



# *Conference book*



## NCFI Quadrennial International Conference November 5<sup>th</sup> – 10<sup>th</sup> 2012 Santiago, Chile



Theme:

## **PARTNERS IN CARE**

- Unity in diversity through Christ



# Table of content

- Nurses Christian Fellowship International ..... 4
- Welcome to Chile ! ..... 4
- Welcome to Santiago, Chile! ..... 5
- Nurses Christian Fellowship International ..... 6
- Monday November 5th 2012 ..... 9
- Tuesday November 6th 2012 PARTNERS WITH GOD ..... 11
  - Bible Study Day 1: Partners with God ..... 11
  - Bible exposition 1: Raquel Contreras ..... 12
  - Professional Plenary 1: Kamalini Kumar ..... 13
  - Discussion questions for country groups ..... 13
  - Tuesday Hospital visits ..... 15
  - Poster Presentations ..... 15
  - CONCURRENT SESSIONS TUESDAY ..... 16
- Learning outcomes: ..... 21
  1. Learn how nurses can help promote in increasing SRP through Latina empowerment and mutual decision making to potentially build sustainable relationships..... 21
  2. Learn how relationship satisfaction and commitment contribute to Latino couples' relationships and discuss how nurses may be able to interview them. .... 21
- Objectives: ..... 24
  - Craft Stall ..... 31
  - NCFI Evening..... 31
- Wednesday November 7th 2012 ..... 32
- PARTNERS WITH PATIENTS AND FAMILY ..... 32
  - Bible Study Day 2: Partners with Patients and Families ..... 32
  - Bible exposition: Raquel Contreras ..... 33
  - Professional plenary 2: Nelly Garzon ..... 34
  - Discussion questions for country groups ..... 35
  - Wednesday Hospital visits..... 35
  - CONCURRENT SESSIONS WEDNESDAY ..... 36
  - Craft Stall ..... 48
  - Regional Forum ..... 48

Thursday November 8th 2012.....	49
Bible study Day 3 - NCFI Focus & Day Outing.....	49
Concurrent Workshops Presenting Key Activities in NCFI .....	50
Excursion and Latin American evening.....	54
Friday November 9th 2012.....	55
PARTNERS CHANGING THE WORLD .....	55
Bible study Day 4: Partners in Changing the World .....	55
Bible exposition 3: Raquel Contreras .....	56
Professional plenary 3 - Barbara Parfitt .....	57
Discussion questions for country groups .....	57
CONCURRENT SESSIONS FRIDAY .....	58
Closing ceremony .....	70
Saturday November 10th 2012 .....	71
Bible study Day 5 - International Forum .....	71
International Forum .....	71
International Board Meeting Forum .....	71
THE LOYOLA CONFERENCE CENTRE .....	72

# Nurses Christian Fellowship International

## Welcome to Chile !

Welcome to the NCFI Quadrennial Conference *Partners in Care: Unity in Diversity through Christ*. As president of Nurses Christian Fellowship International, it is an honor for me to welcome you to this exciting conference filled with bible teaching, education, networking and fellowship. We have been praying for you and now that you are here, we will continue to pray that God will meet your every need this week as you leave the challenges of life and home behind and focus on what God has in store for you here in Chile.

We have chosen the theme of “Partners,” since we see networking with other nursing professionals as critical to enabling the values of Christian nursing to influence professional nursing practice. Our key note speakers Dr. Patricia Benner and Dr. Susie Kim are world renowned leaders in nursing. They have important insights to share with us about professional nursing within the global arena. Our subthemes of partnering with God, with patients and families, and with the world will be addressed by our plenary speakers, Dr. Kamalini Kumar, Nelly Garzon and Dr. Barbara Parfitt. Pastor Raquel Contreras will challenge us to grow spiritually with relevant biblical teaching. Experts will teach and challenge us through professional sessions and Haydee Gonzales will summarize key concepts. You will be updated on NCFI key activities through concurrent workshops. The NCFI night will give you an overview of the future of the organization, and the Chile night will provide you with a taste of this special country. By the end of the week, we pray that you will have grown spiritually, developed new friendships, and broadened your perspectives on nursing by seeing the body of Christ at work in the world.

My prayer for you this week is that you will in all things “pursue wisdom.” James 1:5 reminds us that “*If any of you lacks wisdom, let him ask of God, who gives to all generously and without reproach.*” Scripture tells us that true wisdom comes from God and His word. A wise leader possesses characteristics that attract others to them. When we have wisdom, we see situations from God’s perspective, and we consider His ways rather than our own. (Proverbs 2:6; Prov. 2: 15-17; Prov. 3:7; Prov. 11: 2; James 3: 13, 17; I Cor. 1: 20-25). One of the privileges of being made in His likeness is the ability to reflect His character in our own work. As Christian nurse leaders, we are called to represent Christ to the world, the Christ “in whom are hidden the treasures of wisdom and knowledge.” (Col. 2:3) What matters is not our intellect, but rather our relationship with the One who makes the simple wise (Ps. 19:7-11). As you grow in your knowledge of Him this week, may you seek His wisdom for your life and work. He is with us this week; may this truly be a life changing experience for all of us!

May God bless you and Nurses Christian Fellowship International..

*Barbara J. White*

President NCFI



## Welcome to Santiago, Chile!

In name of the International Christian Nurses and Midwives Fellowship of Latin America, I have the greatest honour to give you the most sincere and warmest welcome to the NCFI Family and wish you an agreeable stay with us in the Loyola House in Santiago Chile.

We trust that you will find here all the conditions necessary for a fruitful work and that the Lord will manifest Himself in all our meetings and fellowship times (koinonia) and that we will take advantage of all the opportunities given to us by the Lord in this Conference.

We rejoice and thank God and the NCFI organization that Latin America has been chosen for the Quadrennial International Conference “Partners in Care - Unity in Diversity through Christ”.

We have invested many hours of effort and work in the preparation of this Conference, which has been compensated by the way in which God has worked to mobilize each one of you to meet together at the “end of the world”, some of us having to overcome great financial, time and visa difficulties. Nevertheless, God has given us the victory and permitted us to meet again as a family and review our nursing practice in the light of the scriptures, deepen our partnership in care with God, with the patients and their families and interdisciplinary fellowship.

We invite you to participate in the Conference with a heart open to God, open to what He wants, open to each other and sharing our work from the very heart of God.

Chile in Latin America receives you all with much joy and love!

Chile is a very long and narrow strip of land at the extreme south of the American Continent, with a very varied climate and geography, stretching from the most arid desert of the world to the eternal ice of the South Pole. Some say that when God made the world he threw a bit of every other continent together and from this mixture made Chile! Its people, a mixture of Araucanian and Spanish races is characterized by the warmth with which they receive visitors, as one our national songs says “you will find out how much Chileans love the visitor from overseas”.

***Alicia Yáñez Molina***

Conference Coordinator, Chile

# Nurses Christian Fellowship International

Nurses Christian Fellowship International (NCFI) connects Christian nurses around the world by encouraging and equipping them to live out their faith in professional nursing practice.

The **Mission** of the organization is to equip Christian nurses to integrate Biblical principles in clinical practice, leadership, education and research.

We aim to achieve this mission by the following:

- Encourage Christian nurses and nursing students to live out their faith in compassionate professional practice
- Deepen the spiritual life and cultural awareness of Christian nurses and nursing students around the world.
- Promote friendship, communication, connection and collaboration among Christian nurses worldwide
- Support Regional NCFI Committees and National NCF organizations in their ministry with nurses
- Empower Christian nurses to examine and apply scripture as it relates to professional practice.
- Equip and support the development of Christian nurse leaders around the world.
- Represent Christian nursing in the global nursing and healthcare arena

NCFI has a **Doctrinal Basis**, which consists of the essential beliefs of Christianity including:

- The one true God, Creator of all things, eternally exists in three persons – Father, Son and Holy Spirit.
- The divine inspiration, entire trustworthiness and authority of the Bible in all matters of faith and conduct.
- All people created in God's image but alienated from God because of sin.
- Jesus Christ, God's only Son, fully divine and fully human, born of the Virgin Mary, came to reconcile humankind with God the Father.
- The shed blood of Jesus Christ and His resurrection providing the only ground for salvation and justification for all who repent and believe.
- The indwelling presence and transforming power of the Holy Spirit calling all believers to love, serve others, seek justice, resist evil, and to proclaim Jesus, crucified and raised.
- The future personal return and victorious reign of Jesus Christ, who will judge all people with justice and mercy.

*TO GOD BE THE GLORY FOREVER!*

## Strategic Aims 2013 – 2021:

1. Establish a sustainable financial and administrative infrastructure to achieve the aims
2. Establish an effective hub and spoke organization through the development and support of regional committees and country fellowships. Ensure the establishment and functioning of effective communication systems across the organization using a wide variety of systems.
3. Develop an International Institute of Christian Nursing to equip nurses in professional practice, education and collaborative research
4. Promote a culture of prayer across the organization
5. Develop and establish key partnerships across like-minded organizations and institutions
6. Organize regular international conferences normally every 4 years
7. Expand the organization through increased membership including students, active practitioners and retired members
8. Develop educational and promotional materials for Christian nurses including a regular nursing journal and learning and training packages.

NCFI has 36 member countries in six regions. The International Board has 18 members; three from each region:

**Africa:** Sam Mbok (Nigeria), Bright Addae (Ghana), Martha Mwendafilumba (Zambia)

**Caribbean & North America - CANA:** Barbara White (USA), Amy Rex-Smith (USA), Hope Graham (Canada)

**Europe:** Tove Giske (Norway), Marion Deelan (Spain), Sue Allen (England)

**Latin America:** Stella Albarracin (Argentina), Bertha Antolinez (Columbia), Alicia Molina (Chile)

**Pacific & East Asia - PACEA:** Marg Hutchinson (Australia), Swee Eng Goh (Singapore), Chieko Fukushima (Japan)

**South Asia & Middle East - SAME:** Chinnamma Mathew (India), Mabel Shivkar (India), Stacy Saha (Bangladesh).

## NCFI 2012 International Board



## NCFI in Chile - Preconference Event

### NCFI in Chile - Preconference Event



Dear Nurse participant,

I am looking forward to meeting you in Chile! I trust the NCFI 2012 International Conference is going to have much to inspire you and inform your service of Jesus in healthcare. The fact that you have included the International Saline preconference event in your plans blesses me.

Our sessions together will begin on Saturday, November 4 at 4:00 pm in Casa San Luis, at the rear of the Casa Loyola complex. We will complete the I.S. training on Sunday by meeting for most of the day. Then from 9:00 am to 5:00 pm on Monday, November 5, we will engage a training of trainers session. As a trainer-candidate, you will explore why International Saline is presented the way it is and the reasoning "behind" each training emphasis.

Your trainers are Vernon Hiebert from Paraguay and I, Bob Snyder, from the United States, with Santiago Munoz from Panama assisting. Training materials will be provided to you at the first session. There is no additional charge for the materials.

Thank you for privilege of serving you through these training sessions. I hope you will come to understand why a growing movement of International Saline-trained healthcare workers now numbers 7000 in 70 countries!

Yours in Christ,  
Bob Snyder, MD



## Monday November 5th 2012

### Opening Ceremony NCFI Conference

19:00 Welcoming of Special invited guests & plenary speakers

19:10 Official Welcome and Opening Prayer  
Dr. Barbara White, president of NCFI

19:20 Roll Call of Nations: Presentation Flags.  
Dr. Barbara White, Dr. Tove Giske and Alicia Yanez Molina

19:35 Song of Praise: Great is thy Faithfulness  
NCFI Worship Team

19:40 Dr. Jose Alvear, Director “Acompanamiento Espiritual”  
Chilean Ministry of Health

19:50 Keynote Speech: *Faithful Nurses: Living our Heritage as Compassionate Strangers*  
Dr. Patricia Benner, RN, FAAN, Professor Emerita, University of California, San Francisco and Author of “From Novice to Expert: Excellence and Power in Nursing Practice” and “Educating Nurses: A Call for Radical Reform.”

20:55 Closing Prayer & Benediction  
Grace Morillo, RN NCF Columbia

21:00 Light refreshments and fellowship

### NCFI 2012 Santiago, Chili - “Parade of Nations”



## Keynote speaker Patricia Benner, RN, PhD, FAAN



Professor Emerita, University of California, San Francisco. Author of “From Novice to Expert: Excellence and Power in Nursing Practice”. Director of Carnegie National Nursing Education Study: “Educating Nurses: A call for Radical Transformation” and EducatingNurses.com, a web-site for Faculty Development.

### Faithful Nurses, Living our Heritage as Compassionate Strangers

Abstract: The heritage of the Good Samaritan, the compassionate stranger and Kari Martinsen’s notions of Sovereign Life Manifestations of love, mercy, openness, trust and hope along with curiosity and seeking understanding are presented as nurses’ possibilities, already available to us in the created world.

This Christian faith and heritage inspires and creates the conditions of possibility for our care for the other as other, but not wholly other. Nightingale Nursing is founded upon the Christian practices of hospitality and compassionate care for the stranger. What does this mean to us today as modern nurses? What are the false consciousness’s that we might have about our caring for strangers? How do we live and embody faithful caring practices as Christians?

We will talk look into these questions in the following points:

- 1) Temporality and Finitude
- 2) Embodied Know-how, dwelling in a life world and place, strengths, capacities, commitments and concerns, relationships and projects that suspend us in our life worlds and at the same time create vulnerability due to lack of permanence, change in the projects or changes in our capacities to engage in the project or relationship.
- 3) We dwell in Facticity, Historical Time, Place and our human Life world that is often seamless and invisible to us.
- 4) Some of the ways that they Sovereign Manifestations of Life get blocked our Nursing Practice.
- 5) Openness and Trust in our pre-given Language and Ability to Speak
- 6) Shared Embodied Vulnerability and Mercy
- 7) Love
- 8) Curiosity, Understanding and Knowing

## Tuesday November 6th 2012 PARTNERS WITH GOD

### Bible Study Day 1: Partners with God

By Carrie Dameron

We will explore Acts chapter 10 in five sessions and discover how God partnered with Cornelius and Peter for a divine appointment. This appointment radically changed them personally and those around them. It also impacted the world for Christ. During these quiet times with the Lord, individually or with a group, ask the Lord to guide you in embracing diversity in your nursing practice, in your community, nationally for your country, and internationally around the world.

#### **Prayer: Psalm 111**

Read Acts 10:1-23

God spoke to both Peter and Cornelius during their designated times of prayer. Write out some details about both men's prayer time.

The Lord communicates his will and partners with us through prayer (Matt 6:10). Thus, a thriving relationship with our Lord Jesus through prayer is important to our work in nursing. Does your practice of prayer reflect consistency or is it more random? What are some of the struggles you face in having a consistent prayer time?

Both men received a unique message from the Lord during their times of prayer. What message did Cornelius receive from the Lord and how did he respond? (Acts 10:1-8).

What message did Peter receive from the Lord and how did he respond? (Acts 10:9-16)

Partnering with God requires that we open ourselves to God's will in prayer. We also need to respond in obedience and trust to the Lord's message. As we conclude today, write out a personal prayer that the Lord will connect you with nurses OUTSIDE your country. Acts 10:33, "Now that we are all here and present before God..."

**In the morning, between 07:00 – 07:30 there will be prayer and meditation lead by an international team of Betsabé Fernandez Tejera (Spain), Fabiola Hidalgo (Ecuador), Martha Fernandez (Argentina), and Marion Garvin (Chile).**

## Bible exposition 1: Raquel Contreras



Lawyer by profession—Pastor by Vocation.

Past President of Chilean Baptist Union and former Vice President of the Baptist World Alliance. Current President of the Baptist World Women and editorial director for Hispanic World Publishers.

### Partners with God.

"For we are laborers together with God" 1 Corinthians 3:9<sup>a</sup> KJV

Every time we face the reality of who we are and especially to understand who God is, we realize that we are nothing without Him. It is He who accompanies us, guides us, and sustains us in our daily journey. Therefore, when our task becomes difficult, when it becomes difficult for us to share the hope we have in Christ, we should remember that we are his partner, we are his peer. We need to leave it in the hands of Christ.

The text of 1 Corinthians 3:9<sup>a</sup> pertains to the discussion that the brethren in Corinth had regarding who was the more important, who had impacted their lives in such a way that they would followed. Paul makes them see that none is more important than the other, what is important is "knowledge has been given by God". In other words, what unifies everything is that God is who gives the absolute word. Therefore, no one is more important than another, but that we are all partners, companions of God.

