remind me of all my hang-ups.
Praying is a dangerous thing. You just might get what you ask for.

Remember, you called ME -- and here I am. It's too late to stop now.
Keep praying. (pause . . .) Well, go on. I'm scared to.
Scared? Of what? I know what you'll say. Try ME.

Forgive us our sins, as we forgive those who sin against us.
What about Ann? See? I knew it! I knew you would bring her up!
Why, Lord, she's told lies about me, spread stories. She never paid back the money she owes me. I've sworn to get even with her!
But -- your prayer -- What about your prayer?
I didn't -- mean it.. Well, at least you're honest. But, it's quite a load carrying around all that bitterness and resentment isn't it?

Yes, but I'll feel better as soon as I get even with her. Boy, have I got some plans for her. She'll wish she had never been born.
No, you won't feel any better. You'll feel worse.
Revenge isn't sweet. You know how unhappy you are --
Well, I can change that? You can? How?
Forgive Ann. Then, I'll forgive you;
And the hate and the sin will be Ann's problem -- not yours.
You will have settled the problem as far as you are concerned.

Oh, you know, you're right. You always are. And more than I want revenge, I want to be right with You . . . (sigh).
All right, all right . . . I forgive her.
There now! Wonderful! How do you feel?
Hmmm. Well, not bad. Not bad at all! In fact, I feel pretty great!
You know, I don't think I'll go to bed uptight tonight.
I haven't been getting much rest, you know.
Yeah, I know. But, you're not through with your prayer, are you?
Go on.... Oh, all right.

And lead us not into temptation, but deliver us from evil.
Good! Good! I'll do that. Just don't put yourself in a place where you can be tempted. What do you mean by that?
You know what I mean. Yeah. I know. Okay.
Go ahead... Finish your prayer.

For Thine is the kingdom, and the power, and the glory forever.
Amen. Do you know what would bring me glory -- What would really make me happy?
No, but I'd like to know. I want to please you now.. I've really made a mess of things..I want to truly follow you... I can see now how great that would be. So, tell me . . . How do I make you happy?
YOU just did.



INVITATION FOR NOMINATIONS

Lieutenant Governor's Award for the Advancement of Interreligious Understanding

Each year, under the patronage of the **Lieutenant Governor of Manitoba**, the **Award for the Advancement of Interreligious Understanding** is presented to recognize the contributions of an individual member of Manitoba's various religious communities toward greater interfaith understanding and harmony among the religious communities in the Province and beyond.

The recipient's contributions may be offered through any realm of endeavour: the arts, community organization or service, cultural engagement or the media.

The Manitoba Multifaith Council invites nominations, with deadline for submitting e-mail notifications of intention to nominate as **Sunday, August 15th at 5:00 pm** and completed nominations received no later than **Wednesday, September 15th at 5:00 pm**.

[Click here for more information and nomination form](#)



Interfaith Health Care
Association of Manitoba

Association confessionnelle
de la santé du Manitoba

INTERESTED IN APPLYING FOR A EDUCATION GRANT?

IHCAM's Education 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 & know-ledge 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 organizations and the overall community 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>



Compassion
Research Lab

The Sinclair Compassion Questionnaire

Measuring what matters.

More compassion, better care. Stronger patient/resident outcomes.

After four years of rigorous psychometric testing, Shane Sinclair is proud to unveil the SCQ, a new patient reported compassion scale that promises to be the new 'gold standard' compassion measure. Judge for yourself and assess the evidence reported in our [SCQ manuscript](#) which has now been published in BMJ open access. The SCQ is freely available in both English and French at www.compassionmeasure.com, where you will also find adapted versions of the SCQ, which are built on the same evidence-based foundation as the SCQ, are clinically ready and relevant, and are currently undergoing additional validity and reliability testing. Be sure to check out the SCQ-i, which when paired with the SCQ, assesses individualized patient preferences for compassion, allowing healthcare providers and organizations to tailor the compassion they deliver in a personalized manner. The SCQ, measuring what matters!