

Faith Community Nursing Interest Group newsletter)))

Winter
2021
Issue 3

President's Message

As FCNIG president, I represent FCNIG at RNAO meetings including RNAO assembly, AGM, and Queen's Park Day, as well as in the public and the media. I serve you by disseminating information on educational events and resources to support your practice as parish nurses. In addition, I provide mentorship and support as you assume executive positions within FCNIG. I produce Members' Voices reports to share the amazing work that our members do. I am a Registered Nurse (RN) and a Nurse Practitioner (NP) because I hold both the RN and the Registered Nurse-Extended Class licenses. I practice within the scope of a RN at the Critical Care Unit at Lakeridge Health Oshawa hospital, and I volunteered as a NP at a family practice clinic in Whitby.

Since our last annual general meeting held virtually via Zoom on October 23, 2021, my activities include the following:

On November 2, 2021, I reconnected via email with Lorie Hacker and Mary Lynne Knighten who are Faith Community Nurses (FCNs) and executive members of Faith Community Nurses International (FCNI). They are working on a toolkit for FCNs which include resources on Advance Care Planning and End-Of-Life, Aging and Elder Care, Mental and Behaviour, Fall Risk Prevention, and many other resources valuable to parish nurses or FCNs. Please visit the FCNI website to learn more (<https://www.fcniinternational.org/Practice-Toolkit>). I plan to attend their future virtual meetings to provide my input on the toolkit topics and resources that might be valuable to Canadian Nurses.

On November 13, 2021, I attended the virtual RNAO Assembly Meeting which was membership focused. Dr. Doris Grinspun RNAO CEO discussed important issues affecting nurses during the COVID pandemic and there were discussions about Members' Voices. Dr. Claudette Holloway attended the meeting, and I recognized and thanked her for being our Keynote speaker at the FCNIG AGM. I also reconnected with Dr. Michael Scarcello, during the meeting who is FCNIG direct contact with the Board of Directors at RNAO. As a board liaison, Dr. Michael will provide a bridge for dialogue between FCNIG and the Board of Directors at RNAO for continued collaboration. Board liaisons are ex-officio members of Interest Group (IG) Executive and do not replace the role of IG Representative, nor do they guide the work of Interest Groups. Dr. Michael can be contacted directly at mscarcello@rnao.ca.

On November 17, 2021, I attended the ICHM (InterChurch Health Ministries) online YouTube webinar on Wholistic Health with Rev. Dr. Helen Wordsworth. Helen is a Baptist minister, registered nurse, and

Highlights

President's Message

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Founder of Parish Nursing Ministries in the United Kingdom. She serves as International Consultant for the Westberg Institute and has studied Midwifery, Health Visitor and Tutor training and completed a doctorate in practical theology with the University of Wales. It was informative because it was a Question-and-Answer platform where Dr. Helen Wordsworth answered questions on what it means to provide “wholistic health” as a nurse. To obtain the link to the online recording of the webinar, please visit our FCNIG website.

Also, on November 21, 2021, I connected with Maureen McNeish, a parish nurse and member of FCNIG. She informed me that she is looking for a registered nurse to operate in her drop-in medical clinic at Haven Toronto. It is a part time nursing position at Haven. Questions about this position can be directed to her at my work email: Maureen@haventoronto.ca. This position will become available early in the year 2022 and it is truly a ministry opportunity. According to Maureen, this position is grassroots care for the homeless and vulnerable. Using a client-centered, trauma informed, anti-oppression and harm reduction approach, the nurse will maintain and operate within Haven Toronto a drop-in model of nursing care for the clients using the services and programs.

On November 26, 2021, I connected with Jeanne Lambert, an executive member of FCNIG and a member of the Canadian Association for Parish Nursing Ministry (CAPNM) Research Committee. The CAPNM Research Committee worked on a scoping review of the literature on parish nursing. She is pleased to announce that their article was accepted and will be published by the Canadian Journal of Nursing Research. Please visit the CAPNM website for more information (<https://www.capnm.ca/>)

On November 30, 2021, I communicated with Ananta Sawh who is a Clinical Supervisor and organizes Critical Care Unit Ethics Debrief sessions virtually and I connected her with Belinda Gruber who is a social worker at Lakeridge Health Oshawa (LHO) and is working on the Inclusion, Diversity and Equity committee at LHO. We plan on having a Microsoft Teams Meeting on December 21, 2021, to discuss important issues facing nurses at the Critical Care Unit (CCU) including topics on inclusion, diversity and equity and issues of racism, discrimination, cultural competence, and diversity.