When the missionary Robert Morrison came to China the captain of the boat in which he had travelled, ridiculed him and his faith throughout the entire trip, told him: "Do you think that you're going to change China?" this is what Morrison replied: "I'm not, but God will". This is how it is with God, when we unite with God, our potential is unlimited.

There are very few people who do not expect to recover when they are in a hospital waiting for an operation. On the contrary, what sustains them is the hope that they will soon return home, they will soon leave and be able to resume normalcy in their lives. If this does not happen, if they don't have the strength to recuperate this becomes much more difficult. It is his hope that we have to help the ill. True hope is not in the recuperation that produces the knowledge of our capacities to help the ill. True hope is in who is Hope. It is God himself through his Son Jesus Christ that has touched our lives so we as being his partners could touch the lives of others.

As John Wesley said: "The best of it is that God is with us." God is with us and while we live each day with the understanding that we are his collaborators we will not fail.

## Professional Plenary 1: Kamalini Kumar



Kamalini Kumar, RN, PhD, is director of Clinical and Professional Development, Mercy Medical Center, Clinton, Iowa, USA. Past NCFI President.

### Partnering with God: The Role of the Nurse

Nurses work in partnership in many areas of their practice. Interdisciplinary relationships and collaboration with others in healthcare is highly valued. Partnership is a complex phenomenon that brings together two or more professional disciplines that work together to achieve shared aims and objectives. The success of any partnership is dependent upon the trusting relationship between the partners. This plenary will explore what it means to partner with God in nursing, both personally and professionally, and what our role in this partnership is.

### Discussion questions for country groups

#### Step One: Ask God to help you live with expectation

- a) Ask God to help you approach each day with the expectation that he wants to – and will – work through you personally to help others discover life in Christ!
- b) Although we know that God wants to work through Christians to help others come to Jesus Christ (Matthew 28:18-20), many of us struggle to believe that God will work through us personally to help others come to know him.

Read the following statements and indicate if they are true of you.

- I believe that every day is full of opportunities to help others rediscover God. TRUE/FALSE
- I go through each day eager to see how God will work through me to help others take steps toward him. TRUE/FALSE
- I regularly ask God to open doors and provide opportunities for me to help others come to know Jesus Christ. TRUE/FALSE



**Step Two: Reflect on how God has partnered with other Christians in his mission**

**Peter**

Peter was a fisherman turned follower of Christ. By the standards of the day, Peter was considered a simple, uneducated man (Acts 4:13); yet, God worked powerfully through him!

Read the following verses. How did God work through Peter?

Acts 2:38-41 –

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Acts 3:1-4:4 –

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**Paul**

Paul was a Jewish, religious scholar turned follower of Christ. Prior to his conversion, he was responsible for the death of a number of Christians and opposed the spread of the gospel. Yet, once he came to Christ, God worked mightily through him!

Read the following verses. How did God work through Paul?

Acts 16:16-34 –

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Acts 17:1-4 –

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**Step Three: Reflect on how God wants to partner with you in his mission**

God's desire to work through us does not depend on our social status, education, or background.

Write down the names of two friends, family members, co-workers, or neighbors who do not know Christ:

---

Has God called you to reach these individuals with his message and love (Matthew 28:18-20)?

Has God equipped and empowered you to reach these individuals with his message and love (Acts 1:4-8)?

What one step could you take to partner with God in this mission?

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#### **Step Four: Ask God to help you live each day with expectant faith**

Spend some time with God in prayer. As you pray...

- Thank God for inviting, equipping, and empowering you to join him in his mission.
- Ask God to provide opportunities for you to help others take steps toward him and discover life in Christ.
- Pray that God would move in the life of your family members, friends, coworkers, or neighbors and that they have increased spiritual openness and come to know Jesus Christ.

### **NCFI 2012 Santiago, Chili – Conference Worship**



#### **Tuesday Hospital visits**

For participants who have registered and paid for this activity.

Tours will be arranged between 13:30 – 17:30 PM.

#### **Poster Presentations**

There will be posters presented at the conference. Please take time to visit them in the hallway:

**A Visual Summary of Research on Spiritual Care** Anne Biro, Mongolia

**Adherence and disclosure of HIV/AIDS in children and adolescents** Febby Banda  
Kawamya, Zambia

**How to raise the awareness of nursing students to diaconal service** Britt Saetre  
Tingvatn, Norway

## CONCURRENT SESSIONS TUESDAY

Tuesday: Partners with Patients & Families				
1400 – 1530				
Room A	Room B	Room C	Room D	Room E
Camera (Spanish)	Pankratz et al.	Cortes et al.	Leader Ship track	Spiritual care training track
Deelan (Spanish)	Baldacchino	Hutchison	<i>Must attend all 3 days</i>	<i>Must attend all 3 days</i>
Valdenbenito (Spanish)	Matsuda	Marshall		
1530 – 1645				
Room A	Room B	Room C	Room D	Room E
Antolinez (Spanish)		Fukushima'	Kloster TENT English	Morgan PRIME
Yanez (Spanish)				
Garcia (Spanish)				

### Concurrent sessions at 1400 – 1530 Room A – 3 papers – Spanish

Margarita Casado Camera
Diplomada en Enfermería,
The presentation will be in <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> English
<b>La comunicación terapéutica como herramienta en la relación de ayuda</b>
<p><b>Therapeutic communication as an instrument in care.</b></p> <p>I believe that I am not mistaken in considering this theme to be very important for us as nurses, due to the situation in which the majority of the people with who we work. These people are ill, many times less able to cope with their own care: for that reason they are dependent, not self-sufficient. They suffer, not only physically but also emotionally. Many times they feel lonely especially when they are older and often have guilt feelings because they feel that they are a burden for their families. They live frightened , with the fear of what will happen to them later. Illness makes them conscious of their incapacity to control their immediate future. This situation creates many questions for which they have no answer. All this leads to living with a despairing situation which leads to them giving up fighting against their illness. This is the peril of the people whom we help not only with our professional experience also with our human and spiritual capacities.</p> <p>Development of the Theme</p> <p>-What is therapeutic communication –Group discussion</p> <p>What do we understand by help- Group discussion</p> <p>Creo que no me equivoco si afirmo que como enfermeras, este tema es muy pertinente para</p>

nosotras, debido a la situación en la que se encuentran la mayor parte de las personas con las que trabajamos.

Son personas enfermas, muchas veces disminuidas en su capacidad de auto cuidado; por lo tanto, dependientes. Sufren, no solo a nivel físico, sino también emocional. Muchas veces se sienten solas, sobre todo si son mayores y frecuentemente, con sentimiento de culpa pues piensan que son una carga para sus familias. Viven asustadas, con temor porque no saben que va a ser de ellas en un futuro próximo. La enfermedad les hace conscientes de su incapacidad para controlar su futuro más inmediato. Esta situación les plantea muchos interrogantes para los que no tienen respuesta. Todo ésto les lleva a vivir con desesperanza esta situación, por lo que renuncian a luchar contra la enfermedad.

En mayor o menor medida, éste es el perfil de las personas a las que hemos de ayudar, no solo con los recursos que nos proporciona nuestra capacitación profesional, sino también a nivel humano y espiritual.

Desarrollo del tema:

-Qué es la comunicación terapéutica. Dinámica de grupo.

-Qué entendemos por relación de ayuda. Dinámica de grupo.

Conclusiones.

Marion Deelen	<a href="mailto:ncfspain@ya.com">ncfspain@ya.com</a>
RGN , Diploma in Nursing (Colombia S.A.) Missionary Training College Master in Christian Ministries	Avda. de Viena 20-5-0, Coslada 28822, Madrid, Spain

The presentation will be in  Spanish |  English

### “Co workers with God”

Why be partners with God.

Partners: God’s Purpose: Man to work with God.

God’s Plan unfolding John1:14 “the Word was made flesh” Jesus: the human manifestation of God. Through His death and Resurrection we can be saved and become coworkers with God, and through the coming of the Holy Spirit into our lives God can show himself through us. 11Corinth 5:17-21.

How to live in the kingdom of God. Matthew 5-7

Mt.5:3 - those who have no hope in themselves

Mt.5:4 - mourn over their own sins

Mt.5:5 - those that are humble in their opinion of themselves

Evidenced in

Mt.5:6 - seek for truth and justice

Mt.5:7 - show real compassion

Mt.5: 8 - have no deceit in their lives to God or man

Mt.5:9 - bring others into peace with God to others

Mt. 5:10 -for their godly life and standing up for the Truth

Mt.5:11 -suffer for what they believe

Power to live this way.Jn15:26,27

Personality revealed Gal. 5:22,23; Gal.2:20

The teaching object of this lesson is to show how each quality is visible in those who have it. This

includes spiritual care for the nurse, the patient and family; the meaning of consolation; how to be a peacemaker and healing effect of forgiving on the person.

¿Porqué ser socios con Dios?

El propósito de Dios fue que el hombre trabajase con El

El Plano de Dios desarrollándose” Juan1:14 “la palabra fue hecho carne” Jesus la palabra hecha carne Sin su muerte y resurrección y la venida del Espíritu Santo a nuestras vidas hubiera imposible vivir esta vida.11Corintion 5:12

Matt5-7 el patrón de Dios para nosotros los cristianos

Mt.5:3 – quienes no tienen esperanza

Mt.5:4- ..... sienten dolor por sus pecados.

Mt.5:5- ..... son humildes en su propio opinion

Mt.5:6- ..... buscan verdad y justicia

Mt.5:7 -.....muestran verdadera compassion

Mt.5:8.....no engañan a nadie

Mt.5:9.....trae otros a paz con Dios y con los hombres

Mt. 5.10.....por su vida spiritual ydefensa de la verdad.

Mt.5:11.....sufrn por su testimonio cristiano.

Jn.15:26,27Fuente de poder para vivir asi

Gal.5:22,23;Gal.2:20

Esas características deben ser evidentes en nuestras vidas.

Nivia Castillo Valdebenito	<a href="mailto:ncastillo@ssconcepcion.cl">ncastillo@ssconcepcion.cl</a>
Enfermera	Hospital Gmo. Grant Benavente Concepción – Chile, San Martín 1436

The presentation will be in  Spanish  English

### Manejo digno del paciente fallecido

#### RATIONALE:

Guillermo Grant Benavente Hospital is an institution of Health, which has 859 beds. This institution has proven to be able to respond with efficiency and quality to Health care processes, as programming or contingency of the city or country. This reflects that there is a team of senior officials, trained and committed to their work. Notwithstanding the foregoing, it is necessary to standardize the institutional level the management of patients died, according to departmental policies and the level of quality for Patient Dignity.

#### GENERAL OBJECTIVES:

1. Respecting the dignity of the deceased and his family, improving the management of patients died, at the level of service or unit that is hospitalized.
2. Protocol Establishing institutional management of patients died.

#### SPECIFIC OBJECTIVES

1. Based on institutional protocol, implemented by Unit Services or Programs, improvements in the quality of management of patients died.
2. Disseminate and train those involved in the provisions of Protocol.
3. Improving conditions for transfer of deceased patient.
4. Contribute to improving the infrastructure of the Deposit of deceased patients and their environment.



#### **IMPACT OF THE PROJECT:**

The annual average of patients who died in the last 7 years is 1229, still in 2011, 1181, ie die daily from three to four patients. Given the highly specialized and complex that the hospital has undertaken, under the care of critically ill patients, the risk of death is higher, but independent of the number of deaths, this problem reflects a failure in the quality of care that is delivered to the patient deceased, his family and other patients in the ward or deceased patient Service, because they are witnesses to the attention given to the patient died. The problem is related to the fair treatment they should receive all hospital patient, the treatment is a right worthy of the patients.

#### **FUNDAMENTACION:**

El Hospital Guillermo Grant Benavente, es una institución de Salud, que cuenta con 859 camas; 44.834 egresos el 2011 y 3.763 funcionarios, lo que hace que sea la Empresa más grande de la region del Bío Bío. Esta institución ha demostrado ser capaz de responder con eficiencia y calidad a los procesos de atención en Salud, según sea la programación o contingencia de la ciudad o país. Lo anterior refleja que se cuenta con un equipo de funcionarios de alto nivel, capacitados y comprometidos con su trabajo. No obstante lo anterior, se hace necesario estandarizar a nivel institucional el manejo del paciente fallecido, acorde a las políticas ministeriales de calidad y al ámbito correspondiente a la Dignidad del Paciente.

El Hospital presenta una relación de pacientes fallecidos entre los años 2005 al 2011, del orden del 2, 86 %, con respecto al total de Egresos, siendo durante el último año (2011) de 1.181 pacientes fallecidos. Los Servicios que tienen el mayor N° de pacientes fallecidos son: Medicina; Urgencia y UCI., los que representan un 84, 46 % del total de fallecidos del hospital en 7 años (2005 al 2011).

#### **OBJETIVOS GENERALES:**

1. Respetar la dignidad de la persona fallecida y su familia, mejorando el manejo del paciente fallecido, a nivel del Servicio o Unidad en que se encuentre hospitalizado.
2. Establecer Protocolo institucional del manejo del paciente fallecido.

#### **OBJETIVOS ESPECIFICOS:**

1. Basado en Protocolo institucional, implementar por Servicios o Unidad, Programas de mejoras de la calidad del manejo del paciente fallecido.
2. Difundir y capacitar a los involucrados en las disposiciones establecidas en Protocolo.
3. Mejorar las condiciones de traslado del paciente fallecido.
4. Contribuir al mejoramiento de la infraestructura del Depósito de pacientes fallecidos y su entorno.

#### **IMPACTO DEL PROYECTO:**

El promedio anual de pacientes fallecidos en los últimos 7 años es de 1229, siendo en el año 2011 de 1181, es decir diariamente fallecen entre tres a cuatro pacientes. Dada la alta especialización y complejidad que el hospital ha asumido, con la atención de pacientes críticos, el riesgo de fallecimiento es mayor, pero independiente de la cantidad de fallecidos, este problema refleja una falla en la Calidad de atención que se esta entregando al paciente fallecido, su familia y demás pacientes de la sala o Servicio del paciente fallecido, porque ellos son testigos de la atención que se otorga al paciente fallecido. El problema dice relación con el trato Digno que debe recibir todo paciente del hospital, el trato Digno es un derecho de los pacientes.

#### **COSTOS:**

Se requiere de la acción combinada entre un Proyecto de Inversión para solucionar los aspectos de infraestructura y de Optimización de los actuales Procedimientos.

## Concurrent sessions at 1400 – 1530 Room B – 3 papers

Darlene Pankratz Heather Meyerhoff Deborah Gibson	<a href="mailto:Darlane.pankratz@twu.ca">Darlane.pankratz@twu.ca</a> <a href="mailto:Heatherm@twu.ca">Heatherm@twu.ca</a> <a href="mailto:Deborah.gibson@twu.ca">Deborah.gibson@twu.ca</a>
Assistant Professor, MSN, RN Associate Professor, MSN, RN Assistant Professor, MSN, RN	Trinity Western University, School of Nursing 7600 Glover Road, Langley, B.C. Canada V2Y 1Y1
The presentation will be in <input type="checkbox"/> Spanish <input checked="" type="checkbox"/> English	
<b>Widows' Tea and Teaching</b>	
<p>Innovative clinical placements can provide an opportunity for nursing students to gain insight into the challenges faced by specific persons within a population. Over the past six years, nursing students from Trinity Western University have had the opportunity to travel and engage with the community at Chikankata Mission run by the Salvation Army in Zambia. During this timeframe there has been a growing awareness of the devastation of the HIV/AIDS epidemic on families. Many women are left as widows who not only need to find ways to care for themselves but also for their grandchildren who have lost parents to HIV/AIDS. Sometimes becoming a widow brings a stigma that results in being outcast by the community and possibly shunned by one's own family. Chikankata, along with many other global communities, has cultural views, as well as supportive practices for widows such as the Naomi Group. Past TWU nursing students have provided "teas" to honor these widows, hear their stories, provide health promotion teaching, and connect with them in a social context. Participants will gain a further understanding of the some of the distress that widows face and how Christian nurses can offer compassion through unique caregiving methods.</p>	

Dr Donia Baldacchino	<a href="mailto:donia.baldacchino@um.edu.mt">donia.baldacchino@um.edu.mt</a>
PhD, MSc, BSc, Cert.Ed., SRN	16, St John's Street, Siggiewi, Malta SGW1453
The presentation will be in <input type="checkbox"/> Spanish <input checked="" type="checkbox"/> English	
<b>Meaning and purpose in life following Myocardial Infarction across time</b>	
<p>The experience of myocardial infarction may jeopardize patients' whole sense of meaning in life. Patients attempt to interpret the cause of myocardial infarction (MI) and try to find meaning and purpose in life. This paper presents the findings of a longitudinal study which explored patients' search for meaning in illness and purpose in life across time. A systematic sample of 70 patients with first MI, mean age=61.9 years, were recruited at the Coronary Care Unit (CCU) in a general teaching hospital in Malta and followed up for the first five years following discharge. The findings derived from the semi-structured interviews demonstrated patients' interpretation of the cause of MI which was attributed to fate and/or faith. The personal significance of MI across time was found to increase patients' awareness of their current holistic state of life; restructure and reevaluate their attitudes towards self, life, religious beliefs and others. Inconsistencies were found in meaning in life from the third year onwards as patients tended to become non-compliant with treatment and less aware of the risk of another MI. These findings are consistent with Frankl's Theory of Logo therapy and Existential analysis which guided the study. Meaning in life was found to originate from the individual person, was personalized and encompassed a purpose to be fulfilled in life. Recommendations were suggested to the education and the management sectors with further research in order to enable the health care professionals to facilitate the search for meaning in illness and life.</p> <p><b>Outcomes:</b> Increase awareness about the clients' meaning in illness and life in life threatening illness; Include the spiritual dimension of clients' assessment in order to address clients' needs holistically.</p>	

Yui Matsuda	<a href="mailto:ymatsuda@vcu.edu">ymatsuda@vcu.edu</a>
PhD, RN, MPH	4908 Bangor Ct. Henrico, VA 23228
The presentation will be in  __  Spanish  X  English	
<b>Predictors of Sexual Relationship Power, Communication and Sexual Decision Making among Latino Couples</b>	
<p>Unintended pregnancy (UP) is increasing among Latinos in the United States. UP contributes too many negative consequences for infants, mothers and families. The purpose of this study was to examine the association between sexual relationship power (SRP), communication, and sexual decision making from each partner's perspective in relationship to family planning. In a cross-sectional design, recruited were 40 Latino couples whose female partners were pregnant. Sample characteristics and partner responses were compared and contrasted. Relationship commitment, relationship satisfactions as well as cultural values (machismo and marianismo) were the significant predictors for most of the study key variables. Decision making conversations among couples should optimally begin before the initiation of sexual activity and continue throughout the couples' active sexual relationship. Couples communication facilitates making known each other's will and thoughts and helps to promote healthy reproductive and sexual lives.</p> <p>Learning outcomes:</p> <ol style="list-style-type: none"> <li>1. Learn how nurses can help promote in increasing SRP through Latina empowerment and mutual decision making to potentially build sustainable relationships.</li> <li>2. Learn how relationship satisfaction and commitment contribute to Latino couples' relationships and discuss how nurses may be able to interview them.</li> </ol>	

## NCFI 2012 Santiago, Chili – Nursing Students



### Concurrent sessions at 1400 – 1530 Room C – 3 papers

Cyndi Cortes Debra Whisenant John Hill	<a href="mailto:ccortes@samford.edu">ccortes@samford.edu</a> <a href="mailto:dwhisena@samford.edu">dwhisena@samford.edu</a> <a href="mailto:john@alabamapolicy.org">john@alabamapolicy.org</a>
(Cyndi) D.Ph., MSN, MRE (Debra) PhD, MSPH, MSN (John) PhD	2209 Mountain Creek Trail, Hoover, AL 35226 826 Dogwood Trail, Warrior, AL 35180 USA 235 Odum Crest Lane, Hoover, AL 35226
The presentation will be in <input type="checkbox"/> Spanish <input checked="" type="checkbox"/> English	
<b>Evaluation of Church Based Weight Loss Programs</b>	
<p>The purpose of this presentation will be to discuss the effects of Biblically-based weight loss programs on spiritual and physical health. Very little literature exists to provide evidence whether the level of perceived spirituality affects the intent to actively pursue a physically healthy lifestyle, including weight loss. As part of the weight loss programs, participants in Cohort 1 lived in a rural community and were referred to the program by their physicians and those in Cohort 2 lived in a metropolitan area and were self-referred. The effectiveness of the two approaches have been compared to each other and to results reported in the literature. Participants in both projects obtained significant weight loss and other health benefits. Results from this study may provide additional information concerning ways to promote increased weight loss, self-care, and disease prevention among adults who belong to a faith based group.</p> <p>Objectives:</p> <ol style="list-style-type: none"> <li>1) Discuss the Biblical basis for healthy living.</li> <li>2) Reflect on Scriptures relating to the relationship between spiritual and physical health</li> <li>3) Describe the components of two faith based weight loss programs</li> <li>4) Discuss the results of the weight loss programs</li> </ol>	

Margaret Hutchison	<a href="mailto:marghut@bigpond.net">marghut@bigpond.net</a>
RN, RM, MCH, Adv.Dip TH. OAM	19 Stonecrop Road, North Turrumurra NSW 2074 Australia
The presentation will be in <input type="checkbox"/> Spanish <input checked="" type="checkbox"/> English	
<b>Unity in Diversity for Spiritual Care</b>	
<p>In most societies today we encounter a diversity of cultures, philosophies and religious traditions. This is reflected in our health care settings. Therefore meeting spiritual needs of our patients will call for a person centered flexible approach.</p> <p>Spiritual care is practiced in a multi-cultural, multi religious society, and one in which emerging ideologies and doctrines influence approaches to nurse education, policy and practice. Appropriate spiritual care will need to address more than religious concerns and belief systems, since in our health care settings we encounter not only a diversity of cultures, philosophies and religious traditions, but also individuals who have no clearly defined philosophy or belief system. It will also require teamwork to provide comprehensive, consistent and ongoing spiritual care that respects our patients' preferences, values, and culture.</p> <p><b>Learning Outcomes</b></p> <p>That the participant will be able to:</p> <ul style="list-style-type: none"> <li>• appreciate the nature of spirituality, and ways spiritual needs may be expressed in different religious and cultural frameworks, as well as by those by those who have no specific faith system</li> <li>• understand principles for spiritual care consistent with good nursing practice</li> </ul>	



and ethics within the context of a diverse health care setting

- gain insights for practical application within the framework of normal nursing processes
- implement a practical process for assessing needs, planning intervention and documenting spiritual care.

Diana M. Marshall	<a href="mailto:diana.marshall@optusnet.com.au">diana.marshall@optusnet.com.au</a> <a href="mailto:dianamarshall135@gmail.com">dianamarshall135@gmail.com</a>
RN, RM, BN, Grad.Dip.Adv.Nurs., MN, MA Chaplaincy	6 Willowie Close, Hornsby Heights, NSW, 2077,Australia
The presentation will be in <input type="checkbox"/> Spanish <input checked="" type="checkbox"/> English	
<b>Who will hold the Christ light for me? Providing spiritual care for people with dementia.</b>	
<p>With advances in health care, improved hygiene and nutrition, and more affluent circumstances, people are living longer and there is an increase in the number of people suffering from dementia. Alzheimer’s Disease International (ADI) estimates that there are currently 30 million people with dementia in the world, with 4.6 million new cases annually (one new case every 7 seconds). The number of people affected will be over 100 million by 2050. These estimates were derived from detailed population-based studies of the prevalence of dementia in different world regions. People suffering from dementia have spiritual needs as a result of their cognitive impairment and loss of memory.</p> <p>In this paper I will discuss practical ways in which we can learn to give spiritual care to patients and clients with dementia. Through a holistic approach and person centered care Christian nurses are in a unique position to offer spiritual care to patients and their families through their words and actions.</p> <p>Christian nurses can give spiritual care for the person with dementia by bringing Christ’s light and presence into each caring situation.</p>	





**Concurrent sessions at 1400 – 1530 Room D – 1 seminar**

**Track all three days**

Kamalini Kumar. Sue Allen	<a href="mailto:kamalini_kumar@hotmail.com">kamalini_kumar@hotmail.com</a> <a href="mailto:sue-allen@ntlworld.com">sue-allen@ntlworld.com</a>
PhD. RN. RN,Msc PhD	920 Oak Knolls Court, Clinton, Iowa 52732 USA 23 Payne Road, Wootton, Bedfordshire MK43 9JL UK
The presentation will be in <input type="checkbox"/> Spanish <input checked="" type="checkbox"/> English	
<b>Leadership Track - 3 DAYS SEMINAR</b>	
<p>The Leadership Track at the NCFI Conference is designed for all NEW LEADERS. The invitation is open to all who did not attend the Leadership track at the last NCFI conference in Nigeria as well as to those who did attend. There will be 3 sessions and participants must attend all three sessions to gain the most benefit from the course. All sessions will be based on Biblical perspectives of leadership</p>	
<p><b>Session 1: Introduction to NCFI Leadership Model</b> (taught by Sue Allen)</p>	
<p><b>Objectives:</b></p> <ol style="list-style-type: none"><li>1. To understand the Background to the NCFI Leadership programme</li><li>2. To explore the main leadership approaches in contemporary society</li><li>3. To discuss the role model of Jesus to the disciples</li><li>4. To discuss the importance of effective leadership in professional practice and in NCFI</li></ol>	
<p><b>Session 2: The nurse leader as Servant and Shepherd</b> (taught by Kamalini Kumar)</p>	
<p><b>Objectives:</b></p> <ol style="list-style-type: none"><li>1. Explore the concept of Jesus as a shepherd</li><li>2. Identify the characteristics of a mentor</li><li>3. Develop the ability to give good feedback</li><li>4. Discuss team building and collaboration</li><li>5. Discuss the concept of Servant Leadership</li><li>6. List characteristics ascribed to the servant leader</li><li>7. Discuss the impact of personal worldviews on leadership styles</li><li>8. Identify strengths of servant leadership traits</li><li>9. Discuss servant leadership self-evaluation</li></ol>	
<p><b>Session 3: The nurse leader as Steward and Scholar</b> (taught by Sue Allen)</p>	
<p><b>Objectives:</b></p> <ol style="list-style-type: none"><li>1. Understand the principles of Christian stewardship in professional life with a focus on management of resources and quality management</li><li>2. Explore the principles of 'abundance mentality'</li><li>3. Understand the key principles of the research process and the impact on evidence based nursing practice</li><li>4. Apply the principles of ethical decision making</li><li>5. Explore options and strategies for sharing faith in a professional setting.</li></ol>	

**Concurrent sessions at 1400 – 1530 Room E – Seminar 1**

**Track all three days**

Amy Rex Smith	<a href="mailto:amyrex.smith@umb.edu">amyrex.smith@umb.edu</a>
Professional qualifications DNSc, RN, ACNS, BC	Address 156 High Street, Reading, MA 01867 USA
The presentation will be in  __  Spanish  _x_  English <b>3 DAYS WORKSHOP</b>	
<b>The NCFI Spiritual Care Curriculum Train the Trainers Workshop: The Art and Science of Spiritual Care:</b>	
Learning Objectives: At the end of this workshop, the participant will be able to : <ol style="list-style-type: none"><li>1. Apply the content of the NCFI Spiritual Care Curriculum to their nursing practice</li><li>2. Teach the NCFI Spiritual Care Curriculum to other nurses in a classroom setting.</li></ol>	
<p>This workshop will present the entire content of the newly developed “<i>Art and Science of Spiritual Care</i>” NCFI Spiritual Care curriculum. The content of this educational program is designed to be presented in four sessions: Session One: Spiritual Care Overview: Content and Mandate; Session Two: Spiritual Care Assessment; Session Three: Spiritual Interventions &amp; Care; and Session Four: Challenges in Spiritual Care Giving . The content was developed to provide practicing nurses with state of the science knowledge in the speciality of spiritual care so that Christian nurses will be able to identify and address spiritual care needs in a variety of settings for any patient coming from any various religious/spiritual belief and backgrounds, or even no faith tradition at all.</p> <p>In addition to mastering the content, the participants will learn how to teach the content. The instructors are expert educators and will model and explicate their teaching methods. The TEACHING MANUAL that accompanies the curriculum will be used to provide additional “how to teach” content.</p> <p>It is recommended that this workshop best fits those nurses interested in spiritual care who have experience as nurse educators.</p> <p>Instructors will be: T. GISKE <sup>1, 2</sup>, A. REX SMITH <sup>2, 3</sup>, C. DAMERON <sup>2, 4,*</sup> <sup>1</sup>Nursing, Haraldsprass Deaconess University College, Bergen, Norway, <sup>2</sup>Nurses Christian Fellowship International, Scotland, United Kingdom, <sup>3</sup>Nursing, University of Massachusetts, Boston, <sup>4</sup>Nursing, Ohlone College, Newark, United States</p>	

**Concurrent sessions at 1530 – 1645 Room A – Paper 1 (double time) + 2  
speed consulting**

BERTHA REBECA ANTOLINEZ	<a href="mailto:berantolinez@hotmail.com">berantolinez@hotmail.com</a>
RN, BSN, Specialist in Mental Health and Psychiatric Nursing, Professor of Mental Health and Psychiatry, UDCA University	Carrera 15#55-12 Apt. 301, Bogota
The presentation will be in <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> English	
<b>FACING OUR OWN GRIEF AND DEPRESSION AS NURSES</b>	
<p><i>“Before I formed you in the womb I knew you, and before you were born I consecrated you; I appointed you a prophet to the nations.”</i> Jeremiah 1,5</p> <p>The XVIII International NCFI Conference will bring together a group of nurses who believe in Jesus Christ as the Way, the Truth and the Life. This fact in itself will encourage us to care for ourselves, and together with them, our fellow men and women. Our lives revolve around caring and/or teaching others. However, in the daily course of our work, and although we have given our lives to the Lord and have placed in His hands our feelings, thoughts, words and activities, we are not exempt from feeling pain, fear, anger, helplessness, impotence and tiredness. The exercise that I propose seeks to help us become conscious of situations that produce tension and malaise in us, to recognize them and choose alternative options that will enrich and strengthen our inner being and our actions. In the face of events such as the death of a patient; a procedure does not turn out as expected; those around us, and who depend on us, use expressions that we feel go against the dignity of someone who is under our care, or we feel compelled to behave in a way that dishonors our profession, we are not always aware that these factors affect us and undermine our bodies. All of these causes produce grief. With a view to put in order these thoughts related to grief, after clarifying basic concepts we will inquire about what produces grief and about the meaning of pain. We will compare Joseph and Jesus. We will then explain Joseph’s and Jesus’ attitudes in the face of grief, and the sense of hope and resurrection to be found in Jesus’ message. Finally, in conclusion, we will outline some practical considerations.</p>	
<p><b>LA ENFERMERA FRENTE A SU PROPIO DUELO Y DEPRESIÓN</b></p> <p>En el cotidiano del trabajo y aunque la vida se la entreguemos al Señor, y lo que sentimos, pensamos, decimos, o, hacemos lo pongamos en sus manos, no estamos exentas de sentir: dolor, miedo, ira, incapacidad, impotencia, cansancio. El ejercicio que propongo busca tomar consciencia de situaciones causantes de tensión o malestar, reconocerlas y optar por manejos q enriquezcan y fortalezcan nuestro ser y nuestro hacer. Ante eventos como cuando se muere un paciente, un procedimiento no sale como se espera, personas q nos rodean y q dependen de nosotras tienen expresiones q sentimos van en contra de la dignidad de alguien q está bajo nuestro cuidado, o nos sentimos abocados a comportamientos q denigran de nuestra profesión, no siempre caemos en cuenta q estos factores nos afectan y minan nuestro organismo. Todos estos son causantes de duelo. Para articular esta reflexión sobre el duelo, después de aclarar los conceptos básicos, nos preguntaremos sobre lo que motiva el duelo y sobre el significado del dolor. Analizaremos un paralelo entre José y Jesús. Explicaremos luego las actitudes de José, de Jesús de Nazaret ante el duelo, y el <u>sentido de esperanza y de resurrección del mensaje de Jesús</u>. A modo de conclusión esbozaremos algunas consideraciones prácticas.</p>	