On December 5, 2021, I had email correspondences with Morgain Scott, a student nurse at the University of Ottawa. He mentioned about his interest in FCNIG and wanted to know if it was only for parish nurses. I informed him that he does not have to be a parish nurse to be a member of FCNIG. I also told him that FCNIG is the right interest group to join if he has an interest in spiritual care in nursing and want to learn more about it.

Proposed goals for 2022

The proposed goals for 2022 are to advance our Interest Group (IG) profile through Social Media platforms, develop best practice guidelines for spiritual care and increase our revenue and membership numbers. To aid in the recruitment of members, we have made it free for students to join FCNIG.

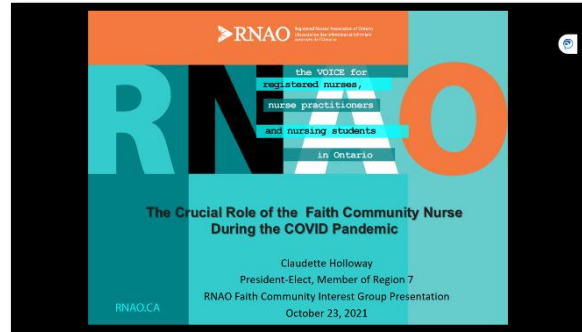
I appreciate all you do as parish nurses or faith community nurses, and I am proud to be part of FCNIG!

Respectfully submitted

Ola Babalola, Nurse Practitioner- Primary Health Care, MN, BScN, Critical Care Nursing

Reflection of the FCNIG AGM, October 23, 2021

This year we reached the milestones of our twentieth AGM and our second virtual AGM. I am sure we all look to this being our final ZOOM meeting, so we can once again experience this event in a personal way. Twenty-seven registrations was a good achievement and this may suggest that future meetings should have a virtual component. The long distances, travel and accommodation costs, and arranging time off, are barriers to attend in person.



President Ola Babalola chaired and opened the meeting with a meditative prayer. A moment of silence was kept to remember May Tao and the recent death of her mother.

Reports were given by President, Ola Babalola, Past-President, Anne-Marie Mohler, and Executive Network Officers; May Tao, Finances, Lily Cugliari-Kobayashi, Membership, Dorothy Klein, Policy and Political Action, Gloria Wiebe, Communications, Mariassunta Lippa, Social Media, Dominic Stewart, Students, and Region 9 Rep. Jeanne Lambert. These reports are available on our website <http://chapter-ing.rnap.ca>. Please take the time to read them and hear about the dedicated work of the executive.

The agenda included a 'Members Voices' session. We learned about the activities of parish nurses and other members; the successes in adapting their practice to changing COVID restrictions and staffing shortages. They also face the challenge of implement public health policies such as ventilation, and vaccinations.

Quizzes were held throughout the AGM, where participants were tested on their knowledge of other faith traditions.

The highlight of the AGM was the keynote address given by Dr. Claudette Holloway, RNAO President-elect. Speaking from her years of nursing practice and leadership and her faith experience, she encouraged and motivated us. With her beautiful voice and on the piano, she shared some of her favorite spiritual songs. Claudette's topic, *The Crucial Role of the Faith Community Nurse during the COVID Pandemic*, was timely and spoke to needs of our members. We learned why and how Faith Community Nurses are "crucial" for the communities we serve during this pandemic. Claudette defined 'crucial' as at "a fork in the road for success or failure". She challenged to us to integrate our "faith in word, practice, and deeds, to "build support for ourselves and faith communities", and to "be open to unexpected opportunities". We are grateful to Claudette and are honored that she took time from her busy schedule.

Submitted by Gloria Wiebe, Region 7, Rep.

Reflection on RNAO Assembly of Leaders, November 12, 13, 2021

The theme of this Assembly meeting was Membership Recruitment and Retention and featured a collaborative presentation from members of the Assembly of Leaders on Mobilizing through Member Mentorship.