Alicia Yáñez Molina	<a href="mailto:aliyam18@hotmail.com">aliyam18@hotmail.com</a>
Matrona Clínica de la Universidad de Concepción Diplomada en Facilitadora de Logoterapia y análisis existencial , Diploma en Teología, Diplomada en Apego.	Avda. Gabriela Mistral 0850 Dpto 905, Temuco, Chile
The presentation will be in <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> English	
<b>“ Vision Logoterapéutica del Duelo”</b>	
<p>El profesional de enfermería se convierte, por definición, en lugar de encuentros y despedidas de todas las personas que participan en el proceso de salud-enfermedad.</p> <p>Encuentra un sitio preferente el encuentro con los que se despiden definitivamente: los enfermos terminales.</p> <p>Los enfermer@s , matron@s por tanto necesitan una especial capacitación para ayudar a esos enfermos y sus familiares y para manejar adecuadamente sus propios fantasmas, redefiniendo casa vez su posición interior frente a la muerte, donde se mezclan temores culturales, creencias y tópicos. La negación no siempre es suficiente y cada despedida provoca nuevos encuentros, despierta viejos fantasmas y ayuda o a crecer o a deteriorarse.</p> <p>Dependerá de la preparación intelectual, emocional, y espiritual que haya adquirido Este taller ayudará a ver la muerte como la realización máxima de su propia vida, asumiéndola con libertad y responsabilidad..</p> <p>Breve introducción al análisis Existencial y sus conceptos fundamentales</p> <p>Descubriendo el sentido de la vida; los valores , en especial valores de actitud frente a la muerte..</p> <p>La finitud de la vida y el sentido de la muerte, como un desafío para el que muere de desarrollar valores de actitud.</p> <p>El concepto del duelo, como sufrimiento por pérdida vital,</p> <p>Fases del duelo, el acompañamiento en el duelo</p> <p>La importancia del que acompaña en el duelo de haber asumido sus propios duelos..</p>	

Doris Sepúlveda Garcia	<a href="mailto:hermodos@yahoo.com">hermodos@yahoo.com</a>
Enfermera	Tarragona N° 01885, Temuco, Region de la Araucania, Chile.
The presentation will be in <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> English	
<b>“INTERVENCIÓN DE ENFERMERÍA EN COMUNIDAD MAPUCHE COLLIN ALTO”</b>	
<p><b>COLLIN ALTO</b></p> <p>Localidad Rural ubicada a 17 km de Vilcún y a 47 km de la Ciudad de Temuco, IX Región de la Araucanía, Chile. En la localidad existe una Iglesia Bautista que cuenta con alrededor de 50 miembros activos, contando con 1 pastor oriundo del sector, Eleuterio Cayulao, que frecuentemente predica en mapudungun, lenguaje de la cultura indígena mapuche, además participa activamente la encargada de esta Misión Doña María Amelia Sepúlveda, la cual posee estudios Teológicos, y un directorio formado por miembros de la Iglesia en 90% de origen Mapuche.</p> <p><b>PROPOSITOS:</b></p> <ol style="list-style-type: none"> <li>1. Contar con un lugar adecuado para la atención en Salud.</li> <li>2. Promover acciones para mejorar la higiene en los hogares y con esto tener prácticas preventivas orientadas a mejorar la salud de las personas.</li> </ol>	



3. Ayudar a restablecer el equilibrio de la salud cuando este ha sido vulnerado.

**ACTIVIDADES:**

- Visita a personas en sus hogares para conocer su estado de salud y poder intervenir en forma adecuada su medio, sin vulnerar sus creencias y costumbres.
- Educar en relación a medidas higiénicas indispensables para la conservación de la salud: lavado de manos, higiene corporal, cuidado de los pies, ordenamiento y conservación de los alimentos.
- Educación en prevención en base a detección individual de problemas de salud: hongos, hidatidosis, resfríos, sarna, pediculosis, gastroenteritis, diarrea, diabetes, otros.
- Atención individual en clínica.

## NCFI 2012 Santiago, Chili – Asia Regional Meeting





## Concurrent sessions at 1530 – 1645 Room C – 1 Seminar

C h i e k o F u k u s h i m a	<a href="mailto:cf-jncf@msd.biglobe.ne.jp">cf-jncf@msd.biglobe.ne.jp</a>
RN, BSN	1-12-1-102 Kotake-Cho, Nerima-Ku, Tokyo,176-0004 Japan
The presentation will be in  __  Spanish  _>_  English	
<b>Learning and giving Spiritual Care through Small Group Bible Study among nurses/ students</b>	
<p>Spiritual care is an important part of nursing and of the nurses' role. But the concept of spiritual care is not easy to understand and to put into practice as well.</p> <p>Christian nurses often think that sharing the gospel or evangelizing patients at her work place is so important. However spiritual care is caring, not evangelism.</p> <p>Japan NCF was established in 1983 and became a NCFI member country in 1992.</p> <p>Japan is non-Christian country and the Christian population is less than 1%. JNCF is helping Nurses to grow mature in Christ and to be a disciple of Jesus in nursing by meeting regularly with a small group Bible study, fellowship, sharing, studying and prayer.</p> <p>During the small group Bible study (SGB), we learn from Jesus' example how He cares for a person. We see His action in relationship with a person, and we learn how He sees a person's needs.</p> <p>In these SGB, we reflect on our own difficulties and needs. I, as a mentor or SGB leader, often x see a person's spiritual need. I facilitate the group as they think and participate in caring for the person.</p> <p>By experiencing being cared for or caring, we become familiar with caring for one another. As we learn spiritual care among ourselves and are able to grow as a nurse to see a person as a whole being including a spiritual dimension, this leads to spiritual care in nursing.</p> <p>In this seminar, I will demonstrate SGB with participants learning how to observe Jesus and how to observe a person.</p> <p>Then we will look at a person's need as Jesus sees them. Finally the participants will reflect on their own spiritual needs and find how Jesus answers our needs.</p> <p>Outcome: Participants will Know Jesus personally.</p> <ul style="list-style-type: none"> <li>• Will see His action with a person and His insight into a person's needs.</li> <li>• Will experience caring and/or spiritual care in SGB</li> <li>• Will become familiar with spiritual care and/or caring and opportunities to pray in confidence and to have a desire to practice spiritual care and/or caring in given situations among colleagues and patients.</li> </ul>	

## Concurrent sessions at 1530 – 1645 Room D – 1 Seminar

Berit Helgoy Kloster	<a href="mailto:ekloster@online.no">ekloster@online.no</a>
Senior Associates for Tentmaking, Lausanne Movement	Stavanger, Norway
The presentation will be in <input type="checkbox"/> Spanish <input checked="" type="checkbox"/> English	
<b>Your profession - your Ministry</b>	
<p>The most respectful and important task ever given to those worshiping Him, was the calling Jesus left us before his ascension: <i>Go and make disciples of all nations.</i></p> <p>Today we see the impact of this call. Christianity is a global faith in every nation. However, a significant number of people still have never heard the Gospel. Today 27% of the world's population are un-reached and the majority of the un-reached people groups live in nations inaccessible to traditional missionaries. Less than 3% of Christian missionaries are sent to these nations.</p> <p>The apostle Paul was a tentmaker of profession. Conscious of being a model he used his profession to support his own ministry and a natural platform for reaching his colleagues with the Gospel.</p> <p>This way of life is a unique possibility to let every Christian, in any profession, go to any country, without any borders. Integrating your work and ministry, living your life as a daily witness to the living God can take the Gospel to any people group around the world. It is an adaptable strategy in times with financial crises.</p> <p>As a well-trained nurse there are no limits. And The Holy Spirit dwells within you!</p>	

## Concurrent sessions at 1530 – 1645 Room E – 1 Seminar

Huw Morgan	<a href="mailto:jhcmorgan@gmail.com">jhcmorgan@gmail.com</a>
MBChB MRCP Cert Med Ed FHEA	40 Holywell Crescent Abergavenny NP7 5LH UK
The presentation will be in <input type="checkbox"/> Spanish <input checked="" type="checkbox"/> English – translated into Spanish during seminar	
<b>PRIME Partnerships in International Medical Education – partners with God in changing the world</b>	
<p>This seminar will outline the mission and vision of PRIME Partnerships in International Medical Education, an international charitable network for those involved in medical and nursing education to spread the message of God's values and the person of Jesus Christ in the teaching of healthcare professionals at home and overseas. From small beginnings amongst General Practitioners in the UK fifteen years ago, PRIME now has a large network of tutors who are all Christians involved in teaching their discipline (including nurses, doctors and paramedics) who travel voluntarily to over thirty countries of the world to teach about bringing a compassionate, whole person perspective into health-care professional education. PRIME's teaching methods are based on the assumption that every human being is made in God's image and will respond to compassion and empathy. The seminar will include an interactive demonstration of PRIME's teaching methods to inspire participants to use them in their own contexts and to see health-care education as a vehicle for mission.</p> <p>Learning outcomes: Understand the mission and vision of PRIME Use interactive teaching methods to help develop compassion, empathy and integrity amongst health-care professionals Be inspired with the potential for health-care education to extend God's Kingdom globally.</p>	

## Craft Stall

You are welcome to visit our craft stall at 1730 – 1800. This provides you with an opportunity to buy crafts from all over the world. Crafts are provided by conference participants. The income will go towards the work of NCFI and for scholarship funds.

## NCFI Evening

Come and get inspired as you learn how God works amongst nurses around the world through Nurses Christian Fellowship International - at 1900 - 2100

**Wednesday November 7th 2012**

## **PARTNERS WITH PATIENTS AND FAMILY**

### **Bible Study Day 2: Partners with Patients and Families**

**By Carrie Dameron**

#### **Prayer: Psalm 111**

Yesterday, we saw how Cornelius had obeyed the Lord and immediately sent men to get Simon, named Peter in Joppa. The men arrive at the house when Peter was still dazed and confused from his own unique vision. Peter welcomes them in and the group leaves the next morning for the day long trip to Cornelius' house (Acts 10:1-23). As we return to our passage, we will discover a unique partnership developing between Cornelius and Peter.

Read Acts 10:22-24

What was Cornelius reputation with his servants and his community (Acts 10:22)?

Not only did God recognize Cornelius righteousness, but his closest colleagues and those in his community knew of his character. Write out some attributes of righteousness that are characteristics of Christians found throughout scripture.

Write out professional characteristics that may not be necessarily found in scripture, but important for nursing. For example, nursing care that is evidenced based or supported by professionalism.

Why is it important for Christian nurses to live righteous lives and be professional? (1 Peter 2:15-17).

Cornelius and Peter, unknown to one another become partners. Write out all those in attendance at Cornelius' house waiting for Peter to arrive.

We have begun to see the beginnings of a partnership with glimpses into its true impact. We also are encouraged to partner with God and partner with others. These cohorts may be patients, families, colleagues and even strangers. We also have seen how our character is an important factor in developing partnerships. As we conclude today, reflect on your personal character as a Christian nurse and pray for the Lord to open your heart to areas that you can become more Christ-like. (2 Peter 2:15-17)

## Bible exposition: Raquel Contreras



Lawyer by profession—Pastor by Vocation.  
Past President of Chilean Baptist Union and former Vice President of the Baptist World Alliance. Current President of the Baptist World Women and editorial director for Hispanic World Publishers.

### Partners with God along with the sick and their families

"And they laughed him to scorn. But when he had put them all out, he taketh the father and the mother of the damsel, and them that were with him, and entereth in where the damsel was lying" Mark 5: 40 KJV

Jesus is our example in all circumstances of life. When we choose to be his partner in the care of the sick and the accompaniment of the family, we can quickly find Jesus as our example, guiding us to be partners in this beautiful process to be with the one that is suffering and that so needs to know God and his power.

It is so beautiful to read in the Bible text, the personal and direct treatment that Jesus has with us always and with those that are suffering. In the story of the resurrection of Jairo's daughter we see the compassion in which she is treated.

Jairo was an important man; he was a spiritual leader, one who knew God, at least in theory, so it runs to his encounter with Jesus to beg him to go to his house to cure his twelve year-old daughter who is dying. The pain of a father facing imminent death of his daughter is something that we have seen or perhaps even experienced. It is beautiful to see when Jesus heard him, he immediately change the course to which he was going so he may help this father who was suffering. During the journey he was interrupted by another woman, which delayed his arrival to the house of Jairo.

Arriving at the house the friends of the father come to him and said to "do not worry, your daughter has died". Jesus did not allow him to be discouraged by his faith, but encouraged him to continue. There was a riot of mourners in the house. Jesus with his tenderness and concern for the ones that were suffering takes the father and the girl's mother in to the place where the girl was. He calls and tells her to get up and in doing that she stands up and walks .

This is a beautiful story that shows the power of God over death, but let not overlook those beautiful details of Jesus worrying about those who are really suffering. In the middle of all the fuss of everyone crying and also those who were with him, Jesus cares directly and in a personal way for the child and the parents. He must always be our example to follow. We are the partners in the care of the sick and their families.



## Professional plenary 2: Nelly Garzon



Nelly Garzon, BSN, MSN is professor Emeritus Universidad Nacional de Colombia. Former Dean of the Faculty of Nursing, Universidad Nacional de Colombia, Past President of the International Council of Nurses. She is retired but continues to lecture on Ethics and Bioethics in the graduate programs of nursing of her university and in other institutes.

### **Partners in care – partners with patient and family**

The goal of this paper is to help us to appreciate and understand the real meaning of Christian nursing care, and what makes it different from the quality, dedication and humanization of the care and service that we, as professional nurses, offer individuals and their families.

A Biblical perspective of nursing care broadens the different theoretical focuses that nursing has contributed to the development of the knowledge and practice of the discipline, as well as enriching them with other elements, though progress achieved as a result of research on the practice of nursing is evident today and has contributed the essential elements that characterize professional practice and support quality performance in different roles.

However, Christian nursing care is not merely intellectual or emotional, nor is it a matter of metaphysics. It is “laying hands on the patient as the main focus of our action” related to physical, psychosocial and spiritual considerations in order to attend to his/her needs, following the model of care that Christ offers us in his command: “everything that you do with one of these my little ones, you do it to me.” The essence of a Christ centered theory of nursing is a pervading characteristic applied in situations of today and tomorrow, imitating the action and Spirit of Christ.

The attitudes, life and experience of Joseph in the Old Testament, can be described as a model for the Christian nurse as she faces often difficult and frustrating situations in her practice. Though his attire and his surroundings change drastically from one scene to another, his trust and dependence on God for guidance remain the same and allow him successfully to meet otherwise insurmountable challenges.

## Discussion questions for country groups

### Questions for reflexion – Group 1

The respectful mutual understanding among the members of the family group is fundamental for the analysis of situations and decision making that fortify and benefit the family group or one of its members.

Let us reflect on how to fortify and promote understanding and respect for the values that should be cultivated in the family.

How can a nursing professional help cultivate the union and fortify the values in the family?

What teachings can be identified in the history of Joseph to help strengthen family values and unity?

### 1) Questions for reflexion – Group 2

Ethical institutional environment favours mutual respect and solidarity among professionals and other health workers to care for people with humanity using non-discriminatory techniques.

Let us reflect on how to cultivate ethical principles and Christian values to enrich the ethical institutional environment and ensure humanitarian treatment of patients and families, as well as of the professionals and health workers.

How do nurses contribute to promoting and safeguarding the ethical institutional environment?

What aspects of the life of Joseph illuminate us with his example to create and maintain an ethical institutional environment?

### 2) Questions for reflexion – Group 3

The carer-patient relationship, the nurse-patient relationship in the process of nursing care take into account and respect socio-cultural aspects and beliefs of patients, families and communities.

Let us reflect on how nursing can assure caring norms and policies in the care given and how the health teams can respect customs and socio-cultural aspects or traditions of the patient and his family.

What aspect of the life of Joseph gives us example and teaching to help us maintain respect for the culture and customs of persons, families or communities in order to make nursing care effective?

## Wednesday Hospital visits

For participants who have registered and paid for this activity.

Tours are arranged between 13:30 – 17:30 PM.

## CONCURRENT SESSIONS WEDNESDAY

Wednesday: Partners with the World				
1400 - 1530				
Room A	Room B	Room C	Room D	Room E
Whisenant et al.	Carter & Coleman	Morgan (Translated to Spanish)  Continues 1530 - 1645	Leader Ship track	Spiritual care training track
Attard	Cone			
Gibson	Matsuda (Spanish)			
1530 - 1645				
Room A	Room B	Room C	Room D	Room E
Lopez Posteguilla (Spanish)	Giske	Morgan (Translated to Spanish)	Baldacchino	Kersey
			Wu	
			Garner	

### Concurrent sessions at 1400 - 1530 Room A - 3 papers

Debra Whisenant John Hill Cyndi Cortes	<a href="mailto:dwhisena@samford.edu">dwhisena@samford.edu</a> <a href="mailto:john@alabamapolicy.org">john@alabamapolicy.org</a> <a href="mailto:ccortes@samford.edu">ccortes@samford.edu</a>
(Debra) PhD, MSPH, MSN (John) PhD (Cyndi) D.Ph., MSN, MRE	826 Dogwood Trail, Warrior, AL 35180 USA 235 Odum Crest Lane, Hoover, AL 35226 Mountain Creek Trail, Hoover, AL 35226
The presentation will be in <input type="checkbox"/> Spanish <input checked="" type="checkbox"/> English	
Rural Jamaican Women's Self Perception of Health and Health Education Needs	
<p><b>Purpose:</b> To determine self-perception of health status and health education needs of rural Jamaican women living in Jack's River, Jamaica.</p> <p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>1) Describe the self-perception of health of Jamaican women attending a free blood pressure screening event.</li> <li>2) Discuss perceived health education needs of Jamaican women.</li> <li>3) Explore appropriate ways to apply findings to implement into practice or interventions in Jamaican communities/villages and potentially other similar communities.</li> </ol> <p><b>Literature Review:</b> Research supports that self-perception of health and health education needs affect Jamaican</p>	

women's plan to seek health care services and that increased health education may positively affect health outcomes (Bourne, Kerr-Campbell, McGrowder & Beckford, 2010; Bourne, 2009; Bourne & McGrowder, 2009).

**Methodology:**

A cross sectional design utilized a convenience sample of Jamaica women (n = 350) who attended a free blood pressure screening event held at a local Christian church. The questionnaire evaluated demographics, self-perception of health, and self-perception of health education needs to include nutrition, injury prevention, chronic disease prevention and infectious disease prevention.

**Recommendations for practice:**

In an effort to improve health outcomes future research should focus on behavior and disease specific health education needs of this population and similar populations.

Josephine Attard	<a href="mailto:Josephine.attard@um.edu.mt">Josephine.attard@um.edu.mt</a>
MSc(Health Science),PGCE, SN, SCM (PhDstudent)	52, Ta' Giorni Road, St Julians STJ 1611 Malta Europe
The presentation will be in <input type="checkbox"/> Spanish <input checked="" type="checkbox"/> English	
<b>Honoring Diversity in spiritual care: Framework of competencies in spiritual care for nurses and midwives: A Modified Delphi study.</b>	
<p><b>Introduction:</b> Spiritual and cultural competence are seen as integral to holistic care. The link between the two related fields of study spiritual and cultural care education and practice refers to a set of knowledge, skills, and attitudes of the nurse /midwife to meet the spiritual needs of clients including those clients of different cultural / ethnic backgrounds. The healing potentials of spiritual and cultural care are well documented (Benson &amp; Stark 1996, Koenig et al.2000). This proposes the need for the development of a framework of competencies in spiritual care in order to equip nursing and midwifery students in meeting the spiritual needs of clients irrespective of their cultural background.</p> <p>The research study adopting a mixed method approach is conducted under the supervision of the University of Glamorgan and University of Malta. The study aims to develop a set of competencies drafted from a systematic literature review and focus groups utilizing case scenario approach in order to identify what nurses/midwives need to know, be able to do, or think, in order to meet the spiritual needs of all clients. The identified competencies in spiritual care will undergo expert scrutiny through a Modified Delphi Method approach. This will be followed by a consultation process with nursing and midwifery organizations in Europe to ascertain views, agreement or non-agreement on identified competency items and identify factors that facilitate or hinder the integration of the framework in nursing and midwifery education and clinical practice.</p> <p>It is hoped that the outcomes of this study will prevent assumptions regarding spiritual care, guide education in respecting diversity and equip nurses and midwives with the necessary knowledge, skills and attitudes in spiritual and cultural care at point of registration.</p>	

Deborah Gibson	<a href="mailto:Deborah.gibson@twu.ca">Deborah.gibson@twu.ca</a>
Assistant Professor - TWU School of Nursing	7600 Glover Road Langley British Columbia, Canada
The presentation will be in <input type="checkbox"/> Spanish <input checked="" type="checkbox"/> English	
<b>Spiritual care and Postnatal Depression: Lifting the veil of darkness</b>	
<p>Postnatal depression (PND) is a significant clinical issue for all nurses who directly and indirectly care for postpartum women and their families. Currently, 15% of women experience the serious effects of postnatal depression resulting in ‘silent suffering’ and crippling outcomes among these women, their partners and infants. The lived experience and social stigma of PND emphasizes feelings of shame, guilt, sense of loss and discrimination; resulting in extreme vulnerability and significant barriers to accessing help due to the perceived notion of being identified as mentally ill (Bilszta, Ericksen, Buist &amp; Milgrom, 2012).</p> <p>A paradigm shift towards spiritual care and mutual presence in the community context supports women and their families in a compassionate manner. Christian nurses, through the inclusion of spiritual care in their professional practice, are uniquely positioned to acknowledge and value the complexity of human suffering and offer hope. This presentation views PND through a phenomenological lens and draws on an interdisciplinary global health framework in which life experiences inform purpose and meaning and a sense of connectedness to self and others altering silent suffering to one of illumination (Picard, Sabiston &amp; McNamara, 2011). Participants in this session will gain an understanding of the implications of the historical and current treatment of PND and gain an understanding of how a new framework highlighting spiritual care can influence the outcome for women living with PND.</p>	



## Concurrent sessions at 1400 – 1530 Room B – 3 papers

Deborah Carter Debra Coleman,	<a href="mailto: DLCarter@calbaptist.edu">DLCarter@calbaptist.edu</a>
MSN, EdD expected before November of 2012 RN, MSN-Ed	4031 Quiet Hills Ct. Norco, Ca. 92860
The presentation will be in <input type="checkbox"/> Spanish <input checked="" type="checkbox"/> English	
<b>Forming Partnerships Between Schools of Nursing in Developed and Undeveloped Countries</b>	
<p>A dissertation project was designed to compare the needs of individual communities as seen through the lenses of local fieldworkers, community leaders and healthcare professionals with those of healthcare professionals from the United States. Results revealed the need for pre-survey trips prior to taking nursing teams on short term missions. Additionally, this project has generated numerous requests from nationals throughout the world for nursing services and partnerships.</p> <p>This presentation will focus the following learning outcomes:</p> <ol style="list-style-type: none"> <li>1. Participants will be able to describe the benefits of conducting a community needs assessment prior to sending nursing teams on short term mission trips.</li> <li>2. Participants will be able to state a minimum of three types of nursing services that are being requested by Schools of Nursing located in various countries.</li> <li>3. Participants will be able to verbalize an increased understanding how nursing schools in developed countries can form partnerships with Nursing Schools in third world countries.</li> <li>4. Participants will be able to identify benefits and challenges of using technology to partner with Schools of Nursing in other countries.</li> </ol> <p>The presentation will conclude with thought-provoking ideas on how these research findings can be best implemented in a way that will bring glory to God.</p>	

Pamela H Cone	<a href="mailto: pcone@apu.edu">pcone@apu.edu</a>
PhD, RN, CNS Associate Professor, Nursing ; Fulbright Scholar	Azusa Pacific University, School of Nursing 901 E Alostia Ave, Azusa, CA 91702
The presentation will be in <input type="checkbox"/> Spanish <input checked="" type="checkbox"/> English	
<b>A Comparative Look at Faith Integration and Spiritual Care Content Threading</b>	
<p>Nursing literature on spiritual care education has many definitions, some of which equate it with faith integration. Nursing education should prepare students to provide spiritual care. A faith-based university also needs to integrate faith into curricula. A university-wide policy at Azusa Pacific University (APU) requires integration of faith with every course, and nursing has chosen to do this with the use of faith concepts that intersect with the content of each course. Spiritual Care is intentionally threaded throughout the bachelor of nursing curriculum using a theoretical framework.</p> <p>This presentation will describe how Faith Integration is defined and applied to nursing courses at APU. It will compare that practice with the threading of Spiritual Care content that has been done over several years with varying degrees of effectiveness. APU works to provide faculty members with support for continued improvement in Faith Integration. A Spiritual Care interest group at APU works to conduct research and provide evidence for improved spiritual care training in nursing. A better understanding of methods for more effective spiritual care education and faith integration can assist in improving student preparation for spiritual care giving and can facilitate student learning and influence clinical practice.</p>	

Yui Matsuda	<a href="mailto:ymatsuda@email.unc.edu">ymatsuda@email.unc.edu</a>
PhD, RN, MPH	Postdoctoral Fellow, T32 Grant Health Care Quality & Patient Outcomes School of Nursing University of North Carolina at Chapel Hill 4110 Carrington Hall, Campus Box 7460 Chapel Hill, NC 27599-7460
The presentation will be in <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> English	
<b>Factores de predicción de las variables poder en la relación sexual, comunicación y toma de decisiones en la relación sexual de las parejas latinas</b>	
<p>Los embarazos no planificados están aumentando entre los latinos en Estados Unidos. Estos embarazos tienen numerosas consecuencias negativas para los niños, las madres y las familias. El propósito de este estudio es examinar, desde la perspectiva de cada integrante de la pareja, el vínculo entre la planificación familiar y el poder, la comunicación y las decisiones en la relación sexual. Con un diseño transversal, fueron inscritas 40 parejas latinas cuya mujer estaba embarazada. Se compararon y contrastaron las características de las parejas y las respuestas de sus integrantes. La dedicación a la relación, la satisfacción con la relación y los valores culturales (machismo y marianismo) fueron los factores de predicción más importantes en la mayoría de las factores fundamentales del estudio. Idealmente, las conversaciones para tomar decisiones deberían comenzar antes de la iniciación de la actividad sexual y continuar a lo largo de la relación sexual activa de la pareja. La comunicación facilita el conocimiento mutuo de la voluntad y los pensamientos de los integrantes de la pareja y promueve una vida reproductiva y sexual sana.</p> <p>Aprendizaje:</p> <ol style="list-style-type: none"> <li>1. Maneras en que las enfermeras pueden promover el empoderamiento de la mujer y las decisiones conjuntas en la relación sexual a fin de formar relaciones sostenibles.</li> <li>2. Maneras en que la dedicación y la satisfacción favorecen las relaciones de las parejas latinas y maneras en que las enfermeras podrían intervenir al respecto.</li> </ol>	

**Concurrent sessions at 1400 – 1530 Room C – 1 Seminar – to be continued in the afternoon in same room**

Dr Huw Morgan	<a href="mailto:jhcmorgan@gmail.com">jhcmorgan@gmail.com</a>
MBCChb MRCPGP Cert Med Ed FHEA	40 Holywell Crescent Abergavenny NP7 5LH UK
The presentation will be in <input type="checkbox"/> Spanish <input checked="" type="checkbox"/> English – will be translated into Spanish	
<b>Teaching to change hearts in health care education</b>	
<p>This seminar will demonstrate the interactive teaching methods of PRIME Partnerships in International Medical Education, an international charitable Christian network of health-care teachers. It will equip and inspire participants to use these methods in their own educational practice to help their students and trainees to develop a compassionate, holistic approach to patients based on a Christian understanding of people as image-bearers of God. Topics that will be covered include: How do we learn? How did Jesus teach?, Using Problem based learning to include a spiritual perspective, Using role-play to develop compassion. It will be a highly interactive session focusing on experiential learning.</p> <p>Learning outcomes (participants will be able to):</p> <ul style="list-style-type: none"><li>Understand key principles of adult learning</li><li>Understand and use the teaching methods of Jesus</li><li>Plan problem based scenarios to include spiritual perspectives in their own discipline</li><li>Use role play to develop compassion in their students and trainees.</li></ul>	

**Concurrent sessions at 1400 – 1530 Room D – 1 Seminar**  
Leadership seminar – continue from Tuesday

**Concurrent sessions at 1400 – 1530 Room E – 1 Seminar**  
Spiritual care training – continue from Tuesday

## Concurrent sessions at 1530 – 1645 Room A – 1 Seminar

Rosa M <sup>a</sup> López Posteguillo	<a href="mailto:zeballoslopez@gmail.com">zeballoslopez@gmail.com</a>
Diplomada en Enfermería, Master en Ética de la Enfermería	c/ 7, nº 130 Parque de Monte Alcedo 46190 Riba Roja del Turia. Valencia. España
The presentation will be in <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> English	
<b>El Reconocimiento del Otro en Enfermería</b>	
<b>THE RECOGNITION OF THE OTHER IN THE NURSING CARE</b>	
<p>1.- Introduction:</p> <p>The nurses develop their work constantly contacting pain, fragility, uncertainty, the side effects of the disease and the social and economical impact on the family.</p> <p>The nursing care should cover all the necessities of the patient.</p> <p>The patient is always in the lower position in his relation with the nurse and it is the nurse's responsibility to put balance in order to respond in an ethical way to the needs of the patient. It is essential for a just and healthy relationship.</p>	
<p>2.- Key words:</p> <p>Recognition, mutual acceptance, otherness, dignity, responsibility, reification.</p>	
<p>3.- Definition:</p> <p>Paul Ricoeur says, "The fragility makes us responsible .....We are in charge of him."</p> <p>The first reference: Genesis 4,9</p>	
<p>4.- The Golden rule:</p> <p>Never do anything to the other which you would not want to be done to yourself.</p> <p>The rule is to respect and recognize the dignity of any human being which is related to avoid to do any harm.</p> <p>Jesus is going a step further: "All you wish the people should do to you, do it to the others".</p>	
<p>5.- Targets:</p> <p>To accept the others: patients and their families, colleagues, stewards and students.</p>	

## **EL RECONOCIMIENTO DEL OTRO EN LA ENFERMERÍA**

### **1.- Introducción:**

Las Enfermeras desarrollan su trabajo en contacto constante con el dolor, la fragilidad, la incertidumbre, los efectos colaterales de la enfermedad, las repercusiones familiares, económicas y sociales. Los Cuidados de Enfermería deben cubrir todas las necesidades del paciente.

El paciente siempre se encuentra en una posición de inferioridad en relación con la enfermera y es responsabilidad de la enfermera nivelar esta relación para responder de forma ética a sus necesidades.

El reconocimiento es imprescindible para unas relaciones interpersonales justas y saludables.

### **2.- Palabras Clave:**

Reconocimiento del otro, Reconocimiento recíproco, Alteridad, Dignidad, Responsabilidad y Cosificación.

### **3.- Definición:**

Paul Ricoeur afirma: “Lo frágil nos convierte en responsables..... Quedamos encargados de él”.

La 1ª referencia está en Génesis 4, 9

### **4.- La Regla de Oro.**

No hagas a los demás lo que no quisieras que te hicieran a ti. Es la regla del respeto y el reconocimiento de la dignidad intrínseca a cualquier ser humano y está relacionado con la no maleficencia.

Jesús va un paso más: “Así que todas las cosas que queráis que los hombres hagan con vosotros, haced vosotros con ellos”

### **5.- Objetivos.**

Reconocimiento de: pacientes, familiares, compañeros, administradores, y estudiantes.