I attended the Interest Group Chairs Meeting on November 12th evening. President Ola and I both attended the Assembly on November 13th.

This meeting was attended by twenty Interest Groups (IG). It was chaired by Julie Rubel and Maria Rugg, Board of Directors IG Chairs Representatives. Two new IG's were introduced, Black Nurses Leading Change (BNLC) and Indigenous Nurses and Allies IG (INAIG).

Nancy Campbell, Chief Financial Officer, provided an overview on *Best Practices of Managing Money*. She emphasized the importance of transparency and communications in managing funds. For example budgets and large expenditures need the approval of the membership while small deviations can be approved by the Executive. Financial records must be kept for 7 years. I can confidently say that FCNIG Financial ENO's are aware and comply with best practices.

Carrie Edwards, Sr. Membership & Services Coordinator, gave us updates from Home Office. These are valuable tips on how we can work more effectively with her. The IG Toolkit is a valuable resource available at <https://rnao.ca/attachments/ig-toolkit>. In June, 2022, boundary changes will come into effect for Regions and Chapters.

Heather Jones, Staff Member from the Registered Nurses Foundations of Ontario (RNFOO) encouraged us to use our funds to support bursaries and scholarships. This can be a way to attract new members, and encourage nurse's interest in our fields. The Foundation will assist with setting up and marketing the scholarship. For more information <https://rnfoo.org>.

Julie Rubel and Maria Rugg presented a new RNAO initiative, to develop an IG mentorship program. RNAO members would be mentored when establishing new IGs or taking on executive positions. Many IGs are struggling to fill positions. Susan McNeil and Heather McConnell will take the next steps to conceptualize a plan.

The next Interest Chairs meeting is February 25, 2022

Morgan Hoffarth, RNAO President, welcomed and opened the main Assembly. She then gave an extensive report on her activities which was followed by the Chief Executive Officer's, Doris Grinspun. These reports can be downloaded on the RNAO website.



Next on the agenda was *Members Voices*, when everyone is given the opportunity to highlight their activities and concerns. For many this is the highlight of Assembly, to hear from nurses on the frontlines of health care. All Regions/Chapters and Interest Groups are required to submit *Members Voices*, reporting on their work. This reporting period was February 1 – October 31, Members Voices Reports can be found at <https://myrnao.ca/volunteer/members-voices>.

Mobilizing through Member Mentorship was the topic of a panel representing several Interest Groups, Regions/Chapter. They spoke about their efforts to increase and activate membership. Paula Manuel from Peel Chapter gave a passionate presentation on self-care. She included spiritual well-being among the resources for nurses experiencing stress and burnout

Charles Lavalley, Chief Technology Officer, reported on the launch of a new page on RNAO Website called *In Focus*. This is a way for RNAO to celebrate and recognize diversity in the nursing profession, by bring perspectives and experiences to the forefront. On the *In Focus* page now is The Black Nurses of RNAO and Indigenous Health Care and RNAO

Upcoming Dates to remember are February 24, 2022 Queens Park Day and February 25, the next Assembly of Leaders, on the theme Political Action and Communication.

Submitted by Gloria Wiebe, Region 7 Rep.

A Day in the Life of a Street Health Nurse CHNIG webinar

The Community Health Nurses' Initiatives Group (CHNIG) hosted a webinar – *A Day in the Life of a Street Health Nurse* on November 23, 2021. Recently most of my nursing practice has been working with the homeless, marginalized and the hard-to-serve in downtown Toronto. For this reason the webinar caught my interest, even though I would not consider myself a street health nurse. We read and hear media reports drawing attention to the problems in this community, the deaths by opioid overdose, untreated mental illness, lack of housing and support, and higher incidence of COVID-19. What we need to hear however, is the perspective and experience of nurses working in this community. For this reason, and because I have witnessed the crucial role of the street health nurses, I thank CHNIG for highlighting these nurses.

The webinar began with indigenous prayers, given by Faith Hale, Executive Director at Ska:na Family Practice Learning Centre in Windsor, Ontario. She is an indigenous person, and used sacred items from nature and rituals that express spirituality. The smudging ritual, where herbs are burned in a bowl and smoke is brushed over you, is a symbol of purification. Other 'holy' items were a beaded belt, made of natural fibers, and moon spirit water. Indigenous life is so interconnected with the physical environment, that these objects from nature are medicine for healing.