## Concurrent sessions at 1530 – 1645 Room B – 1 Seminar

Tove Giske	<a href="mailto:Giske@start.no">Giske@start.no</a>
RN, PhD	Fageråsen 2 a, 5093 Bergen, Norway
The presentation will be in <input type="checkbox"/> Spanish <input checked="" type="checkbox"/> English	
<b>How to read and evaluate a research article</b>	
<p>To keep up to a good standard of nursing care, nurses can get help from reading nursing research. More and more nurses' carry out research and the amount of new knowledge are rapidly growing in all areas of nursing.</p> <p>Research articles can be challenging to read and understand in the beginning as they often are written in special way.</p> <p>This seminar will walk you through how most research articles are written. Two articles about spirituality in nursing will be used as examples. Some guidelines for how to read and evaluate such articles will be presented, and the participants will discuss together in groups of 2 – 3 people all along the presentation.</p> <p>'Learning outcome:</p> <ol style="list-style-type: none"><li>1. To have knowledge about differences between a Nursing Journal and a Nursing Research Journal</li><li>2. To have knowledge about how a research article is written</li><li>3. Be able to evaluate and discuss how findings from research can be used in practice</li><li>4. Be motivated to subscribe for free content alert for relevant Nursing Research Journals</li></ol>	

## NCFI 2012 Santiago, Chili – Chilean Evening



**Concurrent sessions at 1530 – 1645 Room C – Seminar continued from 14.00 – 15.30**

Dr Huw Morgan	<a href="mailto:jhcmorgan@gmail.com">jhcmorgan@gmail.com</a>
MChB MRCGP Cert Med Ed FHEA	40 Holywell Crescent Abergavenny NP7 5LH UK
The presentation will be in  _  Spanish  _ X  English – will be translated into Spanish	
<b>Teaching to change hearts in health care education</b>	
<p>This seminar will demonstrate the interactive teaching methods of PRIME Partnerships in International Medical Education, an international charitable Christian network of health-care teachers. It will equip and inspire participants to use these methods in their own educational practice to help their students and trainees to develop a compassionate, holistic approach to patients based on a Christian understanding of people as image-bearers of God. Topics that will be covered include: How do we learn? How did Jesus teach?, Using Problem based learning to include a spiritual perspective, Using role-play to develop compassion. It will be a highly interactive session focusing on experiential learning.</p> <p>Learning outcomes (participants will be able to): Understand key principles of adult learning Understand and use the teaching methods of Jesus Plan problem based scenarios to include spiritual perspectives in their own discipline Use role play to develop compassion in their students and trainees.</p>	

**NCFI 2012 Santiago, Chili –  
Barb White, NCFI President, Patricia Benner,  
Tove Giske, NCFI Vice President**



### Concurrent sessions at 1530 – 1645 Room D – 3 papers

Dr Donia Baldacchino	<a href="mailto:donia.baldacchino@um.edu.mt">donia.baldacchino@um.edu.mt</a>
Professional qualifications PhD, MSc, BSc, Cert.Ed., SRN	16, St John's Street, Siggiewi, Malta SGW1453
The presentation will be in <input type="checkbox"/> Spanish <input checked="" type="checkbox"/> English	
<b>Holistic needs of migrants: Identifying the image of Christ in delivery of care</b>	
<p>The exodus of individuals from their country of origin, in an attempt to live peacefully, is due to various reasons such as political torture, poverty and civil war. Following a tough and traumatic journey, individuals find themselves begging for a refugee status in another country while experiencing a multitude of negative effects on their health. The findings of the European exploratory research, conducted by the Jesuit Refugee Service (2010) on migrants in Belgium, Germany, Ireland, Italy, Malta and Portugal reveal the various health problems. Consequently, while awaiting their refugee status, these individuals may need medical care and short or long term hospitalization. Therefore, an additional demand emerges on nursing and health care professionals. The findings of an exploratory study by Grech (2010) on the positive and negative experiences of asylum seekers, regarding the Maltese health care services, indicate the need to address their needs holistically by the nurses and health care professionals.</p> <p><b>Outcomes:</b> While abiding by the International Council of Nursing Code of Ethics, whereby the human rights, values, customs and spiritual beliefs of the individuals are respected, this paper will increase the awareness of the nurses and health care professionals about the importance of identifying the image of Christ in each individual migrant in order to meet their holistic needs and help them live with dignity.</p>	

Li-Fen Wu	<a href="mailto:lily0927@gmail.com">lily0927@gmail.com</a>
RN, PhD, Associate Professor	No.1, Ta-Yu East Street, Taichung 407, Taiwan
The presentation will be in <input type="checkbox"/> Spanish <input checked="" type="checkbox"/> English	
<b>Nursing Student Perceptions of Spirituality and Spiritual Care</b>	
<p>Spirituality is a necessary component of life; Spiritual care includes the activities necessary to meet the spiritual needs of clients. This study explored student nurse perceptions of spirituality and spiritual care and related factors. We used a cross-sectional descriptive design and purposive sampling; Participants were senior nursing students of both genders from 22 schools; The Chinese version of a spirituality and spiritual scale was the research tool; A total of 239 participants returned the questionnaires, giving a response rate of 91.92%.</p> <p>Average participant age in this study was 19.48 years; 45.61% reported no religion; 65.59% did not participate in religious activities; 94.56% reported having an interest in nursing; 46.44% had taken spirituality courses in school; 53.56% had taken spiritual care courses. Participants' overall perception of spirituality and spiritual care was "clear". Participants who had taken spirituality or spiritual care courses, had an interest in nursing and were willing to become nurses had, on average, significantly better spirituality knowledge and spiritual care attitudes than other participants.</p> <p>This study found that education, experience, and career interest in nursing affects nursing student perceptions of spirituality and spiritual care. We also found that this effect was independent of gender. Nursing students should be holistic care providers, and must receive appropriate training to develop their abilities to provide spiritual care. Integrating spirituality and</p>	

spiritual care into the standard nursing curriculum is recommended to improve nursing care quality.

Shelby Garner	<a href="mailto:Shelby_garner@baylor.edu">Shelby_garner@baylor.edu</a>
PhD(c), RN, CNE	PO Box 62 Gunter, Texas 75058
The presentation will be in <input type="checkbox"/> Spanish <input checked="" type="checkbox"/> English	
<b>Picture This! The use of Photo voice as a Change Agent to Improve Social Disparities</b>	
<p>The prevalence of photography sharing through social media is an example of the growing phenomenon of personal expression through digital images. Photo voice is a method that uses pictures or videos to illustrate the needs of a given population, typically one that has been suppressed or marginalized. Originated by Wang and Burris (1994) as a community based participatory research methodology, Photo voice has been utilized to “give voice” to individuals experiencing disparities within a community and can be used as an impetus for change. The acronym VOICE in Photo voice stands for “voicing our individual and collective experience” (University of Massachusetts, 2011, para 3). A literature review will be presented on how Photo voice can be used as a change agent to reduce social disparities. The use of Photo voice as a teaching tool with undergraduate nursing students to highlight student perceptions of disparities of a given population will also be explored. The illustration of the support system of spirituality will be highlighted throughout the presentation.</p> <p>Objectives:</p> <ol style="list-style-type: none"> <li>1. Discuss the use of Photo voice as a community based participatory methodology to illustrate and reduce social disparities.</li> <li>2. Identify methods for using Photo voice as a teaching tool to illuminate social injustice and facilitate change in undergraduate nursing students.</li> <li>3. Visualize the support system of spirituality that can be used in a variety of patient populations.</li> </ol> <p>References</p> <p>University of Massachusetts (2011). Photo voice. Retrieved from <a href="http://people.umass.edu/afeldman/Photovoice.htm">http://people.umass.edu/afeldman/Photovoice.htm</a></p> <p>Wang, C., &amp; Burris, M. A. (1994). Empowerment through Photo Novella: Portraits of Participation. <i>Health Education &amp; Behavior</i>, 21(2), 171-186. doi: 10.1177/109019819402100204</p>	



## Concurrent sessions at 1530 – 1645 Room E – 1 Seminar

Marabel Jane Kersey	<a href="mailto:marabelk@aol.com">marabelk@aol.com</a>
RN; MSN; Parish Nurse	33648 Overton Circle Adel, Iowa, 5003, USA
The presentation will be in  __  Spanish  _x_  English	
<b>NURSES NEW LOCAL AND INTERNATIONAL OPPORTUNITY</b>	
<p>The newest nursing specialty in the United States and International is “Parish” or “Faith Community Nursing”. When the nurse partners with a church staff, the congregation can experience both physical and spiritual healing. This interdisciplinary team serves together to demonstrate the Body of Christ. Since the focus is on being a partner in care, it is not only taking care of the sick, but also recognizing spiritual needs.</p> <p>Several preparation courses have been written to prepare the nurse to serve in this new specialty. Even though the Christian nurse loves persons of all faiths, a preparation course based on a Christian Worldview is encouraged in the Christian church to prepare to meet spiritual needs in a Biblical way.</p> <p>Parish or Faith Community nursing can be a worldwide challenge for the professional nurse to help improve health by preventing illness, maintaining health and meeting spiritual needs. Learning outcomes:</p> <p>The participant will become aware of:</p> <ol style="list-style-type: none"><li>1. The evolving international movement of the Parish, Faith Community Nurse Ministry.</li><li>2. The challenge and strength of the professional nurse serving on a church staff team.</li><li>3. The opportunity to improve physical and spiritual health in the church community.</li><li>4. Educational preparation courses to serve as a Parish, Faith Community Nurse.</li></ol>	

## Craft Stall

You are welcome to visit our craft stall at 1730 – 1800. This provides you with an opportunity to buy crafts from all over the world. Crafts are provided by conference participants. The income will go towards the work of NCFI and for scholarship funds.

## Regional Forum

Come at 1900 – 2100 to meet with other nurses from your region and get informed about how NCFI works in your region. You are welcome to discuss future strategies for NCFI-work in your region.



## Thursday November 8th 2012

### Bible study Day 3 - NCFI Focus & Day Outing

#### Prayer: Psalm 111

Cornelius and Peter responded to God's message through prayer and obedience. Next we see Cornelius and Peter partnering together (Acts 10:1-24). As we reflect on this emerging partnership let's take time to pause and reflect on a specific "need in nursing" you may have. The need may be individually for your facility or school, nationally within your area or country, or internationally across nations or groups. Begin by writing out a specific need for nursing here.

If you are with a group, share your individual needs.

Devote this time in praying for your specified need. Reflect on the following verses to guide you in praying for your need. Feel free to find other passages that pertain to your specific need.

James 3:17: wisdom from above, pure, gently, accommodating, merciful, bearing good fruit, without partiality, without hypocrisy.

Psalm 127:1-2: the Lord builds a house, vain to rise up early and retire late if the Lord is not behind our work.

Close your time by asking the Lord to send his workers for the harvest (Luke 10:2)

## Concurrent Workshops Presenting Key Activities in NCFI

### **At 0845 – 1100**

You are welcome to choose one NCFI workshop of NCFI key activities that is within your area of interest and expertise. The workshops will provide opportunities to exchange knowledge, experience and ideas with the international participants.

NCFI hope these workshops will provide us with an opportunity to start to build up a databank of resource people in different areas that we can work with nationally, regionally and internationally in the future.

### **ABSTRACTS Concurrent workshops presenting key activities of NCFI:**

#### **A. Leadership development. Introduction to NCFI leadership training.**

Barbara White, Professor and Dean, Nursing and Sciences, Colorado Christian University. Lakewood, Colorado USA, President NCFI

The workshop on Leadership will introduce nurse leaders to the work of NCFI worldwide. A short presentation on NCFI ministry opportunities will be followed by discussion and brainstorming on how individuals and their home country can collaborate and become more involved in the work of the organization. Participants will have an opportunity to share expertise, analyze ministry gifts and become acquainted with other nurse leaders who share their passion for nursing. Networking will form the basis of future collaboration and involvement in the work of NCFI.

#### **B. NCFI Institute – a way of supporting educational and research needs for Christian nursing, through global collaboration.**

Linda Rieg, Professor Indiana Wesleyan University, Marion, Indiana, USA

The focus of this workshop is to provide an update on The International Institute of Christian Nursing (IICN) and discuss plans for future scholarship opportunities for Christian nurses worldwide. Through this NCFI institute we desire to unite Christian nurse leaders worldwide through scholarly professional development and to advance a Christian worldview through nursing practice, education, and research. In this workshop you will hear a brief history of the work completed to establish the IICN. Ideas for developing quality programs for professional development, facilitating international partnerships, and methods for sharing scholarly resources will be discussed.

### **C. NCFI Institute, exemplified with Spiritual care module, train the trainers program**

Amy Rex Smith, Associate Professor, College of Nursing and Health Sciences,  
University of Massachusetts Boston, Boston, MA U.S.A., Board Member, NCFI

This session will include a short presentation and a round table discussion. The focus is on the newly developed NCFI Spiritual Care Curriculum, one of the first modules developed for the NCFI Institute. It is expected that participants in this workshop are interested in working more closely with NCFI in spiritual care teaching. First, an overview of the goals and objectives of the project will be presented along with a description of the development process. A short general orientation to the content will be provided, including samples from the four PowerPoint sessions: Session One: Spiritual Care Overview: Content and Mandate; Session Two: Spiritual Care Assessment; Session Three: Spiritual Interventions & Care; Session Four: Challenges in Spiritual Care Giving) and the 55 page teaching manual that accompanies the curriculum.

The content was developed to provide practicing nurses with state of the science knowledge in the speciality of spiritual care so that Christian nurses will be able to identify and address spiritual care needs in a variety of settings for any patient coming from any various religious/spiritual belief and backgrounds, or even no faith tradition at all. To that end, the curriculum was designed to be:

- Christian in orientation
- Global in scope
- Based on the best available scientific evidence
- Focused on practical application
- Flexible in its pedagogy
- Student centered
- Culturally sensitive.

We will then move into a discussion of how this content may (or may not) meet the educational needs in your regions and brainstorm together the best ways to move this content forward.

#### **D. Service and caring through NCFI. How to develop Regional programs to meet the needs of the/a region.**

Goh Swee Eng, Senior Executive (Nursing) TOUCH Home Care, Singapore, Board Member, NCFI

The session will use the Community Health Training Project in Kalimantan, Indonesia as a study model in NCF partnership with other agencies. The project took place in different phases between 2002 - 2010. During the session, participants will help to identify the key factors and the processes in the partnership.

The presenter will examine the Biblical basis for partnership ministry as exemplified by the apostle Paul and his team members. The project involved five partners, with each one contributing at different stages and in different ways. NCFI key strategies were accomplished, one being in the area of expansion and outreach work with the formation of Indonesia NCF. The project was also an opportunity for service and caring from the PACEA region members. Opportunities to teach and share were given by the Indonesian nurses for every trip made. At a later phase of the project, Indonesia NCF members joined the team enriching the cultural, language diversity and skill mix of the team.

The project was a testimony to the unity in diversity in the Body of Christ teaching. The presenter will conclude with the challenges the nurses faced in partnership ministry.

#### **E. Research through NCFI, exemplified through networking on spiritual care research**

Tove Giske, Associate Professor Haraldsplass Deaconess University College and Haraldsplass Deaconess Hospital, Bergen, Norway, Vice-president NCFI

The focus in this workshop is to see how the initiative to a European student conference on spiritual care in Glasgow, Scotland in 2004 has developed into a European Spirituality Research Network for Nursing and Midwifery, established in 2009. This research group has planned and are in the process of carrying out a multi-national, longitudinal study about nursing students and midwives attitudes regarding spirituality and spiritual care. Some of the results from the pilot study will be presented.

Participants are invited to discuss how NCFI can continue to build network and collaborate in research around the world.

## **F. NCFI-newsletters and magazines. How to develop national and regional publications**

Steve Fouch, Chair of NCFI European Committee and Secretary to Christian Nurses & Midwives in England and Wales & Loice Chipere, General Secretary, Zambia NCF

A newsletter and magazine is the voice of any organization. It is a way of keeping people interested and informed about the organization's work as well as an important tool of communication with members and stakeholders.

For effectiveness a Newsletter/magazine must be well planned with clear aims, target and be interesting with relevant information wrapped up in a creative design.

This workshop seeks to help participants understand what is involved in Newsletter/magazine production, sharpen planning skills and explore and share related creative ideas.

NB Participants will be required to do group work in putting together a Newsletter and/or magazine to aid learning.

## **G. How to start a NCF group - English**

Jane Hall, MS, RN, National Director, Nurses Christian Fellowship/USA, Robert Campbell, MN, RN, NCF/USA Regional Staff

When nurses and students meet together and invite God into their discussions about nursing they experience Jesus' gift of Christian community. Not only do they experience fellowship with each other, but as we are told in Matthew 18:20, Jesus is with them, too, "For where two or three are gathered in my name, I am there among them." Christ's presence encourages nurses and students to grow in love for God, His Word, His purposes in the World, and His people of every ethnicity and culture. God also awakens and renews a purpose for their being in nursing- representing Jesus among patients and families, colleagues, and the profession. NCF groups link nurses locally, regionally, and internationally to communicate the Good News of Jesus and Christ-centered nursing, to make a difference in nursing and to bring honor to God. Come and discuss how to begin NCF ministry to nurses and students in your area. We will share ways to discern God's leading and practical steps to bring nurses and students together.



## H. How to start a NCF group – Spanish. Round table discussion - the different challenges and experiences in South American countries

Chaired by Alicia Yañez Molina, Midwife, public Hospital, Temuco, Chile, theological studies at Catholic University of Temuco, facilitator of logo therapy & existential analysis, Lay Preacher. Board Member, NCFI

### Excursion and Latin American evening

Detailed information will be given at the conference

## NCFI 2012 Santiago, Chili – Latin Delegation



**Friday November 9th 2012**

## **PARTNERS CHANGING THE WORLD**

### **Bible study Day 4: Partners in Changing the World**

**By Carrie Dameron**

#### **Prayer: Psalm 111**

We return to our reflection of partnerships with Cornelius and Peter. Both men have received distinct messages from the Lord. Two days later Peter finds Cornelius and a “crowd” assembled together waiting for his message. (Acts 10:1-24)

Read Acts 10:25-35

What were the social, cultural, ethnic and religious barriers that were part of Peter and Cornelius meeting? (Acts 10:28)

21<sup>st</sup> century life is still filled with social, cultural, ethnic, religious, and economical barriers between people. A common barrier for Christians can be people of other religion (Muslim), ethnic (racism), social (caste system/educational). Write down the challenges you face for each of the following:

Social

Cultural

Ethnic

Religious

Economical

The once exclusive gospel for the Israelite became inclusive for all and spread throughout the world (Acts 11:1). How do you think Peter, God’s personal messenger of salvation to the discriminated Gentiles, was transformed by the experience?

In our professional practice we are expected to cross social, cultural and religious barriers, yet we hesitate within our “Christian” or “personal” circles to collaborate with various religions, cultures and social groups. As you reflect on your specific need for nursing you shared yesterday, review your “sphere of influence” and think of ways to reach outside of your cultural/religious circle to elicit assistance.

End this time with a 2-fold prayer:

1) The Holy Spirit to remove social, religious, ethnic and economical prejudices from your personal/local/national area of nursing. 2) Commit individually to break through these prejudices with God’s love (Acts 10: 34; 11:17-18; Galatians 3:28)

## Bible exposition 3: Raquel Contreras



Lawyer by profession—Pastor by Vocation.

Past President of Chilean Baptist Union and former Vice President of the Baptist World Alliance. Current President of the Baptist World Women and editorial director for Hispanic World Publishers

### Partners with God to Change the world

".. .but ye shall receive power, after that the Holy Ghost is come upon you: and ye shall be witnesses unto me both in Jerusalem, in all Judea, in Samaria, and unto the uttermost part of the Earth". Acts 1: 8 KJV

God has called each and every one of us with our individual skills and with our own realities and circumstances to be witnesses of his power in the midst of a world that is constantly changing. The changes that the world faces are changes that are taking it to self-destruction. The values, laws, even climate are changing by the careless way in which mankind lives and grows. All of this has led to a rapid deterioration of the world in which we live and in which we live with others.

However, Jesus Christ left us the authority to be witness so that the world may change by the power of the Holy Spirit. In a changing world of evil, we are called to change the world for good and this can only be accomplished by taking people to know God.

We as witnesses must embark on practical and visible solutions that show the power of God in every corner of the world. We must extend God's love to those who surround us, we must act with kindness especially towards those who surround us, and we must be willing to change for peace in the midst of a society that does not live in peace, we must take pleasure and joy with the presence that God has given us, and at the same time to permeate the environment in which we live in with the happiness and the joy that comes from God.

In reality, in order to change the world so we may all participate in God's plan for humanity, we will need to do this one day at a time, with small acts of love and kindness most of all showing his grace to all.

It is very sad to remember that Mahatma Gandhi once said: "I like your Christ; I do not like your Christians. Your Christians are so unlike your Christ". Our testimony is the power of God in our lives it must be so real that no one must say that he does not believe in Christ by the way we practice our faith.

Let's join together to change the world with God's love.

## Professional plenary 3 - Barbara Parfitt



CBE, PhD, MSc, MCommH, ALBC, RGN, RM, FNP  
Secretary General of the WHO Collaborating Centres  
Global network for Nursing and Midwifery development  
2004-2007. Director of the WHO Collaborating Centre  
for Nursing research, education and practice at  
Glasgow Caledonian University 1995-2004.  
Professor Parfitt is now Principal, Grameen Caledonian  
College of Nursing, Dhaka, Bangladesh. Director Global  
Health Development, Glasgow Caledonian University.

*Key words: partnership, relevance, community  
engagement, ownership, ethical action*

What I would like to explore with you today are the principals of partnership and how we can use our partnership relationships to change the world of nursing.

First however I plan briefly to look at the current situation of nursing globally and then to identify the principles of partnership in the broader sense using the three areas identified by WHO as key for nursing development. These are relevance; that is developing programmes and activities that are guided by health needs and by strategic directions, ownership; using a flexible approach for our activities so that those we work with and on behalf of can be actively involved in what we do. This is commonly referred to as community engagement and thirdly ethical action, giving care and providing our services based on equity and fairness and respect for gender and human rights. We will then draw out some key principles for how we as an organisation and as individual Christians can make our contribution through partnership towards changing the world.

### Discussion questions for country groups

1. Each member of the group to share a personal example of partnership work they have been or are currently engaged in.
2. Using the examples that the group have identified ask what the strengths of those partnerships are and what are the weaknesses.
3. Each member to consider what partnership activities they can realistically engage in to support their local Nurse's Christian fellowship and NCFI in taking forward its mission.



## CONCURRENT SESSIONS FRIDAY

Friday: Partners with God				
1400 - 1530				
Room A	Room B	Room C	Room D	Room E
Abdalla	Caisley	Kloster	Leader	Spiritual care training track
Angking	Yoshioka	TENT Spanish	Ship track	
3 Speed: Kvamme Tashiro Chen & Huang	Ibe			
1530 - 1645				
Room A	Room B	Room C	Room D	Room E
Suzuki & Nishizawa	Marshall	Mbok	Kemp PRIME	Fouch

### Concurrent sessions at 1400 - 1530 Room A - 2 paper + 3 speed consulting

Marianne Fresjarå Abdalla	<a href="mailto:mariannefabdalla@gmail.com">mariannefabdalla@gmail.com</a>
Mental health nurse, master degree 2010	SIV, SVDPS, Kr. Fredriksvei 10, Larvik, Norway
The presentation will be in  __  Spanish  _x_  English	
<b>From the shelters' protection till involvement and validation. <i>Patients' experience of milieu therapy at a regional psychiatric center.</i></b>	
<p><b>Background and purpose</b> People who receive assistance at the regional psychiatric centers (RPC) live their lives mainly outside the institution and not within, as before. The research project "When the framework is dissolved" 2009/2011, is a milieu therapy project that includes staff, families, community partners and patients at a RPC in Norway organized by Vestfold University Collage and Vestfold Hospital. My study is part of the main project. The purpose is to promote users' recovery process through increased understanding. The question is: <i>What experiences, patients with prolonged and severe mental disorder of milieu therapy at a regional psychiatric center?</i></p> <p><b>Method</b> This is a qualitative study. The data have emerged on the basis of eight semi-structured interviews.</p> <p><b>Results</b> The study findings show that milieu therapy experienced in various ways, from the mental condition. This condition is divided into three themes called "inner turmoil", "lack of initiative and</p>	

loneliness" and "growing trust and confidence in own health." Various milieu therapeutic approaches are categorized under the themes "health promoting therapy" and "anti-health promoting therapy."

The respondents seek more knowledge, they seek conversations concerning existential and spiritual issues and better contact with more engaged caring people. The respondents are seeking a place where rules do not control, but contact.

Maria Do-rhen Angking	<a href="mailto:do-rhen.angking@scu.edu.au">do-rhen.angking@scu.edu.au</a>
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The presentation will be in <input type="checkbox"/> Spanish <input checked="" type="checkbox"/> English	
<b>INTIMACY WITH CHRIST - OUR KEY TO CONNECTING WITH OTHERS</b>	
<p>The objective of this presentation is to briefly explore what it means for Christian nurses to be in partnership with God. The word 'partner' as a verb denotes a notion that suggests the ability to form and develop a <b>connection</b> with others including God, those that are at the receiving end of our care as well as those that makes up the body of Christ in this world. The notion of connecting with other(s) implies a relationship that is more than just simply 'getting along fine' but requires one to bond with others at a spiritual level.</p> <p>This presentation begins by informing attendees of some of the emerging theories expressed by various disciplines surrounding the notion of 'connecting with others' followed by a synopsis that explores this notion in light of the Christian worldview. For Christians, connecting with others begins with connecting with the Spirit of God and rest on one's intimate relationship with Jesus Christ. This presentation raises the importance and value that intimacy with Christ brings and how it leads to the cultivation of one's spirituality that which enables the formation and development of a meaningful connection with others.</p>	

Marie Kvamme Mæland	<a href="mailto:Marie.Kvamme@betanien.no">Marie.Kvamme@betanien.no</a>
RN and senior lecturer at a Postgraduate study in Cancer Nursing	Betanien Diaconal University College Vestlundveien 19, 5145 – Fyllingsdalen, Norway
The presentation will be in <input type="checkbox"/> Spanish <input checked="" type="checkbox"/> English	
<b>The significance of the loss of a mother: Women's experiences living in families with risk of hereditary breast ovarian cancer.</b>	
<p><b>Aim</b> The aim of this presentation is to describe an important result from a study I conducted on how women experience life after having undergone prophylactic removal of the ovaries.</p> <p><b>Method</b> The research was founded on a qualitative method. Data were collected by semi structured individual interviews. A purposeful sample of 14 women was recruited from West Norway with a possible risk of developing breast ovarian cancer. Data collection took place at least one year after prophylactic removal of the ovaries.</p>	



**Learning outcomes**

The significance of the loss of a mother at an early age in connection with experience of grief was revealed in the interviewed women`s stories. Statements from women in the study demonstrated how much a mother means to be able to feel that one can live a complete life. When a mother died of cancer whilst her daughter was a child or a young woman, the loss resulted in an urgent need to seek genetic counselling and undergo surgery to prevent cancer and to prevent that her own children should experience a similar history. In this way a mother may represent meaning in these women`s life that may be underemphasized.

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Associate professor, Global Community Health Nursing	2-19-5 Shukunoshou, Ibaraki, Osaka, JAPAN
The presentation will be in <input type="checkbox"/> Spanish <input checked="" type="checkbox"/> English	
<b>An Attempt of Teaching Spiritual Care at a Secular BSN Course in Japan</b>	
<p><b>Background:</b> This presentation introduces a challenge of teaching Biblical based spiritual care for secular nursing students at the BSN level in Japan and evaluates its teaching strategies.</p> <p><b>Methods:</b> An elective course was designed for sophomore students, consisting of 8 sessions of ninety-minute each. The course`s contents included 1) Biblical view of human, God and spirituality, 2) Spiritual assessment of own and others and 3) Examples of delivering spiritual care. Reflection and sharing were the main strategies used in the course along with introducing related literatures and visual aids.</p> <p><b>Results:</b> Sixteen students registered to the course, and three of them completed it. Major reasons of dropping out were feeling burdensome of the course`s participatory styles. In the course evaluation, the remained students marked this course as “highly satisfied,” stating that it enabled them to assess their own spirituality and deepened their understanding of human from a biblical perspective. Only one student, however, showed the particular interests in Biblical based spiritual care.</p> <p><b>Conclusions:</b> For many Japanese students, participatory styles might be threatening as they are used to the traditional one-way lecture style. Biblical based teaching might also be intimidating for them. As for secular nursing students in Japan, developing effective strategies to teach Biblical based spiritual care is required, concerning non-threatening learning styles and being sensitive for students` religious backgrounds.</p>	

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<sup>1</sup> RN, MSN, Head Nurse, Department of Nursing, Taitung Christian Hospital <sup>2</sup> RN, MSN, School of Nursing, Instructor, MeiHo Institute of Technology, and Vice Director, Department of Nursing, Pingtung Hospital	<sup>1</sup> No. 350 Ki-Phon Road, Taitung City, Taitung Country 95048, Taiwan, R.O.C. <sup>2</sup> No.270, Zihyou Road, Pingtung City, Pingtung Country, Taiwan, R.O.C.
The presentation will be in <input type="checkbox"/> Spanish <input checked="" type="checkbox"/> English	
<b>Coping of Patients with Chronic Kidney Disease: The Preliminary Study for the Implication of Case Management Model</b>	
<p>The aim of this study was to explore what physical, psychological, social and spiritual difficulties patients with chronic kidney disease(CKD) meet with, and whether or not these patients could become capable of taking care of themselves and dealing with their own problems through case management intervention, thus assisting them to cope with the impact of the disease. Data were analyzed by the content analysis method. The results were grouped into four main categories:(1) acceptance of physical degradation, (2)coping with bio- psychological changes,(3) keeping contact with society, (4)re-building spiritual vitality. The application of the case management model was used in caring for CKD patients with participation by various levels of medical-care professionals. The study is for the benefit of patients facing CKD, giving them positive impetus to cope. The result of this study can serve as a reference for health care providers for establishing individualized, continuous, timely and appropriate measures in the care of CKD patients. To sum up, the case management model is able to decrease the degree of loss of CKD patients and help them use appropriate coping methods. Learning outcome is to identify case manager as an expanding role of nursing professional, and concern with prevention medicine.</p>	

## Concurrent sessions at 1400 – 1530 Room B

Jo Caisley	<a href="mailto:jocaisley@googlemail.com">jocaisley@googlemail.com</a>
BD (Hons), BSC, MTh, RN	19 Norfolk Court, 25 Dirleton Drive GLASGOW, G41 3BG, Scotland
The presentation will be in <input type="checkbox"/> Spanish <input checked="" type="checkbox"/> English	
<b>Partners with God: Wise and responsible stewardship in healthcare</b>	
<p>Conservative evangelical discussions concerning contemporary moral and ethical issues particularly those pertaining to the beginning and end of human life often demonstrate an unsatisfactory hermeneutic. These discussions frequently use the Bible as a source of proof-texts and such utilization of out-of-context texts runs the risk of portraying these deeply complex and personal issues in an over-simplistic manner. This paper will propose an alternative way in which Christian nurses may use the Bible to guide and inform their thinking about the moral and ethical issues which they face in both their personal and professional lives, namely by exploring the concept of stewardship. This is an overarching theme which runs throughout the meta-narrative of Scripture and I will explore how Christian nurses may exercise stewardship in a wise and responsible manner as envisioned in Scripture with special emphasis on Paul's teaching in Colossians. This proposed method of the use of Scripture will uphold the NCFI doctrinal basis which affirms "the Divine inspiration and supreme authority of the Holy Scriptures in all matters of faith and conduct."</p> <p>Learning outcomes;</p> <ul style="list-style-type: none"> <li>• Gain insight into how the teaching of the Bible may be applied to contemporary moral and ethical issues.</li> <li>• Define Biblical stewardship.</li> <li>• Examine Paul's specific understanding of stewardship</li> <li>• Witness how a specific model of interpretation is used in the application of Biblical teaching to a specific contemporary moral and ethical issue.</li> </ul>	

YOSHIOKA, YOKO	<a href="mailto:yoko.yoshioka@sim.org">yoko.yoshioka@sim.org</a>
BSN RN	6-19 Sea Corporus 2-9 Ekimae Yasuoka Shimonoseki Yamaguchi JAPAN 759-6612
The presentation will be in <input type="checkbox"/> Spanish <input checked="" type="checkbox"/> English	
<b>How to be salt at a non-Christian hospice hospital in Japan</b>	
<p>INTRODUCTION:</p> <p>How did it happen that I would be doing spiritual care at a hospice? I was called to minister by God and asked by the director of the hospital when I came back to Japan after working as a medical missionary in Niger, West Africa for 20 years.</p> <p>To whom do I minister? Terminal cancer patients, their family members, the staff I work with, students nurses, nurses preparing to be equipped to work at hospice in the future.</p> <p>How is it being done?</p> <ol style="list-style-type: none"> <li>1) Sharing what the Bible teaches.</li> <li>2) Listening to them, being with them, praying with them and for them, sharing the Word of</li> </ol>	

God.

Results:

- 1) The director of the hospital and the nursing department appreciate the way I minister.
- 2) Amazingly they prefer ministry by Christians who have something different; love towards the sick, weak and lonely.

Learning outcome:

Less than 1 % of the Japanese population is Christian. It can be that we can't share the Good News freely, yet we can share God's love as the Holy Spirit fills and leads us. We need to be sensitive and wise enough at the same time bold enough as the Lord opens doors to share His love and the Good News.

Thomas Ibe National President, Fellowship of Christian Nurses (FCN), Nigeria	<a href="mailto:ibethom@yahoo.com">ibethom@yahoo.com</a>
RN, RPN, PN, M.Sc. (Medical Sociology).	Head, Social Work Services Federal Psychiatric Hospital, Calabar. Southern Nigeria.