From the three nurses who presented we learned their diverse roles, the unique community where they practice, and the serious and complex issues they face. The first RN was Roxie Danielson, Street Health Nurse, Inner City Family Term and member of Street Nurses Network in Toronto. Roxie has worked with many agencies and has been a powerful voice and advocate regarding encampments and supervised injection sites. Jane McFadden is an educator and social activist specializing in indigenous well-being. Alyssa Parsons has a public health focus in the Street Nursing Program, Thunder Bay District Health Unit. She related the problems of the urban indigenous, they are homeless, stuck in the city and can't go home.

Thunder Bay has the highest opioid crisis in Ontario with an unsafe drug supply, increasing gang violence, and many women at risk.

These nurses revealed their passion and dedication often working when their interventions don't seem to get results. However they make a difference with a harm reduction approach. Their clients health needs are multifaceted, encompassing most of the social determinate of health. They often work with inadequate and limited resources and support, requiring exceptional knowledge, flexibility, and compassion.

Submitted by Gloria Wiebe, Region 7 Rep.

**Additional Testimony of the History of
Parish Nursing Interest Group
Shirley Christo, Past President of PNIG**

Congratulations on your 20th anniversary! I am honored to share my testimony.

April 20, 2002 - As a neophyte in the RNAO I attended and joined the inaugural meeting of the 'Parish Nurse Interest Group' (PNIG). I later, became PNIG's first 'Policy and Political Action Officer' (PPAO).

Feb. 26, 2003: Elsie Millerd PNIG's Communication / Membership officer and I created a Political action letter to guide nurses in their advocacy for supporting Romanow publicly funded health care for the Provincial elections.

May 23 -30, 2003: After completing comprehensive PHD exams on Spiritual Care and Parish Nursing Models I took the Parish Nurse program at McMaster's Divinity College with Dr. Joyce Bellous.

2004 - After much discernment, the PNIG PPAO role evolved towards advocacy for the spiritual dimension to be an essential part of holistic health.

April 21-23, 2005: At the RNAO AGM, with the full support of Joan Lesmond RNAO President at the time and past-president Charlotte Noesgaard (May they rest in peace - Aug 5, 2011 & May 14, 2021); PNIG submitted "Definition of health resolution: Recommendation for RNAO new business". It passed!!

The resolved clauses stated: **that the RNAO collaborate with the Parish Nurse Interest Group (PNIG) to explore strategies to have the concept of 'Spiritual well-being' included as part of the World Health Organization (WHO) definition of health. [And] that this resolution be forwarded to the CNA for further consideration.**

June 24, 2005: Elsie travelled to Ottawa with me to present a revised version of the resolution on behalf of RNAO. The updated resolved clauses stated: **That the Canadian Nurses Association (CNA) take a leadership role in bringing together interested stakeholders to identify a strategy to work towards having the concept of 'Spiritual well-being' included as part of the World Health Organization (WHO) definition of health. [And] that (CNA) collaborate with the International Council of Nurses (ICN) and International Health partners to lobby relevant government and non-government organizations about this initiative .**

The resolution passed in part because we were lifted in prayer both locally and nationally by the Nurses Christian Fellowship (NCF), the Canadian Association of Parish Nurse Ministry (CAPNM) and PNIG members. Further guidance provided by Dr. Doris Grinspun and Dr. Joan Lesmond.

2005-10-04: A fall report was prepared for the RNAO assembly on the resolution.

2006-05-04: After follow-up inquiry, Lucille Auffrey (Executive Director, CAN) stated: "A letter was forwarded to the ICN ... have received confirmation that it is on the discussion agenda ... between ICN and the WHO. I look forward to more exchange on this resolution on Spiritual Well Being when I go to Geneva ... next week".

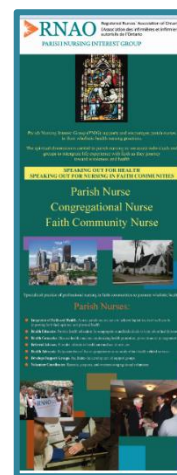
2006-05-29: Sadly the ICN - 60th World Health Assembly discussion of the resolution was postponed with the death of Dr. Lee, Director General of WHO during the meeting.

2007-05-16: After consulting with PNIG, Karen Marks (CAPNM Chair) directed a letter of support to ICN President Hiroko Minami and Elsie Millerd encouraged international discussion at the 61st WHA assembly through Carol Bailey, Peter Derrick and Geoff Warne.

2007-08-14: A letter forwarded from ICN through CNA and CAPNM informed us that at the 1999 52nd WHA resolution EB101.R2 had asked for the exact same change in the WHO Definition of Health but after special committee discussion it was decided not to be tabled for a change and no further action was taken. 2007-09-27: Discussion was continued when Fran Hudson and myself and several from PNIG and CAPNM increased awareness through an info sheet at The Westberg Symposium.

2007-10-17: My Fall PPAO report to RNAO summarized actions taken in all domains of nursing.

2008-06-12: After hearing Archbishop Desmond Tuti request that the 61st WHA assembly consider adding the spiritual dimension to the definition of health, Marlene Smadu reaffirmed with Jennifer Cameron and Gloria Weibe (President and Past President of PNIG) that CNA would continue to work on the matter and a summary of 2008 activities was shared in the PNIG fall Newsletter.



2008-06-24 Gloria and I drafted letters to CNAs Lucille Auffrey encouraging further work on Spiritual Care.

2009-01-19: I submitted a Position Paper on Defining Health Inclusive of Spiritual Well-Being to the national Council of The Catholic Women's League of Canada.

2009-02-16 PNIG worked with Lucille Auffrey and Debbie Grisdale to evolve CNA's

2010 Position Statement on Spirituality, Health and Nursing Practice.

2010-04-07: I was accompanied by Jennifer Cameron and a 3rd yr. student to Vanessa Burkoski's Nursing Secretariat office to present my advocacy summary validating the role of the Parish Nurse.

2010-04-08 Gloria developed and shared a PNIG banner.

2011: I passed along my role as PPAO to Carmen James Henry and as President-Elect assisted President Mary Lynch as her Newsletter Editor.

2012-03-30: Elsie submitted a proposal to RNAO for a BPG for Spiritual Care and PNIG assisted President Mary Lynch to host the AGM in April and several of us attended CAPNM in Ottawa.

2012-11-19 I assisted Anne Marie Webster with her PP presentations in advocacy for Parish Nursing in the Kitchener -Waterloo area.



2013-10-05: I chaired my 1st AGM as president in London Ontario with the help of Michelle O'Rourke and guest speaker Fr Mark Miller.

2014-03-13: I held executive meeting by teleconference and in 2014-04-14 noted with concern the RNAO Board of Director's resolution regarding End of Life.

2014 – 10-04 - My final AGM as PNIG's president was held at Christ Church Cataraqui, Kingston and hosted by our beloved Mary Wylie. (May she rest in Peace).

2015- Present: I continue to advocate for the Sanctity and Dignity of Life and better access to Ethical Palliative end of Life Care.

Updates from Political and Policy Action ENO

Dot Klein

RNAO FCNIG Policy and Political Action Executive Network Representative

Activity Update for Fall Newsletter August - December 2021

RNAO Home office has been very involved advocating for public health care and for registered nurses working during the COVID -19 Pandemic and planning for the recovery. Please read Doris Grinspun's blog. Please request the RNAO biweekly updates on the action taken to educate the public on the situation for registered nurses as they provide health care services and how the public can help control the spread of the virus and the variants. Our nurses are burnt out, leaving the profession, getting sick mentally, physically and spiritually because they are exhausted mentally, physically and spiritually. They do not have the time or the support to rejuvenate themselves. Please pray for them and their families. We are not only at war with a deadly virus but also trying to "push back" the slaughter of our public health care system that is essential for the poor, the marginalized, the elderly, the children and the vulnerable. "Business plans" must not replace health care plans in Patient Care. Care plans must remain patient and family (and community) centred. Recovery from this pandemic must not be centred on economics that will decide who gets what care, how much the care will cost, who gives the care and where the care is given Let us pray that the Creator will guide all of us on the path of compassion, justice and kindness and help us to avoid the path of greed, selfishness and arrogance.