The presentation will be in  Spanish  English

**EXPANSION OF NURSES CHRISTIAN FELLOWSHIP IN AFRICA, POSSIBILITIES AND CHALLENGES:  
EXPERIENCE OF FELLOWSHIP OF CHRISTIAN NURSES (FCN) NIGERIA**

**Aim of Paper:** To share the experience of FCN Nigeria with other NCFI members with a view of encouraging them to be involved in the expansion of NCFI vision within their regions.

**Learning outcomes:** At the end of presentation, participants will; 1. Appreciate the call of God upon their lives as missionaries positioned in the health institutions. 2. Have a burden created in their hearts to be involved in soul winning and the expansion of NCFI. 3. See the need to establish and maintain contacts with other nurses, especially Christians in areas where NCFI does not exist. 4. Identify factors that may have affected the growth and easy spread of NCF. 5. Devise a strategy that will aid the establishment of NCF groups in more health facilities in their regions.

**Abstract:** Christian Nurses' activities in Nigeria started in 1960 at Vom Christian Hospital, Plateau State, Central Nigeria. From whence, it has spread to 30 out of the 36 States of the country including Abuja, the Federal Capital Territory. The fellowship is known as Fellowship of Christian Nurses (FCN) in Nigeria and got affiliated with NCFI in July, 1972. At the continental level, the fellowship existed in 3 out of the then 53 nations of Africa, namely, Ghana, Nigeria and Zambia. This provoked a burden in the heart of FCN, Nigeria in 2003 to prayerfully ignite an expansion of this commission to other sister countries in Africa. This resulted in the birth of NCFI in Benin, Cameroon, Liberia and Niger Republics. This paper attempts to share the burdens, outline the various efforts and the challenges faced by Fellowship of Christian Nurses Nigeria which eventually brought about the establishment of NCFI in these African countries. It is our hope that this shared experience will ignite the passion and burden in the lives of other brethren across NCFI countries to expand their boundaries in sharing the vision and mission of the Fellowship.

### **Concurrent sessions at 1400 – 1530 Room C – 1 Seminar – Spanish**

Berit Helgoy Kloster	<a href="mailto:ekloster@online.no">ekloster@online.no</a>
Leader del Movimiento de Tentmakers. Lausanna International	Stavanger, Noruega.
The presentation will be in <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> English	
<b>Tu profesión es tu ministerio</b>	
<b>La visión de Hacedores de Tiendas</b> La tarea más respetuosa e importante jamás dado a los que le adoraron, fue el llamado que Jesús nos dejó antes de su ascensión: Vaya y haga a discípulos de todas las naciones.  Hoy vemos el impacto de esta llamada. Cristiandad es una fe global y en cada nación. Sin embargo, un número significativo de personas todavía nunca ha oído el Evangelio. Hoy 27% sigue no-alcanzados, y la mayoría de los grupos no-alcanzados de personas viven en naciones inaccesibles a misioneros tradicionales. Menos de 3% de misioneros Cristiano's es enviado a estas naciones. El apóstol Pablo fue un Hacedor de tiendas de profesión. Consciente de ser un modelo él utilizó su profesión para apoyar su propio ministerio y una plataforma natural para alcanzar a sus colegas con el Evangelio.  Este estilo de vida es una posibilidad extraordinaria que permite a cada Cristiano, en cualquier profesión, irse a cualquier país, sin ningún frontera. Integrando su trabajo y el ministerio, viviendo su vida como un testimonio diario al Dios, le puede tomar el Evangelio a cualquier personas agrupa alrededor del mundo. Es una estrategia bien adaptable al la crisis financiera. Como una enfermera bien-entrenado no hay límite. ¡Y El Espíritu Santo habita dentro de usted!	

### **Concurrent sessions at 1400 – 1530 Room D – 1 Seminar**

**Leadership seminar – continue from Tuesday & Wednesday**

### **Concurrent sessions at 1400 – 1530 Room E – 1 Seminar**

**Spiritual care training – continue from Tuesday & Wednesday**

## Concurrent sessions at 1530 – 1645 Room A – 1 Seminar

Sakae Suzuki, Michiko Nishizawa	<a href="mailto:bleess109@tcat.ne.jp">bleess109@tcat.ne.jp</a>
Community health nurse	5-9-11 Minami, Kasukabe-city, Saitama-Ken , 344-0064, JAPAN
The presentation will be in <input type="checkbox"/> Spanish <input checked="" type="checkbox"/> English	
<b>Report on the Triple Disaster (earthquake, tsunami and nuclear disaster) relief work in Tohoku, Japan by remembering and caring for the victims by Japan NCF.</b>	
<p><b><u>Purpose:</u></b></p> <ol style="list-style-type: none"> <li>1. To share the condition of victims from the March 11, 2011 disaster.</li> <li>2. To share our collaboration with local churches, and other medical and nursing college relief groups.</li> </ol> <p><b><u>Situations:</u></b> 1 1/2 years have passed, but even now the effects of the triple disaster continue to be very complicated in the Tohoku area. The people are fearful, anxious, unhappy, and uncertain regarding the future.</p> <p><b><u>Activities:</u></b> Japan NCF conducts monthly visits to the Fukushima prefecture. (These activities are made possible by support from the NCFI family and JNCF.) Our activities focus on:</p> <p><b>Care for victims:</b> Visits to temporary housing units, going house to house to meet with victims, asking about their physical condition, checking blood pressures if necessary, and listening to their experiences and pain.</p> <p><b>Care for caregivers:</b> Collaborating with the local churches and assisting according to their needs. We also support pastors and church members who serve victims in the community by listening to their struggles and feelings. We also encourage Christians in this area by visiting and worshipping together on Sundays.</p> <p><b><u>Learning outcomes:</u></b> During our time with the survivors we hear their fear of being forgotten and left out of society. Therefore we continue to visit them and to share their burdens. In this presentation we would like to share some of these stories so that you will remember us in your prayers.</p>	



## Concurrent sessions at 1530 – 1645 Room B – 1 Seminar

Diana M. Marshall	<a href="mailto:diana.marshall@optusnet.com.au">diana.marshall@optusnet.com.au</a> <a href="mailto:dianamarshall135@gmail.com">dianamarshall135@gmail.com</a>
RN, RM, BN, Grad.Dip.Adv.Nurs., MN, MA Chaplaincy	Address: 6 Willowie Close, Hornsby Heights, NSW, 2077, Australia
The presentation will be in <input type="checkbox"/> Spanish <input checked="" type="checkbox"/> English	
<b>Partners in Care: Reflection and Refreshment for Christian Nurses.</b>	
<p>In this seminar we will look at our relationship with God and our relationships with others. During his ministry on earth Jesus took time out to be with his Father, to spend time in his presence. He modeled the behavior he desires for us. One way in which Christian Nurses can achieve this is through Theological Reflection.</p> <p>The seminar offers an opportunity to enhance communication between nurses. We become refreshed by taking time out with the Lord, to look at the impact our faith has in our lives and our practice. The material is based on Biblical foundations and is structured as a resource which nurses can take and share with their home fellowships as a blessing to their colleagues.</p> <p>This practical seminar offers a quiet place, free from distractions, to reflect on our faith and our role as Christian nurses.</p> <ul style="list-style-type: none"><li>• Firstly we will look at some models of Theological Reflection;</li><li>• Secondly we will meditate on a passage of scripture;</li><li>• Next we will take time to explore issues in our relationship with God, family and friends, and our practice;</li><li>• Lastly we will spend time with the Lord, allowing his presence to bring refreshment and peace.</li></ul>	

## Concurrent sessions at 1530 – 1645 Room C – 1 Seminar

Evang Sam Mbok	<a href="mailto:sambbok@yahoo.com">sambbok@yahoo.com</a>
Nurse , Political Economist	Rebecca Mbok Foundation, #2 Mbok Close, Adjacent Dantoro Orthopedic Hospital, Vom, Nigeria
The presentation will be in  __  Spanish  _x_  English:	
<b>Home Based Life Saving Skills (HBLSS), A Strategy For The Reduction Of Maternal And Infant Mortality; The Nigerian Experience</b>	
<p>Maternal Mortality Rate (MMR) is 800/ 100,000 live births in Nigeria. However, there are wide regional disparities. Whereas the Southwest region reports an MMR of 165, the Northeast region reports 1,549. Maternal Mortality Rates are twice as high in rural settings as they are in urban ones. Of the annual 3 million pregnancies in Nigeria, approximately 170,000 result in death that is mainly due to complications during pregnancy and childbirth. The main causes of maternal mortality in Nigeria are hemorrhage about 25% of all maternal deaths, sepsis 15%, complications of unsafe abortion 13%, hypertensive diseases 12% and obstructed labor 8% (UNICEF 2009). In 2006, Rebecca Mbok died of Amniotic Embolism. This led to the establishment of a Foundation in 2007 to contribute in the reduction of MMR in Nigeria.</p> <p>After the 2008 NCFI conference in Nigeria, Margaret Taylor introduced the Home Based Life Saving Skills (HBLSS) to Rebecca Mbok Foundation as a viable strategy to reduce MMR. This Paper seeks to share with Participants the RMF experience in implementing the HBLSS strategy in some parts of Nigeria, with the aim of providing an Evidence Based alternative for the reduction of MMR and the improvement of MNCH outcomes in Developing countries</p>	

**Concurrent sessions at 1530 – 1645 Room D – English with Spanish translation**

Tony Kemp	aekemp@rcsed.ac.uk
MStJ MA DIMC RCSEd RN MAcadMEd	12 Rymers Close, Tunbridge Wells, Kent, TN2 3AQ. United Kingdom
The presentation will be in <input type="checkbox"/> Spanish <input type="checkbox"/> English	
<b>Disaster preparedness: an opportunity not to be missed.</b>	
<p>This seminar will provide insight into PRIME's (Partnership's in International Medical Education) program entitled <i>Medical Response to Disaster</i>, which provides tailored training to government, voluntary and church groups in areas prone to natural and other disasters. Highly practical by nature the program uses only minimal equipment as supplied by the host organizer's so as to focus on responding within the capabilities truly available, both from point of view of responding to a disaster and from within the disaster zone.</p> <p>A key component of the program is to stimulate on-going training within the wider community and so the course includes working with the participants to design a community-training program that is sustainable. Additionally program participants design localized resources for use within the community outreach program, some of which will be discussed and presented within the seminar.</p> <p>This interactive seminar will share some of the methodologies used including:</p> <ul style="list-style-type: none"> <li>• The triage game</li> <li>• The unannounced disaster exercise</li> <li>• Team working dynamics</li> <li>• Identifying community training needs</li> </ul> <p>The spiritual dimensions of delivering this program in both Christian and non-Christian contexts will also be explored, as underpinning all PRIME's courses is the focus on whole person medicine that always includes the spiritual dynamic.</p> <p>Outcomes:</p> <ol style="list-style-type: none"> <li>1. Insight into a highly practical and adaptable program that prepares medical and other staff to respond to disasters from a spiritual perspective.</li> <li>2. To be inspired with the potential for health-care education to extend God's Kingdom globally through very practical training that impacts beyond the participants.</li> <li>3. Recognize training methodologies that mirror Jesus's own teaching style and understand how to recognize and respond to the spiritual opportunities that emerge.</li> </ol>	

## Concurrent sessions at 1530 – 1645 Room E – 1 seminar

Steven Fouch	steven.fouch@yahoo.co.uk
MSc (Medical Anthropology), BSc (hons), RN	CNM. Johnson House, 6 Marshalsea Road, London, UK, SE1 1HL
The presentation will be in <input type="checkbox"/> Spanish <input checked="" type="checkbox"/> English	
<b>KEEPING FAITH WITH NURSING: CHALLENGES AND OPPORTUNITIES FOR NEW PARTNERSHIPS BETWEEN THE CHRISTIAN FAITH AND NURSING IN CONTEMPORARY ENGLAND</b>	
<p>The historical roots of nursing in Europe have been very influenced by the early Christian church and the Western monastic movements, and several of the key European pioneers of modern nursing were deeply influenced by their Christian faith. Values of vocation, compassion and sacrificial care were at the center of these Christian nursing movements</p> <p>In the modern, secular societies of Europe, the Christian roots of the profession are increasingly ignored and forgotten, yet nursing continues to attract many Christians.</p> <p>In a series of recent reviews and reports on the delivery of nursing care, particularly to the disabled and elderly in the English health system, there has been widespread criticism of the lack of care and compassion by nurses. At the same time, there are mixed views and practices about the role of faith in the delivery of healthcare, with on the one hand an increasing recognition and requirement on nurses to provide for the spiritual wellbeing of their patients, whilst on the other there are anxieties about how matters of faith can be appropriately discussed after a series of high profile disciplinary cases against health professionals who have discussed matters of faith. In addition, the Christian church, whilst formerly very active in healthcare and nursing has, especially since the middle of the Twentieth Century, largely retreated from health related ministry in England.</p> <p>This seminar will aim to look at the wider interaction between faith and health, the historical Christian roots and practice of nursing, its historical relationship with the church and at the contemporary professional, social and political issues that make faith problematic and contested, with particular reference to the context of the English National Health Service. It will then seek to explore new ways forward for nursing practice that arise from these tensions, exploring new professional and spiritual partnerships between nursing, the secular health system, the church and wider civil society.</p>	

## Closing ceremony

### Keynote speaker Susie Kim APRN, DNSc, FAAN



Principal Daeyang Nursing College, Malawi. Former President of Seoul Cyber University, Seoul, South Korea. Former Dean of Nursing, Ewa Woman's University, Seoul, South Korea. Recipient of the International Nightingale Award. She has published over 130 articles and 22 books.

My personal story in nursing has its roots in the development of interpersonal caring. Personal incidents in the area of serious mental illness (SMI) led me to conduct a series of empirical studies focusing on patients and their care providers. The result was the development of ten interpersonal caring behaviors and activities derived from patients' descriptions of being "cared for." These behaviors mirror the activities of Jesus during His ministry and serve as an example of compassionate care in nursing.

Worship and Opening Prayer – Phyllis Ferrier

Heydee Gonzalez from Argentina will sum up the conference for us.

Gifts for Plenary Speakers- Barbara White

Thank you and Recognition for David Parfitt, Retiring Administrator of NCFI

Closing Keynote: Dr. Susie Kim

Conference Song and Offering for NCFI

Communion: Bishop Hector, Raquel Contreras and Sammy Morrison

Closing Remarks and Commissioning - Barbara White, NCFI President



## Saturday November 10th 2012

### Bible study Day 5 - International Forum

By Carrie Dameron

**Prayer:** The Lord has truly brought an international partnership full circle. As we conclude our time together, thank and praise the Lord for how his word has become evident in our lives during the conference.

Read Acts 10:36-48

This divine partnership with Peter and Cornelius brought salvation to Cornelius, his family and to the entire household. It is hard to imagine that Cornelius and the others kept the experience to themselves. In today's culture, the miraculous event would be tweeted, blogged, and go viral on YouTube. Discuss how you can share with nurses at home your extraordinary encounter with God during the conference.

Verse 48 says that Peter stayed with the Cornelius group for many days. This reminds us that the Lord also brings about relationships among partners and everyone involved.

Write down 1 or 2 specific people you have connected with outside your country to maintain contact with through email, Skype, etc...(This is an answer to your prayer on day 1)

Conclude this session by praying Ephesians 1:17-19 for your new partners and then over one another.

### International Forum

We meet at 0845 - 1100

The International Forum consists of 2 delegates from each member country who represents their country in discussion of NCFI future strategies.

All participants are welcome to attend the International Forum

### International Board Meeting Forum

The 2012=2016 International Board will meet from 1300 - 1700

## THE LOYOLA CONFERENCE CENTRE

The present Loyola Centre is made up of four Houses. At first they considered only building two of them: one for the formation of Jesuit students and another as a Retreat Centre. The promoter of the project was Saint Alberto Hurtado, of a captivating personality and a giant in charity and justice. The first stone was laid on September 8, 1939 and it was inaugurated May 12, 1948. Young Jesuits were formed here from 1940 to 1967 in what became the Retreat Centre. Over the years two more houses were built: Saint Luis and the Blessed Pedro Fabro.

This Loyola Centre lies on more than 16 hectares of parks with a zone of extensive beautiful gardens full of vegetation. These wonderful surroundings make for an atmosphere of peace and relaxation that invite reflexion. There are also many fruit trees (nut, avocado, apple, peach, etc.).

The house has 270 rooms: many of them double (the majority with private bath and central heating), comfortable lounges for conferences and meetings and large dining halls. For small groups there are more appropriate smaller spaces.

The Loyola Centre is 29 kilometres from Santiago.