Ontario is a critical crossroads Health care is a provincial matter. Almost 3/4 of the 30 year leases for LTC beds are being awarded to LTC chain businesses in Ontario Municipal LTC homes and not-for-profit LTC homes do not get equal financial support from the province when compared to the support given to for-profit LTC chains. This is not the way to fix the LTC system in Ontario. This will seriously affect Northern

Ontario which is 3/4 the geographical area of the province and which already has limited access to affordable and accessible health care.

As an individual, as a northerner, and as an RN with the College of Nurses of Ontario, I made a presentation to the Standing Committee of the Legislative Assembly the week of November 8, 2021. I told the Legislative Assembly that I support the RNAO recommendations that have been brought to the government repeatedly since the early 2000s and that the recommendations are supported by research and studies.

As co-chair of the Sudbury Chapter of the Ontario Health Coalition, I organized and moderated a public rally in Sudbury on October 4 2021 to bring attention to the crisis in the Long Term Care sector in Ontario. We had excellent speakers, excellent media coverage and good attendance - outdoors, all masked and all 2 meters apart.

On December 3 2021, I teamed up with the Nipissing (North Bay) and the Algoma (sault Ste Marie and North Shore) chapters of the OHC to conduct an hour long video media conference to ask the media in NE Ontario to help us to educate the public about the crisis in Long-Term Care. We had the capacity of being fully bilingual.

I encourage all members of the RNAO FCNIG to participate in advocacy for public health care and for standards of care in LTC facilities in their local area. I pray that every professional nurse and especially faith community nurses involved in faith community ministry will listen to the call of advocacy "with the ear of the heart" I pray that we will stand together with determination and with courage to protect Ontarians who are at risk of losing their rights to public health because our government is more concerned about business profits than providing patient and family centred health care and honouring the Universal Declaration of Human Rights Article 25

Respectfully,

Dorothy (Dot) Klein RN BScN

Representative of Region 11 and FCNIG ENO Policy and Political Action
Graduate of the Foundations Plus Parish Nursing program St Peter's Seminary and the University of Dayton
Ohio August 2019

Wholistic Care and Wellness Practices by Dr. Helen Wordsworth

Interchurch Health Ministries Canada (ICHM) hosted a webinar November 17, 2021 in conversation with Revd. Dr. Helen Wordsworth. Helen is a Baptist minister, Registered Nurse, and Founder of Parish Nursing Ministries UK. She completed a doctorate in practical theology with the University of Wales. Helen is also the author of "Rediscovering a Ministry of Health: Parish nursing as a mission of the local church."

She has been an Associate Fellow of Durham University's Department of Theology, and was awarded the title of Queen's Nurse for her work in developing Parish nursing. She currently works with the Westberg institute for Faith Community Nursing as their International Parish Nurse Consultant, and also helps with a church plant in France.



This is the [link](#) to the Wholistic Care and Wellness Webinar video. Enjoy!

Sincerely,

Anne Marie Mohler RN, FCN, FCNC

Mentoring Nursing Students from Humber College

September 2021 marks the 3rd year which another entirely new group of 6 Nursing Students and their clinical instructor/faculty advisor, from Humber's School of Health Sciences/Nursing, joined our membership chair, Lily CK, RN, Parish Nurse, Faith Community Nursing Practice. Lily's primary role was to coordinate and facilitate a collaborative endeavour between the students and their clinical instructor with the president of the St. Vincent De Paul Society Conference and their Volunteers. There are numerous locations throughout Toronto, this one happens to be at the location of Holy Rosary Parish Church.

Humber College 3rd year Nursing students in their Community and Population Health placement partnered for the Fall 2021 semester with Volunteers from the Holy Rosary Chapter of the St. Vincent de Paul Society (SVDP) in Toronto. The St. Vincent de Paul Society is a charitable organization that provides financial aid to help less fortunate members (NIN's) of their community to meet their basic needs. The partnership was professional, collaborative and efficient. The nursing students took part in project management and were asked to create a documentation tool to help the volunteers keep track of what happens during their home visits with the NIN's. The tool was designed to keep track of client status including mental, physical and financial health. The students learned through collaboration and active communication and successfully created a tool that met the agency's needs and helped the organization in their mission.

I wish to take this opportunity to thank all the nursing students for their enthusiasm and commitment to learn more about SVDP and to develop a greater appreciation of the role of nursing in the community. And, especially how it can further expand into Faith Community Nursing Practice as outreach and forming community partnerships. I am grateful to their clinical instructor/faculty advisor for her eagerness to facilitate learning amongst the students and to the SVDP President for her warm welcome and great dedication to help serve those in need in our community by giving Humber such a unique learning opportunity/experience.

Blessings for Peace, Good Health, and Life Long Learning.

Lily Cugliari-Kobayashi,

RN Parish Nurse, Faith Community Nursing Practice Health and Wellness Ministry, Yorkminster Park Baptist Church, FCNIG Membership ENO

Canadian Nursing Student Association's Regional Conference

This year's Canadian Nursing Student Association's Regional Conference was held with Ryerson University's BScN students. The theme was Diversity, Equity and Inclusion. Friday was the kick starter welcoming the first guest speaker and bringing awareness to the purpose and importance of the theme and our Indigenous Community members. Saturday was the main event where keynote speakers brought awareness to

health needs of black and indigenous people of colour (BIPOC) individuals and the 2SLGBTQ+ community. There was even entertainment such as a light worker and a magic performer. Parish Nurse, Lily Cugliari-Kobayashi, and FCNIG executive, May Tao, gave a presentation on the role of parish nurses to the students with positive feedback. I personally also received a lot of positive feedback about FCNIG's presentation, and they would love for them to return! The last day consisted of closing remarks and a round table that was there to ask any questions. It was a decent turnout with about 53 people registered 20-23 attendees. From the feedback many people loved the speakers that were present. Next year we would love to promote earlier and receive a bigger turn out, but it was a very informative event that everyone could have taken information from to further their practice.



Dominic Stewart

Student ENO

Recruiting Stories for FCNIG Website!

Showcasing the lived experiences of practicing parish nurses is one way to highlight and promote not only the parish nurse's unique role but to also educate how this unique role addresses the "wholistic" needs (spiritual, religious, physical, social, emotional and cultural) of clients within a faith focused community setting.

Your story does not need to be very long. Before you start your writing, spend some time reflecting on one (or more) particular aspect(s) within your ministry as a parish nurse that brought you much joy and satisfaction especially in light of this pandemic.

I've put together a few focused/themed questions that may inspire your reflections and perhaps give you a focus. Only use them if you find them helpful. Remember also that before you start reflecting or writing, to always begin with a prayer. A prayer to stimulate, to inspire and to guide your heart and mind.

How did the public health measures of lockdowns and physical distancing affect your role in addressing your client needs?

How did your day-to-day routine/role as a PN change as a result of the pandemic restrictions? What aided or detracted or challenged you from your role in meeting the needs of the clients?

How were the clients affected? Were there specific client needs that were increased and how was this addressed either by you and/or the parish community?

Is there a particular situation where you made a difference? If so, how has this experience/situation affected you as an individual as well as a PN?

*These stories would be posted on our website under the heading of: "A day in the life of a Parish Nurse during the Covid-19 Pandemic".

Wishing you all a very happy and joyful reflection and writing!

Thank you for all that you do and are doing!

Respectfully submitted by

Maria Lippa

Important Resources and Inspirations

Job Posting

Parish Nurse: Haven Toronto

Since 1933, Haven Toronto has been a drop-in centre where elder homeless, marginally housed and socially isolated men can feel safe, where they can form and cultivate friendships, and become part of a community.

Our vision is a safe and just community in which elder homeless men can live a quality and dignified life.

We seek a registered nurse to operate our drop-in medical clinic at Haven Toronto. Using a client-centred, trauma informed, anti-oppression and harm reduction approach, the nurse will maintain and operate within Haven Toronto a drop-in model of nursing care for the clients using the services and programs.

The operating hours of the clinic are Monday to Friday 8 a.m. to 4 p.m. The nurse will work collaboratively with a visiting medical doctor, other health care professional in the community and other members of the Haven Toronto team to work with clients in the identification and resolution, where appropriate, of health issues and integration of client care, making referrals to other service providers.

Works independently, under the guidance of Haven Toronto nursing clinic directives, or in consultation with other primary care providers or other relevant inter-professional team members as appropriate. Orients clients to medical service and supports a welcoming, non-judgmental and safe space. Establishes a therapeutic relationship and develops rapport with clients. Follows documented protocols and maintains clear, accurate and timely written documentation in accordance with established procedures and policies of their respective regulatory bodies, the Ministry of Health and Haven Toronto.

Prepares/maintains statistical data, correspondence reports, and other documentation

Completes intake and assessments, when required, and makes referral to other health or social services within the community

Identifies trends or issues related to the health status of clients and uses this information in service planning

Maintains a hygienic working environment, conducts infection control tasks in accordance with related policies and procedures

Liaises with other Haven Toronto and community partners and participates in knowledge exchange/transfer activities, on occasion and in consultation with the management team

Other duties as required and assigned


Qualifications:

- Degree in Nursing with current registration as a Registered Nurse & RNAO membership
- Minimum three (3) years of experience in a community setting or combination of community and hospital or public health settings; experience in primary care or street/outreach nursing setting an asset
- Significant front-line nursing harm reduction experience: values aligned with a harm reduction and trauma informed approach to service delivery
- Experience in emergency response and wound care
- Proficiency in the use of computer technology and various software applications
- Strong oral and written communication skills; ability to listen actively and accurately
- Proven ability to develop strong relationships based on trust and integrity
- Demonstrated the ability to exercise good judgement and decision-making
- Communicates strategically and efficiently both written and verbally
- Ability to work creatively, resourcefully, and effectively under pressure and meet required deadlines
- Strong interpersonal and customer service skills
- High attention to detail and accuracy
- Leads with humility and has self-awareness and authenticity
- Passion for working for an organization where you can use your abilities to have a big impact
- Willingness to roll up your sleeves and do what it takes to get the job done
- The ability to operate with minimal oversight
- Respects and values the diversity of communities and individual

Questions and more information about this position can be directed to Maureen McNeish at: Maureen@haventoronto.ca This position is to become available early in 2022. It is truly a ministry opportunity. This is grassroots care for the homeless and vulnerable population. Please consider.

Hymn #635:
Brother, sister, let me serve you

1. Brother, sister, let me serve you;
let me be as Christ to you;
pray that I may have the grace to
let you be my servant too.
2. We are pilgrims on a journey,
and companions on the road;
we are here to help each other
walk the mile and bear the load.
3. I will hold the Christlight for you
in the nighttime of your fear;
I will hold my hand out to you,
speak the peace you long to hear.
4. I will weep when you are weeping;
when you laugh I'll laugh with you;
I will share your joy and sorrow,
till we've seen this journey through.
5. When we sing to God in heaven,
we shall find such harmony,
born of all we've known together
of Christ's love and agony.
6. Brother, sister, let me serve you;
let me be as Christ to you;
pray that I may have the grace to
let you be my servant too.



Cecilia, the patron saint of music
VPBC Memorial Window | Henry Regnier

THREE WAYS TO KEEP SAFE



WASH HANDS

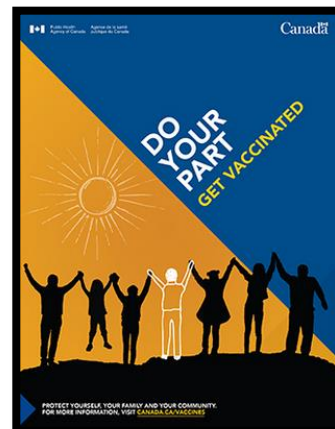


PHYSICAL DISTANCING



WEAR A MASK

RNAO #Maskathon #TogetherWeCanDoIt



FCNIG Executives: 2021-2022

President/Chair: Ola Babalola
 Finance Executive Network Officer (ENO): May Tao
 Membership ENO: Lily Cugliari-kobayashi
 Communication ENO: Gloria Wiebe
 Social Media ENO: Maria Lippa
 Policy and Political Action ENOs: Dot Klein
 Student ENO: Dominic Stewart

Regional Representatives

Lily Cugliari-Kobayashi/Maria Lippa (Region 6),
 Gloria Wiebe (Region 7), Mary Lynch (Region 8)
 Jeanne Lambert (Region 9), Dot Klein (Region 11)